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BUILDING HEALTHY PRACTICES

Immunization Billing Project Webinar Session - II

Immunization Coding and Billing Basics

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IN ASSOCIATION WITH

Maryland Partnership for Prevention

AND THE

Maryland Department of Health and Mental Hygiene

Course Objectives

- Learn how to identify and select the appropriate immunization vaccine and vaccine administration CPT and ICD 9 codes.
- Understand the steps required to ensure all front-end charges and payments are captured, recorded and reconciled.

Course Outline

- **Section I - Immunization Codes**
  - CPT
  - ICD 9 Codes
  - NDC Codes
- **Section II - Selecting the Appropriate Vaccine Administration Code**
  - The Insured Pediatric Patient
  - The Medicaid/MCO Eligible Pediatric Patient
  - The Uninsured and Underinsured Pediatric Patient
  - The Adult Patient
- **Section III - Immunization Billing Basics**
  - Providing Immunization Services ONLY
  - Billing Immunization Services during a Clinic Visit
  - Front-end Operations
  - Charge and Payment Capture and Reconciliation
- **Section IV - Glossary of Terms**

Section I - Immunization Codes

- CPT
- ICD-9
- NDC Code

CPT Procedure Codes

- **Current Procedural Terminology (CPT)** is a uniform system of coding organized and maintained by the American Medical Association (AMA). It is a list of descriptive terms, guidelines, and identifying five digit codes.

- **Purpose:**
  - Provide uniform language that accurately describes medical, surgical, and diagnostic services and procedures.
  - Serve as an effective means for reliable nationwide communication.
  - Allow reporting of medical services and procedures to public or private health insurance programs.

ICD-9 Diagnosis Codes

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) is a system developed by the World Health Organization.

A comprehensive list of CPT and associated ICD-9 vaccine codes is maintained and updated annually by the American Academy of Pediatrics

http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Commonly_Administered_Pediatric_Vaccines_Coding_Table.pdf

Effective 8/30/2013

Commonly Administered Pediatric Vaccines

Vaccine	*Separately report the administration with Current Procedural Terminology (CPT®) codes 90460-90461 or 90471-90474 [Please see table below]*	Manufacturer	Brand	ICD-9-CM‡	Number of Vaccine Components
90633	Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose, for intramuscular use	GlaxoSmithKline Merck	HAVRIX® VAQTA®	V05.3	1
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (MenCY-Hib), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	GlaxoSmithKline	MenHibrix™	V06.8	2
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate, 3 dose, for intramuscular use	Merck	PedvaxHIB®	V03.81	1
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate, 4 dose, for intramuscular use	sanofi pasteur GlaxoSmithKline	ActHIB® HIBERIX®	V03.81	1
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Merck	GARDASIL®	V04.89	1
90650	Human Papilloma virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use	GlaxoSmithKline	CERVARIX™	V04.89	1
90655	Influenza virus vaccine, trivalent, split virus, preservative free, for children 6-35 months of age, for intramuscular use	sanofi pasteur	Fluzone No Preservative Pediatric®	V04.81	1
90656	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to 3 years of age and above, for intramuscular use	Merck sanofi pasteur Novatis GlaxoSmithKline	Afluria® Fluzone No Preservative® Fluvirin® FLUARIX™	V04.81	1

