

The Code to Success!

Your Complete Guide to **Coding and Billing** for **Sanofi Pasteur Influenza Vaccinations**

Do it Right the First Time and Every Time

*Complete our checklist
to be sure you are ready
for a successful influenza
vaccination season*

A detailed guide to help you understand:

- Coding and billing
- Roster billing
- Medicare payment and timelines
- Quality reporting measures

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Coding for Sanofi Pasteur Influenza Vaccines

Because there are many CPT[®] codes that describe influenza vaccine, accurate coding for influenza vaccine is critical. You must code correctly based on the product you are using in order to receive the accurate payment. The grid below explains how to code when billing for Flublok[®] Quadrivalent (Influenza Vaccine), Fluzone[®] Quadrivalent (Influenza Vaccine), and Fluzone High-Dose (Influenza Vaccine) presentations.

Influenza Vaccine Product Description	Presentation and Dose	Vaccine CPT Code	When the Payer Requires the Outer Carton NDC ^b	When the Payer Requires the Unit-of-Use NDC	CVX Code
Flublok Quadrivalent Vaccine	10 single-dose 0.5-mL syringes	90682	N449281071910 ML0.5	N449281071988 ML0.5	185
<i>90682 = Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use</i>					
Fluzone High-Dose Vaccine	10 single-dose 0.5-mL syringes	90662	N449281040565 ML0.5	N449281040588 ML0.5	135
<i>90662 = Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</i>					
Fluzone Quadrivalent Vaccine	10 single-dose 0.25-mL syringes	90685	N449281051925 ML0.25	N449281051900 ML0.25	161
<i>90685 = Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use</i>					
Fluzone Quadrivalent Vaccine	10 single-dose 0.5-mL syringes	90686	N449281041950 ML0.5	N449281041988 ML0.5	150
	10 single-dose 0.5-mL vials		N449281041910 ML0.5	N449281041958 ML0.5	
<i>90686 = Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use</i>					
Fluzone Quadrivalent Vaccine	0.25-mL dose taken from 5-mL multi-dose vial	90687	N449281063115 ML0.25	N449281063178 ML0.25	158
	0.5-mL dose taken from 5-mL multi-dose vial	90688	N449281063115 ML0.5	N449281063178 ML0.5	
<i>90687 = Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use</i>					
<i>90688 = Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use</i>					
<i>Source: 2019 Current Procedural Terminology</i>					

Important: Medicare has not assigned Q codes for quadrivalent influenza vaccines. When billing all payers, use the CPT codes noted here as appropriate.

NDC's Change Each Year for Sanofi Pasteur Influenza Vaccines

The table above shows how to submit the NDCs for 2019-2020 influenza vaccines. Influenza vaccines are licensed each year with new NDCs, so if the NDC is required by any of your payers, it is important to report the correct NDC for the products you are using. When payers require a product's NDC on professional claims, you must bill correctly or the claim will deny and you will need to resubmit with the correct NDC. Begin by determining if the payer requires the carton NDC or the unit-of-use NDC. On line 24A place qualifier N4, the 11-digit NDC number (without hyphens), the Unit of Measure and Units Dispensed. To convert the NDC for Sanofi Pasteur vaccines to the required 11-digit format, add a leading zero in the middle section of numbers (ex. 49281-405-65 = 49281-**0**405-65). Unit of Measure, ML, is used when the product is supplied in a liquid format. Units Dispensed is the actual decimal quantity administered. Continue to bill the vaccine's CPT code and the administration code.

CVX and MVX Codes

The above table shows the CVX code for each influenza vaccine presentation. The MVX for Sanofi Pasteur is PMC^c. CVX and MVX codes are used to populate immunization registries. The CVX code indicates which product was used, and the MVX code indicates the manufacturer of the product. When a MVX (manufacturer) code is paired with a CVX (vaccine administered) code, the specific trade-named vaccine can be identified.

Coding for Administration of Sanofi Pasteur Influenza Vaccines

The administration of influenza vaccine should be reported in addition to the vaccine product code (ie, assign the code for the vaccine along with the appropriate code for its administration).

All influenza vaccines are single-component vaccines, therefore, to appropriately code for administration of influenza vaccine provided to patients through 18 years of age when qualified counseling occurs, bill 1 unit of 90460. This will account for the 1 component in influenza vaccine. If qualified counseling does not occur in a patient 18 years of age or younger, or if the patient is older than 18 years of age (with or without qualified counseling), bill CPT code 90471 or 90472 as appropriate. Medicare **requires** use of HCPCS^d 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 influenza vaccines, regardless of patient age or provider counseling. See the grid below for more information on these codes.

Code	Code Description	Suggested Use
90460	Component-based, Primary Code: Immunization administration through 18 years of age via any route of administration with counseling by physician or other qualified health care professional ; first or only component of each vaccine or toxoid administered	All influenza vaccines are single-component vaccines; therefore appropriate administration coding for patients 18 years of age or younger when qualified counseling occurs is 1 unit of CPT 90460.
90471	Injection-based, Primary Code: Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	When qualified counseling does not occur in a patient 18 years of age or younger, or if the patient is older than 18 years of age (with or without counseling), the appropriate administration code is CPT 90471 if the influenza vaccine is the first vaccine administered at the encounter.
90472	Injection-based, Add-on Code: Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)	When qualified counseling does not occur in a patient 18 years of age or younger, or if the patient is older than 18 years of age (with or without counseling), the appropriate administration code is CPT 90472 if the influenza vaccine is administered after another vaccine at the encounter.
G0008 (Medicare Required)	Administration of influenza virus vaccine	Medicare requires HCPCS code G0008 when billing for the administration of any influenza vaccine, regardless of the patient's age or which provider counseled.

