



Immunization Billing Project Webinar Session - I

Coding and Billing for Flu Immunizations

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PRESENTED BY

CHRIS PERKEY, RN, CMPE

SENIOR CONSULTANT – CONSULTING AND PRACTICE MANAGEMENT SERVICES

SHR Associates, Inc.

IN ASSOCIATION WITH

Maryland Partnership for Prevention

AND THE

**Maryland Department of Health
and Mental Hygiene**

Health Care Reform

Under the Affordable Care Act (ACA) it is anticipated that more patients will obtain health insurance or qualify for Medicaid.

<http://www.hhs.gov/healthcare/facts/bystate/md.html>

Free clinical services funded by federal/state/county grants may decrease over time. Therefore, the need to obtain payer reimbursement for covered services will be heightened.

New health plans policies must provide coverage for recommended vaccines without deductibles or copays, when delivered by an in-network provider or entity.

Coding and Billing Outline for Flu Immunizations

Section 1 - Flu vaccine

Section 2 - Administration of the flu vaccine

Section 3 - Medicare flu vaccine coding

Section 4 - Medicare roster billing

Section 5 - Medicaid/MCOs VFC flu vaccine
SE modifier

Coding & Billing Key Terminology

CPT = Current Procedural Terminology (Procedure Code)

ICD-9 = International Classification of Diseases, Ninth Revision
(Diagnosis Code)

HCPCS Level II = Healthcare Common Procedure Coding System. Used to code/bill for Medicare flu immunization services.

NDC numbers = National Drug Code numbers

NPI = National Provider Identifier

Payer = Common industry reference for health insurance carriers

Medicare Part B = Coverage for professional medical services.

MCO = Managed Care Organization

**- SECTION 1 -
FLU VACCINES**

Flu Immunization Billing & Reimbursement

Reimbursement is determined by:

- Accurate coding
 - Vaccine given
 - Administration of vaccine
- LHDs fee schedule
- Payer participation/contracting status
- Payer contracted/out-of-network fee schedule
- Clean claim
- Timely filing issues
- Patient sliding fee scale for non-insured
- Patient collections

Flu Vaccine CPT Codes

- 90654** - Influenza virus vaccine, split virus, preservative-free, for intradermal use
- 90655** - Influenza virus vaccine, trivalent, split virus, preservative free, administered to children 6-35 months of age, for IM use
- 90656** - influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for IM use
- 90657** - Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
- 90658** - Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use

Flu Vaccine CPT Codes (continued)

- 90660** - Influenza virus vaccine, trivalent, live, for intranasal use
- 90672** - Influenza virus vaccine, quadrivalent, live, for intranasal use
- 90685** - Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use
- 90686** - Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use

Flu Vaccine CPT Codes (continued)

- 90687** - Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
- 90688** - Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
- 90662** - Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
- 90664** - Influenza virus vaccine, pandemic formulation, live, for intranasal use

Resources for Coding and Billing Immunization Services

Pediatric 2013-2014 CDC Influenza Vaccine Price List includes NDC numbers:

<http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html#adflu>

Adult 2013-2014 CDC Influenza Vaccine Price List includes NDC numbers:

<http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html#adflu>

CDC Vaccine Price List includes NDC numbers

<http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html#adflu>

- SECTION 2 -
ADMINISTRATION
OF THE FLU VACCINE

Administration CPT Codes

Adults (age 19 and older) and children w/o counseling

- 90471** – Immunization administration by injection; **1 vaccine** (single or combination vaccine/toxoid)
- 90472** – Immunization administration injection); **each additional vaccine** (Add-on Code)
- 90473** – Immunization administration by intranasal or oral route; **1 vaccine** (single or combination vaccine/toxoid)
- 90474** – Immunization administration by intranasal or oral route; **each additional vaccine** (Add-on Code)

Administration of Vaccines w/Counseling

CPT Codes restricted to age 18 or younger

- 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 (list separately in addition to code for primary procedure).