Effective 8/30/2013

Commonly Administered Pediatric Vaccines

Vaccine	*Separately report the administration with Current Procedural Terminology (CPT®) codes 90460-90461 or 90471-90474 [Please see table below]*	Manufacturer	Brand	ICD-9-CM‡	Number of Vaccine Components
90657	Influenza virus vaccine, trivalent, split virus, 6-35 months dosage, for intramuscular use	sanofi pasteur	Fluzone®	V04.81	1
90658	Influenza virus vaccine, trivalent, split virus, 3 years and older dosage, for intramuscular use	Merck sanofi pasteur Novartis	Afluria® Fluzone® Fluvirin®	V04.81	1
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Pfizer	PREVNAR 13™	V03.82	1
90672	Influenza virus vaccine, quadrivalent, live, intranasal use	MedImmune	FluMist® Quadrivalent	V04.81	1
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	Merck	RotaTeq®	V04.89	1
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	GlaxoSmithKline	ROTARIX®	V04.89	1
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, for children 6-35 months of age, for intramuscular use	Sanofi Pasteur	Fluzone Quadrivalent	V04.81	1
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to 3 years of age and above, for intramuscular use	GlaxoSmithKline	FLUARIX Quadrivalent	V04.81	1
90687	Influenza virus vaccine, quadrivalent, split virus, 6-35 months dosage, for intramuscular use	〃	〃	V04.81	1
90688	Influenza virus vaccine, quadrivalent, split virus, 3 years and older dosage, for intramuscular use	GlaxoSmithKline	FLULAVAL	V04.81	1
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	GlaxoSmithKline	KINRIX™	V06.3	4
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use	sanofi pasteur	Pentacel®	V06.8	5
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than seven years, for intramuscular use	sanofi pasteur sanofi pasteur GlaxoSmithKline	DAPTACEL® INFANRIX®	V06.1	3

Vaccine	*Separately report the administration with Current Procedural Terminology (CPT®) codes 90460-90461 or 90471-90474 [Please see table below]*	Manufacturer	Brand	ICD-9-CM‡	Number of Vaccine Components
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	sanofi pasteur GlaxoSmithKline	ADACEL® BOOSTRIX®	V06.1	3
90716	Varicella virus vaccine, live, for subcutaneous use	Merck	VARIVAX®	V05.4	1
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine (DTaP-Hep B-IPV), for intramuscular use	GlaxoSmithKline	PEDIARIX®	V06.8	5
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	Merck	PNEUMOVAX 23®	V03.82	1
90733	Meningococcal polysaccharide vaccine, for subcutaneous use	sanofi pasteur	Menomune®	V03.89	1
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	sanofi pasteur Novartis	Menactra® Menveo®	V03.89	1
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3 dose, for intramuscular use	Merck	RECOMBIVAX HB®	V05.3	1
90743	Hepatitis B vaccine, adolescent, 2 dose, for intramuscular use	Merck	RECOMBIVAX HB®	V05.3	1
90744	Hepatitis B, pediatric/adolescent dosage, 3 dose, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB® ENERGIX-B®	V05.3	1
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB® ENERGIX-B®	V05.3	1
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose, for intramuscular use	GlaxoSmithKline	ENERGIX-B®	V05.3	1
90748	Hepatitis B and Hib (Hep B-Hib), for intramuscular use	Merck	COMVAX®	V06.8	2
90749	Unlisted vaccine or toxoid	Please	See	ICD	Manual

Vaccine	*Separately report the administration with codes 90460-90461 or 90471-90474 [Please see table below]*	Manufacturer	Brand	ICD-9-CM‡	Number of Vaccine Components
90702	Diphtheria and tetanus toxoids (DT), adsorbed when administered to younger than seven years, for intramuscular use	sanofi pasteur	Diphtheria and Tetanus Toxoids Adsorbed	V06.5	2
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	Merck	M-M-R II®	V06.4	3
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Merck	ProQuad®	V06.8	4
90713	Poliovirus vaccine (IPV), inactivated, for subcutaneous or intramuscular use	sanofi pasteur	IPOL®	V04.0	1
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for intramuscular use	sanofi pasteur	TENIVAC®	V06.5	2

	Immunization Administration Codes
	Immunization Administration Through Age 18 With Counseling^
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
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
	Immunization Administration
90471	Immunization administration, one vaccine
90472	Immunization administration, each additional vaccine
90473	Immunization administration by intranasal/oral route; one vaccine
90474	Immunization administration by intranasal/oral route; each additional vaccine

^CPT 2012 manual has defined an "**other qualified healthcare professional**" as one who is qualified by education and training, licensure/regulation, and facility privileging who performs a professional service within his/her scope of practice and independently reports that service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service.
Therefore based on these new restrictions, if clinical staff alone performs vaccine counseling, you must defer to codes **90471-90474.**

‡ICD-9-CM guidelines indicate that immunizations administered as part of a routine well baby or child check should be reported with code V20.2. The codes listed above can be reported in addition to the V20.2 code if specific payers request them. Immunizations administered in encounters **other than those for a routine well baby or child check** should be reported only with the codes listed above.