Source: 2019 Current Procedural Terminology

Diagnosis Coding (ICD-10)^e

Below are suggested diagnosis codes that may be appropriate when submitting claims for Sanofi Pasteur influenza vaccines and their administration. The code(s) should be linked to both the vaccine and the administration codes. Assign the appropriate code(s) based on review of documentation in the medical record.

ICD-10 Code	Description	Suggested Use
Z23	Encounter for Immunization	Primary diagnosis code used for influenza vaccine and its administration
Secondary high-risk code	To be determined by practitioner	Consider adding a secondary diagnosis code to identify a patient's high-risk condition

Source: 2019 International Classification of Disease, 10th Revision, Clinical Modification

Billing for a Visit and a Vaccination

If a vaccination is the only service provided, a visit is not billed. When a separate and significant visit is provided along with a vaccination, bill for the visit and the vaccination services. When a vaccine is administered at any type of visit, the modifier -25 may need to be attached to the evaluation and management code along with an ICD-10 code which describes the reason for the visit to identify that it is separate and significantly different than other services billed. As usual, code for the vaccine and the administration service using the appropriate codes and the ICD-10 code(s) that identify the reason for the vaccination. Check with your payers to understand their coding requirements regarding use of the -25 modifier.

View our on-demand webinars on coding and billing for Sanofi Pasteur influenza vaccines at www.crackingthecodestraining.com.

Examples for Billing Sanofi Pasteur Influenza Vaccines in the Physician's Office

RIV4 Vaccine Administered at a Problem-Focused Visit

An adult patient 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 a **recombinant influenza vaccine**. The patient's plan requires NDCs on claims.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY										22. MEDICARE RESUBMISSION CODE									
1. J44.9										22. ORIGINAL REF. NO.									
2. Z23										23. PRIOR AUTHORIZATION NUMBER									
24. A N449281071810 ML0.5										24. B									
DATE(S) OF SERVICE From To										Place of Service									
MM DD YY MM DD YY										Type of Service									
1 10 15 19 10 15 19										11									
PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)										DIAGNOSIS CODE									
CPT/HCPCS MODIFIER										E									
1 99212 25										1									
2 90682										2									
3 90471										2									
F										G									
\$ CHARGES										DAYS OR UNITS									
										1									
										EPSDT Family Plan									
										EMG									
										COB									
										RESERVED FOR LOCAL USE									

The ICD-10 code attached to the office visit must describe the reason for the visit.

The payer-required carton NDC number is included on line 24A.

Code the applicable level of office visit and use modifier -25 to alert the payer that the office visit is separate and significantly different than the other procedures performed, per the payers coding requirements.

Use CPT code 90682 for RIV4 vaccine and link to the ICD-10 code for routine immunization (Z23).

Use CPT code 90471 to code for administration because the patient is an adult and this is the first vaccine administered at the visit. Link to ICD-10 Z23.

IIV4 Vaccine, 0.25-mL dose from a Prefilled Syringe, Administered at a Well Visit, Qualified Counseling Occurs

A child is seen for a well visit and receives a dose of **IIV4, 0.25-mL dose from a prefilled syringe**. The physician counsels the parent on the vaccine administered.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY										22. MEDICARE RESUBMISSION CODE									
1. Z00.129										22. ORIGINAL REF. NO.									
2. Z23										23. PRIOR AUTHORIZATION NUMBER									
24. A										24. B									
DATE(S) OF SERVICE From To										Place of Service									
MM DD YY MM DD YY										Type of Service									
1 09 30 19 09 30 19										11									
PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)										DIAGNOSIS CODE									
CPT/HCPCS MODIFIER										E									
1 99392 25										1									
2 90685										2									
3 90460										2									
F										G									
\$ CHARGES										DAYS OR UNITS									
										1									
										EPSDT Family Plan									
										EMG									
										COB									
										RESERVED FOR LOCAL USE									

The ICD-10 code attached to the office visit must describe the reason for the visit.

Use the CPT code for the vaccine administered (90685) and link to the diagnosis code for the immunization.

Because qualified counseling occurred for a patient younger than 18 years of age, bill 1 unit of 90460 for administering influenza vaccine. Link to the immunization diagnosis code.

IIV-HD Vaccine Administered to a Medicare Patient

A Medicare beneficiary is seen for a wrist contusion. The physician takes the opportunity to administer a **higher dose influenza vaccine**.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY										22. MEDICARE RESUBMISSION CODE									
1. S60.211										22. ORIGINAL REF. NO.									
2. Z23										23. PRIOR AUTHORIZATION NUMBER									
24. A										24. B									
DATE(S) OF SERVICE From To										Place of Service									
MM DD YY MM DD YY										Type of Service									
1 12 01 19 12 01 19										11									
PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)										DIAGNOSIS CODE									
CPT/HCPCS MODIFIER										E									
1 99213 25										1									
2 90662										2									
3 G0008										2									
F										G									
\$ CHARGES										DAYS OR UNITS									
										1									
										EPSDT Family Plan									
										EMG									
										COB									
										RESERVED FOR LOCAL USE									

The ICD-10 code attached to the office visit must describe the reason for the visit. Also attach the modifier -25 to the visit to identify that it is separate and significant from other services.

