



Billing to Get More Vaccines in Arms


tapi The Arizona Partnership
for Immunization

WhyImmunize.org
700 E. Jefferson Street, Ste. 100
Phoenix, AZ 85034

Jennifer Tinney
Program Director
775.432.1128 office
480.580.3584 cell
JenniferT@tapi.org

System Level Change

We foster community wellness and advocate for good public policy and best immunization practices.



Arizona State Overview

Population
 7,000,000 people
 113,500 square miles
 50% live in 2 urban counties
 3 IHS Regions

Approximately 30% minority
 4% Native American
 30% Under 18
 53% 19 – 64
 17% Over 65

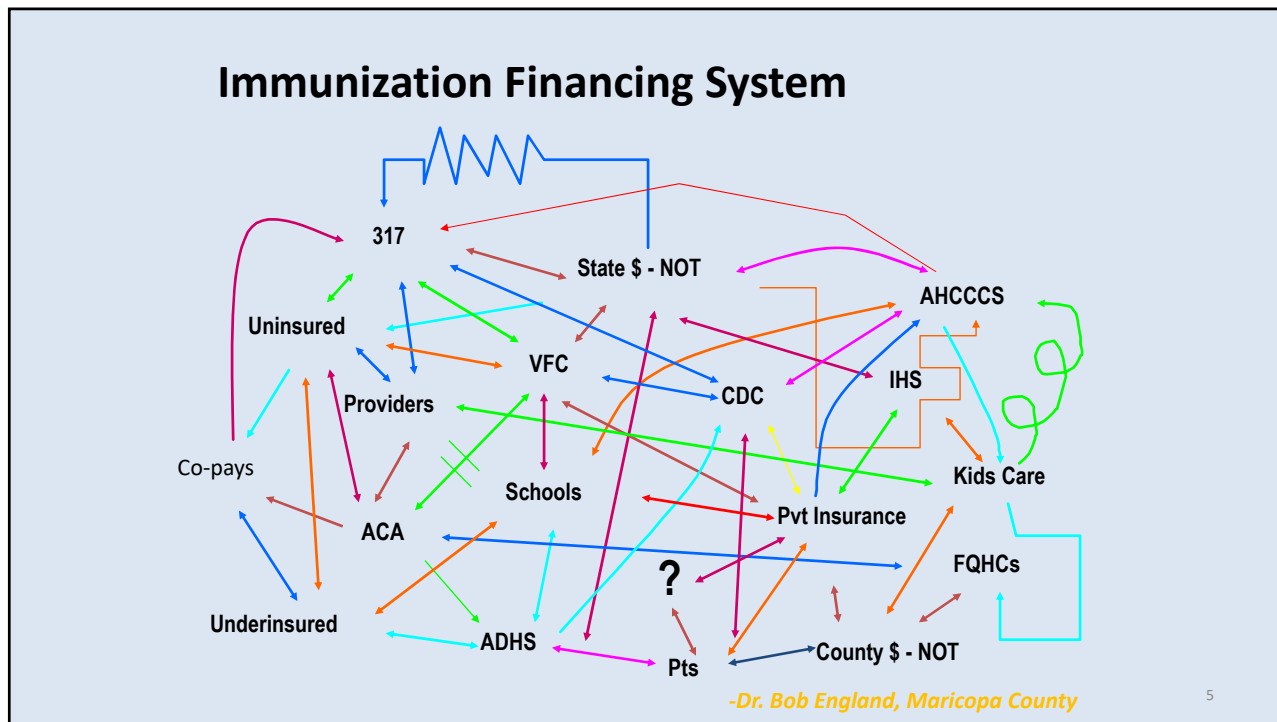
As of 2017
 12.7% of people under 65 *uninsured*
 High percentage of veterans

Visitors "Snow birds"
 Mohave County: 200,000 population
 80,000 winter visitors
 City of Douglas: 16,000 total population
 20,000 kids in the registry

Borders
 International Mexico Border and 5 state
 borders CA, NV, UT, CO, NM

AZ Public Health Gaps

- \$0 in state funding for immunizations
- State Statute requires counties provide school immunizations at no cost. Costing County Health \$1.79 million per year (public price)
- No services for adult vaccines. 317 depleted in 3 months
- Average LHD funding per person = \$34
 Maricopa = \$3.50 (4 million residents)



