

2019-2020 PROPER CODING of Sanofi Pasteur Products

Updated for 2019-2020 Influenza Vaccines

NOW INCLUDES:

- Product Code
- NDCs in Billing Format
- ICD-10 Code
- Administration Code(s)
- CVX Code

View our complimentary coding and billing webinar at your convenience by visiting: www.CrackingtheCodesTraining.com

Visit the Reimbursement Pages 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-VACCINE (1-800-822-2463) and choose the prompt for the RSS.

The information provided in this resource is for informational purposes only. Every reasonable effort has been made to verify the accuracy of the information; however, this resource is not intended to provide specific guidance on how to utilize, code, bill, or charge for any product or service. Health care providers should make the ultimate decision as to when to use a specific product based on clinical appropriateness for a particular patient. Third-party payment for medical products and services is affected by numerous factors, and Sanofi Pasteur Inc. cannot guarantee success in obtaining insurance payments.

Product	Number of Vaccine Components	ACIP ^a Acronym	Presentation	National Drug Code (NDC) See the back of this guide for more information on NDC billing		Product CPT ^{®b} Code	Administration Code(s)		ICD-10 ^c Code	MVX = PMC ^d CVX Code
				When the Payer Requires the Outer Carton NDC	When the Payer Requires the Unit-of-Use NDC (Vial or Syringe)		Patient is 18 years of age or younger and qualified counseling occurs	Patient is 19 years of age or older or patient is 18 years of age or younger and qualified counseling does not occur		
ActHIB[®] Haemophilus b Conjugate Vaccine (Tetanus Toxoid Conjugate)	1	Hib	5 x 1-dose vials	N449281054503 UN1	N449281054758 UN1	90648	90460 x 1	90471 x 1 or 90472 x 1	Z23	48 (Hib [PRP-T])
Adacel[®] Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed	3	Tdap	10 x 1-dose vials	N449281040010 ML0.5	N449281040058 ML0.5	90715	90460 x 1 and 90461 x 2	90471 x 1 or 90472 x 1	Z23 ^e	115 (Tdap)
			5 x 1-dose syringes	N449281040015 ML0.5	N449281040088 ML0.5					
			5 x 1-dose syringes	N449281040020 ML0.5	N449281040089 ML0.5					
DAPTACEL[®] Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed	3	DTaP	10 x 1-dose vials	N449281028610 ML0.5	N449281028658 ML0.5	90700	90460 x 1 and 90461 x 2	90471 x 1 or 90472 x 1	Z23	106 (DTaP, 5 pertussis antigens)
Diphtheria and Tetanus Toxoids Adsorbed	2	DT	10 x 1-dose vials	N449281022510 ML0.5	N449281022558 ML0.5	90702	90460 x 1 and 90461 x 1	90471 x 1 or 90472 x 1	Z23 ^e	28 (DT pediatric)
Flublok[®] Quadrivalent Influenza Vaccine	1	RIV4	10 x 1-dose syringes	N449281071910 ^f ML0.5	N449281071988 ^f ML0.5	90682	90460 x 1 or G0008 x 1 for Medicare ^g	90471 x 1 or 90472 x 1 or G0008 x 1 for Medicare ^g	Z23	185 (Influenza, recombinant, quadrivalent, injectable, preservative free)
Fluzone[®] High-Dose Influenza Vaccine	1	IIV	10 x 1-dose syringes	N449281040565 ^f ML0.5	N449281040588 ^f ML0.5	90662	N/A due to age indication	90471 x 1 or 90472 x 1 or G0008 x 1 for Medicare ^g	Z23	135 (Influenza, high-dose seasonal)
Fluzone Quadrivalent	1	IIV4	0.25-mL dose taken from a 5-mL multidose vial	N449281063115 ^f ML0.25	N449281063178 ^f ML0.25	90687	90460 x 1 or G0008 x 1 for Medicare ^g	90471 x 1 or 90472 x 1 or G0008 x 1 for Medicare ^g	Z23	158 (Influenza, injectable, quadrivalent)
			0.5-mL dose taken from a 5-mL multidose vial	N449281063115 ^f ML0.5	N449281063178 ^f ML0.5	90688				