Use the CPT code for the higher dose influenza vaccine (90662) and Medicare required HCPCS for its administration (G0008). Attach ICD-10 code Z23 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 and must accept assignment on the vaccination payment. Only 1 vaccine CPT code can be billed per roster bill, so all patients on that bill must receive the same vaccine. If various vaccines are used, you must submit a separate roster bill for each vaccine CPT code. Other services performed that day must be billed using normal Medicare claims filing procedures.

Part B providers use a CMS-1500 claim form and Part A providers use a CMS-1450 claim form and bill 1 unit each of the appropriate influenza vaccine code and G0008 for the vaccine administration. Include the appropriate ICD-10 code and your charge per unit, for each service. Attach a roster to identify the Medicare beneficiaries who received the immunizations, similar to that pictured below. Although there is no standard roster form, your Medicare carrier website may have a sample form that can be easily reproduced. See below for a sample roster and CMS-1500 claim form.

Sample Roster

Provider Name: Dr. David Morris, MD
 Provider Billing Number: 1235467ABC
 Date of Service: October 15, 2019

Insured's ID	Last Name	First Name	M.I.	D.O.B.	Sex	Signature or "Signature on File"	Address
231-65-4987	Smith	Francis	R	072241	F	On File	904 Miles Ave. Anytown USA
987-65-4321	Jones	Frank		081330	M	On File	301 Hospital St. Anytown USA
555-22-4444	Wilson	Joan	M.	021043	F	On File	123 Broad St. Anytown USA
666-44-5555	Johnson	Mary		090452	F	On File	15 Main St. Anytown USA
123-45-6789	Kelly	William	P.	031236	M	On File	1250 Winter Blvd. Anytown USA

Sample Roster Claim

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN OTHER

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

3. PATIENT'S DATE OF BIRTH
 MM DD YY

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

5. PATIENT'S ADDRESS (No., Street)
 CITY STATE ZIP CODE TELEPHONE (include Area Code)

6. PATIENT RELATIONSHIP TO INSURED
 Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
 CITY STATE ZIP CODE TELEPHONE (include Area Code)

8. PATIENT STATUS
 Single Married Other

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

10. IS PATIENT'S CONDITION RELATED TO:
 a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO
 b. AUTO ACCIDENT? YES NO
 c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER
none

12. INSURED'S DATE OF BIRTH
 MM DD YY

13. INSURED'S AUTHORIZED PERSON'S SIGNATURE I authorize

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)
Z23

24. DATE(S) OF SERVICE FROM TO
 MM DD YY MM DD YY
09 01 19 09 01 19 60

25. PROCEDURES, SERVICES, OR SUPPLIES (EXCEPT UNUSUAL CHARGES) CPT/HCPCS
90662

26. MEDICARD RESUBMISSION CODE ORIGINAL REF. NO.
1

27. ACCEPT ASSIGNMENT? (For opt. billing, see back) YES NO

28. TOTAL CHARGE \$ **XX.XX**

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If certifying the statements on the reverse apply to this bill and are made a part thereof.)

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

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

Instead of patient specific information, just enter "See attached roster"

Assign the appropriate vaccine code based on the product administered, a higher dose influenza vaccine.

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 the service not provided.

Use Place of Service '60' when roster billing.

Sanofi Pasteur Influenza Vaccine Presentations 2019-2020 Coding And Billing Checklist

Are you ready?

Are you sure that your systems are fully updated?

Are you aware of important influenza vaccination payment timelines and processes?

- ✓ **Verify that you are billing the correct CPT code for the Sanofi Pasteur influenza vaccine presentations you are using this season.**

Vaccine	Presentation	CPT Code
Flublok® Quadrivalent (Influenza Vaccine)	0.5-mL single-dose syringe	90682
Fluzone® High-Dose (Influenza Vaccine)	0.5-mL single-dose syringe	90662
Fluzone® Quadrivalent (Influenza Vaccine)	0.25-mL single-dose syringe	90685
Fluzone Quadrivalent	0.5-mL single-dose syringe or vial	90686
Fluzone Quadrivalent	5-mL multidose vial	90687 (0.25-mL dose) 90688 (0.5-mL dose)

- ✓ **Verify that you are billing the best immunization administration code based on the patient encounter. There are different codes for different circumstances. Choose the correct code for each circumstance.**

	Patients 0-18 Years of Age <u>With</u> Qualified Counseling	Patients 0-18 Years of Age <u>Without</u> Qualified Counseling	Patients <u>19</u> Years of Age and Older, <u>With</u> or <u>Without</u> Qualified Counseling
90460 x 1 because influenza vaccine is a single-component vaccine	X		
90471 x 1 when it is the first vaccine administered at a visit		X	X
90472 x 1 when it is administered after another vaccine at a visit		X	X
G0008 x 1 when billing Medicare and payers that follow Medicare's coding rules	X	X	X

- ✓ **Verify that charge amounts for your vaccination services are adequate to cover the current cost to provide the vaccination.**

- ✓ **Do any of your payers require NDCs? Do they prefer the carton or unit-of-use NDC? Update your systems to include the current NDCs for the influenza vaccines you are using each year.**

– Some payers require an NDC in addition to the CPT code for the product. In such cases, it is important to format the NDC correctly or the claim will be denied and you will need to resubmit a corrected claim in order to be reconsidered for payment. Below is how to submit the NDCs for Sanofi Pasteur influenza vaccine presentations.