5

Arizona Vaccine Congress III
 May 14, 2012

Agenda

8:00-9:00 Registration Continental Breakfast - Meet and Greet
 9:00-9:10 Opening Session Welcome: Arturo Gonzalez, MD, FAAP, AzAAP President
 9:10-9:20 Doug Campos Outcalt, MD, ACIP (invited)
 9:20-9:35 Vaccine Funding Changes in Public Health, Patsy Gost, ADHS

Immunization/Vaccine Delivery System Overview

- ◆ 9:35-9:50 Vaccines in County Health Departments
 Dr. Bob England (15 minutes)
- ◆ 9:50-10:00 Billing in Public Health/Physician Surveys
 Jennifer Tinney (10 minutes)
- ◆ 10:00-10:15 The Cost of Providing Vaccines in AZ Practices
 Mike Perlstein, MD (15 minutes)
- ◆ 10:15-10:30 Vaccine Legislation 2012
 Representative Nancy McLain and Representative Debbie McCune Davis
 15 minute break
- ◆ 10:45-11:00 Summary of Gaps and Potential risks to AZ kids
 AD Jacobson, MD, TAPI President (15 minutes)

Setting the Stage for Proposed Solutions

- ◆ 11:00-11:15 Vaccine Association Proposal for Universal or Group Purchase State
 David Childers, AHIP (15 minutes)
- ◆ 11:15-11:30 Immunization Coverage Goals for AHCCCS Health Plans (Assessment)
 Marc Letib, MD (15 minutes)
- ◆ 11:30-11:45 HEDIS Immunization Measures
 Karlene Wenz, AHIP (15 minutes)
- ◆ 11:45-12:00 Payment Initiatives with Vaccine Manufacturers
 Phyllis Arthur, BIO (15 minutes)
- ◆ 12:00-12:30 Dialog on Proposals for Immunization Best Practice in Arizona
 Panel Moderated by Will Humble, ADHS (30 minutes)
 AHIP AzAAP
 BIO ARMA
 Health Officers AHCCCS

Brief Questions and Answers During Each Segment

12:30-2:00 Lunch with Round Table Discussion

- Proposed Immunization Funding Solutions
- Avoiding Potential Gaps in Immunization Coverage

2:00-2:30 Recap and Action Items
 2:30-3:00 Closing Remarks

Vaccine Congress I, II, III & IV

State & County Public Health
 Primary Care Offices
 Health Plans
 Manufacturers

Set of recommendations to improve rates:

- Bill for patients accessing County clinics
- Increase reimbursement rates above vaccine purchase cost
- Train providers on vaccine business practices

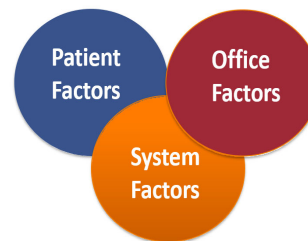
What TAPI's Centralized Billing Program Does

- Bill for vaccine, admin fee, STI treatment, Family Planning, Behavioral Health for 11 of 15 LHDs
- TAPI's fee % is used to support:
 - Billing team
 - Contracting/partnerships with plans
 - Billing infrastructure and software
 - Technical support to LHD staff & patient education
 - Claim processing, follow-up and adjudication 165+ plans per month
 - Monitoring vaccine payment system
 - Policy change and direct strategies
 - Maintaining a healthy public/private vaccine delivery system



Adult Immunization Barriers 2018 Environmental Scan

- **1. Technology**
 - Patients turned away- Need bi-directional exchange to screen adults. Not sure what patient received from pharmacy, hospital, PCP or specialist
 - Adult Schedule too complex for Standing Orders and Standing Orders too hard to update in EHR. (tech request can take 6+ months with competing priorities)
 - No adult immunization focus/reminder in standard EHRs. Costly upgrades
 - Medicare payment for pneumo limited so Standing Orders rescinded
- **2. Payment**
 - Medicaid requires script for pharmacy
 - Medicaid payment tied to "medical necessity" requires physician (impacts counties)
 - Pharmacy paid low "dispensing fee" not paid admin fee
 - Reimbursement concerns grandfathered/high deductible plans – or denied for complex patients. Plans use age related schedule for claims (LHD billing data)
 - New providers/specialists tried but lost on claims. Specialists like obgyns not contracted as PCP so not able to bill for vaccines. Many adults see specialists.
 - New vaccines given but not covered so previous vaccinators quit offering vaccines
- **3. Policy and Access to Care**
 - Family Practice sending kids to pediatrics because of complex handling and storage requirements – as a result not offering adult vaccines either
 - VFA not adequate to cover all uninsured-limited to a few providers-mixed message in CHCs/LHDs patients referred from place to place



Outbreaks Impacting Payments

- Slow buy in for PH adult vaccine billing
- Gains in adult vaccine coverage started with Hep A outbreak
- Huge changes in networks, policy and payments because of COVID
- Mpox reinforced the need for keeping COVID policies in place

But...only 37% of stakeholders surveyed on 3/2023 feel vaccine payments adequately cover purchase, insurance, staff costs.

