Pediatric Coding

Services Provided from Birth to Young Adult

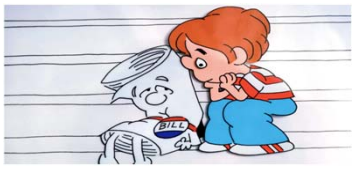
Learning Objectives

- Identify differences in pediatric vs. adult health benefits
- Review pediatric-specific *ICD-10-CM* codes and guidance
- Differentiate hospital care of a normal versus ill newborn
- Identify codes for the full range of childhood preventive visits
- Learn recent changes for immunization services
- Tips for distinguishing levels of problem-focused pediatric care

Terminology

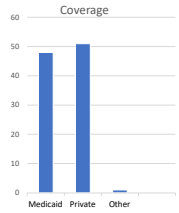
- AAP – American Academy of Pediatrics
- AAFP – American Academy of Family Physicians
- CHIP – Children's Health Insurance Program
- E/M - E & M, evaluation and management
- EPSDT - Early and Periodic Screening, Diagnostic, and Treatment
- QHP – CPT definition – independently provide and report E/M services
- Same physician or QHP – same individual or one of the same group practice and same exact specialty

Pediatric vs. Adult Health Benefits



Key Differences in Pediatric Health Benefits

- ✕Medicare rules generally do not apply.
- 48% to 49% of children in the U.S. are covered by Medicaid or the Children's Health Insurance Program (CHIP)
- Other 51% to 52% covered by private payer plans or have no health benefit plan



Medicaid's Effect on Pediatric Care

- Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
  - Covers "necessary health care, diagnostic services, treatment, and other measures' to correct or ameliorate defects along with physical and mental illnesses and other conditions discovered by the screening services, whether or not such services are covered under the State plan."

MO Medicaid

- Missouri - Medical and dental services covered under MO HealthNet and which are necessary to treat or ameliorate defects, physical, and mental illness or conditions identified by an EPSDT screen are covered regardless of whether or not the services are covered under the Medicaid state plan.

KS Medicaid

Screenings that Kan-Be-Healthy can cover:

1. Vision screenings –includes eye glasses
2. Hearing screenings –hearing aids and other devices that can help with communication
3. Dental screenings –routine cleanings and x-rays
4. Medical screenings –health and developmental examinations, immunizations, laboratory testing, long-term care needs, health, education and guidance

- Any condition or issue discovered under one of the above screens **MUST be addressed and covered with health and long-term care services by Kan-Be-Healthy.**
- A doctor must note the condition on the screen they conduct for Kan-Be-Healthy.

Private Payers

- Contract language matters!
  - Model after EPSDT benefits and AAP medical necessity language
- State regulations (eg, autism spectrum diagnosis and treatment)
- Evidence of cost savings is a key factor

Questions?

Pediatric ICD-10-CM Coding

Mind Your P's, Q, and Z's

Chapter 21 Factors influencing health status and contact with health services (Z00-Z99)

Z38.- Liveborn Infants According to Place Of Birth and Type of Delivery

Coding Guidance

- Single, twin, triplet, quintuplet, other multiple birth
- Attending physician's first-listed diagnosis throughout the birth admission
- ✕ Consulting physicians do not report the **Z38** codes
- ✕ Do not report **Z38** for services after transfer from birth facility.

Codes

- **Z38.00** Single liveborn infant, delivered vaginally
- **Z38.01** Single liveborn infant, delivered by cesarean
- **Z38.1** Single liveborn infant, born outside hospital
- **Z38.30** Twin liveborn infant, delivered vaginally
- **Z38.31** Twin liveborn infant, delivered by cesarean

Z00.1- Encounter for newborn, infant and child health examinations

Newborn

- **Z00.110** Health examination for newborn under 8 days old
- **Z00.111** Health examination for newborn 8 to 28 days old

Infants and Children

- **Z00.121** Encounter for routine child health examination with abnormal findings
  - Use additional code to identify abnormal findings
- **Z00.129** Encounter for routine child health examination without abnormal findings

Suspected Condition, Ruled Out

- **Z03.-** Encounter for medical observation for suspected diseases and conditions ruled out
- **Z05.-** Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out
- ✕Not reported when the child is exhibiting signs or symptoms of an illness – report codes for the documented signs or symptoms that prompted evaluation in lieu of **Z03** or **Z05**
- "Codes from category **Z05** are for use only for healthy newborns and infants for which no condition is found to be present after study."