Vaccine	Presentation	When the Payer Requires the Outer Carton NDC	When the Payer Requires the Unit-of-Use NDC
Flublok Quadrivalent	0.5-mL single-dose syringe	N449281071910 ML0.5	N449281071988 ML0.5
Fluzone High-Dose	0.5-mL single-dose syringe	N449281040565 ML0.5	N449281040588 ML0.5
Fluzone Quadrivalent	0.25-mL single-dose syringe	N449281051925 ML0.25	N449281051900 ML0.25
Fluzone Quadrivalent	0.5-mL single-dose syringe	N449281041950 ML0.5	N449281041988 ML0.5
Fluzone Quadrivalent	0.5-mL single-dose vial	N449281041910 ML0.5	N449281041958 ML0.5
Fluzone Quadrivalent	5-mL multidose vial	N449281063115 ML0.25 or N449281063115 ML0.5	N449281063178 ML0.25 or N449281063178 ML0.5

- ✓ **Be sure to attach ICD-10 code, Z23, to the vaccine code and the administration code.**
 - Z23 = Encounter for immunization.

- ✓ **When a vaccine is administered on the same date as an Evaluation and Management (E/M) visit, consider attaching modifier -25 to the E/M code. Know your payer's rules!**
 - Add modifier -25 to the E/M CPT code to communicate that the E/M visit was a “significant and separately identifiable” service from the vaccine and vaccine administration service.

- ✓ **If you are a facility provider and revenue codes are required, make sure you are using the correct codes for influenza vaccination.**
 - Revenue code 0636, “prescription drugs that require detailed coding,” is used with the vaccine code.
 - Revenue code 0771, “preventative care services vaccine administration,” is used with the vaccine administration code.

- ✓ **Verify you are set up correctly to maximize reporting of quality measurements.**

- ✓ **Verify that all of your systems are set up to bill correctly. Make sure your clinical and billing staff know which vaccines are used and how to code for each. Ensure your medical record system and billing system are carrying forward the correct codes for the vaccines you are using.**

- ✓ **Ensure that your payments are as expected and reasonable. If not, appeal or renegotiate.**

- ✓ **Medicare updates its fee schedule annually on October 1, retroactive to August 1. For dates of service prior to October 1, you can hold your claims and then bill to receive the updated payment, or you can choose to bill prior to October 1 and have your payments adjusted later, if needed, by requesting an adjustment from your Medicare Administrative Contractor (MAC).**
 - View annual payment updates at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html>.

- ✓ **Ensure every vaccination is billed. Routinely do an "inventory versus billed" audit to verify that every dose administered was billed.**
 - Beginning Inventory + Purchases - Ending Inventory = Doses Used = Doses Billed

- ✓ **Make sure you're ready by viewing Sanofi Pasteur's complimentary webinars.**
 - “Cracking the Codes: Coding and Billing for Vaccination with Sanofi Pasteur Products,” available on demand at www.crackingthecodestraining.com.

- ✓ **Remember to use the complimentary Sanofi Pasteur Reimbursement Support Service (RSS).**
 - Contact the RSS by calling 1-800-VACCINE (1-800-822-2463). Choose prompt 2.
 - “Cracking the Codes: Coding and Billing for Sanofi Pasteur Influenza Vaccinations,” live events available each summer. Register at www.crackingthecodestraining.com.
 - The service can assist you with coding, coverage, payment, and patient eligibility.
 - Most payers update their flu payments between July and October each year. The RSS can provide updated payment information as soon as it is available.
 - The RSS can help you with Medicare payment updates, policies, and timelines.

- ✓ **Visit the Reimbursement section of www.VaccineShoppe.com for additional resources.**
 - Find many product-specific tools and resources for Sanofi Pasteur products.

Physician Quality Measures

The influenza measurement, #110, in the Merit-based Incentive Payment System (MIPS) requires an assessment of the influenza immunization status for each unique patient (6 months of age and older) seen in your practice between October 1 and March 31.

The physician quality codes are:

- G8482 - Performance Met: Influenza immunization administered or previously received
 - If, upon assessment, the patient reports having received an influenza vaccine for the current season, whether administered at a location other than your practice or administered prior to the assessment period, that patient will be counted as an immunized patient for your practice because you completed the assessment.
- G8483 - Other Performance Exclusion: Influenza immunization was not administered for reasons documented by clinician (eg, patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)
 - The measure can also be met if, for a valid reason, the patient does not receive the vaccine. This includes medical (patient allergy), patient (patient declined), or system (vaccination not available) reasons.
- G8484 - Performance Not Met: Influenza immunization was not administered; reason not given

Medicare's Average Wholesale Price (AWP)-Based Payment For Influenza Vaccines

Fee-for-Service (FFS) Medicare

Medicare Part B providers, such as physicians, pharmacists, mass immunizers, etc, are paid for influenza vaccine based on the current AWP of the vaccine(s) that fall under each code.

Patient Financial Responsibility

Patients with Medicare Part B insurance do not incur any cost for influenza vaccine and its administration. There is no deductible or copay.

Medicare Payment Resources for Influenza Vaccines

Medicare payment rates are available via Sanofi Pasteur's complimentary Reimbursement Support Service (RSS). Dial 1-800-VACCINE (1-800-822-2463) and choose prompt 2.

Providers can also locate the Medicare FFS influenza vaccine AWP-based payment allowances at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html>.

