

A crucial change that will affect your practice if you administer vaccines is scheduled to take place Jan. 1, 2011. The Pediatric Council, recognizing the potential of massive claims rejections and re-submissions, has been working with the Managed Care Organizations for a month now hoping to avert problems.

On that date the vaccine administration codes recognized by the major insurers will change. Starting January 1, 2011, codes 90465, 90466, 90467 and 90468 will be deleted from the CPT nomenclature. If you send claims including these codes, they should be denied. They have been replaced by two new codes, 90460 and 90461. These codes include payment for counseling, which recognizes the time and effort practitioners spend counseling their families on the benefits and risks of vaccines as well as the actual expense in staff time, storage, etc.

Codes 90471-74, currently used for VFC vaccine administration, will not be deleted. These codes have been changed to reflect an older patient (19 years and older) or if no counseling is provided. Don't delete these codes from your billing software. Please read the FAQ Fact Sheet (<http://practice.aap.org/content.aspx?aid=2980>) provided by the AAP that explains all of these changes in detail.

The 90471 and 90472 codes, in New Mexico, have been used to pay for administration of vaccines given through the VFC program by the four Medicaid Salud programs. According to the Medical Assistance Division today, pediatric and family practice providers should use the new codes for all Medicaid and Fee For Service patients. The prior pricing, attached to the old codes, will carry to the new codes. In other words, bill 90460 for the first "shot" you give and report 90461 for subsequent "shots." Continue to report the CPT codes attached to the vaccines as you have done previously. Please have your staff review the Vaccine Coding Table (<http://practice.aap.org/content.aspx?aid=2334>) that links the vaccines and the ICD-9 codes.

The major commercial insurers, including Aetna, United Healthcare and Blue Cross Blue Shield, have been in communication with the AAP frequently during the past two months. These are national companies whose decisions are not affected by the Pediatric Council's actions. At this point most have indicated that they will recognize the new codes and that practices should report multiple units of vaccine components as shown in the table included in the FAQ Fact Sheet. These codes will pay you for counseling. Continue to use the 90471-4 codes for non-counseling vaccine administration situations for older patients if you see them.

Your staff will have to pay close attention to the patient's insurance because billing for commercial insurance beneficiaries will use different procedures (reporting multiple units for vaccine components) than for those covered by Medicaid patients when the claims are submitted. A second page of the HCFA form will be generated. Some national insurers, also, in our state have used the Medicaid "style" of payment for vaccine administration. At this point we don't know if they will continue to do this or use the multiple unit reporting system.

No matter what, pay close attention to payment for vaccine administration when your payments arrive, post January 1st. Let us know if you have problems.