Administration of Vaccine w/Counseling

CPT Codes restricted to age 18 or younger

When vaccine counseling is provided with the administration service by an *independently reportable provider*^{*}, the following administration CPT code(s) are reported for each component/toxoid administered. When reporting multiple vaccines on the same date of service, **CPT 90460** should be reported with a quantity equal to the number of sera administered. **CPT 90461** should be reported with a quantity equal to the number of additional components within the product administered. More than one *Primary Procedure Code* can be reported on the same date of service when billing the administration with counseling services.

*** If a clinical staff member performs vaccine administration with or without counseling under the supervision of the provider and, reports the service under the supervising provider, CPT codes 90471-90474 must be reported.**

- SECTION 3 -
MEDICARE FLU VACCINE
CODING

Medicare Part B

- Provider must be enrolled in Medicare and accept assignment
- Covers one flu shot per flu season
- Deductibles and coinsurance are not applied
- Medicare recognizes - HCPCS Level II codes **Q2035-Q2039** for flu vaccine services
- Flu administration code - **G0008**
- ICD-9 Code - **V04.81**

The complete 2012-2013 Immunizers' Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations can be found at:

http://www.cms.gov/Medicare/Prevention/Immunizations/Downloads/2012-2013_Flu_Guide.pdf

Medicare Influenza and Pneumococcal Vaccination Benefits:

“Governmental entities, such as public health clinics, may bill Medicare for the seasonal influenza virus vaccine administered to Medicare beneficiaries when services are provided free of charge to non-Medicare patients.”

Centers for Medicare & Medicaid Services

http://www.cms.gov/Medicare/Prevention/Immunizations/Downloads/2012-2013_Flu_Guide.pdf

Medicare HCPCS Vaccine Codes

Q2034 – Influenza, Agriflu, Medicare

Q2035 – Influenza, Afluria, Medicare

Q2036 – Influenza, Flulaval, Medicare

Q2037 – Influenza, Fluvirin, Medicare

Q2038 – Influenza, Fluzone, Medicare

Q2039 – Influenza, NOS, Medicare

G0008 - Influenza administration code

- SECTION 4 -
MEDICARE
ROSTER BILLING

Medicare Roster Billing

The Centers for Medicare & Medicaid Services (CMS) defines a Mass Immunization Roster Biller as a Medicare-enrolled provider that offers seasonal influenza virus and/or pneumococcal vaccinations to a large number of individuals (for example, the general public or members of a retirement community). Provider must be enrolled and accept assignment.

QUICK REFERENCE INFORMATION: Medicare Immunization Billing can be found at:

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf

Medicare Roster Billing

The roster must contain at a minimum the following information:

- ✓ Provider name and number;
- ✓ Date of service;
- ✓ Control number for contractor;
- ✓ Patient's health insurance claim number;
- ✓ Patient's name;
- ✓ Patient's address;
- ✓ Date of birth;
- ✓ Patient's sex; and
- ✓ Beneficiary's signature or stamped "signature on file".

Complete instructions on roster billing for immunizations can be found in Medicare Claims Processing Manual:

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf>

Document Name:	Flu/Pneumonia Roster Bill	Document Number:	FRM-EDO-0022
Release Date:	7/6/2010	Version:	1.0

Fill in the Blank _____ Influenza or Pneumococcal or H1N1 Vaccine Roster

PROVIDER PAYEE NAME: _____

NPI Number: _____

DATE OF SERVICE: _____

	Insureds Number	Print Clearly - Patient Name (Last, First, Middle Initial)	Sex	Date of Birth	Patient Address (Street No., City, State, Zip Code)	Patient S
ex	123456789A	Doe, John L	M	10/12/1922	123 Main St., Town, State, Zip	John
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

- SECTION 5 -
MEDICAID/MCOs VFC
FLU VACCINE MODIFIER

Billing Medicaid/MCOs VFC Flu Vaccine

To appropriately bill pediatric immunizations provided with vaccines from the Vaccine For Children (VFC) stock administered to Medicaid and Medicaid MCO covered patients:

- ❑ Report the appropriate vaccine product CPT code(s) with the *SE modifier* appended to each code with an established fee.
- ❑ Do **NOT** bill a separate CPT vaccine administration code to Medicaid/Medicaid MCO.

