American Academy of Pediatrics

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Frequently Asked Questions for the Pediatric Immunization Administration Codes

I heard that the pediatric immunization administration (IA) codes (90465–90468) were deleted starting in 2011. Is that true?
Yes, that is true. Starting January 1, 2011, codes **90465, 90466, 90467,** and **90468** were deleted from the *Current Procedural Terminology (CPT®)* nomenclature.

Were codes 90471–90474 deleted as well?
No, codes 90471–90474 were *not* deleted or revised in any way.

Were codes 90465–90468 replaced? If so, what are the replacement code numbers and descriptors?
Yes, codes **90465–90468** were replaced with codes **90460** and **90461.**

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.)

Code **90460** is reported once for the first component of each vaccine or toxoid administered by any route. The reporting of code **90460** includes counseling for the first vaccine component. Code **90461** is additionally reported for the counseling associated with each additional component of any combination vaccine or toxoid.

The **+** symbol next to code **90461** indicates that it is an add-on code, just like **90466** was an add-on code to **90465** and **90468** was an add-on code to **90467.** An add-on code (ie, **90461)** can only be reported in conjunction with the primary code (in this case, **90460).**

How does *CPT* define a vaccine *component?*

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism. Multivalent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.

How many components are in the common pediatric vaccines and which pediatric IA codes would I report with each?

Please see the following chart:

Vaccine	No. of Vaccine Components	Immunization Administration Code(s) Reported	*ICD-9-CM* Code Reported When Vaccine Administered During a Non-preventive Medicine Visit[a]
HPV	1	**90460**	**V04.89**
Influenza	1	**90460**	**V04.81**
Meningococcal	1	**90460**	**V03.89**
Pneumococcal	1	**90460**	**V03.82**
Td	2	**90460, 90461**	**V06.5**
DTaP or Tdap	3	**90460, 90461, 90461**	**V06.1**
MMR	3	**90460, 90461, 90461**	**V06.4**
DTaP-Hib-IPV (Pentacel)	5	**90460, 90461, 90461, 90461, 90461**	**V06.8**
DTaP-HepB-IPV (Pediarix)	5	**90460, 90461, 90461, 90461, 90461**	**V06.8**
DTaP-IPV (Kinrix)	4	**90460, 90461, 90461, 90461**	**V06.3**
MMRV (ProQuad)	4	**90460, 90461, 90461, 90461**	**V06.8**
DTaP-Hib (TriHIBit)	4	**90460, 90461, 90461, 90461**	**V06.8**
HepB-Hib (Comvax)	2	**90460, 90461**	**V06.8**
Rotavirus	1	**90460**	**V04.89**
IPV	1	**90460**	**V04.0**
Hib	1	**90460**	**V03.81**

ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification; HPV, human papillomavirus; Td, tetanus and diphtheria; DTaP, diphtheria, tetanus, and acellular pertussis; Tdap, tetanus, diphtheria, and acellular pertussis; MMR, measles, mumps, and rubella; Hib, *Haemophilus influenzae* type b; IPV, inactivated poliovirus; HepB, hepatitis B; MMRV, measles, mumps, rubella, and varicella.

[a] *ICD-9-CM* guidelines indicate that immunizations administered as part of a routine well-baby or well-child check should be reported with code **V20.2.** The codes listed in this chart can be reported in addition to **V20.2** if specific payers request them. Immunizations administered in encounters *other than those for a routine well-baby or well-child check* should be reported only with the codes listed in this chart.

We administer Prevnar 13 to our patients. Do we report this vaccine to have 13 components?
No, because the antigens contained in the Prevnar 13 vaccine only prevent disease caused by one organism (ie, pneumococcus).

If a vaccine provides protection against multiple diseases but is not available in the United States as single component individual products, can I still report codes 90460–90461?
Yes, the *CPT* definition of *component* is not dependent on the availability of the product as single components. The commercial availability of vaccine products is a dynamic process that may vary throughout the year, making this a difficult indicator to use.

How are the pediatric IA codes (90460–90461) different from the former pediatric IA codes (90465–90468)?
Please see the following chart:

	Current Codes	**Deleted Codes**
	90460–90461	**90465–90468**
Reported per	Component	Immunization (single or combination)
Age restriction	18 years and younger	Younger than 8 years
Counseling	Required by physician or other qualified health care professional[a]	Required by physician
Routes of administration	Use for all routes of administration.	Codes differ based on route of administration (eg, injectable versus intranasal).

