Coding for Immunization Administration: Component-based and Injection-based Coding

An immunization administration code must be reported in addition to the vaccine or toxoid product code in order to be paid for the administration service. There are 2 code sets that may be used when billing for administration, depending on the age of the patient and whether or not counseling was performed.

If the patient is 18 years of age or under, and counseling was performed by the physician or other qualified health care professional, component-based administration codes are used. These codes are based on the number of components in the vaccine, and a unit of administration is billed for each component. A component is defined as each disease for which the vaccine is intended to provide protection. These codes apply to all routes of administration, including injectable, intranasal, and oral.

- 90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered.
- 90461 - Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered.

Example: All flu vaccines are intended to offer protection against 1 disease, influenza, and are considered single-component vaccines billed with 1 unit of 90460.

Example: Pentacel vaccine is intended to protect against 5 diseases, diphtheria, tetanus, acellular pertussis, polio, and Haemophilus b influenza and is considered a 5-component vaccine. Bill 1 unit of 90460 and 4 units of 90461.

If the patient is 19 years of age or over, or if they are 18 years of age or under and counseling was not performed, use the code set that is based on number of injections administered at that visit (90471–90472). Note that because all Sanofi Pasteur vaccines are injectable, only 90471 and 90472 are applicable. (Products administered via oral or intranasal use 90473–90474.)

- 90471 – Immunization administration (includes percutaneous, intraembral, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid).
- 90472 - Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)

Example: FluZone and Adacel vaccines are administered to a patient that is 25 years of age. Bill 1 unit of 90471 for the Fluzone vaccine and 1 unit of 90472 for the Adacel vaccine.
| Product Description                                                                 | Carton NDCa | Unit-of-Use (oral/syringe) NDCb | CPT® Code                      | Administration CPT Code without Counseling through 18 Years of Agec,d | Administration CPT Code with Counseling through 18 Years of Agee,f | Typical ICD-10-CM Date (of Service On and After 10/1/2015)g | Typical ICD-10-CM Code (Dates of Service Through 10/1/2015)h  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate)</td>
<td>49281-0545-05</td>
<td>49281-0547-58 (powder) 49281-0546-09 (diluent)</td>
<td>90648</td>
<td>90471/90472</td>
<td>90460 - 1 unit</td>
<td>V03.81</td>
<td>Z3</td>
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<td>Adacel®</td>
<td>49281-0400-10</td>
<td>49281-0402-58 49281-0400-88</td>
<td>90715</td>
<td>90471/90472</td>
<td>90460 - 1 unit</td>
<td>V08.1*</td>
<td>Z3</td>
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<tr>
<td>Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed</td>
<td>49281-0286-10</td>
<td>49281-0286-58</td>
<td>90700</td>
<td>90471/90472</td>
<td>90460 - 1 unit</td>
<td>V06.1</td>
<td>Z3</td>
</tr>
<tr>
<td>Diphtheria and Tetanus Toxoids Adsorbed (DT)</td>
<td>49281-0225-10</td>
<td>49281-0225-58</td>
<td>90702</td>
<td>90471/90472</td>
<td>90460 - 1 unit</td>
<td>V06.5</td>
<td>Z3</td>
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<tr>
<td>Fluzone®</td>
<td>49281-0396-15</td>
<td>49281-0396-78</td>
<td>90667</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V04.81*</td>
<td>Z3</td>
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<tr>
<td>Fluzone High-Dose</td>
<td>49281-0397-65</td>
<td>49281-0397-88</td>
<td>90662</td>
<td>90471/90472 90008 (Medicare)</td>
<td>N/A due to age indication</td>
<td>V04.81*</td>
<td>Z3</td>
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<tr>
<td>Fluzone Intradermal Quadrivalent</td>
<td>49281-0708-40</td>
<td>49281-0708-48</td>
<td>90630</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V04.81*</td>
<td>Z3</td>
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<tr>
<td>Influenza Vaccine</td>
<td>49281-0151-25</td>
<td>49281-0151-07</td>
<td>90685</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V04.81*</td>
<td>Z3</td>
</tr>
<tr>
<td>Influenza Quadrivalent</td>
<td>49281-0415-07</td>
<td>49281-0415-88</td>
<td>90686</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
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<tr>
<td>Meningococcal Polysaccharide Vaccine, Groups A, C, Y, and W-135</td>
<td>49281-0489-07</td>
<td>49281-0487-58</td>
<td>90733</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V03.89</td>
<td>Z3</td>
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<tr>
<td>Menomune® (A/C/Y/W-135)</td>
<td>49281-0505-05</td>
<td>49281-0501-07 (diluent)</td>
<td>90734</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V01.84</td>
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<td>Pentacel®</td>
<td>49281-0954-15</td>
<td>49281-0953-05 (DTaP/IPV)</td>
<td>90689</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V04.81*</td>
<td>Z3</td>
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<td>Quadracel®</td>
<td>49281-0562-10</td>
<td>49281-0562-58</td>
<td>90686</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V03.89</td>
<td>Z3</td>
</tr>
<tr>
<td>TENIVAC®</td>
<td>49281-0215-10</td>
<td>49281-0215-58</td>
<td>90714</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V06.5</td>
<td>Z3</td>
</tr>
<tr>
<td>Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined</td>
<td>49281-0491-07</td>
<td>49281-0491-58</td>
<td>90732</td>
<td>90471/90472 90008 (Medicare)</td>
<td>90460 - 1 unit</td>
<td>V04.81*</td>
<td>Z3</td>
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<tr>
<td>TUBEROS®</td>
<td>49281-0752-21</td>
<td>49281-0752-22 (diluent)</td>
<td>85580</td>
<td>90461 - 4 units</td>
<td>V06.3</td>
<td>9V7.1</td>
<td>Z3</td>
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<tr>
<td>TYPHIM Vi®</td>
<td>49281-0790-20</td>
<td>49281-0790-38</td>
<td>90981</td>
<td>90471/90472</td>
<td>90460 - 1 unit</td>
<td>V03.1</td>
<td>Z3</td>
</tr>
<tr>
<td>Yellow Fever Vaccine</td>
<td>49281-0875-23</td>
<td>49281-0876-12 (diluent)</td>
<td>90877</td>
<td>90471/90472</td>
<td>90460 - 1 unit</td>
<td>V04.4</td>
<td>Z3</td>
</tr>
</tbody>
</table>

