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Dear Medical Director:

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On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 60,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I am writing to inform you of impending changes affecting immunization administration codes and urge for appropriate payment for immunization administration.

Effective January 1, 2011, there will be two (2) new immunization administration codes to replace the four current pediatric immunization administration codes (CPT codes 90465-90468). The new codes 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 (List separately in addition to code for primary procedure.)

The new codes will be reported for patients through 18 years of age, include all routes of administration, require counseling by the physician or other qualified health care professional (as defined by each state's scope of practice laws) and reported per vaccine component. Please note that CPT codes 90471 through 90474 will remain and would be used to report immunization administration for those 19 years of age and older.

The new codes better reflect the work associated with administering vaccines, including increased counseling inherent with administering vaccines, particularly those with multiple components (i.e., combination vaccines). The new codes will also allow the provider to report each vaccine component separately. As such, it is important to understand how CPT defines a component: A component refers to all antigens in a vaccine that prevents disease(s) caused by one organism. Combination vaccines are those vaccines that contain multiple vaccine components.

As an example of reporting immunization administration, a 6 month old child receives the following vaccines:

- Pentacel[®] (DTaP-Hib-IPV) vaccine (five vaccine components)
- Hepatitis B (one vaccine component)
- PREVNAR 13[™] (one vaccine component)
- Rotateq[®] (one vaccine component)

Whereas the physician would report based on the fact that four vaccines were administered, under the new codes effective January 1, 2011, the physician would report based on the fact that eight vaccine components were administered. In the example above, the codes would be reported as follows:

<u>Vaccine Product CPT Codes</u>	<u>Immunization Administration CPT Codes</u>
Pentacel [®] /90698	90460, 90461, 90461, 90461, 90461
Hepatitis B/90744	90460
PREVNAR 13 [™] /90670	90460
Rotateq [®] /90680	90460

Payer claims systems need to account for multiple reporting of CPT codes 90460 and 90461 without using a modifier for each additional code. Further, claims edits that limit the frequency of reported CPT codes per day need to be adjusted to allow multiple reporting of these codes.

Since the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that the “version of the medical data code sets specified in the implementation specifications must be the version that is valid at the time the health care is furnished”, covered entities must incorporate the new codes into their claims processing systems by January 1, 2011.

Relative value units for the new codes will be published in early November 2010. All payers are urged to provide benefits coverage and appropriate payment for immunization administration. Physicians incur significant expenses associated with ensuring that children and adolescents are fully immunized in a timely fashion, including counseling and explaining the benefits and risks to patients and parents, recording immunizations in patient’s charts and registries, tracking immunization schedules and notification. Therefore, physicians expect to receive appropriate payment for the expenses incurred with immunization administration.

On behalf of the AAP, I appreciate continued efforts by payers to enhance access to immunizations by benefits coverage and appropriate payment. I welcome your response as to how your claims systems pay for immunization administration. Should you need any additional information, please contact Lou Terranova, Sr. Health Policy Analyst, at lterranova@aap.org.

Sincerely,



O. Marion Burton, MD, FAAP
President

OMB/lt