

## Coding and Billing Quick Reference



### Fluzone and Fluzone High-Dose Vaccine Coding

Because there are several CPT<sup>®a</sup> codes that describe influenza vaccine, coding for influenza can be complicated. You must code correctly based on the product you are using in order to receive the accurate payment. This is especially important when using preservative-free and high-dose products; the cost of the vaccine is higher so payment should also be higher. You must bill correctly to receive the correct payment amount.

Some Medicaid agencies and private health plans require the use of an 11-digit National Drug Code (NDC) in addition to the CPT code on all claims for physician-administered products. Influenza vaccines are licensed each year with new NDCs, and the grid below contains Fluzone and Fluzone High-Dose vaccine NDCs with “xx” to identify numbers that change for each influenza season. Refer to the vaccine packaging for the correct NDC code for the product you have administered. Note that Fluzone and Fluzone High-Dose vaccine packaging contains a 10-digit NDC. To change it to an 11-digit format, you must add a leading “0” to the middle set of digits. (See the leading “0” identified in red in the grid below.)

| CPT Code | CPT Description  | Fluzone Vaccine Product Description                                      | NDC  | Presentation  |
|----------|--|--|--|---|
| 90655    | Influenza virus vaccine, split virus, <b>preservative free</b> , when administered to <b>children 6-35 months of age</b> , for intramuscular use   | Fluzone, Influenza Virus Vaccine, <b>No Preservative: Pediatric Dose</b> | 49281- <b>0</b> xxx-25                                 | 10 single-dose, 0.25mL syringes                                     |
| 90656    | Influenza virus vaccine, split virus, <b>preservative free</b> , when administered to <b>individuals 3 years and older</b> , for intramuscular use | Fluzone, Influenza Virus Vaccine, <b>No Preservative</b>                 | 49281- <b>0</b> xxx-50<br>OR<br>49281- <b>0</b> xxx-10 | 10 single-dose, 0.5mL syringes<br>OR<br>10 single-dose, 0.5mL vials |
| 90657    | Influenza virus vaccine, split virus, when administered to <b>children 6-35 months of age</b> , for intramuscular use                              | Fluzone, Influenza Virus Vaccine   | 49281- <b>0</b> xxx-15                                 | 5mL vial (0.25mL dose)  |
| 90658    | Influenza virus vaccine, split virus, when administered to <b>individuals 3 years of age and older</b> , for intramuscular use                     | Fluzone, Influenza Virus Vaccine   | 49281- <b>0</b> xxx-15                                 | 5mL vial (0.5mL dose)   |
| 90662    | Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use              | Fluzone High-Dose, Influenza Virus Vaccine                               | 49281- <b>0</b> xxx-65                                 | 10 single-dose, 0.5mL syringes                                      |

Vaccines are usually administered at preventative visits. However, they may also be administered at non-acute problem-focused visits, prescription refills, and screening exams. When a vaccine is administered at an unrelated, non-acute problem-focused visit, the modifier 25 may need to be attached to the CPT code for the office visit to identify that it is separate and significantly different than other services (ie, immunizations) on the claim.

When a vaccine is administered because a patient is part of a high-risk population for whom the vaccine is recommended, consider the use of the modifier SK. See the Sample Claim section in this Quick Reference for clarification on how to use these modifiers.

Visit the [Reimbursement Information section on VaccineShope.com](#)<sup>®</sup>

for additional coding and billing resources for Fluzone and Fluzone High-Dose vaccine and all sanofi pasteur products.

Do you have questions on coverage and payment for Fluzone or Fluzone High-Dose vaccine or other 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.

## Injectable Immunization Administration Coding

The code for administration of Fluzone and Fluzone High-Dose vaccine must be reported in addition to the vaccine product code. Assign the appropriate immunization administration code based on documentation in the medical record.

### Codes for Billing Private and Medicaid Plans for the Administration of Fluzone and Fluzone High-Dose Vaccine

| CPT Code | Description   |
|----------|---|
| 90465    | Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day           |
| +90466   | Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional injection (single or combination vaccine/toxoid), per day |
| 90471    | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)   |
| +90472   | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine, (single or combination vaccine/toxoid)  |

+Add-on code Source: 2010 Current Procedural Terminology

Note that codes 90465-90466 are pediatric codes; they are age-specific (patient must be under 8 years of age) and indicate that the physician counseled the patient/family. Codes 90471-90472 are non-age-specific and do not specify physician counseling; they are used for all patients 8 years of age or older and for patients under 8 years of age when no physician counseling occurred.

CPT codes 90465 and 90471 are primary or "first" immunization administration codes. Only 1 first administration may be reported during a single patient encounter. Each additional immunization administration at this same visit is reported using one of the immunization administration add-on codes, indicated by a plus sign (+) in the chart above.

