



Each year, new services are added to the approved code set of medical services recognized under federal law. The 2011 update included a number of new codes specific for the administration of vaccines to children. There has been some confusion related to the use of these new codes, and thus UnitedHealthcare Community & State has developed this Frequently Asked Questions (FAQ) document to assist in alleviating some of this confusion and support you in correctly billing for your particular market. **This is the State specific document for markets following the Vaccines for Children (VFC) guidelines, including DE, FL, MS, NY, TN.**

The new CPT codes for the administration of vaccines to children that may be reported are as follows, based on State specific billing regulations as appropriate:

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

90471 Immunization administration, one vaccine

90472 Immunization administration, each additional vaccine

90473 Immunization administration by intranasal/oral route; one vaccine

90474 Immunization administration by intranasal/oral route; each additional vaccine

For states following the **VFC Guidelines**, you are to utilize these codes as follows, based on the guidelines set by your state:

90460 Bill this code for **all vaccines** (not components) given per date of service. These should be billed on **one line with multiple units** as appropriate to avoid duplicate rejections.

Example: A child comes in and has a total of four vaccinations. You would bill 90460 on one line with four (4) units.

Q1. CPTs 90465-90468 are being replaced. What are the new code numbers and descriptors?

A. For services rendered on or after Jan. 1, 2011, please report services that you previously used CPT codes 90465-90468 (unless State regulations specify otherwise) with two new codes: CPTs 90460 and 90461. The new CPT descriptors are:

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

+ This code is an add-on code and may only be reported in conjunction with the primary code (90460).

Q2. Which physician specialties will be most affected by the new Immunization Administration codes?

A. Pediatricians and family practice physicians will be most affected as they provide the majority of immunizations to younger patients.

Q3. Will all of UnitedHealthcare Community & State's claims systems be ready to accept CPT 90460 and 90461 for claims submitted for services rendered on or after Jan. 1, 2011?

A. Yes, 90460 and 90461 will be accepted for dates of service on or after Jan. 1, 2011.

Q4. My state follows the Vaccine for Children (VFC) guidelines. How should I bill these?

A. Bill according to the guidelines set up by your specific state, including any modifiers it specifies should be utilized. UnitedHealthcare Community & State is dedicated to processing claims based on these State specific guidelines. Per the CDC Q&A document released 12/10, "Providers are encouraged to use the new code 90460 for the administration of a vaccine under the VFC program. If code 90461 is used for a vaccine with multiple antigens or components, it should be given a \$0 value for a child covered under the VFC program. This applies to both Medicaid-enrolled VFC-entitled children as well as non-Medicaid-enrolled VFC-entitled children (i.e., uninsured, underinsured, and American Indian or Alaskan Native children not enrolled in Medicaid)".

Q5. Will the professional fee schedules be updated with fees for the two new immunization administration codes?

A. Yes, physician fee schedules will be updated according to the underlying contractual fee construction methodology and in accordance with the terms of the provider agreement and state specific billing regulations as appropriate.

Q6. If 90460 is billed multiple times for the same date of service without applying modifier 25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service), will the code be denied as a duplicate?

A. No, applying modifier 25 to 90460 is not required in order to prevent this code from being denied for billing multiple times on the same date of service. However, if CPT 90460 is billed more than one time on the same date of service, it should be billed on **one line with multiple units in order to avoid duplicate rejections.**