



MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Molly Sander, MPH
Immunization Program Manager

RE: 2011 Pediatric Immunization Administration Fee Code Changes

DATE: January 4, 2011

The American Academy of Pediatrics (AAP) developed new *Current Procedural Terminology (CPT®)* codes for reporting immunization administration in the pediatric patient population. The new codes became effective on **January 1, 2011**, and will replace codes **90465–90468**.

The two new codes are 90460 and 90461. **Code 90460 is administration through 18 years of age via any route with counseling by a physician or other qualified healthcare professional; first vaccine/toxoid component. 90461 is administration through 18 years of age via any route with counseling by a physician or other qualified healthcare professional; each additional vaccine/toxoid component. A component is defined as all antigens in a vaccine that prevents disease(s) caused by one organism.** Combination vaccines, such as MMR and DTaP, contain multiple vaccine components, so if counseling is provided, appropriate providers may bill for the administration of each component. For example, if counseling is provided to a patient and MMR is administered, the provider may bill for three administration fees, since MMR has three components.

Codes 90471 – 90474 will remain in effect and should be used:

- when administering vaccines to people 19 and older,
- if no counseling is performed on the patient, or
- if the healthcare professional doing the counseling does not meet the classification for an “other qualified healthcare professional.”

It is imperative that the physician or other qualified healthcare professional document the immunization administration and counseling in the patient medical record. Immunization providers should communicate this information to billing personnel.

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Providers are not allowed to bill administration fees by component, even if counseling is provided, for Vaccines for Children (VFC) vaccines. The federal administration fee cap of \$13.90 is per dose, not per component. VFC-eligible children are those 18 and younger who are either American Indian, Medicaid-eligible, uninsured, or underinsured. North Dakota Medicaid will only be reimbursing for CPT codes 90471 – 90474.

Blue Cross Blue Shield of North Dakota (BCBSND) will be reimbursing for these new CPT codes. Registered nurses, licensed practical nurses and medical assistants are not considered by BCBSND as an “other qualified healthcare professional” for the purposes of billing CPT codes 90460 and 90461.

Please see the AAP’s fact sheet at

www.aap.org/visit/ComprehensiveOverviewImmunizationAdministration.pdf for more information.

Please feel free to contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180

cc: Kirby Kruger, Director
Tracy Miller, State Epidemiologist
Dr. Kent Martin, State Medical Officer