Gaps Create Missed Opportunities (2023)

Patient Factors

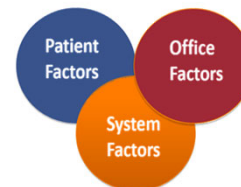
- Vaccine fatigue
- Few options for uninsured (317 funds exhausted in 3 months)
- Out-of-pocket cost for insured (Part D fix is amazing!)

Payment System

- Complexity of billing Part D in Medical office. Referrals decreasing
- Mass immunizers limited to flu, pneumo, covid. (LTC and catch up)
- Shrinking plan networks with wrap up of PHE
- Denials for complex patients. Plans use age range schedule for claims
 - Payment tied to "medical necessity" requires physician/records
- Specialists like OB/Gyns not contracted as PCP so not able to bill for vaccines.
- Mpox covered by Medicare but not Advantage Plans
- Tricare denying covid claims based on dose #

Office Factors

- Vaccine conversation fatigue
- Loss of Primary Care providers
- 30% staff vacancy/high turn over rate



What it takes to give a shot

Contract with all health plans	Check the patient record book	Inventory vaccine stock in refrigerator
Credential site and all providers	Check ASIIS for shot history	Reconcile ASIIS inventory
Contract with vaccine suppliers	Screen patients for what's needed and contraindications	Report dose by lot number and NDC to ASIIS for VFC
Order and pay for private vaccine supply	Council patient	Fax temp logs to VFC
Sign up for VFC	Give VIS for every vaccine	Review report cards
Sign up for ASIIS	Give VIS for every vaccine	Send records to billing
Order VFC vaccine through state registry	Give VIS for every vaccine	Build claim in electronic system all 33
Order VFC vaccine through state registry	Give VIS for every vaccine	Build claim in electronic system all 33
Accept shipment	Refrigerate vaccine	Send claim to clearinghouse and on to payers
Refrigerate vaccine	Band-Aid the site	Receive EOB with payment or denial
Check refrigerator twice daily for temps	Comfort the child	Rebill 15% of claims for denial
Insure vaccine	Update the parent record book	Adjust actual payment in billing system
Schedule vaccine appointment	Record correct diagnosis code to record	Report payment to patient Record in billing system
Check insurance and VFC eligibility	Record cpt to record	Bill patient directly for outstanding balance
Gather accurate and complete insurance data	Record NDC and lot number to record	
Verify insurance coverage for private	Update EHR	
	Report to ASIIS	

\$15-\$25 Admin Fee
Payments don't always cover vaccine purchase prices

Moderna (Red Cap): CMS, AHCCCS & AZ Payment Allowances for COVID-19 Vaccines and their Administration during the Public Health Emergency

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	CMS Payment Before 3/15	Medicare Payment After 3/15	AHCCCS Payment After 3/15	Regional Rates AZ After 3/15	Medicare Home Bound 6/1	AHCCCS Payment After 8/9
91301	Moderna Covid-19 Vaccine	SARSCOV2 VAC 100MCG/0.5ML IM	80777-273-10 vial NDC 80777-273-99 carton NDC	\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0011A	Moderna Covid-19 Vaccine Administration – First Dose	ADM SARSCOV2 100MCG/0.5MLBST		\$13.24	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0012A	Moderna Covid-19 Vaccine Administration – Second Dose	ADM SARSCOV2 100MCG/0.5MLBST	Dosing Interval: 28 days after dose 1	\$28.35	\$40.00	\$40.00	\$38.78	\$75.00	\$83.00
0013A	Moderna Covid-19 Vaccine Administration – Third Dose	ADM SARSCOV2 100MCG/0.5ML3RD	Dosing Interval: 28 days after dose 2	N/A	N/A	N/A	\$38.78	\$75.00	\$83.00
Moderna Booster Codes (Blue Cap)									
91306	Moderna Covid-19 Vaccine (Low Dose)	SARSCOV2 VAC 50MCG/0.25ML IM		\$0.01	\$0.01	\$0.00	\$0.01	\$0.00	\$0.00
0094A	Moderna Covid-19 Vaccine Administration – Booster Dose	ADM SARSCOV2 50MCG/0.25MLBST	3 or 5 months after dose 2	N/A	N/A	N/A	\$38.78	\$75.00	\$83.00