### Code Required when Billing Medicare Plans for the Administration of Fluzone and Fluzone High-Dose Vaccine

| CPT Code | Description                               |
|----------|---|
| G0008    | Administration of Influenza virus vaccine |

Source: Health Care Procedure Coding System 2010

Medicare requires use of Healthcare Common Procedural Coding System (HCPCS) codes for the administration of the vaccines that they cover preventively, including influenza vaccine. HCPCS code G0008 must be used when billing Medicare for the administration of Fluzone and Fluzone High-Dose vaccine.

Medicare provides coverage of the flu vaccine without any out-of-pocket costs to the Medicare patient. No deductible, copayment, or coinsurance applies. Protect yourself, your patients, your staff, and your family and friends. CMS encourages Medicare beneficiaries to "Get the Flu Shot – Not the Flu." You can find the product administration rates for your state at: <http://www.cms.hhs.gov/AdultImmunizations/>. You may also qualify for an incentive by participating in the Physician Quality Reporting Initiative (PQRI) if you satisfactorily report all quality data codes for the PQRI Preventive Care Measures Group during a 2010 PQRI reporting period (eg, measure #110-Flu Shot for Medicare Patients 50 and over and measure #111-Pneumococcal Vaccine for Medicare patients 65 and over are measures that are included in that measures group). Learn more about how to implement PQRI by reviewing an article that guides you on how to get started in PQRI step-by-step: 2010 PQRI Tip Sheet: Satisfactorily Reporting 2010 PQRI Measures available for download at the CMS PQRI Web site at: <http://www.cms.gov/PQRI/Downloads/2010PQRIStsfctryRprtFS032310f.pdf>.

### Influenza Vaccine Diagnosis Codes (ICD-9-CM)

Below are suggested diagnosis codes that may be appropriate when submitting claims for Fluzone and Fluzone High-Dose vaccine and their administration. The code should be linked to both the vaccine and the administration codes. Assign the appropriate code based on review of documentation in the medical record.

| ICD-9-CM Code                                  | Code Description   | Suggested Use  |
|--|--|--|
| V04.81   | Need for prophylactic vaccination and inoculation against certain viral diseases, other viral diseases, Influenza                        | Primary diagnosis code used for influenza and its administration   |
| V06.6  | Need for prophylactic vaccination and inoculation against combination of diseases, streptococcus pneumoniae [pneumococcus] and influenza | Primary diagnosis code used when influenza and pneumococcal vaccines are administered at the same visit. |
| <b>Secondary high-risk code as appropriate</b> | To be determined by practitioner   | Consider adding a secondary diagnosis code to identify a patient's high-risk condition.                  |

Source: 2010 International Classification of Diseases, 9th Revision, Clinical Modification

## Examples for Billing Fluzone and Fluzone High-Dose Vaccine in the Physician's Office

### Fluzone Vaccine Administered at a Problem-Focused Visit

A 36-year old is seen at the physician's office for evaluation of her asthmatic condition and related prescription refills. The physician recommends she receive an influenza vaccine and administers **Fluzone, Influenza Virus Vaccine, No Preservative**.

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) |    |                  |    |                 |    |                                   |          |                |  | 22. MEDICAID RESUBMISSION |               |                   |     |     |
|---|----|------------------|----|-----------------|----|-----------------------------------|----------|----------------|--|---------------------------|---------------|-------------------|-----|-----|
| 1. <u>493.1</u>   |    |                  |    |                 |    |                                   |          |                |  | CODE ORIGINAL REF. NO.    |               |                   |     |     |
| 2. <u>V04.81</u>  |    |                  |    |                 |    |                                   |          |                |  | 23. PRIOR AUTHORIZATION   |               |                   |     |     |
| A   |    | B                |    | C               |    | D                                 |          | E              |  | F                         |               |                   |     |     |
| DATE(S) OF SERVICE  |    | Place of Service |    | Type of Service |    | PROCEDURES, SERVICES, OR SUPPLIES |          | DIAGNOSIS CODE |  | RESERVED FOR LOCAL USE    |               |                   |     |     |
| From  | To |                  |    |                 |    | (Explain Unusual Circumstances)   |          |                |  |                           |               |                   |     |     |
| MM  | DD | YY               | MM | DD              | YY | CPT/HCPCS                         | MODIFIER |                |  | \$ CHARGES                | DAYS OR UNITS | EPSDT Family Plan | EMG | COB |
| 10  | 30 | 09               | 10 | 30              | 09 | 99212                             | 25       | 1              |  |                           |               |                   |     |     |
| 10  | 30 | 09               | 10 | 30              | 09 | 90656                             | SK       | 2              |  |                           |               |                   |     |     |
| 10  | 30 | 09               | 10 | 30              | 09 | 90471                             |          | 2              |  |                           |               |                   |     |     |
| 4   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| 5   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| 6   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |

The ICD-9 code attached to the office visit must describe the reason for the visit.