Note that correct coding and billing will depend on the requirements of the third party payer being billed. It is always best that the provider check with the payer they are billing for specific requirements.

a If any of your payers require the NDC on a claim, check with them to confirm which NDC should be recorded, the carton or unit-of-use.

b CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association.

c Refer to the back of this brochure for more information on coding for vaccine administration and how to correctly use the CPT administration codes based on the vaccine administered.

d See the back of this brochure for information on the change from ICD-9 to ICD-10-CM coding, which is expected to be implemented on October 1, 2015.

e When influenza vaccine is given to a high-risk patient, consider a secondary ICD-9 or ICD-10 code describing the high-risk condition.

f Medicare requires the use of 90008 when billing for the administration of influenza vaccine. All other administration codes will be denied.

g When tetanus products are given as treatment for wound care, use a primary ICD-9 or ICD-10 code which describes the patient's condition.

h When any of your payers require the NDC on a claim, check with them to confirm which NDC should be recorded, the carton or unit-of-use.

i The Centers for Medicare and Medicaid Services (CMS) requests the use of 906.6 as the diagnosis when a beneficiary receives influenza and pneumococcal vaccines at the same visit. Bill V06.6 with the CPT codes for both products and their administration. If only influenza vaccine is administered, use V04.81 for the product and its administration. For ICD-10, bill Z33.

j Coding for Imogam® rabies immune globulin is based on the units administered. Dosage is 9 IU per pound of weight, and a bilabile unit is equal to 150 IU of product. Refer to Reimbursement Information on VaccineShoppe.com for further assistance.

k It may be necessary to report multiple ICD-9 codes to reflect all the diseases for which the vaccine is indicated. For ICD-10, bill Z33.

l It is recommended that the use of 90461 be used, however, 90630 will also be accepted when indicated.

m When influenza vaccine is given to a high-risk patient, consider a secondary ICD-9 or ICD-10 code describing the high-risk condition.
For several delays over the past few years, it is still expected that the transition from ICD-9 to ICD-10 will take place on October 1, 2015. The transition is based on the date of service. Both ICD-9 and ICD-10 codes are included on this brochure.

Coding for Immunization Administration: Component-based and Injection-based Coding

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Billing Medicare and Medicaid for Vaccines and Their Administration

Medicare and Influenza Vaccine

Medicare Part B covers influenza vaccine and its administration, but has some specific coding requirements:

Vaccine Coding - Code the vaccine using the traditional CPT code that identifies the product you are using. Remember that if you are billing for a 0.5 mL dose of trivalent influenza vaccine in a multidose vial, Medicare has developed a "Q-code" set that is specific to the brand of vaccine used, and they will not pay a claim billed with the traditional CPT code 90658. As noted on the inside of this brochure, Fluzone vaccine (0.5 mL, trivalent, multidose vial) is billed with Q2038. As of the 2015/2016 influenza season, Q codes were not implemented for Quadrivalent vaccines, and the traditional CPT codes should be used.

Administration Coding – Medicare does not accept the traditional administration code for influenza vaccine, and G0008 must be used. This is regardless of the patient age or whether counseling is performed. Medicare will not pay for vaccine administration if it is billed with any code other than G0008.

Medicaid Managed Care – Check with your plans for coding requirements that may differ from what is noted here.

Diagnosis Codes: Transition from ICD-9 to ICD-10

Effective July 1, 2015 through June 30, 2016 Visit the Reimbursement Page on VaccineShoppe.com® for additional coding and billing resources for Sanofi Pasteur products.

Do you have questions on coverage and payment for Sanofi Pasteur products? Contact the Sanofi Pasteur Reimbursement Support Service (RSS) Call 1-800-VACCIN E (1-800-822-2463) and choose the prompt for the RSS.