



## 061711 NEWS BLAST

### 2011 PEDIATRIC IMMUNIZATION ADMINISTRATION CODES: 90460 & 90461 ARE YOU USING THEM?

Effective with 2011 CPT publication, new counseling Immunization (IMM) Administration (ADM) CPT codes **90460** and **90461** replaced **90465-90468**. Unfortunately, LA Medicaid does not accept these new codes, however, other carriers do pay them quite nicely!

**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 (List separately in addition to code for primary procedure.)

The **+** next to the code **90461** indicates that it is an add-on code, just like **90466** was an add-on code to **90465**; and **90468** was an add-on code to **90467**. An add-on code (i.e., **90461**) can only be reported in conjunction with the primary/lead code (in this case, **90460**).

Significant difference regarding these new counseling IMM ADM codes (**90460 & 90461**) is that each vaccine IMM ADM is billed with the **90460**, i.e., 90460 is typically billed with quantity > 1; and if the vaccine administration is a combination (combo) vaccine, i.e., has multiple components (antigens) then the **90461** is billed for each additional component; i.e., 90461 typically is billed with quantity > 1.

MEDTRON suggests including the # of components of a combo vaccine into the charge code description, i.e., **90700** IMM (3) DT@P; where the (3) depicts # of antigens; *most carriers want these new counseling IMM ADM codes quantitized on 1 charge line, i.e., quantity > 1.*

*Billing examples are listed below.*

IMM ADM codes:

**90460** and **90461** (with counseling as above) and  
**90471-90474** (used when no counseling occurred):

Billed when IMM are performed pursuant to how, i.e., *the method in which* the IMM is administered:

i.e., **90471** (1<sup>st</sup> single or combo vaccine), **90472** (each additional single or combo vaccine) by intradermal subcutaneous or intramuscular.

**90473** (1<sup>st</sup> single or combo vaccine), **90474** (each additional single or combo vaccine) by intranasal or oral route.

The method administered determines the IMM ADM CPT code to be billed.

The non counseling IMM ADM lead codes (**90471 & 90473**) should be billed with Qty = 1 for the initial IMM. If additional IMMs are given, the add-on IMM ADM codes (**90472 & 90474**) should be billed with Qty = # of remaining IMMs.

The counseling IMM ADM lead code (**90460**) should be billed for each vaccine ADM; if ADM of a combo IMM then add on IMM ADM code (**90461**) should be billable for each component/antigen after the first in each of the vaccines that are administered,

i.e., **90700** is a combo of 3 components; therefore counseling IMM ADM **90460** code would be billed Qty = 1 and add-on IMM ADM **90461** code would be billed Qty = 2.

If a patient received 3 different IMMs, i.e., **90700**(3), **90710**(4), and **90713**(1), the lead IMM ADM **90460** code would be billed Qty = 3 and add-on IMM ADM **90461** code would be billed Qty = 5 [(3 + 4 + 1) – 3 = 5].

Resources: American Academy of Pediatrics FAQ on new pediatric IA codes:

<http://www.aap.org/immunization/pediatricians/pdf/FAQ2011IACodes.pdf>

Refer to **User Guide: Vaccines & Administration**

For more information regarding the new immunization administration codes, please contact our Software Support Department at (985)-234-0599 or email [support@medtronsoftware.com](mailto:support@medtronsoftware.com).