



## AMA Fact Sheet On Reporting For H1N1

(Please note that the information on this sheet is subject to change and should be referenced for further updates)

In response to concerns related to the need for national vaccination efforts for H1N1 and to assist health plans with their commitment to cover the cost for vaccine administration, the CPT® Editorial Panel acted upon this urgent matter with the establishment of a new vaccine administration code, 90470, specific to the 2009 H1N1 virus, and revision of existing code 90663 to report either the intranasal or intramuscular formulations of the H1N1 virus. The American Medical Association (AMA) expedited the publication of the new and revised codes to the AMA website on Monday, September 28, 2009 for these codes to become immediately effective on that date.

The use of Current Procedural Terminology (CPT) codes 90470 and 90663 will help to efficiently report and track immunization administration services related to the H1N1 vaccine throughout the health care system, and will streamline reporting and the reimbursement procedure for physicians and health care providers who are expected to administer nearly 200 million doses of the H1N1 vaccine in the United States.

The codes are as follows:

90470—H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

90663—Influenza virus vaccine, pandemic formulation, H1N1

**Please note that code 90470 and the revision of code 90663 will *not* be published in the 2010 CPT codebook. These changes were made after publication of the book.**

### **Q: How do I report administration of the H1N1 virus vaccine?**

*To report the administration of 2009 H1N1 influenza type A monovalent vaccine, providers should report CPT code 90663 (Influenza virus vaccine, pandemic formulation, H1N1) in conjunction with the immunization administration code 90470 (H1N1 immunization administration (intramuscular, intranasal), including counseling when performed). Providers will be paid for 2009 H1N1 vaccine administration. Since the 2009 H1N1 vaccine will be provided free of charge, no payment will be issued for 90663. CMS guidance for reporting the charge of the 2009 H1N1 vaccine product on the claim form is that zero dollars should be listed following code 90663. Other payer plans may vary. For payer requirements, see the payer-specific web sites for further billing information.*

### **Q: How do I report provision of a seasonal flu virus vaccine product?**

*There are a number of vaccine codes that should be reported for provision of the seasonal flu vaccine.*

- |       |  |
|-------|--|
| 90655 | Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use   |
| 90656 | Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use |
| 90657 | Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use                      |
| 90658 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use             |
| 90660 | Influenza virus vaccine, live, for intranasal use  |

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- 90661 Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
- 90662 Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use

**Q: How do I report administration of the seasonal flu virus vaccine when provided at the same patient encounter as the initial H1N1 vaccine administration?**

*In the event that a seasonal flu vaccination is administered in addition to the H1N1 vaccination at the same visit, it is necessary that code 90470 should be reported for the initial administration service for the H1N1 vaccine product, and either code 90466, 90468, 90472, or 90474 for the additional administration service. Since these codes are add-on codes, modifier 51 does not apply to these services and should not be reported with these codes.*

*The H1N1 vaccine administration code should not be reported in addition to the initial service vaccine administration codes 90465, 90467, 90471, and 90473 because these changes were made after the publication of the 2010 CPT codebook and therefore the add on vaccine administration codes have not been updated to include 90470. To reiterate, these changes were made after the publication of the 2010 CPT codebook. Therefore, the instructional notes following the add-on vaccine administration codes have not been updated to include 90470 in the list of primary procedures. However, appropriate reporting of multiple vaccine administrations is to report one initial administration code and the appropriate add-on administration code(s) 90466, 90468, 90472, or 90474 for the additional administration(s). Be sure to check with your payer or visit the AMA H1N1 Web site for a listing of payer billing requirements:*

<http://www.ama-assn.org/ama/pub/h1n1/vaccination-information.shtml>

*For face-to-face physician counseling of the patient and family during the pediatric administration of a vaccine, the following codes are reported according to the route of administration **in addition to the initial service code 90470:***

- +90466 Immunization administration **younger than 8 years** of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; each additional **injection** (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)
- +90468 Immunization administration **under age 8 years** (includes **intranasal or oral** routes of administration) when the physician counsels the patient/family; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)

*For immunization administration of any vaccine that is not accompanied by face-to-face physician counseling to the patient/family, without limit on the age of the patient, the following codes are reported according to the route of administration **in addition to code 90470:***

- +90472 Immunization administration (includes **percutaneous, intradermal, subcutaneous, or intramuscular** injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
- +90474 Immunization administration by **intranasal or oral route**; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

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The following table summarizes and compares the data included in each of the additional vaccine administration codes listed above:

Code	Admin Route	Physician Face-to-Face Counseling	Pediatric Only
90466	Sub-Q/IM	Yes	Yes
90468	Oral/Intranasal	Yes	Yes
90472	Sub-Q/IM	No	No
90474	Oral/Intranasal	No	No

**Q: How do I report administration of the H1N1 vaccine on the same date as a routine visit (Evaluation and Management)?**

