Coding for Immunizations
Performed at a Visit

Although vaccines are often administered at preventive-care visits, you can take advantage of the opportunity to administer vaccines at problem-focused, prescription re-fill, and screening visits, depending on your assessment of the current medical situation. Providers will usually be paid for immunizations administered at preventive and non-preventive visits, but plans which follow CCI edits may require that you use modifier -25 to be paid for the visit.

The modifier -25 is attached to the CPT code for the office visit, and signals that it is “separate and significant” from other services provided at the same patient encounter. Code the office visit, attaching an ICD-10 code that best describes the reason for the visit (the condition for which the patient presented or was treated), and modifier -25.

Also code for the vaccine products and the immunization administration services. Attach to each of those CPT codes an ICD-10 code that identifies the reason for vaccination.

The real key here is to make sure that the office visit is paired with an ICD-10 code which describes the reason for the visit and that modifier -25 is attached. Also remember to always bill for immunization administration in addition to the product code, regardless of any other services billed on the claim.

The following examples demonstrate how to code for vaccination and a visit.

Example 1
A 40-year old patient with commercial insurance is seen at the physician’s office for cholesterol testing and follow-up. The physician notices that the patient is due for a tetanus booster and administers a Tdap vaccine. He also recommends influenza vaccine and administers a 0.5-mL dose of no preservative, egg based, quadrivalent influenza vaccine.

The ICD-10 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 CPT and ICD-10 code for each vaccine and its administration.

Visit the Reimbursement Page on VaccineShoppe.com for additional coding and billing resources. Log on today and go to the Reimbursement Information section.

Do you have questions on coverage and payment for 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.
Example 2
A 17-year old migraine sufferer with commercial insurance is seen in the physician office for an evaluation and prescription re-fill to control her headaches. The patient will be living in a college dorm beginning the following month, the physician notes she has not yet been immunized against meningococcal disease, and after providing counseling, administers meningococcal conjugate vaccine and Tdap vaccine.

Since the patient is younger than 19 years of age and the physician counseled, code 2 units of 90460 to report administration of the first component of each vaccine and 2 units of 90461 for administering the additional 2 components of the Tdap vaccine.

Example 3
A 72-year old Medicare patient is seen at the physician office for an annual wellness visit. The physician counsels on and administers a high-dose influenza vaccine.

Since the patient is part of a high-risk group, consider attaching the SK modifier to show that the patient is part of a high-risk group.

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