Complexity of managing 30+ codes and multiple presentations a barrier

<https://www.cms.gov/medicare/part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#Vaccine>

Public Health Getting Vaccines in Arms

- No patient has been turned away
- No deductibles/copays have been collected
- Counties are reimbursed about 10% above cost of vaccine + admin
- Partners work together for sustainable payment solutions
- Unrestricted public health funds used to purchase vaccine & for community health nurses



2009 – 2016:
\$9.4 Million
2019:
\$4.2 million
2021:
\$14 million

Don't Forget Your Insurance Card!

Help keep PUBLIC HEALTH strong by following these 4 easy steps:

- Please bring your insurance card and immunization record to each county immunization clinic visit.
- Please provide your insurance card to Public Health so your insurance can be billed for your child's vaccines.
- Talk to a Public Health Nurse about your visit today, your insurance cover or where to find a doctor.
- If your child is Native American or is uninsured, they can receive vaccine at no cost through the Vaccines for Children Program (VFC).



Keeping Kids Strong

Contact your child's doctor for their next well visit and immunizations by:

Thank you for doing your part to keep our community healthy and strong.

LOCATE a doctor

CALL 211



LOCATE a doctor

VISIT StopTheSpreadAZ.org

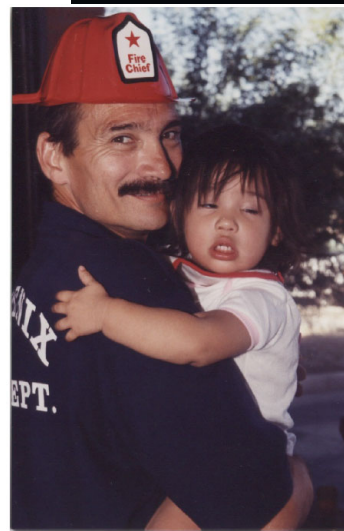
CALL 211



Billing for County Health Departments & Non-traditional Partners (Not typically Contracted)

- County Immunization Clinics
- School Districts
- Fire Departments
- National Guard
- Lab (testing to vaccine)
- Hospital systems
- Medical Volunteers

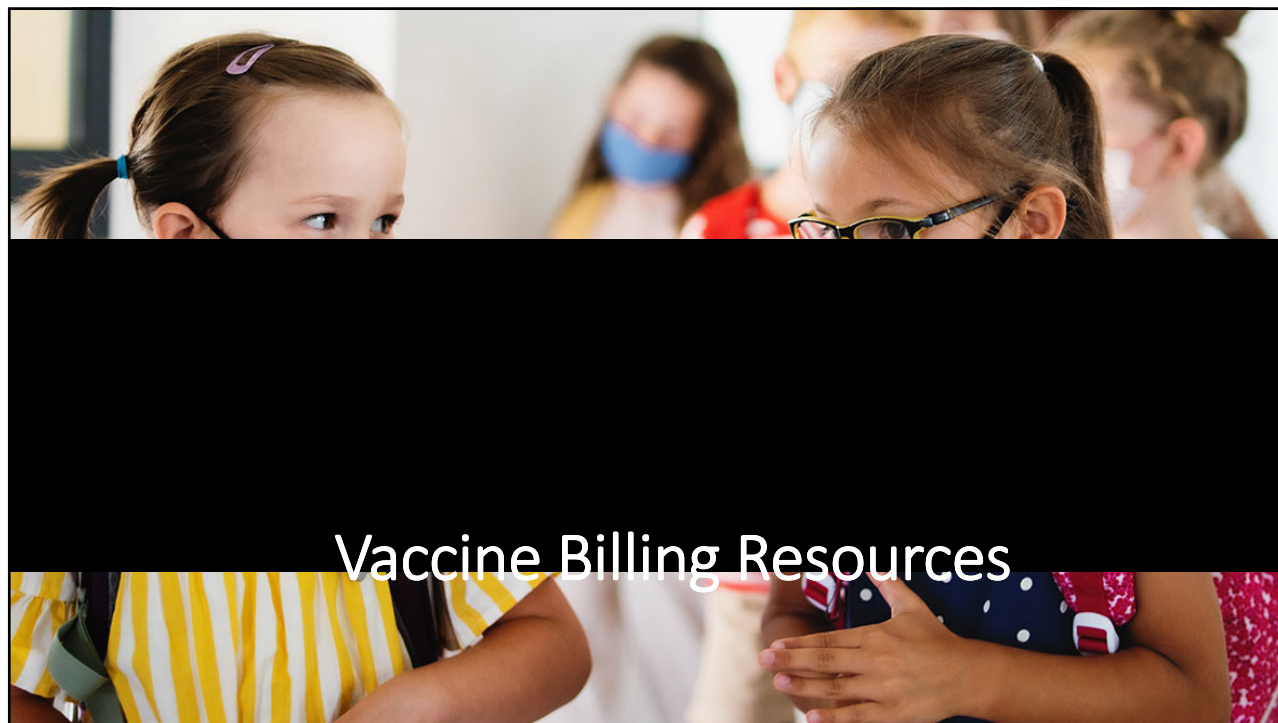
\$20 million in COVID-19 Claims
Processed close to a million claims