Coding Examples for Flu Vaccines

Example of Billing Medicare for the Flu Vaccine			
HCPSC Code	Modifier	Code Description	IDC9 Code
Q2034		Influenza, Agriflu, Medicare	V04.81
G0008		Flu Administration, Medicare	
Example of Billing a Commercial Payer for the Flu Vaccine			
CPT Code	Modifier	Code Description	IDC-9 Code
90654		Influenza Virus Vaccine, split virus, preservative-free, intradermal use	V04.81
90471		Vaccine administration,	
Example of Billing Medicaid/MCO VFC Patient for the Flu Vaccine			
CPT Code	Modifier	Code Description	IDC-9 Code
90658	SE	Influenza virus vaccine, split virus, 3 yrs and olders dosage, for IM use	V04.81
Example of Billing a Commercial Payer Flu Vaccine Children under 18 yrs of age and with Counseling			
CPT Code	Modifier	Code Description	IDC-9 Code
90654		Influenza Virus Vaccine, split virus, preservative-free, intradermal use	V04.81
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 component administered	
Example of Billing a Commercial Payer FluMist Vaccine Children 18 yrs of age without Counseling			
CPT Code	Modifier	Code Description	IDC-9 Code
90660		Influenza virus vaccine, live, intranasal use	V04.81
90473		Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	

Additional Billing Guidelines

- ❑ Verify that the CPT code matches the vaccine.
- ❑ Verify that the NDC number matches the vaccine.
- ❑ Monitor, review and update your codes regularly.
- ❑ Monitor the cost of the vaccine on a regular basis.
The vaccine cost should not exceed the charge.
- ❑ Monitor and reconcile vaccine inventory

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Tricare #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)</small>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE		CITY STATE	
8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	
ZIP CODE TELEPHONE (Include Area Code)		10. IS PATIENT'S CONDITION RELATED TO: Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	
11. INSURED'S POLICY GROUP OR FECA NUMBER		12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other than to myself or to the party who accepts assignment below. SIGNED _____ DATE _____	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	
c. EMPLOYER'S NAME OR SCHOOL NAME		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY	
d. INSURANCE PLAN NAME OR PROGRAM NAME		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
10d. RESERVED FOR LOCAL USE		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to Item 24b by Line) 1. _____ 3. _____		22. MEDICAD RESUBMISSION CODE ORIGINAL REF. NO. _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) DPTHCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. ICD-9-CM I. ID. QUAL. J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER _____	
1		2	
2		3	
3		4	
4		5	
5		6	
25. FEDERAL TAX I.D. NUMBER SSN EN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>		28. TOTAL CHARGE \$	
29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)		30. AMOUNT PAID \$	
31. SERVICE FACILITY LOCATION INFORMATION		32. BILLING PROVIDER INFO & PH # ()	
33. SIGNATURE OF PHYSICIAN OR SUPPLIER		34. BALANCE DUE \$	
SIGNED _____ DATE _____		SIGNED _____ DATE _____	