Example Z03

- Example

  A parent brings a child to the pediatrician's office with concerns that the child may have inserted a small toy bead into the right ear. Examination reveals no foreign objects in the child's ears, nose, or throat. Diagnosis is suspected foreign body of the ear, ruled out.

  Z03.823 Encounter for observation for suspected inserted (injected) foreign body ruled out

✕ **Z71.1** (person with feared health complaint in whom no diagnosis is made)

Example Z05

Suspected Condition

A term newborn is delivered vaginally to a mother treated with intrapartum antibiotic prophylaxis for positive for Group B Streptococcus. The newborn is observed for signs of illness pending blood cultures.

Z38.00 Single liveborn infant, delivered vaginally

P00.82 Newborn affected by (positive) maternal GBS colonization

99460 Initial hospital or birthing center care, per day, for E/M of normal newborn infant

Suspected Condition, Ruled Out

Same patient, 2 days later, culture results are negative, and the neonate has shown no signs of illness.

Z38.00 Single liveborn infant, delivered vaginally

Z05.1 Observation and evaluation of newborn for suspected infectious condition ruled out

Z20.818 Contact with and (suspected) exposure to other bacterial communicable diseases

99462 Subsequent hospital care, per day, for E/M of normal newborn

Chapter 16: Certain conditions originating in the perinatal period (P00-P96)

When to Report P Codes

- Report for conditions that have their origin in the fetal or perinatal period even if diagnosed at a later date
  - Neonatal period days 0-completed 28th day of life
- Report throughout the life of the patient **if the condition is still present** regardless of the patient's age.
- Report codes for conditions that have been **specified by the provider as having implications for future health care needs** as well as any other clinically significant conditions.

Newborn Affected by Maternal Factors

- Newborn affected by maternal factors and by complications of pregnancy, labor, and delivery (**P00**-**P04**)
- Report maternal conditions specified as the cause of confirmed morbidity or potential morbidity which have their origin in the perinatal period

✕Do not report **P00**-**P04** for suspected conditions that have been ruled out.

Examples

Asymptomatic Newborn

A newborn is monitored for withdrawal symptoms due to maternal use of an opiate during pregnancy.

Z38.01 (single liveborn infant, delivered by cesarean)

P04.14 (newborn affected by maternal use of opiates)

Newborn Affected by Maternal Drug Use

The same newborn develops symptoms and is diagnosed with withdrawal.

Z38.01

P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction)

P04.14

Birth Weight and Gestational Age

Small and/or Light for Gestational Age

- **P05.0-** Newborn light for gestational age - Weight below but length at or above 10th percentile for gestational age
  - Asymmetrical
- **P05.1-** Newborn small for gestational age (small-and-light) - Weight and length below 10th percentile for gestational age
  - Symmetrical

Above 10th Percentile for Gestational Age – light and/or preterm

- **P07.0-** Extremely low birth weight newborn (birth weight ≤999 g.)
- **P07.1-** Other low birth weight newborn (birth weight 1000-2499 g.)
- **P07.2-** Extreme immaturity of newborn (<28 completed weeks of gestation)
- **P07.3-** Preterm [premature] newborn (≥28 up to 37 completed weeks)

Not Just for Newborn Records

- 2-year-old who was 31-weeks and 2 days gestation at birth and 1800 grams birth weight (appropriate for gestational age) is evaluated for delayed speech.
  - **R62.0** Delayed milestone in childhood
  - **P07.17** Other low birth weight newborn, 1750-1999 grams
  - **P07.34** Preterm newborn, gestational age 31 completed weeks

Chapter 17: Congenital malformations, deformations, chromosomal abnormalities, and Genetic Disorders (Q00-QA1)

Quick Quiz

Which of these fictional characters would be characterized as having an acquired condition?

Congenital Versus Acquired

Present at birth

Q99.8 Other specified chromosome abnormalities

Not present at birth

W88.1XXS Exposure to radioactive isotopes, sequela

Corrected Conditions

- Assign a personal history code when a congenital malformation or deformity has been corrected completely.

Example:

Adolescent with history of total repair of Tetralogy of Fallot (ToF) in infancy presents with exercise intolerance and brief episodes of rapid, fluttering heart palpitations. After work-up, a diagnosis is ventricular tachycardia likely associated with scar tissue from prior repair of ToF is documented.