*In the event that the H1N1 vaccination is administered at the same time as a scheduled visit, code 90470 should be reported for the initial administration service for the H1N1 product, along with code 90663 for the product and the appropriate level of Evaluation and Management (E/M) service based upon the services provided. Modifier 25 is reported with the E/M service to indicate that the significant, separately identifiable E/M service was provided on the same date as the vaccine administration service. It would NOT be appropriate to additionally report an E/M code for the counseling provided for administration of a vaccine.*

**Q: What is the appropriate diagnosis code assignment for a visit for administration of 2009 H1N1 influenza type A?**

*When reporting a diagnosis code for a visit for administration of a vaccine for influenza, (not specific to any type of influenza), V04.81 should be coded.<sup>1</sup>*

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<sup>1</sup> \* [American Hospital Association, Central Office on ICD-9-CM](#)



**Q: How do I report National Drug Codes (NDC)?**

To meet the needs of the Centers for Disease Control (CDC) safety monitoring programs, and to identify the specific vaccine product administered, the AMA suggests listing the 11-digit National Drug Code (NDC) assigned by the U.S. Drug and Food Administration <http://www.accessdata.fda.gov/scripts/cder/ndc/default.cfm> on the claim form in addition to 90663 *Influenza virus vaccine, pandemic formulation, H1N1* (see *National Uniform Claim Committee NUCC™ 1500 Claim Form Instruction Manual, pgs. 43-45* [http://www.nucc.org/images/stories/PDF/claim\\_form\\_manual\\_v5-0\\_7-09.pdf](http://www.nucc.org/images/stories/PDF/claim_form_manual_v5-0_7-09.pdf)).

Please see the following illustration that depicts use of the claim form field for reporting NDC codes. Please note that Table 1 (from the National Uniform Claim Committee web site) is included only as an illustration of the use of field #24 on the claim form, and does not depict a vaccine product NDC code or the appropriate charge in the charge field for an H1N1 vaccine. Table 2 has been included as a resource for all NDC codes that are currently available (also found on the manufacturer’s packaging). This provides the numbers to be placed in the top row of field 24 over the date(s) of service. Please note, if recording from the manufacturer’s packaging an additional 0 will need to be added between the reported 6 and 7<sup>th</sup> digit as illustrated in the example below.

The NDC number is reported in the shaded portion of fields 24A to 24I on a CMS-1500 (08/05 version) claim form. To report this information, begin at field 24A as follows:

1. Enter the NDC qualifier of N4
2. Enter the NDC 11-digit numeric code
3. Enter the NDC Unit qualifier
  - F2 – International Unit
  - GR – Gram
  - ML – Milliliter
  - UN – Unit
4. Enter the NDC Administered Amount in the format 9999.99

**Table 1:**

NDC Code:

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From		To				PLACE OF	EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS	IPSC/	ID.	RENDERING
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER		POINTS		OF	FAMILY	QUAL.	PROVIDER ID. #
N459148001665 UN1								J0400			1	250 00	40	N	1B	12345678901
10	01	05	10	01	05	11								N	NPI	0123456789

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.	H.	I.	J.
From		To				PLACE OF	EMG	(Explain Unusual Circumstances)			DIAGNOSIS	\$ CHARGES	DAYS	IPSC/	ID.	RENDERING
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER		POINTS		OF	FAMILY	QUAL.	PROVIDER ID. #
N449500267230 UN1 50.00								J7603			1	50 00	2.5	N	1B	12345678901
10	01	05	10	01	05	11								N	NPI	0123456789

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**Table 2:**

**11-digit NDC converted from 10-digit NDC appearing on vaccine packaging  
("0" in blue bold identifies the format conversion)**

<b>Manufacturer</b>	<b>Description</b>	<b>NDC</b>
Sanofi Pasteur	10 prefilled syringes 0.25mL each, no preservative	49281- <b>0</b> 650-25
	25 prefilled syringes 0.25mL each, no preservative	49281- <b>0</b> 650-70
	10 prefilled syringes 0.50mL each, no preservative	49281- <b>0</b> 650-50
	25 prefilled syringes 0.50mL each, no preservative	49281- <b>0</b> 650-90
	10 single dose vials 0.50mL each, no preservative	49281- <b>0</b> 650-10
	5.0mL vial	49281- <b>0</b> 640-15
MedImmune	10 prefilled sprayers	66019- <b>0</b> 200-10
CSL	10 prefilled syringes 0.50mL, preservative-free	33332- <b>0</b> 519-01
	5.0mL vial	33332- <b>0</b> 290-10
Novartis	10 prefilled syringes 0.50mL, preservative free	66521- <b>0</b> 200-02
	5.0 mL vial	66521- <b>0</b> 200-10
GSK	<b>TBD</b>	

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