Vaccine pending FDA approval [http://www.ama-assn.org/ama/pub/category/10902.html]
Developed and maintained by the American Academy of Pediatrics. For reporting purposes only.

Medicare PREVENTIVE SERVICES

Medicare Learning Network®
Official CMS Information for Medicare Fee-For-Service Providers

QUICK REFERENCE INFORMATION:
Preventive Services

This educational tool provides information on Medicare preventive services. Information provided includes Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes; International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes; coverage requirements; frequency requirements; and beneficiary liability for each Medicare preventive service.

SERVICE	HCPCS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
Seasonal Influenza Virus Vaccine and Administration	90654, 90655, 90656, 90657, 90660, 90662, Q2034 **(effective for dates of service on or after 07/01/12, and claims processed on or after 10/01/12)**, Q2035, Q2036, Q2037, Q2038, Q2039 – Influenza Virus Vaccine G0008 – Administration	Report one of the following codes: V04.81 – Influenza V06.6 – Pneumococcus and Influenza	All Medicare beneficiaries	Once per influenza season Medicare may provide additional flu shots if medically necessary	• Copayment/coinsurance waived • Deductible waived
Pneumococcal Vaccine and Administration	90669, 90670 – Pneumococcal Conjugate Vaccine 90732 – Pneumococcal Polysaccharide Vaccine G0009 – Administration	Report one of the following codes: V03.82 – Pneumococcus V06.6 – Pneumococcus and Influenza	All Medicare beneficiaries	Once in a lifetime Medicare may provide additional vaccinations based on risk and provided that at least 5 years have passed since receipt of a previous dose	• Copayment/coinsurance waived • Deductible waived
Hepatitis B (HBV) Vaccine and Administration	90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule) 90743 – Hepatitis B vaccine, adolescent dosage (2 dose schedule) 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule) 90746 – Hepatitis B vaccine, adult dosage 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) G0010 – Administration	V05.3	Certain Medicare beneficiaries at intermediate or high risk for contracting hepatitis B Medicare beneficiaries that are currently positive for antibodies for hepatitis B are not eligible for this benefit	Scheduled dosages required	• Copayment/coinsurance waived • Deductible waived

National Drug Codes (NDC)

National Drug Code (NDC) serves as a universal product identifier for drugs.

National Drug Code (NDC)

Converting NDCs from 10-digits to 11 digits.

It should be noted that many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper billing of a National Drug Code (NDC) requires an 11-digit number in a 5-4-2 format. Converting National Drug Code (NDC) from a 10-digit to an 11-digit format requires a strategically placed zero, dependent upon the 10-digit format.

www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html

The following table shows common 10-digit National Drug Code (NDC) formats indicated on packaging and the associated conversion to an 11-digit format, using the proper placement of a zero. The correctly formatted, additional "0" is in a bold font and underlined in the following example. Note that hyphens indicated below are used solely to illustrate the various formatting examples for the National Drug Code (NDC).

Converting NDCs from 10-digits to 11-digits

10-Digit Format on Package	10-Digit Format on Example	11-Digit Format	11-Digit Format Example	Actual 10-digit NDC Example	11-Digit Conversion of Example
4-4-2	9999-9999-99	5-4-2	**0**9999-9999-99	0002-7597-01	**0**0002-7597-01
5-3-2	99999-999-99	5-4-2	99999-**0**999-99	50242-040-62	50242-**0**040-62
5-4-1	99999-9999-9	5-4-2	99999-9999-**0**9	60575-4112-1	60575-4112-**0**1

Section II - Selecting the Appropriate Vaccine Administration Code

- The Insured Pediatric Patient
- The Medicaid/MCO Eligible Pediatric Patient
- The Insured Adult Patient and Pediatric Patients without counseling
- The Insured Pediatric Patient with vaccine counseling

Vaccine Administration Codes

- **Can vary based upon:**
  - The age of the patient.
  - If counseling is provided at the time of administration.
  - The route of delivery.
  - The number of vaccines or vaccine components/toxoids during an encounter are administered.
  - Health plan requirements (such as Maryland Medicaid)

Vaccine Administration for the Insured Pediatric Patient

- **To appropriately bill children with insurance coverage you must bill:**
  - Use privately purchased vaccine
  - Assign the appropriate vaccine CPT code
  - Assign an appropriate **separate** vaccine **administration** code.