Fluzone Quadrivalent Contains No Preservative	1	IIV4	10 x 1-dose syringes (0.5 mL)	N449281041950 ^f ML0.5	N449281041988 ^f ML0.5	90686	90460 x 1 or G0008 x 1 for Medicare ^g	90471 x 1 or 90472 x 1 or G0008 x 1 for Medicare ^g	Z23	150 (Influenza, injectable, quadrivalent, preservative free)
			10 x 1-dose vials (0.5 mL)	N449281041910 ^f ML0.5	N449281041958 ^f ML0.5	90686				
Fluzone Quadrivalent Contains No Preservative	1	IIV4	10 x 1-dose syringes (0.25 mL)	N449281051925 ^f ML0.25	N449281051900 ^f ML0.25	90685	90460 x 1 or G0008 x 1 for Medicare ^g	90471 x 1 or 90472 x 1 or G0008 x 1 for Medicare ^g	Z23	161 (Influenza, injectable, quadrivalent, preservative free, pediatric)
Imogam[®] Rabies-HT Rabies Immune Globulin (Human) USP, Heat Treated	N/A	RIG	2-mL vial	N449281019020 MLX.X ^h (Based on patient weight)	N449281019058 MLX.X ^h (Based on patient weight)	90376 ⁱ	96372 (If more than 1 needle is needed to administer the dose, bill a unit of the administration CPT code 96372 for each needle used)		Z20.3	34 (RIG)
IMOVAX[®] Rabies Rabies Vaccine	1	N/A	1-mL/1-dose vial	N449281025051 UN1	N449281024858 UN1	90675	90460 x 1	90471 x 1 or 90472 x 1	Z23 ^e	175 (Rabies – IM diploid cell culture)
IPOL[®] Poliovirus Vaccine Inactivated	1	IPV	10-dose vial	N449281086010 ML0.5	N449281086078 ML0.5	90713	90460 x 1	90471 x 1 or 90472 x 1	Z23	10 (IPV)
Menactra[®] Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine	1	MCV4 or Men-ACWY	5 x 1-dose vials	N449281058905 ML0.5	N449281058958 ML0.5	90734	90460 x 1	90471 x 1 or 90472 x 1	Z23	114 (Meningococcal MCV4P)
Pentacel[®] Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine	5	DTaP-IPV/Hib	5-dose package	N449281051005 UN1	N449281054515 ^f UN1 N449281054858 ^f UN1 (ActHIB vaccine) N449281056005 UN1 (DTaP/IPV)	90698	90460 x 1 and 90461 x 4	90471 x 1 or 90472 x 1	Z23	120 (DTaP-IPV/Hib)
Quadracel[®] Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine	4	DTaP-IPV	10 x 1-dose vials	N449281056210 ML0.5	N449281056258 ML0.5	90696	90460 x 1 and 90461 x 3	90471 x 1 or 90472 x 1	Z23	130 (DTaP-IPV)
TENIVAC[®] Tetanus and Diphtheria Toxoids Adsorbed	2	Td	10 x 1-dose vials	N449281021510 ML0.5	N449281021558 ML0.5	90714	90460 x 1 and 90461 x 1	90471 x 1 or 90472 x 1	Z23 ^e	113 (Td [adult], 5 Lf tetanus toxoid, preservative free, adsorbed)
			10 x 1-dose syringes	N449281021515 ML0.5	N449281021588 ML0.5					
TUBERSOL[®] Tuberculin Purified Protein Derivative (Mantoux)	N/A	PPD	5 T.U. 1 mL/10-test vial	N449281075221 ML0.1	N449281075278 ML0.1	86580	Administration service is included in product code		Z11.1	N/A
			5 T.U. 5 mL/50-test vial	N449281075222 ML0.1	N449281075298 ML0.1					
Typhim Vi[®] Typhoid Vi Polysaccharide Vaccine	1	ViCPS	1-dose syringe	N449281079051 ML0.5	N449281079088 ML0.5	90691	90460 x 1	90471 x 1 or 90472 x 1	Z23	101 (Typhoid ViCPS)
			20-dose vial	N449281079020 ML0.5	N449281079038 ML0.5					
YF-VAX[®] Yellow Fever Vaccine	1	YF	5-dose vial	N449281091505 UN1	N449281091568 UN1	90717	90460 x 1	90471 x 1 or 90472 x 1	Z23	37 (Yellow Fever)
			5 x 1-dose vials	N449281091501 UN1	N449281091558 UN1					

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 ACIP = Advisory Committee on Immunization Practices.

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

^c ICD-10 = International Classification of Diseases, 10th Revision.

^d PMC = Pasteur Merieux Connaught.

^e When tetanus or rabies products are given as part of wound management, use a primary ICD-10 code which describes the patient's condition.