I47.20 Ventricular tachycardia, unspecified

Z87.74 Personal history of (corrected) congenital malformations of heart and circulatory system

Assigning Chapter 17 Codes

- When a code exists for a congenital condition:
  - ✕ Don't report codes for manifestations that are an inherent to the condition.
  - Report additional codes for manifestations that are not an inherent to the condition.
- Assign code(s) for any manifestations that may be present when a congenital condition does not have a specific code.

Tabular List Instructions

Genetic disorders, not elsewhere classified (QA0-QA1)

QA0 Neurodevelopmental disorders related to specific genetic pathogenic variants

Code also, if applicable, any associated conditions, such as:
- attention-deficit hyperactivity disorders (**F90.-**)
- autism spectrum disorder (**F84.0**)
- developmental and epileptic encephalopathy (**G93.45**)
- epilepsy, by specific type (**G40.-)**
- intellectual disabilities (**F70**-**F79**)
- pervasive developmental disorders (**F84.-**)

QA0.0 Neurodevelopmental disorders related to pathogenic variants in specific genes

Not Reported with Codes from Chapter 17

- Excludes2: inborn errors of metabolism (**E70**-**E88**)
  - **E70.0** Classical phenylketonuria
  - **E70.1** Other hyperphenylalaninemias
  - **E71.0** Maple-syrup-urine disease
  - **E74.12** Hereditary fructose intolerance
  - **E74.21** Galactosemia

Reported with P Codes from Chapter 16

- Excludes1: transitory endocrine and metabolic disorders specific to newborn (**P70**-**P74**)
  - **P70.0** Syndrome of infant of mother with gestational diabetes
  - **P70.1** Syndrome of infant of a diabetic mother
- **Q03** Congenital hydrocephalus Includes: hydrocephalus in newborn Excludes1: hydrocephalus due to congenital toxoplasmosis (**P37.1**)

Questions?

Hospital Care of a Normal versus Ill Newborn

Attendance at Delivery

99464 Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn

Attendance at Delivery 99464

- Not standby **99360**
- Think consultation – requested by delivering physician/QHP due to identified concerns for neonate's health at delivery
  - May be well in advance or last minute
- Includes initial stabilization of the newborn not requiring resuscitation

✕Do not report when attendance is not requested by the delivering physician or QHP due to identified patient-specific risk factors

✕Do not report when attendance is based on hospital policy (eg, attendance required at all repeat cesarean sections)

Oops! The Doctor Arrived Late!

- Newborn delivered prior to physician's or QHP's arrival to delivery room
  - How late were they?
  - What services were provided?

Example – Late Arrival

- A neonatologist arrives 2 minutes after a neonate's birth. The infant's airways have been suctioned and a 1-minute Apgar score assigned. The neonatologist
  - Assesses the newborn including 1-minute Apgar score and heart and respiratory rate
  - Provides brief CPAP followed by blow-by oxygen
  - Performs continued observation and a focused examination
  - Reviews the birth history
  - Assigns the 5-minute Apgar score
  - Discusses care of the newborn with the delivering physician and parents
  - Completes the delivery room attendance and the Apgar scoring records

Newborn Resuscitation

99465 Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

Newborn Resuscitation - What are you looking for?

- Neonate demonstrated respiratory and/or cardiac instability including bradycardia, apnea or inadequate respiratory effort to support gas exchange - CPR
- Usually positive pressure ventilation
  - Bag and mask ventilation (common)
  - Bag-to-endotracheal tube ventilation (includes T-piece)
- Chest compressions (rare)
- Bill either **99464** or **99465** – Not both

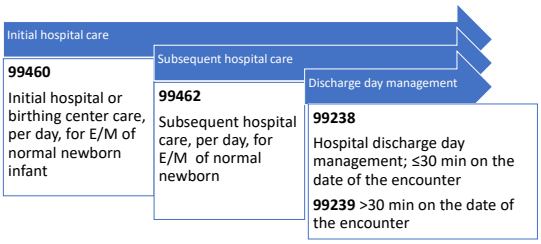
Related Services

- **31500** Intubation, endotracheal, emergency procedure
- **31515** Laryngoscopy, direct, for aspiration
- **36510** Catheterization of umbilical vein for diagnosis or therapy, newborn
- **94610** Surfactant administration

Daily Newborn Hospital Care

- Attending physician and QHP services per calendar day
- Based on the newborn's current state of wellness
  - Normal newborn
  - Sick newborn
  - Ill newborn requiring intensive care services
  - Critically ill or injured newborn
- May transition between normal and sick, intensive and critical
- Only 1 initial code is reported per hospital stay
  - Day 1: **99460**→Days 2 & 3: **99233** x2 → Day 4: **99462** → Day 5: **99238**