CARRIER PATIENT AND INSURED INFORMATION PHYSICIAN OR SUPPLIER INFORMATION

LHD NAME / IMMUNIZATION SERVICES MODEL SUPERBILL

Provided by: *Provider Names/Degrees*

Patient:		(Name, DOB, Other Demographics, Payer Information)				Service Date: / /20																								
X	VFC	CPT	DESCRIPTION	Fee	ICD9	#-1	X	VFC	CPT	DESCRIPTION	Fee	ICD9	#-1																	
Diphtheria/tetanus						Influenza for Medicare patients																								
<input type="checkbox"/>	<input type="checkbox"/>	90719	Diphtheria (only)	\$	V03.5		<input type="checkbox"/>	<input type="checkbox"/>	Q2034	Influenza, A/H1N1, Medicare	\$	V04.81																		
<input type="checkbox"/>	<input type="checkbox"/>	90702	DT, <7 yo	\$	V06.5	2	<input type="checkbox"/>	<input type="checkbox"/>	Q2035	Influenza, A/H1N1, Medicare	\$	V04.81																		
<input type="checkbox"/>	<input type="checkbox"/>	90700	DTaP, <7 yo	\$	V06.1	3	<input type="checkbox"/>	<input type="checkbox"/>	Q2036	Influenza, Fluaviv, Medicare	\$	V04.81																		
<input type="checkbox"/>	<input type="checkbox"/>	90723	DTaP-Hep B-IPV	\$	V06.8	5	<input type="checkbox"/>	<input type="checkbox"/>	Q2037	Influenza, Fluvirin, Medicare	\$	V04.81																		
<input type="checkbox"/>	<input type="checkbox"/>	90721	DTaP-Hib	\$	V20.2	3	<input type="checkbox"/>	<input type="checkbox"/>	Q2038	Influenza, Fluzone, Medicare	\$	V04.81																		
<input type="checkbox"/>	<input type="checkbox"/>	90698	DTaP-Hib-IPV	\$	V06.8	5	<input type="checkbox"/>	<input type="checkbox"/>	Q2039	Influenza, NCS, Medicare	\$	V04.81																		
<input type="checkbox"/>	<input type="checkbox"/>	90696	DTaP-IPV, 4-6 yo	\$	V06.3	4	Meningococcal																							
<input type="checkbox"/>	<input type="checkbox"/>	90720	DTP-Hib	\$	V20.2	3	<input type="checkbox"/>	<input type="checkbox"/>	90644	MenCY-Hib, 2-15 mo	\$	V06.8	2																	
<input type="checkbox"/>	<input type="checkbox"/>	90714	Td, 7+ yo	\$	V06.5	2	<input type="checkbox"/>	<input type="checkbox"/>	90733	Meningococcal, polysaccharide	\$	V03.89																		
<input type="checkbox"/>	<input type="checkbox"/>	90715	Tdap, 7+ yo	\$	V06.1	3	<input type="checkbox"/>	<input type="checkbox"/>	90734	Meningococcal, tetravalent	\$	V03.89																		
<input type="checkbox"/>	<input type="checkbox"/>	90703	Tetanus (only)	\$	V03.7		MMRV and Zoster																							
Hepatitis						Mumps (only)																								
<input type="checkbox"/>	<input type="checkbox"/>	90632	Hep A, adult IM	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90704	Mumps (only)	\$	V04.6																		
<input type="checkbox"/>	<input type="checkbox"/>	90633	Hep A, pediatric, dose ___ of 2 IM	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90705	Measles (only)	\$	V04.2																		
<input type="checkbox"/>	<input type="checkbox"/>	90634	Hep A, pediatric, dose ___ of 3	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90706	Rubella (only)	\$	V04.3																		
<input type="checkbox"/>	<input type="checkbox"/>	90636	Hep A + Hep B, Adult	\$	V05.3	2	<input type="checkbox"/>	<input type="checkbox"/>	90707	MMRV	\$	V06.4	3																	
<input type="checkbox"/>	<input type="checkbox"/>	90740	Hep B dialysis, dose ___ of 3	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90708	Measles Rubella	\$	V06.8	2																	
<input type="checkbox"/>	<input type="checkbox"/>	90743	Hep B, adolescent, dose ___ of 2	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90710	MMRV	\$	V06.8	4																	
<input type="checkbox"/>	<input type="checkbox"/>	90744	Hep B, pediatric, dose ___ of 3	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90716	Vaccella only	\$	V05.4																		
<input type="checkbox"/>	<input type="checkbox"/>	90746	Hep B, adult, dose ___ of 3	\$	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90736	Zoster	\$	V05.8																		
<input type="checkbox"/>	<input type="checkbox"/>	90747	Hep B dialysis, dose ___ of 4	\$	V05.3		Pneumococcal																							
<input type="checkbox"/>	<input type="checkbox"/>	90748	Hep B-Hib	\$	V06.8	2	<input type="checkbox"/>	<input type="checkbox"/>	90669	Pneumococcal, 7	\$	V03.82																		
Hib						Polio																								
<input type="checkbox"/>	<input type="checkbox"/>	90645	Hib, dose ___ of 4	\$	V03.81		<input type="checkbox"/>	<input type="checkbox"/>	90713	Polio	\$	V04.0																		
<input type="checkbox"/>	<input type="checkbox"/>	90646	Hib, booster	\$	V03.81		<input type="checkbox"/>	<input type="checkbox"/>	90712	Polio, oral (only)	\$	V04.0																		
<input type="checkbox"/>	<input type="checkbox"/>	90647	Hib, FRP-OMP, dose ___ of 3	\$	V03.81		Rabies (pre and post exposure)																							
<input type="checkbox"/>	<input type="checkbox"/>	90648	Hib, FRP-T, dose ___ of 4	\$	V03.81		<input type="checkbox"/>	<input type="checkbox"/>	90375	Rabies immunoglobulin (Rig)	\$	V01.5																		
HPV						Rotavirus																								
<input type="checkbox"/>	<input type="checkbox"/>	90649	HPV, quadrivalent, dose ___ of 3	\$	V04.89		<input type="checkbox"/>	<input type="checkbox"/>	90880	Rotavirus, dose ___ of 3, oral	\$	V04.89																		
<input type="checkbox"/>	<input type="checkbox"/>	90650	HPV, bivalent, dose ___ of 3	\$	V04.89		<input type="checkbox"/>	<input type="checkbox"/>	90881	Rotavirus, dose ___ of 2, oral	\$	V04.89																		
