## Operations Bulletin 01-11



Date: January 2011

To: Primary Care Physicians

Re: Billing Guidelines: New Pediatric Vaccination Codes (90460 & 90461) & Reporting of the

Seasonal Influenza Vaccine

## **New Pediatric Vaccination Codes**

Geisinger Health Plan would like to advise Participating Providers that the new pediatric vaccination codes 90460 and 90461 replace codes 90465-90468 and should be reported as of January 1, 2011.

- **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 component.**
- **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/toxoid component.**

These new administration codes are reported per vaccine/toxoid component. CPT defines a component as each antigen in a vaccine that prevents disease(s) caused by one organism. Combination vaccines are those vaccines containing multiple vaccine components. Providers should report code 90460 for each first vaccine/toxoid component administered and code 90461 for each additional component. The codes are to be billed on a single claim line with a count representing the number of vaccine/toxoid components being billed. Please note that reporting 90460 or 90461 multiple times for a single date of service will reject as a duplicate service. Do not report modifiers with vaccine administration codes. Routes of administration (e.g., intranasal, intramuscular, oral) have no bearing on the new administration codes. Routes of administration are identified by the vaccine code.

Please continue to use procedure codes 90471-90474 for immunization administration of any vaccine that is not accompanied by face-to-face physician or qualified health care professional (e.g., physician assistant or nurse practitioner) counseling with the patient/family or for administration of vaccines to patients over 18 years of age.

**Example:** Reporting multiple vaccines with combination toxoid components.

Line	Procedure	Description	Count
1	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (DtaP); intramuscular use	1
2	90660	Influenza virus vaccine; live; intranasal use	1
3	90460	Immunization administration through 18 years of age; any route; first vaccine/toxoid component	2
4	90461	Immunization administration through 18 years of age; any route; each additional vaccine/toxoid component	2*

<sup>\*90461</sup> reported with a count of 2 due to additional toxoid components in DtaP vaccine.

## **Reporting of the Seasonal Influenza Vaccine**

CMS has created new HCPCS codes to replace influenza vaccine code 90658. Participating Providers are advised to begin using the newly created Q codes below when reporting the seasonal influenza vaccine.

- Q2035 Influenza virus vaccine, split virus, when administered to individuals 3 years
  of age and older, for intramuscular use (Afluria)
- Q2036- Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
- Q2037- Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
- Q2038- Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
- Q2039- Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not otherwise specified)

Effective for dates of service on or after January 1, 2011, **Geisinger Health Plan will no longer accept procedure code 90658 for the reporting of the seasonal influenza vaccine.** When reporting these Q codes, it is very important to distinguish which formulation of the influenza vaccine has been administered. A unique Q code is attributed to each individual influenza vaccine product to account for differences in manufacturing costs.

This Operations Bulletin amends the Participating Provider Guide Dev. 10/08. If you have any questions regarding this communication, please contact your Provider Relations Representative at the applicable telephone number listed below.

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