

Quick Points



October 15, 2009

Coding H1N1 administration fees with other vaccine administration fees

The Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA) have issued coding information regarding billing for H1N1 vaccine and administration. New codes were developed and one CPT code (90663) has been changed. The codes to be used for this are as follows:

Procedure codes	Description
G9141	Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)
G9142	Influenza A (H1N1) vaccine, any route of administration
90470	H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
90663	Influenza virus vaccine, pandemic formulation, H1N1

Codes G9142 and 90663 should be submitted with a zero charge since the vaccine is being supplied to providers at no cost.

In the event that a seasonal flu vaccination (or other vaccination) is administered in addition to the H1N1 vaccination at the same visit, it is necessary that code 90470 be reported for the initial administration service for the H1N1 vaccine product, and either code 90466, 90468, 90472, or 90474 for the additional administration service. Since these administration services are add-on codes, modifier 51 does not apply to these services and should not be reported with these codes.

The H1N1 vaccine administration code should not be reported in addition to the initial service vaccine administration codes 90465, 90467, 90471, and 90473. In the event that a provider uses one of the primary administration codes with the 90470 on the same date of service, Blue Cross and Blue Shield of Minnesota and Blue Plus will recode the primary administration code to its corresponding additional administration code rather than reject the claim for improper coding. You will see the submitted code and the adjudicated code on your remittance advice.

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 (e.g. 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 service at **(651) 662-5200** or **1-800-262-0820**.