[a]Note that *Current Procedural Terminology* now defines the term “other qualified health care professional” refer to the next question.

The IA codes specify that the counseling must be performed by a physician or “other qualified health care professional.” What determines who qualifies as an “other qualified health care professional”?
This guideline was revised and clarified in the 2012 *CPT* manual. A "physician or other qualified healthcare professional" is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service. These professionals are distinct from "clinical staff." A clinical staff member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service. Other policies may also affect who may report specific services.
To report *CPT* codes **90460–90461,** the physician or the qualified health care professional who is reporting the service must perform face-to-face counseling (and so document that the counseling was personally performed).

Some vaccines are given in a series—an initial dose and then one or more booster doses over a period of time. Is it a correct assumption that counseling codes 90460 and 90461 are only appropriate prior to the initial dose, and that further counseling sessions prior to the booster doses would *not* be required, only a vaccine administration code? *If* additional counseling is reportable for subsequent booster doses, why?

The decision for counseling will depend on patient and parent questions and concerns and not on the initial versus booster dose. For certain vaccines in a series, such as the human papillomavirus vaccine given to adolescents, the adolescent may return for subsequent doses to be administered by clinical staff, in which case counseling is unlikely to be provided and IA code **90471** would be reported instead of **90460.**

However, if the patient or parent has new questions or concerns at the return visit and the physician or other qualified health care professional is asked to address these concerns, it would be appropriate to report IA code **90460.** For infants who are receiving 3 doses of diphtheria, tetanus, and acellular pertussis (DTaP) in the first year of life, it is common for parents to be anxious and have questions and concerns at each visit. Parents hear stories from friends or read new information on the Internet and want to make sure that vaccines are safe even though the child may have already had a dose.

Do codes 90460-90461 require that the physician or the qualified health care professional perform the *actual administration* of the vaccine? In other words, do they have to be the ones to physically inject the patient with the vaccine in order to report the codes?
No, the physician or the qualified health care professional does not have to perform the actual administration of the vaccine in order to report codes 90460-90461. The administration (whether it is an injection or an oral/intranasal administration) can be performed by the clinical staff per the physician's or the qualified health care professional's orders.

Can codes 90460–90461 be reported even when the vaccine counseling occurs on a different date of service from the actual administration?

Vignette A
A physician or other qualified health care professional counsels a patient or parent on all vaccines needed during the annual preventive medicine service visit. Because the parent refuses multiple vaccines on the same day, the patient is on an alternative vaccine schedule and some of the vaccines are given over a series of visits. These subsequent visits are for vaccines only and the physician or other qualified health care professional does not see the patient or parent. Can codes 90460–90461 be reported on each day that vaccine(s) is administered?

Vignette B

A physician or other qualified health care professional counsels a patient or parent on vaccines during an office visit. However, because the patient is ill, vaccine administration is deferred at the parent's request until the patient's illness has resolved. Therefore, the vaccines are administered on a different day than the vaccine counseling. Can codes 90460–90461 be reported?

No. *CPT 2012* currently states that codes **90460–90461** are reported when the physician or qualified health care professional provides face-to-face counseling of the patient and family during the administration of a vaccine. Because the situations in these vignettes essentially split the actual administration from the vaccine counseling into separate dates of service, codes **90460–90461** cannot be reported. In these situations, continue to report IA using codes **90471–90474** because they do not have explicit counseling requirements as part of their descriptors.

What constitutes sufficient documentation for vaccine counseling with these codes? Do we have to document counseling for each separate vaccine component?

CPT guidelines indicate that you must provide documentation to support the reporting of a given service. As an example, documentation should list all vaccine components along with a notation such as "counseling for all components completed." The documentation format (eg, check box, handwritten, electronic template, etc) for this service should be the same as it is for other services. Physicians and other qualified health care professionals can choose whatever format meets their needs as long as it is reflective of the service provided and is documented by the reporting clinician. Documentation should support the service provided and is not meant to be onerous. At the same time, payers may have their own rules on use of "auto-populated" or "pre-populated" templates that may not reflect actual services provided.

Will there ever be an occasion, given the guidelines for reporting pediatric IA codes (90460–90461), for which we would need to report 90471–90474?