Payment for administration of influenza vaccine is based on the Medicare Physician Fee Schedule. Medicare requires that providers bill HCPCS code G0008 for administration of influenza vaccine. You can look up the payment of HCPCS code G0008 for your payment locality using CPT code 90471 at <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.¹

Payment Updates for Influenza Vaccine

- Medicare FFS updates influenza vaccine AWP-based payments annually on the October 1 fee schedule.
- Immunizations performed and billed prior to the October 1 fee schedule update will be paid from the prior year's fee schedule.
- Medicare makes the October 1 payment retroactive to August 1 dates of service.
- In 2018, Medicare instructed Part A and Part B MACs to do automatic payment adjustments for influenza vaccinations provided and billed prior to October 1. In 2017, providers had to file for payment adjustments. Either way, you can be confident that you will receive the updated payment each season. You will receive an auto adjustment or you can request an adjustment. In the event that your MAC does not automatically correct your payments, the grid below contains the most recent instructions for requesting an adjustment.

Part B MAC Payment Adjustment Contact Information

The following information on how to contact Part B MACs to request payment adjustments was researched by Sanofi Pasteur in February 2019. Every effort has been made to ensure that the information is correct.

Part B MAC	States Covered	Direction
Noridian	AK, AZ, CA, HI, ID, MT, ND, NV, OR, SD, UT, WA, WY, Am Samoa, Guam, N Mariana Islands	Jurisdiction E providers can access the redetermination form to request adjustments on the web site under Appeals. Jurisdiction F providers can access the redetermination form to request adjustments on the web site under Appeals.
National Government Services	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	Jurisdiction 6 and K providers can access the redetermination form to request adjustments in the web portal under Claims and Appeals and then Appeals.
Wisconsin Physician Services	IA, IN, KS, MI, MO, NE	Jurisdiction 5 providers can access the redetermination form to request adjustments in the web portal under Appeals and then Forms. Jurisdiction 8 providers can access the redetermination request form to request adjustments in the web portal under Appeals and then Forms.
Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	Jurisdiction L providers can access the Part B redetermination form to request adjustments in the web portal under Forms Catalog. Jurisdiction H providers can access the Part B redetermination form to request adjustments in the web portal under Appeals Center.
CGS	KY, OH	Providers can access the redetermination form to request adjustments on the web site under Forms.
First Coast	FL, PR, VI	Providers can ask for a Part B redetermination by sending a cover letter requesting a payment adjustment along with a list of patients, Medicare ID numbers, ICNs, procedure code(s), and, if needed, a request to adjust the billed amount. Mail the form to: Florida = First Coast Service Options, PO Box 2360, Jacksonville, FL 32232 Puerto Rico = First Coast Service Options, PO Box 45056, Jacksonville, FL 32232 Virgin Islands = First Coast Service Options, PO Box 45024, Jacksonville, FL 32232
Palmetto GBA	AL, GA, NC, SC, TN, VA, WV	Jurisdiction M providers can request adjustments by submitting a Redetermination 1st Level Appeal. Multiple claims can accompany the appeal using a spreadsheet. Find the form on the web site under Forms and then Appeals. Jurisdiction J providers can access the form to initiate a redetermination on the web site under Forms and then Appeals.

Medicare Advantage (MA)

If the patient is covered under a Medicare Advantage (MA) plan, bill the MA plan for the vaccination services.

Patient Financial Responsibility

MA members do not incur any cost for influenza vaccine and its administration when services are rendered at an in-network provider. When services are rendered at an out-of-network provider, a copay may apply.

Payment Updates for Influenza Vaccine

MA plans must cover the same services as FFS Medicare, but they can set their own payment rates. Most MA plans update influenza vaccine payments in the summer, soon after the annual licensure of influenza vaccines. Some plans wait until Medicare FFS updates payment rates on October 1. Check with your MA plans for payment information and timing or contact Sanofi Pasteur's complimentary RSS at 1-800-VACCINE (1-800-822-2463) and they will do the research for you.

Frequently Asked Questions

Q1: Has age been removed from influenza vaccine code descriptions?

A1: The AMA^f revised influenza vaccine CPT code descriptions on July 1, 2016 to simplify how dose is described in the codes. They replaced the term 'when administered to children 6-35 months of age' with '0.25-mL dosage' and 'individuals 3 years of age and older' with '0.5-mL dosage'.

Q2: Are Q codes used for quadrivalent, preservative-containing vaccines?

A2: No. The Medicare-required Q codes are only for trivalent, preservative-containing vaccines. Bill Medicare using the applicable CPT code for quadrivalent influenza vaccines. In fact, use CPT codes for all Sanofi Pasteur influenza vaccine presentations for all payers.

Q3: What is meant by 'counseling' in CPT code 90460 for patients 18 years of age and younger?

A3: The AAP^g has stated that counseling for immunizations includes services such as providing the Vaccine Information Sheet (VIS), discussing the pros and cons of vaccination, patient-specific issues, at-home management of adverse reactions, and answering patient and/or parent questions.

Q4: Can CPT codes 90460 and 90461 be reported when the vaccine counseling occurs on a different date of service from the actual administration?

A4: No. To use these codes, a physician or qualified health care professional must provide face-to-face counseling to the patient or family at the same encounter that the vaccine is administered.

Q5: For CPT 90460 and 90461, is an RN^h considered a qualified health care professional?

A5: No. Per CPT guidelines to use the component-based codes 90460 and 90461, counseling must be provided by a qualified professional who can independently report and bill for professional services. Usually, an RN will work under the supervision of a physician or other professional and does not individually report their professional services. So, they wouldn't qualify to bill these component-based codes.

If an RN independently performs the counseling, the administration is billed using route of administration codes 90471 through 90474. Or, if you're billing under Medicare rules, you're going to use G0008.