Influenza						Travel																								
<input type="checkbox"/>	<input type="checkbox"/>	90654	Flu trivalent, SV, PF intradermal	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90725	Cholera	\$	V03.0																		
<input type="checkbox"/>	<input type="checkbox"/>	90655	Flu tr, SV, PF, 6-35 mos IM	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90735	Japanese Enceph, Subcutaneous	\$	V05.0																		
<input type="checkbox"/>	<input type="checkbox"/>	90656	Flu tr, SV, PF, > 3yrs IM	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90738	Japanese Enceph, inactive, IM	\$	V05.0																		
<input type="checkbox"/>	<input type="checkbox"/>	90657	Flu tr, SV 6-35 mos IM	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90727	Plague	\$	V03.3																		
<input type="checkbox"/>	<input type="checkbox"/>	90658	Flu tr, SV > 3 yrs IM	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90690	Typhoid, live, oral	\$	V03.1																		
<input type="checkbox"/>	<input type="checkbox"/>	90660	Flu, trivalent intranasal	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90693	Typhoid, H-P, IM/SC	\$	V03.1																		
<input type="checkbox"/>	<input type="checkbox"/>	90662	Flu, enhanced immunogenicity	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90691	Typhoid, ViCPS, IM	\$	V03.1																		
<input type="checkbox"/>	<input type="checkbox"/>	90672	Flu, quadrivalent, intranasal	\$	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90717	Yellow Fever	\$	V04.4																		
<input type="checkbox"/>	<input type="checkbox"/>	90685	Flu, quad, SV, PF, 6-35 mos IM	\$	V04.81		IMMUNIZATION ADMINISTRATION																							
<input type="checkbox"/>	<input type="checkbox"/>	90686	Flu, quad, SV, PF > 3 yrs IM	\$	V04.81		<input type="checkbox"/> Vaccine for Children Program (VFC) - do not bill admin codes; add -SE modifier to vaccine codes indicated above																							
<input type="checkbox"/>	<input type="checkbox"/>	90687	Flu, quad, SV, age 6-35 mos IM	\$	V04.81		Immunization Administration NON-VFC																							
<input type="checkbox"/>	<input type="checkbox"/>	90688	Flu, quad, SV, age > 3 yrs IM	\$	V04.81		<table border="0"> <tr> <td>90471</td> <td>Immunization administration, by injection, one vaccine</td> <td>\$</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>add on code 90472</td> <td>Immunization administration, by injection, each additional vaccine</td> <td>\$</td> <td></td> </tr> <tr> <td>90473</td> <td>Immunization administration by intranasal/oral route, one vaccine</td> <td>\$</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>add on code 90474</td> <td>Immunization Administration by intranasal/oral route, each additional vaccine</td> <td>\$</td> <td></td> </tr> </table>						90471	Immunization administration, by injection, one vaccine	\$	1	<input type="checkbox"/>	add on code 90472	Immunization administration, by injection, each additional vaccine	\$		90473	Immunization administration by intranasal/oral route, one vaccine	\$	1	<input type="checkbox"/>	add on code 90474	Immunization Administration by intranasal/oral route, each additional vaccine	\$	
90471	Immunization administration, by injection, one vaccine	\$	1																											
<input type="checkbox"/>	add on code 90472	Immunization administration, by injection, each additional vaccine	\$																											
90473	Immunization administration by intranasal/oral route, one vaccine	\$	1																											
<input type="checkbox"/>	add on code 90474	Immunization Administration by intranasal/oral route, each additional vaccine	\$																											
<input type="checkbox"/>	<input type="checkbox"/>	90664	Flu pandemic intranasal	\$	V04.81		Immunization Administration by Qualified Healthcare Provider, Through Age 18 With Counseling NON-VFC																							
<input type="checkbox"/>	<input type="checkbox"/>	90460	Imm. admin, 0-18 yo, any route w counseling by MD/other qualified health care professional, first or only component of each vaccine	\$																										
<input type="checkbox"/>	<input type="checkbox"/>	add on code 90461	Imm admin 0-18 yo, w counseling by qualified provider, each additional component of combo vaccine	\$																										
Immunization Administration, Medicare only						<table border="0"> <tr> <td><input type="checkbox"/></td> <td>G0008</td> <td>Immunization administration, seasonal influenza</td> <td>\$</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>G0009</td> <td>Immunization administration, pneumococcal</td> <td>\$</td> <td>1</td> </tr> <tr> <td><input type="checkbox"/></td> <td>G0010</td> <td>Immunization administration, Hep B</td> <td>\$</td> <td>1</td> </tr> </table>						<input type="checkbox"/>	G0008	Immunization administration, seasonal influenza	\$	1	<input type="checkbox"/>	G0009	Immunization administration, pneumococcal	\$	1	<input type="checkbox"/>	G0010	Immunization administration, Hep B	\$	1				
<input type="checkbox"/>	G0008	Immunization administration, seasonal influenza	\$	1																										
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<input type="checkbox"/>	G0010	Immunization administration, Hep B	\$	1																										
Comment:						TOTAL CHARGES: \$ _____																								
<input type="checkbox"/> Return in ___ day(s) ___ week(s) ___ month(s)						CASH CHCK MC VISA TOTAL PAYMENTS: \$ _____																								