Moving in the Right Direction



- Part D 1st dollar coverage stretches public health funding for uninsured patients
- Pharmacy administration payment vs dispensing fee
- Recent Medicaid adult vaccine payment increase
- Counseling code payments (non-administration)
- Higher revenue for offices providing routine adult vaccines
- More adult records in registries decrease non-payments



Provider Billing tools



COVID-19 Vaccine Billing Policy Information (12/2/2020)

COVID-19 vaccine is a Federally purchased vaccine that will be supplied to providers at no cost. The CDC will allocate vaccine to states/jurisdictions based on population, and state/local health will determine provider locations that will receive initial vaccine based on high risk groups and storage capacity. Once there is ample supply of covid-19 vaccines providers will be able to order vaccine through ADHS using ASIIS.

Because the vaccine is Federally supplied there will not be upfront costs or reimbursement for the vaccine itself, but most health plans will reimburse providers for the covid-19 vaccine administration fee.

Providers should bill the administration fee to cover staff, storage and documentation to insurance or HRSA for uninsured and should not charge patients. (Register with Optum to submit uninsured claims)

Providers should bill the administration fee to cover staff, storage and documentation to insurance or HRSA for uninsured and should not charge patients. (Register with Optum to submit uninsured claims)

How to Get Started: COVID-19 Vaccine Sign-up & Billing Guides

AZ Covid Vaccine: All covid vaccine providers use ADHS provider onboarding system [Link](#)

Pharmacy CDC Vaccine: Some pharmacies have signed federal agreements with the CDC for vaccine and may not need to onboard with ADHS- Phase 1: LTC Partnership [Link](#) and Phase 2: Retail Program (includes pharmacies or PSAO's with more than 200 stores) [Link](#)

AHCCCS Enrollment: All traditional and non-traditional providers must register with AHCCCS [Link](#)

Pharmacies & AHCCCS: Pharmacies not already enrolled with AHCCCS AND that are not part of a major chain or PSAO need to have their immunization trained pharmacists added manually to the system. [Link](#)

AHCCCS FAQs: Updated billing guidelines for AHCCCS providers [Link](#)

CMS Billing/Coding: CMS billing toolkit - billing codes and resources [Link](#)

Optum Enrollment: HRSA will reimburse the uninsured admin fee to registered providers [Link](#)

AZ IZ Billing Assistance: TAP's public health billing program - Email 480.580.3584

AZ COVID Vaccine Billing Policy

- Pharmacies should bill Medicaid using Medical claims
- In-network reimbursement for flu and covid-19 vaccine from most health plans by Executive Order (Must be registered as an AHCCCS provider for Medicaid plan)
- AHCCCS has expanded list of qualified providers to include EMS, Dentists, Etc.
- Offsite immunization clinics do not need additional state licensing [89-10-103 & 8-5](#).

