

Bulletin



January 29, 2010

Vaccine administration submission

On October 15, 2009, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) published Quick Points 22-09 entitled, “Coding H1N1 administration fees with other vaccine administration fees.” Because there are specific CPT guides on the correct submission of multiple vaccine administration codes, Blue Cross will be instituting edits to include the H1N1 vaccines and administrations.

The following guidelines for correct submission will be effective for claims received on and after May 1, 2010. These revised guidelines will also be updated in Chapter 11 (Medical Services) of the Blue Cross Provider Policy and Procedure Manual, located on providers.bluecrossmn.com. This policy will be applied to the Level II HCPCS as well as the Level I (CPT) HCPCS vaccine administration codes.

Immunizations

Immunizations are injections separately identified (CPT codes **90476-90749** and HCPCS Level II code **G9142**). Submit the code that describes the immunization administered.

It is inappropriate to code each component of a combination vaccine separately. The administration code(s) **90465-90474**, **G0008-G0010** or **G9141** must be reported in addition to the vaccine and toxoid code(s) **90476-90749**, **G9142**.

Immunization administration add-ons

The immunization administration codes 90465-90474, G0008-G0010, or G9141 are reported in addition to the vaccine or toxoid code(s) 90476-90749, G9142. When giving more than one vaccine/toxoid, multiple administration codes are reported. Be certain to choose the correct add-on administration code. For example, when the H1N1 vaccine is given, that administration should be reported as the initial service vaccine.

The following grid shows the correct reporting of single and combinations of administration codes.

Type of vaccine/toxoid administration(s)	Is there more than one vaccine/toxoid?	Is counseling included?	Correct administration code(s)
Injection	No	Yes	90465 or G9141
Injection	No	No	90471, G0008, G0009, or G0010
Injection	Yes	Yes	90465 or G9141 and 90466 (X # of addt'l vaccines)
Injection	Yes	No	90471, G0008, G0009, or G0010 and 90472 (X # of addt'l vaccines)
Oral or intranasal	No	Yes	90467
Oral or intranasal	No	No	90473
Oral or intranasal	Yes	Yes	90467 and 90468 (X # of addt'l vaccines)
Oral or intranasal	Yes	No	90473 and 90474 (X # of addt'l vaccines)
Injection and oral/intranasal	Yes	Yes	90465 or G9141 and 90468 (X # of addt'l oral/intranasal vaccines) OR 90467 and 90466 (X # of addt'l injected vaccines)
Injection and oral/intranasal	Yes	No	90471, G0008, G0009, or G0010 and 90474 (X # of addt'l oral/intranasal vaccines) OR 90473 and 90472 (X # of addt'l injected vaccines)

Although the administration services 90466, 90468, 90472, and 90474 are considered add-on codes, the modifier 51 does not apply to these services and should not be reported with these codes.

Serum received at no cost

Some vaccines are furnished to providers at no cost. The H1N1 vaccines are supplied by the federal government free of charge. Codes G9142 and 90663 should be submitted with a zero charge or a \$0.01 charge, depending on what the provider's billing systems or services can accommodate. No reimbursement will be made for free vaccine/toxoids and the member will have no liability. Administration codes must be reported in addition to the vaccine.

If receiving serum from the Department of Human Services (DHS) for child immunizations, the provider should bill Blue Cross for the administration charge only. Providers should submit the immunization code with an –SL modifier to indicate the serum was received from DHS. Providers are required to obtain serum from DHS for all Prepaid Medical Assistance Program (PMAP) enrollees. The administration codes 90465-90474 must be reported in addition to the vaccine.

Supplies used in conjunction with immunization administrations

Syringes, needles or other supplies (A4206-A4209) used in conjunction with administering any injection, including immunizations, are considered integral to that administration and will be denied as incidental to the administration.

Coding requirements reminder

All coding and reimbursement is subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (for example, HCPCS, CPT, ICD-9-CM), only valid codes for the date of service may be submitted or accepted.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.

HCPCS stands for Health Care Procedure Coding System

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ICD-9-CM stands for International Classification of Diseases, 9th Revision, Clinical Modification