Medicare Resources for Coding and Billing Immunization Services

Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf

Medicare Claims Processing Manual

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf>



Questions & Answers

Please note that information contained in this presentation is time sensitive and may change as federal and state regulations are updated.

Additional Immunization Billing Webinars

Immunization Billing Project Webinar Session – II

Immunization Coding and Billing Basics

September 26, 2013

10:00 AM through 12:00 PM

Immunization Billing Project Webinar Series – III

**Insurance Carrier Basics and Revenue
Cycle/Billing Management**

October 10, 2013

10:00 AM through 12:00 PM

About SHR Associates, Inc.

Since 1981, SHR Associates, Inc. has been dedicated to providing physicians and practice managers with the business tools and resources necessary to operate successfully in today's ever-changing health care environment.

About C. Perkey, RN, CMPE

Ms. Perkey is a registered nurse and a certified medical practice executive (CMPE) with over 30 years of combined clinical and administrative experience. Her extensive experience with billing and third party reimbursement issues has enabled her to utilize her expertise in analyzing accounts receivable and maximizing reimbursement for many of SHR's clients. She has also led SHR's efforts in re-engineering the internal operations for community health centers, and medical practices, and successfully planned and executed several major practice relocations. She has led SHR's consulting team in evaluating the "readiness" of all of Maryland's 24 Local Health Departments to respond to the changes associated with the Affordable Care Act relative to billing for the professional services they provide in the communities that they serve.

Ms. Perkey is a council member for the Maryland School-Based Health Center Policy Advisory Council and a member of the National and Maryland Chapter of Medical Group Management Association (MGMA.)

SHR Associates, Inc.

130 Admiral Cochrane Drive, Suite 102 / Annapolis, MD 21401
Voice 410.897.9888 / www.shrassociatesinc.com