Administration of VFC Vaccines to Medicaid/MCO Eligible Pediatric Patient

- To be reimbursed by Medicaid/MCO for administering VFC vaccine:
  - The provider must be participating in Maryland Medicaid
  - The provider must be a participating with the patient's MCO
- Must 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
- The Medicaid/MCO reimbursement is $23.28 per VFC vaccine given.

"SE" Modifier: Modifiers are 2 character codes which changes the standard definition of the CPT/HCPC code to which it is appended. Modifiers are part of the CPT/HCPC coding structure with standard definitions. The SE modifier's standard definition is "State and/or federally funded programs/services". The Maryland Medicaid program has written special instructions to use this SE modifier to indicate that the vaccine is state supplied.

Administration of VFC Vaccines to the Uninsured and Underinsured Pediatric Patient

- VFC vaccines administered to uninsured and underinsured children:
  - Report the appropriate vaccine product CPT code with a $0.00 fee
  - Report the appropriate vaccine administration CPT code(s) 90471-90474 per vaccine, with the established fee not to exceed $23.28 per vaccine

NOTE - no child can be denied a VFC immunization based on their inability to pay the administration fee.

Administration of Privately Purchased Vaccines **to Insured Adults (19 years of age & older)** and **Pediatric Patients** receiving immunization services **without** counseling on the date of immunization

- **Report the CPT code that reflects the vaccine product administered**
- **Report the appropriate vaccine administration code(s), per vaccine, 90471-90474**

90471	• Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) (**Primary Procedure Code**)
90472	• Each additional vaccine injection (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (**Add On Code**)
90473	• Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) (**Primary Procedure Code**)
90474	• Each additional vaccine by intranasal or oral route (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (**Add On Code**)

In addition to the vaccine, report the CPT code(s) that accurately reflect(s) the method of administration for each vaccine product given.

Primary Procedure Code:

- Is a code representing an initial procedural service which may be billed alone or in addition to subsequent services if performed on the same day.
- If an injected vaccine and an intranasal and or oral vaccine are administered on the same date, **only one *Primary Vaccine*** Administration Procedure Code can be billed for that date.
- When reporting multiple vaccines on the same date of service, the initial administration CPT code is reported with a quantity of one.

Add-on Code:

- Is a code representing an additional service that can only be billed with the initial service.
- All add-on codes have a designated primary code(s). The add-on must be billed in conjunction with one of the designated primary codes.
- The CPT code for each additional, should be reported with a quantity equal to the number of additional vaccines administered

Administration of Privately Purchased Vaccines

to

The Insured Pediatric Patient (through 18 yrs. of age) **receiving immunizations with vaccine counseling**

- Report the CPT code that reflects the vaccine product administered with the established fee
- 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.**

***Independently Reportable Provider:** Is a qualified health care professional who is enrolled with a specific health plan to bill for services under their individual name and identifying number.

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. (**Primary Procedure Code**)

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 primary procedure code.) (**Add On Code**)

Report 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.

How many components are in the common pediatric vaccines and which pediatric IA codes would I report with each?