^f Represents the 2019-2020 NDC. NDC will change for the 2020-2021 immunization season.

^g Medicare requires that you bill code G0008 when billing for the administration of influenza vaccines.

^h Coding for IMOGAM Rabies-HT immune globulin is based on the units administered. The recommended dosage is 9 IU per pound of patient weight. Example: For an adult patient weighing 165 lbs, 1485 IU of IMOGAM Rabies-HT immune globulin will be required (165 lbs x 9 IU of IMOGAM Rabies-HT immune globulin = 1485 IU). For billing purposes, you will bill for 10 units of service under CPT 90376 (1485 IUs/150 IU per unit of service = 9.9 (or 10) units of service). The NDC Units Dispensed would be ML9.9.

ⁱ There are 2 possible NDCs for the ActHIB component of this vaccine. Use the NDC that is on the product you administered.

How to Bill When a Payer Requires an NDC on Claims

Some payers require an NDC in addition to the CPT code for the product. In such cases, it is important to format the NDC correctly or the claim will be denied, and you will need to resubmit a corrected claim in order to be reconsidered for payment. The grid on the inside of this guide provides the NDCs for all Sanofi Pasteur products in billing format.

First confirm with your payer if they require the carton NDC, the unit-of-use (vial or syringe) NDC, or if they will accept either. When an NDC is required, enter the following in line 24A of the claim form:

1. Start with qualifier N4, and, with no space, follow immediately with the 11-digit NDC number (no hyphens).
 - a. To convert Sanofi Pasteur products to the required 11-digit format, add a leading zero in the middle section of numbers (ex. 49281-545-03 = 49281-0545-03).
2. After a space, follow the NDC with the Unit of Measure and Units Dispensed.
 - a. If the product is reconstituted, use Unit of Measure UN followed by the number of units dispensed with no space. Example: UN1 signifies that 1 unit of reconstituted vaccine was administered.
 - b. If the product is supplied in a liquid format, use the Unit of Measure ML, and the Units Dispensed is the actual decimal quantity administered with no space.

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 qualified counseling was performed.

If the patient is 18 years of age or younger, and counseling was performed by a provider who independently bills, such as a 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. See the coding chart for the number of components in each Sanofi Pasteur vaccine.

- **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:** Fluzone Quadrivalent vaccine, a single-component vaccine, is administered to a pediatric patient. Counseling is provided by the physician. Bill administration using 1 unit of 90460.
- **Example:** Pentacel vaccine, a 5-component vaccine, is administered to a pediatric patient, and counseling is provided by the nurse practitioner. Bill for administration using 1 unit of 90460 and 4 units of 90461.

If the patient is 19 years of age or older, or if they are 18 years of age or younger, and counseling was not performed by a qualified provider, use the code set that is based on number of injections administered at a visit (90471–90472), because all Sanofi Pasteur vaccines are administered by injection.

- **90471** – Immunization administration (includes percutaneous, intradermal, 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:** Flublok Quadrivalent and Adacel vaccines are administered to an adult patient. Bill 1 unit of 90471 for administering Flublok Quadrivalent vaccine and 1 unit of 90472 for administering Adacel vaccine.

Use of Modifier -25

If a vaccination is the only service provided, a visit is not billed. When a separate and significant visit is provided along with a vaccination, bill for the visit and the vaccination services. Health plans which follow Correct Coding Initiative (CCI) edits may require that modifier -25 be attached in order to be paid for the visit and the immunization administration service.

Modifier -25 is attached to the CPT code for the office visit. Code the office visit, attaching an ICD-10 code that best describes the reason for the visit (the condition for which the patient presented or was treated), and modifier -25.

As usual, code for the vaccine products and the immunization administration services using the appropriate CPT codes and the ICD-10 code(s) that identify the reason for the vaccinations. See the coding chart for the ICD-10 codes typically used for Sanofi Pasteur products.

The real key is to make sure that the office visit is paired with an ICD-10 code which describes the reason for the visit and that modifier -25 is attached to the visit code. Also remember to always bill for the vaccine and its administration.

CVX and MVX Codes

The codes used to populate immunization registries are CVX codes, which indicate the product used in a vaccination, and MVX codes, which indicate the manufacturer of the vaccine. When an MVX (manufacturer) code is paired with a CVX (vaccine administered) code, the specific trade-named vaccine can be identified. The MVX code for Sanofi Pasteur is PMC. See the coding chart for the CVX code for each product.