Keep in mind that 90460 and 90461 CAN be used if a qualified health professional provides the counseling and then a clinical staff member administers the vaccine.

Q6: Are pharmacists approved health care professionals who can provide counseling and use CPT 90460?

A6: Yes. Per CPT guidelines since pharmacists independently report their immunization services, they can counsel a patient 18 years of age or younger and bill using the component-based codes. However, this will be largely dependent on state rules regarding whether pharmacists can immunize children younger than 18 years of age. Pharmacists can also use the route of administration codes, 90471-90474, and should use G0008 when billing Medicare Part B for the administration service. Pharmacists should contact other plans for their specific coding requirements and to see if they are eligible to bill for vaccines under the medical benefit or as a pharmacy benefit.

Q7: I am confused about when to use vaccine administration code 90461. Can you explain it to me?

A7: First, I'll remind you that CPT 90461 is a component-based administration code, and a component refers to all antigens in a vaccine that prevent disease(s) caused by one pathogen. For example, influenza vaccines are single component as they address 1 disease.

CPT code 90461 is used to bill additional components when multiple-component vaccines are administered. So, for example, when a Tdapⁱ which is a 3-component vaccine, is given to a child with counseling by a QHCP,^j you're going to bill 90460 for administering the first component, tetanus. Then you would also code 2 units of CPT code 90461, one unit for the diphtheria component and one unit for the acellular pertussis component.

Another example is if you administer quadrivalent influenza vaccine, a single-component vaccine, and DTaP-IPV/Hib vaccine which is a 5-component vaccine. You're going to code 2 units of CPT 90460 and 4 units of CPT 90461. This would be 1 unit of 90460 for administering the influenza vaccine, and then 1 unit for administering diphtheria, the first component of Pentacel vaccine. Bill 4 units of 90461 for the additional components of Pentacel vaccine,

tetanus, acellular pertussis, polio, and haemophilus influenzae type b.

Remember, the patient also must be 18 years of age or younger to use the component-based codes. Counseling must be provided by a QHCP and documented. These codes can also be used for the second or third dose of a vaccine if requirements are met at each of the administrations.

Q8: Can CPT 90471 and 90472 be used at any age?

A8: Yes they can. These are the CPT administration codes to use whenever the patient is 19 years of age or older and whenever patients are younger than 19 years of age but counseling was not performed, was performed and not documented, or was performed by a health care professional who is not approved to bill for counseling per CPT guidelines.

Q9: Is HCPCS code G0008 used for administration of ANY influenza vaccine given to a Medicare beneficiary?

A9: Yes. Medicare plans require use of G0008 when reporting administration of ALL influenza vaccines.

Q10: Do you recommend using the -SK modifier for all high-risk patients?

A10: I really don't think that many plans will require the -SK modifier to cover influenza vaccine. Medicare doesn't require the -SK modifier, but some state Medicaid plans may require it. If you're having an issue getting reimbursed, you should contact your state Medicaid and other major payers to see if maybe the -SK modifier is needed.

Q11: What does the -SL modifier required on some Medicaid claims represent?

A11: The modifier -SL identifies that a vaccine was state supplied. Some Medicaid plans require it be used when coding for VFC^k or state supplied vaccines. Other state Medicaid plans do not require any modifiers.

Q12: Can Z23 be used for other types of vaccines such as Tdap or varicella?

A12: Yes. Use ICD-10 code Z23 for all vaccines provided as a routine immunization.

Q13: Can I bill for influenza vaccine, its administration, and an annual physical exam at the same visit, especially for Medicare?

A13: Yes. You can bill this to Medicare. Additionally, I would not expect any problems with most of your other payers. When you provide a separate and significant visit in addition to providing a vaccine, attach modifier -25 to the E/M visit to indicate that the visit was separate and significant from the vaccine administration services. Bill the visit with modifier -25 and link to an ICD-10 which identifies the reason for the visit. In this case, this would be a well visit code. You will bill the vaccine code and the vaccine administration code, with ICD-10 code Z23, as well.

Q14: If vitals are checked before a vaccine is given, can you bill a nurse visit?

A14: If the patient is being seen only to receive the vaccination, a nurse visit should not be billed in addition to the vaccine and the administration service. However, some plans, including some state Medicaid plans, may require you to bill a nurse visit instead of an administration code. You need to be aware of your payers rules.

Q15: What can I do if I have denials because I didn't know that Medicaid now requires modifier -25 on the visit charge?

A15: I recommend you contact your Medicaid office and ask if claims can be amended and refiled for payment.

Q16: Does Medicare require a NDC code for billing?

A16: No. Medicare does not require NDC numbers when billing for influenza vaccine. However, select state Medicaid plans do require NDC numbers.

Q17: Which NDC code do you use, the one on the box or the NDC on the actual vial of vaccine?

A17: First, keep in mind that not all plans require an NDC number on a vaccine claim but if they do, I recommend you contact any plans you work with which require an NDC, to see if they have direction on which should be used.