Please see the following chart:

Vaccine	No. of Vaccine Components	Immunization Administration Code(s) Reported	*ICD-9-CM* Code Reported When Vaccine Administered During a Non-preventive Medicine Visit[a]
HPV	1	90460	V04.89
Influenza	1	90460	V04.81
Meningococcal	1	90460	V03.89
Pneumococcal	1	90460	V03.82
Td	2	90460, 90461	V06.5
DTaP or Tdap	3	90460, 90461, 90461	V06.1
MMR	3	90460, 90461, 90461	V06.4
DTaP-Hib-IPV (Pentacel)	5	90460, 90461, 90461, 90461, 90461	V06.8
DTaP-HepB-IPV (Pediarix)	5	90460, 90461, 90461, 90461, 90461	V06.8
DTaP-IPV (Kinrix)	4	90460, 90461, 90461, 90461	V06.3
MMRV (ProQuad)	4	90460, 90461, 90461, 90461	V06.8
DTaP-Hib (TriHIBit)	4	90460, 90461, 90461, 90461	V06.8
HepB-Hib (Comvax)	2	90460, 90461	V06.8
Rotavirus	1	90460	V04.89
IPV	1	90460	V04.0
Hib	1	90460	V03.81

ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification; HPV, human papillomavirus; Td, tetanus and diphtheria; DTaP, diphtheria, tetanus, and acellular pertussis; Tdap, tetanus, diphtheria, and acellular pertussis; MMR, measles, mumps, and rubella; Hib, *Haemophilus influenzae* type b; IPV, inactivated poliovirus; HepB, hepatitis B; MMRV, measles, mumps, rubella, and varicella.

[a] *ICD-9-CM* guidelines indicate that immunizations administered as part of a routine well-baby or well-child check should be reported with code V20.2. The codes listed in this chart can be reported in addition to V20.2 if specific payers request them. Immunizations administered in encounters *other than those for a routine well-baby or well-child check* should be reported only with the codes listed in this chart.

Section III - Immunization Billing Basics

- Providing Immunization Services ONLY
- Billing Immunization Services during a Clinic Visit
- Front-end Operations
- Charge and Payment Capture and Reconciliation

Providing Immunization Services ONLY

- Select appropriate vaccine code(s) on the super-bill or in the EMR/EHR
- Select appropriate vaccine administration code(s) on the super-bill or in the EMR/EHR
- Patient education – counseling and VIS sheets
- Administrator vaccine
- Document in patient chart
- Document in ImmuNet
- Verify charge capture on super-bill or in EMR/EHR
- Set-up for Reminders and Recalls
- Immunization inventory

Immunizations Provided in **Other LHD Clinics**

- Vaccines may be provided in service areas such as HIV Clinics, Maternal & Child Health, Family Planning, where there is an Office Visit.
- Office visits can be reported with Evaluation & Management Code (E&M).
- In these cases, there may be differences in ICD-9 code selected depending on type of E&M service provided.

Billing Immunization Services during a Clinic Visit

- Immunization services can be reported in addition to significant and separately identifiable **evaluation and management services (E/M)** when performed on the same date of service.
  - Modifier 25 should be appended to the E/M code (99201-99205 and 99212-99215) when reporting such services to a third party payer.
  - Apply the appropriate ICD 9 code
  - Select and apply the appropriate vaccine and Vaccine administration code(s) on the super-bill or in the EMR/EHR.

Evaluation and Management Service (E/M): A professional service provided by a qualified health care provider for the purpose of diagnosis and/or treatment of a presenting problem or **other health status during a face-to-face visit.**

Example of Evaluation and Management Codes

		NEW PATIENT OFFICE VISIT	
	99201	Problem Focused/Straightfwrd/10 min	
	99202	Expanded Problem Foc/Straightfwrd/20 min	
	99203	Detailed/Low Complexity/30 min	
	99204	Comprehensive/Moderate Cmplx/45 min	
	99205	Comprehensive/High Complex/60 min	

		ESTABLISHED PT OFFICE VISIT	
	99211	Minimal/5 min	
	99212	Problem Focused/Straightfwrd/10 min	
	99213	Expanded Problem Focsd/Low Cmplx/15 min	
	99214	Detailed/Moderate Complexity/25 min	
	99215	Comprehensive/High Complxity/40 min	

Example of Coding an Office Visit with Immunization Services

CPT Code	Modifier	Description	Diagnosis Code
99213	25	Expanded Problem Focsd/Low Cmplx/15 min	xxx.xx
90670		Pneumoccal (Prevnar 13),	V03.82
90471		Immn. admin, one vaccine	V03.82

Additional billing clarification items:

- Commercial insurance plans cannot be charged less than Medicare or Medicaid/Medicaid MCO for services, including vaccine administration.
- 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."
- Do not apply the sliding fee scale to an insured individual.
- Recommendation – only have one fee schedule for all payers.