Normal Newborn Hospital Care



Same Date Initial and Discharge Services

99463 Initial hospital or birthing center care, per day, for E/M of normal newborn infant admitted and discharged on the same date

- Attending physician reports for same date initial and discharge management
- Service requires personally-provided care
- May occur the day after birth

Example 99463

- Baby A is delivered at 10pm on Monday night and a resident provides an initial evaluation and orders admission prior to midnight.
- On Tuesday morning, Dr. B (attending physician) evaluates the normal newborn.
- Baby A's parents are requesting discharge later that day.
- Dr. B provides both initial hospital care and discharge day management services in anticipation of same date discharge.
- After confirming that Baby A meets discharge criteria, Dr. B orders same date discharge.

Newborn Evaluated After Non-facility Birth

99461 Initial care, per day, for E/M of normal newborn infant seen in other than hospital or birthing center

- Home births
- First pediatric E/M service – Includes comprehensive history; comprehensive examination; measurements; sensory screening; order medically necessary lab tests; relevant counseling with the parents; review utilization of health care system

Hospital Care of Sick Neonate

Type of Care	Initial Date	Subsequent Dates
Hospital care of ill infant	99221-99223	99231-99233
Neonatal intensive care	99477	99478-99480
Neonatal critical care	99468	99469

Quick Quiz

- When an asymptomatic newborn undergoes testing for an illness/condition due to known risk factors, which service is reported by the attending physician?
  - Hospital care of a normal newborn (**99460**, **99462**)
  - Hospital care of an ill newborn (**99221**-**99223**, **99231**-**99233**)

Quick Quiz

- When an asymptomatic newborn undergoes testing for an illness/condition due to known risk factors, which service is reported by the attending physician?
  - Hospital care of a normal newborn (**99460**, **99462**)

Normal Newborn or Sick

- When a neonate is not treated but observed for the potential development of illness (eg, observation for infection), report normal newborn codes.
  - Normal newborn care may include testing for abnormalities.
- Therapeutic intervention is typically necessary for the sick newborn (eg, intravenous [IV] fluids, oxygen, phototherapy).

Decision Point

Type of Newborn Care	Code	Relative Value Units (adjusted facility, KC Metro area)
Initial normal newborn care	99460	2.39
Initial hospital care level 1	99221	2.20
Initial hospital care level 2	99222	3.45
Initial hospital care level 3	99223	4.62

Example

- A full-term neonate, cesarean delivery, is large for gestational age (LGA, 4,220 g).
- Asymptomatic but monitored for hypoglycemia with blood glucose testing 30 minutes after the first feeding and periodically for the first 12 hours.
- Neonate's glucose is within acceptable limits and no therapeutic intervention is required.

Diagnosis Codes	Procedure Code
Z38.01 (single liveborn infant, delivered by cesarean) **P08.1** (other heavy for gestational age newborn) **Z05.42** (observation and evaluation of newborn for suspected metabolic condition ruled out)	**99460** Initial normal newborn care

Example

- A term newborn born by spontaneous vaginal delivery without meconium staining has an episode of respiratory distress with hypoxia.
- A portable chest x-ray yields findings of retained fetal lung fluid.
- The newborn receives oxygen for 1 hour before transitioning to room air.

Diagnosis Codes	Procedure Codes
Z38.00 (single liveborn, delivered vaginally)	**99223** Level 3 initial hospital care (75 min)
P22.1 (transient tachypnea of the newborn)	**99418** 15 minutes prolonged service
P84 (other problems with newborn [includes hypoxia])	

Questions?

Pediatric Preventive Care Visits

AAP Policy Statement - Definition of a Pediatrician

- Supports efforts to create a nurturing environment including
  - Education about healthful living
  - Anticipatory guidance for both patients and parents

Bright Futures Guidelines

Section 1001 of the ACA, adding Section 2713 of the Public Health Service Act (PHSA), requires private health insurance coverage without cost sharing of specified preventive services and items. Per statute and regulations, this includes at least the preventive services and items in the following four categories:

1. **"A" or "B" rating by the US Preventive Services Task Force (USPSTF);**
2. **Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP),** adopted by the CDC, for routine use for a given individual;
3. **Preventive care and screenings as provided in guidelines supported by the Health Resources and Services Administration (HRSA);** and
4. Additional preventive care and screenings for women as provided in guidelines supported by HRSA.

