#### MEMORANDUM

TO: **All Providers**

FROM: **Xerox and NH Medicaid**

DATE: **March 1, 2015**

SUBJECT: CODING FOR VACCINES AND IMMUNIZATION ADMINISTRATION 2015

 \*\*CHANGES TO MARCH 1, 2014 BILLING GUIDELINES\*\*

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Effective with dates of service April 1, 2015 and thereafter, code 90460-U1 will be deleted and replaced with code 90461. Code 90461 is to be used for billing for additional vaccines, not additional vaccine components, on the same day. Also, rates have been updated as noted below in order to better reflect the service description on the codes.

**Codes, Descriptions, and Rates**

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| --- | --- | --- | --- |
| CODE | DESCRIPTION | ALLOWABLE | MAX UNITS |
| 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid | 6.20 | 1 |
| 90461 | each additional vaccine/toxoid  | 3.50 | 7 |
| 90471 | Immunization administration (including percutaneous, subcutaneous, intramuscular, or jetinjections); one vaccine (single or combination vaccine/toxoid) | 5.00 | 1 |
| 90472 | each additional vaccine (single or combination vaccine/toxoid) (Use code **90472** in conjunction with **90471.**) | 3.05 | 7 |
| 90473 | Immunization administration by intranasal or oral route; one vaccine (single or combinationvaccine/toxoid) | 5.00 | 1 |
| 90474 | each additional vaccine (single or combination vaccine/toxoid) (Use code **90474** in conjunction with **90473.**) | 3.00 | 7 |

**Guidelines for Reporting Immunization Administration**

* Codes **90460** and **90461** *or* **90471–90474** are reported *in addition* to vaccine/toxoid code(s) **90476–90749.**
* Codes **90460** and **90461** do not differentiate by routes of administration.
* The age designation for codes **90460** and **90461** (i.e., through age 18) is consistent with the age requirements under the federal Vaccines for Children (VFC) program.
* When the physician or qualified health care professional (eg, non-physicians if allowed under state scope of practice) provides face-to-face counseling for the patient and family during the administration of a vaccine to a patient age 18 years or younger, code **90460**, or a combination of codes **90460** and **90461**, are reported. The medical record documentation must support that the physician or other qualified health care professional provided the vaccine counseling.
* Code **90460** is reported for the first vaccine administered whether it is a single or combination vaccine.
* Code **90461** is reported in conjunction with **90460** for each additional vaccine.
* The immunization administration codes include the provider (i.e., physician or other qualified health care professional) work of discussing risks and benefits of the vaccines, providing parents with a copy of the Centers for Disease Control and Prevention (CDC) Vaccine Information Statement (VIS) for each component, the cost of the nursing time to record each component administered in the medical record and statewide vaccine registry, giving the vaccine, observing and addressing reactions or side effects, and the cost of supplies (e.g., syringe, needle, bandages).
* When the physician or qualified health care professional does not perform the vaccine counseling to the patient or family, or when vaccines are administered to patients older than 18 years, codes **90471–90474** are reported instead of codes **90460–90461**. Codes **90471–90474** are reported as appropriate based on their current guidelines (i.e., either **90471** or **90473** is reported for the first vaccine administered to a patient on a calendar date, and codes **90472** and **90474** are reported for each additional vaccine given on the same date based on its route of administration).

**Coding Vaccine/Toxoid Products**

* CPT codes **90476–90749** are used to report vaccine/toxoid products. They are always reported separately from immunization administration codes (**90460–90461**, **90471–90474**).
* Each specific vaccine product administered must be reported to meet the requirements of immunization registries, vaccine distribution programs, and reporting systems (e.g., Vaccine Adverse Event Reporting System).
* For vaccines obtained through the New Hampshire (NH) Immunization Program (NHIP), bill the vaccine code with the SL modifier. The codes should be listed with a $0.00 charge and must be reported in addition to the administration codes of **90460-90474**.

For billing information or questions, please contact Xerox Provider Relations at 1-866-291-1674 or nhproviderrelations@xerox.com.