- Q18: What codes do we use to bill Medicaid for administering influenza vaccine for children vs adults? We had trouble in the past getting paid for adults.**
- A18:** State Medicaid plans often require modified coding for vaccinations, and the coding rules are usually different when billing for children versus adults. Sanofi Pasteur has a Medicaid summary for each state available on the Resource page at www.crackingthecodestraining.com. The Medicaid summaries include information on how to bill for children and adults per each state's rules. I recommend that you view and print the state-specific Medicaid information available for your state. This will help you work through modified Medicaid billing and payment, requirements for your state. The Sanofi Pasteur Reimbursement Support Service is also available to assist you at 1-800-VACCINE (1-800-822-2463).
- Q19: Where can I find the Medicaid fee schedule?**
- A19:** Your state Medicaid plan will usually have their fee schedule posted and available online. Download the information compiled for your state by clicking on the Medicaid map on the Downloadable Resources page. The references for the information available for your state are provided as live links which will take you to online fee schedules and other relevant Medicaid resources.
- Q20: How do I bill Medicaid managed care plans for vaccines?**
- A20:** The information provided in the Medicaid summaries is for fee-for-service Medicaid physician and pharmacy billing. Medicaid managed care plans may follow the fee-for-service coding rules or they might have different rules. I recommend you contact the managed care plan to verify billing rules and payment rates.
- Q21: Are children who are enrolled in the SCHIP¹ eligible for VFC?**
- A21:** This depends on how your state is set up. If the state has chosen the option of expanding its Medicaid program under SCHIP, the children are Medicaid-enrolled and may be served by the VFC program, similar to all other Medicaid-enrolled children. If the state has established an SCHIP program that is not a Medicaid expansion, the children who are enrolled are considered insured and do not qualify for VFC vaccine.
- Q22: When giving a VFC vaccine, if an uninsured family can't afford the administration charge, can it be discounted down to an affordable amount?**
- A22:** Yes. You can discount your charge to an amount that the family can afford. In fact, a VFC vaccine cannot be denied for inability to pay the administration fee, so even if the family can't pay at all, the vaccine must still be administered. And remember, you are limited to a regional maximum fee that can be charged for administration of a VFC vaccine.
- Q23: Where can I find out what the VFC maximum administration fee is for my state?**
- A23:** Sanofi Pasteur provides a file showing the VFC regional maximum administration fees within the Reimbursement section of VaccineShopper.com. If you're not familiar with the updated amount for your area, you should take a look to see the new rates.
- Q24: We do not participate with VFC. Can we administer influenza vaccine to Medicaid children and get paid?**
- A24:** No. You must participate in your state's VFC program to receive reimbursement for administering vaccines to children covered under Medicaid. Medicaid plans do not typically reimburse for any vaccines that are available to children through the VFC program.
- Q25: If a Medicare patient has other insurance, should I bill the other insurance company first for influenza vaccination?**
- A25:** Yes. All providers must bill the patient's primary insurance first if the provider knows or has reason to believe that a particular group health plan covers influenza vaccine and its administration for the Medicare beneficiary. Currently, there are no edits in place if the vaccination is the only service billed on a Medicare claim. However, there are edits in place if other services are billed with the vaccination.
- Q26: Can you go over the rules when a non-participating Medicare provider bills for influenza vaccine?**
- A26:** Medicare requires all providers, participating and non-participating, to bill them for the vaccine. All providers immunizing Medicare beneficiaries must submit an assigned claim for the vaccine product. However,

nonparticipating providers can collect the administration charge from the Medicare patient; though if they do, they are required to submit an unassigned claim to Medicare on the patient's behalf. A non-participating provider may choose to bill Medicare directly for the administration since they have to file an assigned claim for the vaccine anyway.

Q27: What are the Medicare payment rates for this influenza season?

A27: You can refer to <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/ProviderResources.html> for easy access to Medicare payment rates on the Seasonal Influenza Vaccines Pricing page. This page also has a link to the Medicare rates for vaccine administration.

When billing Medicare for administering influenza vaccine, you need to code G0008. G0008 is paid at the same rate as CPT code 90471.

Q28: If we are billing Medicare Part D, will they automatically pay the administration fee?

A28: Influenza vaccination is covered under Medicare Part B, not Part D. Do not bill Part D for influenza vaccine. Bill Medicare Part B if you are a Part B provider or a pharmacy. Part A providers can bill Part A for this Part B benefit.

Q29: Can public health clinics give vaccine at no cost and still bill Medicare for payment on doses given to Medicare patients?

A29: Yes. Public providers (ie, state and local government entities) such as public health clinics, may bill Medicare for immunizations given to beneficiaries even if they provide immunizations free to all patients, regardless of their ability to pay. However, non-governmental entities that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the vaccine free of charge to Medicare beneficiaries and may not bill Medicare. Although, a non-governmental entity that does not charge patients who cannot afford to pay or who charges based on ability to pay, but does expect to be paid if a patient can afford or has health insurance, may bill Medicare.

Q30: Is there a specific roster form we use to list patients for a date of service or do we create our own?

A30: I recommend you contact your Medicare carrier or intermediary to see if they have a required roster form. For other payers, contact the plan to see if roster billing is accepted and if they have a required form that you must use to list patients or if you can create your own form.

Q31: Can you file for the difference in Medicare payment for August and September vaccinations?

A31: Yes. You may need to request that your MAC adjust payments or some years, the MACs automatically adjust payments to ensure providers are paid the correct rate for the current season.

Q32: Is there a telephone number for the Sanofi Pasteur Reimbursement Support Service?

A32: Yes. You can reach the Sanofi Pasteur Reimbursement Support Service at 1-800-VACCINE (1-800-822-2463) using prompt 2.

Q33: Can I really code more than one unit of CPT 90460 if I give flu and another vaccine at the visit?

A33: Yes, you can. CPT 90460 is an unusual primary code. Where most primary codes can only be billed once per visit, CPT 90460 is different. You should bill a unit for the first or only component of each vaccine provided at each visit, but of course, you know, the requirements to use that code must be met.