Bright Futures

Age- and Gender-Appropriate E/M

Includes:

- History
- Examination
  - Hearing screening without calibrated electronic equipment
- Developmental surveillance
- Anticipatory guidance
- Preventive counseling

Patient's Age	New Patient	Established Patient
Infant (age younger than 1 year)	**99381**	**99391**
Early childhood (age 1 through 4 years)	**99382**	**99392**
Late childhood (age 5 through 11 years)	**99383**	**99393**
Adolescent (age 12 through 17 years)	**99384**	**99394**
Early adulthood 18-39 years	**99385**	**99395**

Quick Quiz

- A pediatrician of ABC medical group provides normal newborn care during Cutie Baby's birth hospitalization. Three days after hospital discharge, a pediatric nurse practitioner (NP) of ABC medical group provides a preventive medicine visit in the office. Is Cutie Baby a new or established patient to the NP?

Quick Quiz

- Cutie Baby is an established patient to the NP!
  - A physician or QHP of the same specialty and same group practice provided a professional service to Cutie Baby within the prior 3 years.
  - QHPs working with physicians are considered to be working in the same specialty and same group practice.

Separately Reported Age-Specific Components

- Hearing (newborn, ages 4, 5, 6, 8, 9, 10, once 11-14, once 15-17, once 18-21; **92558, 92650, 92551**)
- Vision (3-8, 12, 15 yrs; **99173**, **99174**, or **99177**)
- Developmental screening (global 9, 18, and 30 mos., autism 18-24 mos. **96110**)
- Maternal depression screening (**96161**, **96127**)
- Behavioral/emotional/social standardized screening (global 6, 12, 24 mos. and annually at 3 yrs.; **96127**)
  - Ages 8-18: Anxiety screening
  - Annual at age 12: Depression and suicide screening
- Tobacco, alcohol, drug standardized screening (11-21 yrs; **96160**)
- Laboratory tests (as recommended for age), heel stick or venipuncture
- Fluoride varnish (6 mos. – 7 yrs., **99188**)
- Immunizations (discussed later)

Medicaid and HEDIS Quality Measures

- Well-Child Visits in the First 30 Months of Life (0–30 months)
  - Child turned 15 mo. during the measurement year: 6 or more well-child visits
  - Child turned 30 mo. during the measurement year: 2 or more well-child visits
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3–17 years of age)
- Childhood Immunizations completed on or before 2nd birthday
- Childhood Immunizations completed on or before 13th birthday
- Lead Screening in Children
  - At least one lead screening result documented by age 2

Quality Measures and Hospital Preventive Care

- The following Z codes/subcategories/categories may only be reported as the principal/first-listed diagnosis, except when there are multiple encounters on the same day and the medical records for the encounters are combined:
- **Z00** Encounter for general examination without complaint, suspected or reported diagnosis
  - **Z00.110** Health examination for newborn under 8 days old
- **Z38** Liveborn infants according to place of birth and type of delivery

Infant Weight Check 3-5 Day Visit

Scheduled Preventive Visit

- Assess
  - Weight gain/loss
  - Feeding
  - Signs of jaundice
  - Parent/child bonding

Maternal Depression Screen

- Infant 1, 2, 4, and 6 mos.
- **96161** Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
  - **ICD-10-CM Z00.121** or **Z00.129** (Routine child health examination)
- If not covered under infant's health plan – **96127**
  - **ICD-10-CM Z13.32** (Encounter for screening for maternal depression)

Questions?

Immunization Services

Codes and Modifiers

- Product codes – Vaccine, toxoid or monoclonal antibody (mAb)
  - Single or combination products
- Modifiers – **SL**, **JZ**
- Administration Codes
  - Childhood with counseling
  - Adult or childhood without counseling
- Immunization Counseling
  - Included in administration
  - Provided on a date when administration is deferred

Monoclonal Antibody

- **90380 –** nirsevimab (Beyfortus™) 0.5ml
- **90381 –** nirsevimab (Beyfortus™) 1mL
- **90382 –** clesrovimab-cfor (ENFLONSIA™) 0.7 mL
- **JZ** modifier – No waste - All are supplied in single-dose prefilled syringes
- **Z29.11** (Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV))