CMS COVID-19 Vaccine Billing Policy

- Current Medicare Providers:** If you're enrolled in Medicare under institutional or non-institutional provider types, you don't need to take any action to administer and bill the COVID-19 shot.
- New Medicare Providers:** can enroll as a "Medicare mass immunizer" through an expedited 24 hour process. The ability to easily enroll as a mass immunizer is important for some pharmacies, schools, senior centers, and entities that may be non-traditional providers or otherwise not eligible for Medicare enrollment.
- Mass Immunization Clinics:** Section 4 of the Form CMS-855, the supplier need NOT list each off-site location (e.g., county fair, shopping mall). It need only list its base of operation:
 - NIP and TIN of location of standing orders physician is used as the rendering provider
 - Place of service 60 is indicated in an offsite immunization setting

Contact TAP for updated guidance or billing questions
480.580.3584 or awentler@tap.org

COVID-19 Vaccine Coding Information (12.02.2020)

CMS Payment Allowances for COVID-19 Vaccines & Their Administration:

Code	Vaccine/ Procedure Name	CPT Short Descriptor	Vaccine NDC & Dosing Interval	Payment Allowance
91300	Pfizer-Biontech Covid-19 Vaccine	SARSOCV2 VAC 30MCCG(0.3ML IM	59267-1000-01 vial NDC 59267-1000-02 carton NDC 59267-1000-03 diluent NDC	\$0.01
0001A	Pfizer-Biontech Covid-19 Vaccine Administration - First Dose	ADMA SARSOCV2 30MCCG(0.3ML 1ST		\$16.94
0002A	Pfizer-Biontech Covid-19 Vaccine Administration - Second Dose	ADMA SARSOCV2 30MCCG(0.3ML 2ND	Dosing Interval: 21 days after dose 1	\$28.39
91301	Moderna Covid-19 Vaccine	SARSOCV2 VAC 100MCCG(0.5ML IM	80777-273-16 vial NDC 80777-273-99 carton NDC	\$0.01
0011A	Moderna Covid-19 Vaccine Administration - First Dose	ADMA SARSOCV2 100MCCG(0.5ML 1ST		\$16.94
0012A	Moderna Covid-19 Vaccine Administration - Second Dose	ADMA SARSOCV2 100MCCG(0.5ML 2ND	Dosing Interval: 28 days after dose 1	\$28.39

Potential Changes in Workflow for Billing Adult Federal Vaccines:

- Federally supplied vaccine is billed at \$0.00 or \$0.01
- Bill CMS Administration Fee Rate to all health plans public & private - \$16.94 or \$28.39
- Note - separate billing codes that are dose and vaccine specific
- Federal vaccine administration fee is billed with an SL modifier to indicate there is no cost billed for the associated vaccine
- Scan NDC from box not from vial or syringe for inventory reporting. (NDC Qualifier N4)
- Document in record as Federally supplied for inventory reconciliation and billing
- Offsite Immunization Clinic - Bill rendering provider physician/global standing order location as base of operation. Use **Place of Service code 60** offsite immunization clinic
- Uninsured administration fee claims billed to Optum through the HRSA program. Should not bill patient out-of-pocket

Example HCFA 1500 form for COVID-19 vaccine administration at an offsite location:

Additional Resources for Mass Immunization Clinics:

- TAP Mass Clinic Training: Slides, recording, materials and handouts TAP's website.
- CDC Guidance: Mass Immunizations during a pandemic Link
- ADHS COVID Guidance: Updated data, plans and guidance for covid-19 response Link

Pandemic Vaccine Change in Workflow

- Do not need SL Modifier on vaccine for most plans - Amount \$.00/\$.01
- Medicare not requiring vaccine code on claims just admin code
- Admin code is vaccine and Dose specific
- Admin fee – \$40 Most Plans, \$75 Medicare Homebound, \$83 AHCCCS
- Rendering provider is tied to Standing orders physician location
- Place of Service is the offsite location
- Can bill for flu plus COVID-19. Use COVID-19 admin code and primary flu admin code of 90471. (May have to bill Medicare and Advantage Plan both)



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A: Z23 - Typical ICD-10 Code indicating Encounter for Immunizations

J: 60 - Place of Service for offsite Immunization Clinic - 60

22. RESUBMISSION CODE CRIG

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY

B. PLACE OF SERVICE YY

C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER

E. DIAGNOSIS POINTER

F. \$ CHARGES

G. DAYS OR UNITS

H. EXPDT Family Plan

I. ID. QUAL.

J. RENDERING PROVIDER ID #

1: 12 15 20 60 91300 SL 0.01 1 NPI

2: 12 15 60 0001A SL 16.94 1

Callouts:

- Vaccine and admin charges. \$01 or \$.00 for vaccine and 1st/2nd dose CMS rate for admin fee
- Vaccine & admin code of dose 1 or 2. SL modifier to indicate Federally supplied may not be needed. Check with plan
- Rendering provider is the base of operation clinic location of standing order provider

No ID or insurance is required to receive a COVID-19 Vaccine and you will not be charged today. Patients who do have insurance, your insurance company will be billed.