Code the applicable level of office visit and attach the modifier 25 to alert the payer that the office visit is separate and significantly different than the other services performed.

Code the influenza vaccine product and the vaccine administration and link both to the ICD-9 code for influenza immunization. Consider attaching the SK modifier because the patient is high-risk (ie asthmatic).

### Fluzone Vaccine Administered at a Well Visit, Along with Other Vaccines

A 6 month old patient is seen for a well visit and receives 1 dose of Pentacel®, Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine followed by 1 dose of **Fluzone, Influenza Virus Vaccine, No Preservative: Pediatric Dose**. The physician counsels the parent on both vaccines administered.

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) |    |                  |    |                 |    |                                   |          |                |  | 22. MEDICAID RESUBMISSION |               |                   |     |     |
|---|----|------------------|----|-----------------|----|-----------------------------------|----------|----------------|--|---------------------------|---------------|-------------------|-----|-----|
| 1. <u>V20.0</u>   |    |                  |    |                 |    |                                   |          |                |  | CODE ORIGINAL REF. NO.    |               |                   |     |     |
| 2. <u>V03.81</u>  |    |                  |    |                 |    |                                   |          |                |  | 23. PRIOR AUTHORIZATION   |               |                   |     |     |
| 3. <u>V06.3</u>   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| 4. <u>V04.81</u>  |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| A   |    | B                |    | C               |    | D                                 |          | E              |  | F                         |               |                   |     |     |
| DATE(S) OF SERVICE  |    | Place of Service |    | Type of Service |    | PROCEDURES, SERVICES, OR SUPPLIES |          | DIAGNOSIS CODE |  | RESERVED FOR LOCAL USE    |               |                   |     |     |
| From  | To |                  |    |                 |    | (Explain Unusual Circumstances)   |          |                |  |                           |               |                   |     |     |
| MM  | DD | YY               | MM | DD              | YY | CPT/HCPCS                         | MODIFIER |                |  | \$ CHARGES                | DAYS OR UNITS | EPSDT Family Plan | EMG | COB |
| 11  | 30 | 09               | 11 | 30              | 09 | 99391                             |          | 1              |  |                           |               |                   |     |     |
| 11  | 30 | 09               | 11 | 30              | 09 | 90698                             |          | 2,3            |  |                           |               |                   |     |     |
| 11  | 30 | 09               | 11 | 30              | 09 | 90465                             |          | 2,3            |  |                           |               |                   |     |     |
| 11  | 30 | 09               | 11 | 30              | 09 | 90655                             |          | 4              |  |                           |               |                   |     |     |
| 11  | 30 | 09               | 11 | 30              | 09 | 90466                             |          | 4              |  |                           |               |                   |     |     |
| 6   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |

The ICD-9 code attached to the office visit must describe the reason for the visit.

Use the CPT code for Pentacel vaccine and for a first administration with counseling. Link the 2 ICD-9 codes which describe the components of Pentacel to both CPTs.

Use the CPT codes for influenza vaccine and for the second administration with counseling. Link the influenza vaccine ICD-9 code to both.

### Fluzone High-Dose Vaccine Administered to a Medicare Patient

A 72-year old Medicare beneficiary is seen for a wounded knee. The physician administers preservative-free Td vaccine and also takes the opportunity to administer **Fluzone High-Dose, Influenza Virus Vaccine**.

| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) |    |                  |    |                 |    |                                   |          |                |  | 22. MEDICAID RESUBMISSION |               |                   |     |     |
|---|----|------------------|----|-----------------|----|-----------------------------------|----------|----------------|--|---------------------------|---------------|-------------------|-----|-----|
| 1. <u>891.1</u>   |    |                  |    |                 |    |                                   |          |                |  | CODE ORIGINAL REF. NO.    |               |                   |     |     |
| 2. <u>V04.81</u>  |    |                  |    |                 |    |                                   |          |                |  | 23. PRIOR AUTHORIZATION   |               |                   |     |     |
| 3. _____  |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| 4. _____  |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| A   |    | B                |    | C               |    | D                                 |          | E              |  | F                         |               |                   |     |     |
| DATE(S) OF SERVICE  |    | Place of Service |    | Type of Service |    | PROCEDURES, SERVICES, OR SUPPLIES |          | DIAGNOSIS CODE |  | RESERVED FOR LOCAL USE    |               |                   |     |     |
| From  | To |                  |    |                 |    | (Explain Unusual Circumstances)   |          |                |  |                           |               |                   |     |     |
| MM  | DD | YY               | MM | DD              | YY | CPT/HCPCS                         | MODIFIER |                |  | \$ CHARGES                | DAYS OR UNITS | EPSDT Family Plan | EMG | COB |
| 11  | 01 | 09               | 11 | 01              | 09 | 99213                             | 25       | 1              |  |                           |               |                   |     |     |
| 11  | 01 | 09               | 11 | 01              | 09 | 90714                             |          | 1              |  |                           |               |                   |     |     |
| 11  | 01 | 09               | 11 | 01              | 09 | 90471                             |          | 1              |  |                           |               |                   |     |     |
| 11  | 01 | 09               | 11 | 01              | 09 | 90662                             |          | 2              |  |                           |               |                   |     |     |
| 11  | 01 | 09               | 11 | 01              | 09 | G0008                             |          | 2              |  |                           |               |                   |     |     |
| 5   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |
| 6   |    |                  |    |                 |    |                                   |          |                |  |                           |               |                   |     |     |

The ICD-9 code attached to the office visit must describe the reason for the visit and is also used to identify that Td was provided as treatment. Also attach the modifier 25 to the visit to identify that it is separate and significant from other services.

Use the CPT code for influenza vaccine and the Medicare required HCPCS for its administration. Attach the ICD-9 code for influenza vaccine to both.

### Medicare Roster Billing for Influenza Vaccine by Mass Immunizers

Mass immunizers are traditional and non-traditional Medicare providers or suppliers who offer influenza (and/or pneumococcal) vaccination to large numbers of Medicare beneficiaries and bill using a roster form. To qualify for roster billing, immunizers must be enrolled as a Medicare provider. The roster billing process can be used as long as influenza vaccine is provided to more than one Medicare beneficiary on the same day. Other services performed that day must be billed using normal Medicare Part B claims filing procedures.

As recommendations for influenza vaccines broaden, large influenza immunization efforts, such as immunization clinics, are becoming more common. Roster billing can help to streamline the billing process for such immunization efforts. Use a CMS-1500 claim form and bill 1 unit each of the appropriate influenza vaccine code and G0008. Include the appropriate ICD-9 code and your charge for each service. Attach a roster to identify which Medicare beneficiaries received the immunization, similar to that pictured below. Although there is no standard roster form, your Medicare carrier Web site may have a sample form that can be easily reproduced.

### Sample Roster

Provider Name: Dr. David Morris, MD  
 Provider Billing Number: 1235467ABC  
 Date of Service: November 1, 2009

| Insured's ID | Last Name | Fist Name | M.I. | D.O.B. | Sex | Signature or "Signature on File" | Address                         |
|--------------|-----------|-----------|------|--------|-----|----------------------------------|---------------------------------|
| 231-65-4987  | Smith     | Agnes     | R    | 072241 | F   | On File                          | 904 Miles Ave<br>Anytown USA    |
| 987-65-4321  | Jones     | Joe       |      | 081330 | M   | On File                          | 301 Hospital St<br>Anytown, USA |

### Sample Roster Claim

PLEASE DO NOT STAPLE IN THIS AREA

**HEALTH INSURANCE CLAIM FORM**

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (Other ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
See attached roster

3. PATIENT'S BIRTH DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. DATE

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident OR PREGNANCY/INJURY)

15. IF PATIENT HAS HAD SAME OR SIMILAR GIVE FIRST DATE

16. NUMBER OF REFERRING PHYSICIAN

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO THIS LINE BY LINE)

22. MEDICAID RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

24. DATE(S) OF SERVICE

25. PLACE OF SERVICE

26. PROCEDURE, SERVICE, OR SUPPLIES

27. ACCEPT ASSIGNMENT?

28. TOTAL CHARGE

29. AMOUNT PAID

30. BALANCE DUE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED

33. PHYSICIAN'S, SUPPLIER'S BILLING ADDRESS, ZIP CODE & PHONE #

Assign the appropriate vaccine code based on dosing per age group and product used. Here Fluzone High-Dose vaccine was used.

Enter charge per unit of service. If the provider is not charging for either the vaccine or its administration, enter \$0.00 or NC for service not being billed.

If the provider's number is not shown on the roster billing form, complete Box 33 to include the Provider Identification Number or National Provider Identifier.

The information contained in the Fluzone and Fluzone High-Dose Vaccine Coding and Billing Quick Reference is provided for informational purposes only. Every reasonable effort has been made to verify the accuracy of the information; however, this quick reference 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.

<sup>a</sup> CPT = Current Procedural Terminology is a registered trademark of the American Medical Association.