Immunization Product Codes

Vaccine Products Separately report the administration with appropriate CPT code(s)				
CPT Code	Descriptor	Manufacturer	Brand	# of Components
90589	**Chikungunya virus** vaccine, live attenuated, for IM use	Valneva	**VLA1553**	1
90700	**Diphtheria, tetanus toxoids, and acellular pertussis** vaccine (**DTaP**), when administered to <7 years, for IM use	SP GSK	**DAPTACEL** **Infanrix**	3
90702	**Diphtheria and tetanus toxoids** (**DT**), adsorbed when administered to younger than seven years, for IM use	SP	**Diphtheria and TETANUS TOXOIDS Adsorbed**	2
90696	**Diphtheria, tetanus toxoids, and acellular pertussis** vaccine **and inactivated poliovirus** vaccine (**DTaP-IPV**), when administered to children 4-6 years of age, for IM use	GSK SP	**KINRIX** **Quadracel**	4
90697	**Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus, haemophilus influenza type b PRP-OMP conjugate, and hepatitis B** vaccine (**DTaP-IPV-Hib-HepB**), for IM use	Merck SP	**VAXELIS**	6
90723	**Diphtheria, tetanus toxoids, acellular pertussis, Hepatitis B, and inactivated poliovirus** vaccine (**DTaP-HepB-IPV**), for IM use	GSK	**Pediarix**	5
90698	**Diphtheria, tetanus toxoids, acellular pertussis, haemophilus influenza Type B, and inactivated poliovirus** vaccine (**DTaP-IPV/Hib**), for IM use	SP	**Pentacel**	5

Component – Prevents Disease(s) Caused by 1 Organism

- Single component products
  - **90655** Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use
  - **90651** Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
- Multiple component products
  - **90697** Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use [Vaxelis]

Administration Codes

Pediatric with Counseling by a Physician or QHP

- **90460** first component
- **90461** each additional component
- **90480-90481** COVID-19
- **96380** RSV m-Ab

Pediatric w/o Counseling or Adult (≥19)

- **90471** first admin by injection
- **90472** subsequent injection
- **90473** first oral/intranasal admin
- **90474** subsequent oral/ intranasal
- **90480-90481** COVID-19
- **96381** RSV m-Ab

Administration Codes by Component

Vaccine/toxoid	1st Component	Additional Components
90651 Human Papillomavirus	**90460**	None
90619 Meningococcal conjugate vaccine	**90460**	None
90710 Measles, mumps, rubella, and varicella vaccine	**90460** measles	**90461** x 3 –mumps, rubella, varicella
90697 Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine	**90460** diphtheria	**90461** x 5 - tetanus, pertussis, poliovirus, Hib, hepatitis B

On the Claim Form

Code	Units	Reported for
90660 (intranasal trivalent influenza vaccine [LAIV3])	1	Product
90619 (MenACWY-TT)	1	Product
90715 (Tdap)	1	Product
90651 (9vHPV)	1	Product
90460	4	Administration of the 1st component of each of 4 products
90461	2	Administration of Diphtheria and pertussis components of Tdap

Immunization Diagnosis Codes

- **Z23** Encounter for immunization
  - Code first any routine childhood examination
  - Code also, if applicable, encounter for immunization safety counseling (**Z71.85**)
- **Z29.11** Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)
  - May code first any routine childhood examination

a. Z00.129 b. Z23	
99394	a
90460 (1st admin with counseling)	ab
90660 (intranasal influenza vaccine)	ab

Administration to an Adult or to a Child without Physician or QHP Counseling

- 1 product-1 admin code
- Route of administration
- Initial
  - Injection – **90471**
  - Nasal or oral – **90473**
- Each additional admin
  - Injection – **90472**
  - Nasal or oral - **90474**

Codes	Units
90660 (intranasal trivalent influenza vaccine [LAIV3])	1
90619 (MenACWY-TT)	1
90715 (Tdap)	1
90651 (9vHPV)	1
90473 (initial oral/intranasal administration)	1
90472 (each additional administration by injection)	3

✕ Do not report **90471** and **90473** for services provided on the same date.

Mixing It Up – Adding COVID

Product Code	Administration Code
91321 (COVID-19, 25 mcg/0.25 mL dose, for IM use)	**90480** (Injection, COVID-19 vaccine; first or only component)
90680 (Rotavirus vaccine, pentavalent [RV5], 3 dose schedule, live, for oral use)	**90473** (Initial oral/intranasal administration)
90698 (DTaP-IPV/Hib, for IM use)	**90472** x 2 (each additional injection)
90677 (PCV20, for IM use)	