Front-end Operations: Staff Education

- Provide staff with the training and tools include:
  - Knowledge of insurance.
  - Obtaining accurate patient and insurance information and collecting balances due.
  - Verifying patient information for completeness and accuracy.
  - Monitoring the accuracy of the front-end data entry process.

Front-end Operations: Patient Education

- Inform patients of their financial responsibility prior to time of service'
- Emphasize necessary documentation that the patient must provide:
  - insurance card
  - photo ID
  - registration questionnaire
  - proof of income, if uninsured
- Make registration forms, documentation requirements and financial policies available in advance.
- Provide estimated minimum deposits for uninsured patients.
- Provide patient education in obtaining insurance, if necessary.

Front-end Operations: The Patient with Insurance Coverage

- Collect accurate insurance information
  - Scan/copy insurance card
- Select the correct payer
- Enter the correct member ID number
  - Insurance Eligibility Verification:
    - electronic
    - Website
    - Phone

Front-end Operations: The Uninsured Patient

- Financial screening
- Sliding fee scale
- Billing process
- Discount policy
- Financial hardship

Front-end Operations: Charge Capture

- Enter charges from the super-bill or import codes from EMR/EHR.
- Reconcile encounters to patient sign-in sheets/schedule
- Reconcile posted charges to source documents, e.g., super-bills.
- Reconcile to inventory control for vaccine(s).

Front-end Operations: Clinic Payment Collection

- Collect and enter payment on the daily log, day sheet or into the PM system
- Provide the patient a receipt
- Reconcile payments to the:
  - Receipt log
  - PM System
  - Cash/Checks
  - Credit card batch

Daily Receivable Flow Sheet **Date:**_____

Patient Name	Payment			Cash	Check		Credit Card	Initials
	Copay	Account Pymt	Other		Check #	Check Amt		
TOTAL								

TOTAL DEPOSIT			
Total Number of Patients Seen			

Section IV -

- Glossary of Terms

Add-on Code: A code representing an additional service that can only be billed with the initial service. All add-on codes have a designated primary code(s). The add-on must be billed in conjunction with one of the designated primary codes.

Counseling: Discussion with the patient, patient's parent, guardian or caregiver explaining each vaccine component(s) including benefit, risk and side effects.

Evaluation and Management Service (E&M): Terminology that has replaced the descriptions of medical visit services, i.e., office visit, clinic visit, inpatient hospital visit, etc. A professional service provided by a qualified health care provider for the purpose of diagnosis and/or treatment of a presenting problem or **other health status during a face-to-face visit.**

Independently Reportable Provider: A qualified health care professional who is enrolled with a specific health plan to bill for services under their individual name and identifying number.

MCO: Managed Care Organizations (MCOs) are health care organizations that provide services to Medicaid recipients in Maryland. These organizations contract with a network of providers to provide covered services to their enrollees. MCOs are responsible to provide or arrange for the full range of health care services.

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Purchased Vaccine Products: Vaccines purchased through the Maryland Department of Health and Mental Hygiene administered to patients who are not eligible to receive vaccines funded with VFC or 317 dollars.

Qualified Health Care Professional: An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.

Primary Procedure Code: A code representing an initial procedural service which may be billed alone or in addition to subsequent services if performed on the same day.

"SE" Modifier: Modifiers are 2 character codes which changes the standard definition of the CPT/HCPC code to which it is appended. Modifiers are part of the CPT/HCPC coding structure with standard definitions. The SE modifier's standard definition is "State and/or federally funded programs/services". The Maryland Medicaid program has written special instructions to use this SE modifier to indicate that the vaccine is state supplied.

Significantly Separate Identifiable Evaluation and Management Service: An evaluation and management service that is performed on the same day as another procedural service that is unrelated to the other procedural service.

Super-bill: A document which typically contains a list of the most commonly utilized CPT codes and services, also called a charge document, fee slip, routing slip, encounter form, etc.