Q34: When I bill TriCare, do I need to use G0008?

A34: Yes. When you're billing TriCare for administering a flu vaccine, you'll bill one unit of HCPCS code G0008.

Links to Useful Resources

American Medical Association (AMA)

- ▶ CPT Category I Vaccine Codes—newly approved vaccine codes
<https://www.ama-assn.org/practice-management/cpt/category-i-vaccine-codes>

American Academy of Pediatrics (AAP)

- ▶ Vaccine and Administration Coding Frequently Asked Questions
<https://www.aap.org/en-us/professional-resources/practice-support/coding-resources/Pages/FAQ.aspx>
- ▶ Vaccine Coding Table
https://www.aap.org/en-us/Documents/coding_vaccine_coding_table.pdf
- ▶ Regional Maximum VFC Administration Fees
https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Documents/FAQGuideMedicaidPaymentRule_Dec2012.pdf
- ▶ The Business Case for Pricing Vaccines
https://www.aap.org/en-us/Documents/practicet_businesscasepricingvacc.pdf
- ▶ The Business Case for Pricing Immunization Administration
<https://downloads.aap.org/DOPCSP/TheBusinessCaseforPricingImmAdminDec2018.pdf>

American Academy of Family Physicians (AAFP)

- ▶ Coding for Vaccine Administration
<https://www.aafp.org/practice-management/payment/coding/admin.html>

Centers for Disease Control and Prevention (CDC)

- ▶ Advisory Committee on Immunization Practices Recommendations
<https://www.cdc.gov/vaccines/acip/index.html>
- ▶ Immunization Information Systems HL7 Standard Code Set: Mapping Product Names to CVX and MVX Code
<https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=tradename>
- ▶ International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)
<https://www.cdc.gov/nchs/icd/icd10cm.htm>
- ▶ The VFC Program: At a Glance
<https://www.cdc.gov/vaccines/programs/vfc/about/index.html>
- ▶ How Medicaid and VFC Work Together
<https://www.cdc.gov/vaccines/programs/vfc/providers/medicaid.html#fee>

Centers for Medicare and Medicaid Services (CMS)

Medicaid

- ▶ Quality of Care Vaccines
<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/vaccines/index.html>
- ▶ Sanofi Pasteur's state-specific Medicaid vaccine coding and billing summary for your state
<https://www.crackingthecodestraining.com>

Medicare

- ▶ Immunizers' Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations
https://www.cms.gov/medicare/prevention/immunizations/downloads/2012-2013_flu_guide.pdf
- ▶ Seasonal Influenza Payment Allowances
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html>

- ▶ Vaccine Administration Payment Allowances (Search CPT 90471) MPFS^m
<https://www.cms.gov/PFSlookup>
- ▶ Vaccine Administration Payment Allowances (Search HCPCS G0008) OPFSⁿ
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>
- ▶ Medicare Part B Immunization Billing
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/qr_immun_bill.pdf
- ▶ Mass Immunizers and Roster Billing
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf
- ▶ Hospital Outpatient Prospective Payment System Fact Sheet
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf>
- ▶ Medicare Claims Processing Manual Chapter 18—Preventive and Screening Services
<https://www.cms.gov/manuals/downloads/clm104c18.pdf>
- ▶ Medicare Claims Processing Manual Chapter 17—Drugs and Biologicals
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf>
- ▶ Adult Immunization Resources for Providers
<https://www.cms.gov/Medicare/Prevention/Immunizations/Providerresources.html>
- ▶ Rural Health Clinic Fact Sheet
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf>
- ▶ Federally Qualified Health Center Fact Sheet
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/fqhcfactsheet.pdf>

Physician Quality Reporting System

- ▶ 2019 MIPS Measure #110: Preventive Care and Screening: Influenza Immunization
http://healthmonix.com/mips_quality_measure/2019-mips-quality-measure-110/

Sanofi Pasteur

- ▶ Coding and Billing Webinars and Resources
<https://www.CrackingtheCodesTraining.com>
- ▶ View and download our library of coding and billing resources by clicking on the Reimbursement tab
<https://www.VaccineShoppe.com>

Reimbursement Support Service

Visit the Reimbursement Information section on VaccineShoppe.com[®] for additional resources. Contact the Sanofi Pasteur Reimbursement Support Service (RSS) at 1-800-VACCINE (1-800-822-2463) prompt 2, with questions on coverage and payment for Sanofi Pasteur influenza vaccines or other Sanofi Pasteur products.

Sanofi Pasteur Representatives

Ask your Sanofi Pasteur representative for coding tools and resources to help support your practice. If you would like more information, just ask for it – we are happy to help!

The information contained in this Sanofi Pasteur Influenza Vaccine Coding and Billing Guide 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.

^a CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association.

^b NDC = National Drug Code.

^c PMC = Pasteur Merieux Connaught.

^d HCPCS = Healthcare Common Procedure Coding System.

^e ICD-10 = International Classification of Diseases, 10th Revision.

^f AMA = American Medical Association.

^g AAP = Academy of Pediatrics.

^h RN = Registered nurse.

ⁱ Tdap = Tetanus, diphtheria, and acellular pertussis.

^j QHCP = Qualified healthcare professional.

^k VFC = Vaccines for Children Program.

^l SCHIP = State Children's Health Insurance Program.

^m MPFS = Medicare Physician Fee Schedule.

ⁿ OPSS = Outpatient Prospective Payment System.