Mixing It Up – Different Initial Administration

Product Code	Administration Code
91321 (COVID-19, 25 mcg/0.25 mL dose, for IM use)	**90480** (Injection, COVID-19 vaccine; first or only component)
90698 (DTaP-IPV/Hib, for IM use)	**90471** (initial injection)
90677 (PCV20, for IM use)	**90472** (additional injection)
90680 (Rotavirus vaccine, pentavalent [RV5], 3 dose schedule, live, for oral use)	**90474** (additional oral/intranasal administration)

Quick Quiz

- What prompted Congress to create the Vaccines for Children program?
  a) Pediatrician's requests for more immunizations
  b) A campaign by concerned parents
  c) A measles epidemic

Quick Quiz

- What prompted Congress to create the Vaccines for Children program?
  c) A measles epidemic of 1989 – 1991

Vaccines For Children (VFC)

- In 1989 – 1991, a measles epidemic in the United States resulted in >55,000 cases of measles, 11,000 hospitalized, and 123 deaths
- CDC found >50% of children with measles were unvaccinated and cost was a primary reason for children going unvaccinated even in families with a regular health care provider.
- 1993 - VFC created by Congress
- 1994 – VFC implemented - CDC buys vaccines at a discount and distributes them to VFC Program providers for administration to children <19 years old without insurance or Medicaid enrolled or eligible, Alaskan or Native American (and under-insured at qualified health centers)

Kansas

- Physicians can immunize either VFC or CHIP eligible children with publicly funded vaccine. Providers MUST update patient eligibility with each visit.
- Bill the appropriate administration code in addition to the vaccine and toxoid code for each dose administered.
- ✕ No payment for CPT codes for vaccines covered under VFC program for children 18 years of age and younger.
  - Only report modifier **SL** when the federal government has announced a vaccine shortage through the VFC program.
- **90460** if vaccine counseling was provided
- **90471, 90472, 90473**, and **90474** (when applicable) if vaccine counseling was not provided.

Missouri

- Append **SL** modifier to the vaccine serum code.
  - If the **SL** modifier is not appended, the serum code will be denied.
- Missouri pays on the serum code rather than the vaccine administration code. The administration code is not required to be on the claim.
- Missouri CHIP members should not be excluded from VFC (See MO VFC manual for instructions about tracking CHIP vaccines.)

Stand-alone Immunization Counseling

- *Stand-alone immunization counseling* - Immunization counseling provided on a date when immunizations are not administered
  - Stand-alone = not administered
- Medicare policy – codes are not valid for Medicare purposes – denied/bundled (status I, not valid for Medicare purposes, in MPFS)
- CMS Medicaid policy - the EPSDT benefit to *require states to cover stand-alone vaccine counseling* to Medicaid EPSDT-eligible beneficiaries <21 years old
- E/M and other services are separately reported.

ICD-10-CM – Immunization Safety Counseling

- Code **Z71.85**, Encounter for immunization safety counseling, is to be used for counseling of the patient or caregiver regarding the safety of an immunization.
- This code should not be used for the provision of general information regarding risks and potential side effects during routine encounters for the administration of vaccines.

CPT Codes Added in 2026

- Immunization counseling by physician or other qualified health care professionals when the immunization(s) is not administered by the provider on the same date of service;
- **90482** –3 minutes up to 10 minutes
- **90483** –greater than 10 minutes up to 20 minutes
- **90484** –greater than 20 minutes
- Reported on the same date as immunization administration provided *when counseling is provided for some vaccines that are not administered due to patient/caregiver refusal*

✗ Do not report for counseling that an immunization is contraindicated.

Example – Partial Consent to Immunize

- Parents present for a follow-up visit to continue discussions about immunization safety and receive 30 minutes of immunization safety counseling after which the parents agree to IA of 2 vaccines on this date but continue to withhold consent for 2 other recommended immunizations.
- The physician documents "30 minutes of immunization counseling was provided with approx. 15 minutes discussing the immunizations that were not administered" and reports **90483** for 10-20 of stand-alone counseling.
- **90460**-**90461** are reported, as appropriate, for the IA of the 2 administered immunizations in addition to the product codes

Medicaid

Procedure Code	Description
G0312	Immunization counseling by a physician or other QHP when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time
G0313	16-30 mins time
G0314	Immunization counseling by a physician or other QHP for COVID-19, ages under 21, 16 - 30 mins time.
G0315	5 - 15 mins time.

Questions?