We may be asking you to share:

Your insurance policy information

- Insurance reimbursement helps support the cost of these special clinics. You will not be charged for any insurance copays, deductibles or co-insurance.

Your Medicare Member Benefits (MBI) number, even if you are covered under an Advantage Plan


- If you have Medicare coverage, we need your MBI to bill Medicare
- If you are covered under an Advantage Plan, we need your MBI because Medicare requires submission of COVID-19 claims directly to Medicare and NOT to the Advantage Plan.

Social Security Number, Driver's License Number and State of Residence

- We need this information to bill a special Federal program for the uninsured, in case your policy has lapsed or if you don't have insurance.
- Your SSN will allow us to look up your insurance coverage, in case there are errors in your insurance information.

You will receive COVID-19 Vaccine today if you do not have insurance or can not provide the information requested.

Please help us: When registering in our system, enter all your personal and insurance information carefully. Thank you!



COVID-19 Vaccines are free for everyone!

COVID-19 Insurance Explanations for Patients and Staff

<https://whyimmunize.org/wp-content/uploads/2021/05/COVID-19-Vaccine-Insurance-Information-Sign-w-edits.pdf>

Working with Health Plans

Vaccine	Age Range Routine/High Risk Recommended for algorithm	Routine Childhood Schedule	Routine Adult Schedule	Catch up or High risk	*Notes
Hepatitis B	0-99	Birth, 2 months, 6 months	Up to age 65	Kid catch up anytime, High risk adults any age	
Hepatitis A & B	18-99	None	18-65		
Rotavirus	15 weeks-8 months	2 months, 4 months, 6 months	None	Cannot be given after 8 months of age	
Diphtheria Tetanus acellular Pertussis (DTaP)	2 months - 6 years	dose series at age 2, 4, 6, 15-18 months, 4-6 years	None	Cannot be given after age 7	
Tetanus Diphtheria acellular Pertussis (Tdap)	7-99 years	11-12 years	Every 10 years; every pregnancy; After puncture wound as treatment.	Used for Dtap series catch up for kids over the age of 6 years;	
Td	7-99 years	None due to Tdap	Every 10 years; After puncture wound as		
Hemophilus Influenza Type B (Hb)	0-99	2, 4, and 6 months, followed by a booster dose* at age 12-15 months; catch up through 59 months; high risk anytime	18-99	High risk 1-2 doses	
Pneumococcal Conjugate (PCV13, PCV15, PCV20)	0-99	2, 4, 6, 12-15 months; catch up through 59 months; any age for high risk	65 years+	High risk any age	
Inactivated Polio (IPV)	0-99	2, 4, 6-18 months, 4-6 years; administer the final dose on or after age 4 years and at least 6 months after the previous dose. 2 doses in first season. 1 dose per year	None	High risk if did not receive oral polio vaccine. Adult primary series or boosters given to unvaccinated adults during an outbreak. *2022 NY polio	
Influenza IIV4	6 months - 99 years	None	Yearly		
Influenza High Dose	65-99 years	2 doses in first season. 1 dose per year	65+ Yearly		
Influenza LAIV	2-49 years	2 doses in first season. 1 dose per year	yearly through age 49	Not for high risk	
Influenza CCIIV4	6 months-99 years	2 doses in first season. 1 dose per year	Yearly	Preferred for patients with egg allergies	
Influenza RIV4	18-99 years	None	Yearly	Preferred for patients with egg allergies	
Measles Mumps Rubella (MMR)	Recommend 6 months - 99 years due to annual change	1 dose at 12 months; booster age 4-6 years	1 or 2 doses catch up	Some high risk categories; contraindicated for others due to live virus	* Note: Anyone born before 1957 was likely exposed. This age range must be updated yearly or indicated for 6 months-99 years knowing it changes yearly. Experience annual denials due to out of date ranges in health plan systems. Typically given to babies at 12 months, but during an outbreak will

Free Materials & Trainings

Programs & Resources

- Patient Education Materials for all vaccines & ages
- Provider Trainings routine immunizations, billing & COVID-19 vaccine
- Catch up clinics
- Community Outreach
- Speaker Volunteer Program

WhyImmunize.org

Adult Current Procedural Terminology® Coding Case Scenarios

Background

In an effort to address the continuing problem of administrative burden for physicians in nearly every specialty, recent changes to the Evaluation and Management (E/M) office visit Current Procedural Terminology (CPT) codes 99203-99212 code descriptions and documentation standards have been approved for use by the American Medical Association (AMA) and are finalized in the 2023 Medicare Physician Fee Schedule Final Rule, effective 2023. These new codes, effective January 1, 2023, are designed to be more intuitive and reduce administrative burden by removing complex coding systems for history, exam and data. A chart of the codes prior to the change relative to the current change is provided in Appendix 1.

The revisions relevant to documenting an immunization office visit are based on a simplification of the guidelines, which allow for the use of "Total Time" or the use of "Medical Decision Making" as key contributing factors, for the basis of payment for vaccination counseling and administration. Coding based on time is used for immunization counseling as there is often low medical decision making involved for implementing Advisory Committee on Immunization Practices (ACIP) recommendations. The definition of time, under these new revisions, is total time, not typical time, and represents total physician/qualified health professional (QHP) time on the date of service. The use of time of service time allows for the billing of work involved in non-face-to-face services the care coordination and review of immunization records.

The code level selection process has changed to common immunization-related scenarios from previous documentation standards for history and physical in level selection. Under the 2023 guidelines:

1. Although a medically necessary history and exam should be performed as appropriate, only medical decision-making or time may be used to select the level of service performed.
2. The time requirements have changed so that, rather than face-to-face time with the patient, the physician's total time on the date of the encounter is summed.

The new codes, which now allow for billing total time, seek to decrease administrative burden of documentation and coding while ensuring payment for E/M is resource based. For a complete description of the code changes, and numerous educational materials, see the American Medical Association website (<https://www.ama-assn.org/practicing/coding/coding-guidance/2023-cpt-code-changes>).

The following case studies are designed to provide guidance on appropriate coding and billing for a range of scenarios for providers who care for adults.

CASE 1

OFFICE VISIT: Low complexity, vaccine counseling with no vaccine administration

A 48-year-old patient with private insurance visits his provider for his annual comprehensive health and wellness visit, which includes a review of patient past medical history, an annual physical exam, and coordination of follow-up monitoring of high cholesterol and pre-diabetes. This patient is an established patient and is indicated for an influenza vaccine and a tetanus, diphtheria, pertussis (Tdap)/tetanus and diphtheria (Td) booster.

The physician spends 5 minutes prior to the visit, on the date of encounter, reviewing the patient's history, including looking for prior immunizations for the patient in the state immunization information system (SI). At the visit, the provider counsels the patient on the booster recommendation and the importance of annual influenza vaccination. The patient decides not to get either vaccine. The total time spent on the encounter lasts 35 minutes (30 minutes visit and 5 minutes of work prior to the visit).

ICD-10 Code	CPT Code	Comment
Z00.01	99203	For cholesterol and pre-diabetic condition and vaccine counseling (25 min)
Z00.01	99203	No additional billing for counseling.

Explanation of code selection

Because no vaccine was administered, vaccine administration codes cannot be used for vaccine counseling. The correct code is the preventive visit code which is linked to age 18-35, 99203 (age 40-64), 99207 (age 65 and older). No specific times are associated with this code. Because these codes are visit time-based, no changes are required relative to the AMA changes. Under the new coding rules, the non "face-to-face" time spent on the date of the encounter can be counted regardless of the fact that the total time results in the same code being previously chosen (i.e., the time calculation has changed).

CASE 2

PREVENTIVE VISIT: With negatively identifiable E/M performed, vaccine counseling with no vaccine administration

A 30-year-old patient with private insurance makes an appointment for her annual comprehensive preventive visit and to request a hepatitis B vaccination in order to comply with her employer requirements. This patient is an existing patient and is indicated for hepatitis B given low titer upon laboratory results. At the visit the provider conducts a comprehensive preventive exam and counsels the patient on age-appropriate screening labs and tests that the patient should consider. The patient is not diabetic, but obese. The physician provides appropriate counseling on properly managing the patient's diabetes.

Coding Resource

<https://www.izsummitpartners.org/content/uploads/2020/11/naia-cpt-code-scenarios.pdf>



tapi The Arizona Partnership
for Immunization

WhyImmunize.org
700 E. Jefferson Street, Ste. 100
Phoenix, AZ 85034

Jennifer Tinney
Program Director

775.432.1128 OFFICE
480.580.3584 CELL
JenniferT@tapi.org