Evaluation and Management Levels

History from an Independent Historian

- Data obtained from independent historians must be of a nature to support E/M of the patient (ie, relevant information beyond what the patient personally contributes)
- No age limit – a teenager or young adult may not yet understand what is history is relevant or may not remember details of childhood conditions
  - Communication barriers
- Discord and/or conflicting accounts
  - Between parent and child
  - Between 2 parents
  - Between parents and teachers

Total Time

- Preparing to see the patient (e.g., reviewing test results);
- Obtaining and/or reviewing separately obtained history;
- Performing a medically appropriate examination and/or evaluation;
- Counseling and educating the patient, family or caregiver;
- Ordering medications, tests or procedures;
- Referring/communicating with other QHPs (when not reported separately);
- Documenting clinical information in the electronic or other health record;
- Independently interpreting results (when not reported separately) and communicating results to the patient family or caregiver; and
- Coordinating care (when not reported separately).

Problems and Medical Decision-making

Acute Strep Pharyngitis

- Problem
  - Usually low risk in adults
  - Higher risk in children (eg, moderate, especially 3-14 years)
- Data
  - Usually require history from a parent/caregiver
  - Use of a standardized clinical scoring tool to avoid over-testing is recommended by the Infectious Disease Society
  - Decision regarding ordering a laboratory test or not
- Risk – decision regarding prescription drug management

Other Factors

- Secondary diagnoses that show increased complexity
  - Illness in underimmunization
  - Acute gastroenteritis with dehydration requiring management
  - Asthma exacerbation with hypoxia
- Age and other factors
  - RSV and fever in a 5-year-old might not rise to the level of acute illness with systemic symptoms but could in a 2-week-old underweight infant.
  - Fever in a previously healthy, well-appearing infant ≤60 days old

Questions

Quick Quiz

- Where can you find resources to support appropriate coding for pediatric services?

Resources

AAPC and Codify

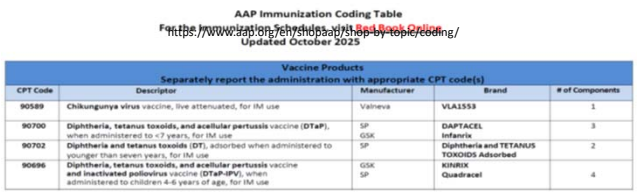
- Pediatric articles – Revenue Cycle Insider
- CPEDC™ Certification Study Guide (https://www.aapc.com/shop2/study-guides/pediatrics-coding-manual.aspx)
- Coders' Specialty Guide 2026: Pediatrics (https://www.aapc.com/medical-coding-books/pediatrics-coding-specialty-guide/)

AAP Online Coding Resources

- https://www.aap.org/en/practice-management/child-health-finance-payment-strategy/coding-and-valuation/
  - Coding fact sheets – breastfeeding and lactation, preventive services, standardized screening tools
  - Immunization financing and coding
  - E/M
  - Coding edits and modifiers
  - Relative value units
- AAP Section on Neonatal Perinatal Medicine, Neonatologists Coding Corner https://www.aap.org/en/get-involved/aap-sections/sonpm/neonatologists/coding-corner/

AAP Immunization Coding Table

- https://downloads.aap.org/AAP/PDF/coding_vaccine_coding_table.pdf



AAP Immunization Coding Table

For the Immunization Schedules, visit Red Book Online: https://www.aap.org/en/shopaap/shop-by-topic/coding/

Updated October 2025

Vaccine Products Separately report the administration with appropriate CPT code(s)				
CPT Code	Descriptor	Manufacturer	Brand	# of Components
90589	**Chikungunya virus** vaccine, live attenuated, for IM use	Valneva	VLA1553	1
90700	**Diphtheria, tetanus toxoids, and acellular pertussis** vaccine (**DTaP**), when administered to <7 years, for IM use	SP GSK	DAPTACEL Infanrix	3
90702	**Diphtheria and tetanus toxoids** (**DT**), adsorbed when administered to younger than seven years, for IM use	SP	Diphtheria and TETANUS TOXOIDS Adsorbed	2
90696	**Diphtheria, tetanus toxoids, and acellular pertussis and inactivated poliovirus** vaccine (**DTaP-IPV**), when administered to children 4-6 years of age, for IM use	GSK SP	KINRIX Quadracel	4

AAP Coding Products

- https://www.aap.org/en/shopaap/shop-by-topic/coding/
- Coding for Pediatrics 2027
- Coding cards
- Pediatric ICD-10-CM 2027
- Coding webinars presented by AAP members and staff

Bright Futures

- https://www.aap.org/en/practice-management/bright-futures/
- Periodicity schedule
- Guidelines
- Pocket guide
- Patient forms and handouts

Thank you! You've Been Super!