Yes, if you see older patients (ie, those 19 years and older), there is no counseling performed on the patient, or the health care professional counseling does not meet the new CPT definition for an *other qualified health care professional,* such as clinical staff (eg, LPNs, RNs).

How will we report a patient encounter in which 2 injectable, single component vaccines are administered, yet counseling is only provided on 1 of the 2 vaccines? Will we report 90460 for the first (ie, counseled) vaccine and 90472 for the second (ie, non-counseled) vaccine?

Yes. If counseling is performed for one single-component vaccine but not another, code **90472** (or **90474** if the second, non-counseled vaccine is administered orally or intranasally) is reported for the non-counseled additional vaccine.

In a single encounter, can I report code 90460 more than once?

Yes, it is possible and allowable. Keep in mind that each vaccine administered is its own entity. Therefore, for each individual vaccine administered, you will report code **90460** because every vaccine will have at minimum one vaccine component. Because **90460** represents the first vaccine component of each vaccine, if you report **90460** in multiple

units, you lose the ability to separately designate each vaccine administered during the course of a single patient encounter.

Then, depending on the specific vaccine, code **90461** may be additionally reported if the vaccine is a multiple component vaccine.

For example, if you administer a measles, mumps, and rubella (MMR) vaccine and a varicella vaccine at the same encounter, you will report codes **90460, 90461,** and **90461** for the MMR vaccine and **90460** for the varicella vaccine.

NOTE: There is an error in the AMA *CPT 2012 Changes* book, page 217. An errata will be forthcoming. The book indicates that code 90460 can only be reported once per day and that is incorrect.

Based on an example from the Centers for Disease Control and Prevention web site, it appears that 90460 might be reported up to 9 times on a single date of service, with up to 5 instances of 90461 being reported on the same date. Are there *any* circumstances in which a higher frequency of the use of either code might appropriately be reported?
When counseling is provided and the patient is 18 years or younger, the national routine childhood immunization schedule will drive the number of components needed and hence the number of IA codes reported.

For example, on the routine schedule, the maximum number of diseases covered (components) via immunization is at the 4-year-old visit during influenza season. At this age, with the recently added Prevnar 13 vaccine, the following disease protection is recommended: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, varicella, influenza, and pneumococcus. If all 10 of these components were given separately (unlikely), code **90460** would be reported 10 times and code **90461** would not be reported at all. If some of the components were provided in a combination vaccine, code **90460** would be reported for the first component of that individual combination vaccine and code **90461** for each additional component within that individual combination vaccine.

In the best-case scenario using currently available combination vaccines, one would report code **90460** 5 times and **90461** 5 times using DTaP; measles, mumps, rubella, and varicella (MMRV); poliovirus; Prevnar; and influenza vaccines.

It is possible that a child will be behind on vaccines and more vaccines may be given than are typically found for a certain age on the routine schedule. Pediatricians have seen as many as 7 injections given on one date and some of these were combination vaccines. However, if one were to add these up in total over the child's lifetime, the number of components would not exceed the recommended number even though a larger quantity may be given on a single date. These catch-up visits would be the circumstance with which a higher frequency of IA codes may be used. Again, this represents a situation in which charges are lumped in one visit instead of spread out over many, but the total remains the same.

We have received multiple claim denials stating 90460 and/or 90461 is a "duplicate" service. How should we report the appropriate IA codes when a patient presents for her 2-month-old well-child check and given the DTaP-Hib-IPV (Pentacel®) vaccine, pneumococcal vaccine, and rotavirus vaccine in order to avoid denials?

The limitations imposed by some claims processing systems may reject the multiple 90460 codes or multiple 90461 codes appearing on the same claim form as "duplicate claims." The following is what some payers have indicated will work with their systems:

A patient presents for her 2-month-old well-child check and given the DTaP-Hib-IPV (Pentacel®) vaccine, pneumococcal vaccine, and rotavirus vaccine:

First Claim Form:

	CPT descriptor	CPT code	Units
Line 1	DTaP-Hib-IPV (Pentacel®) vaccine	90698	1
Line 2	Pneumococcal vaccine	90670	1
Line 3	Rotavirus vaccine	90680	1
Line 4	First component administration for each vaccine	90460	3
Line 5	Each additional component administration for each vaccine	90461	4

Second Claim Form:

	CPT descriptor	CPT code	Units
Line 1	Preventive medicine service <1 year	99391	1

Be sure to increase your charges according to the number of units report for the 90460 and 90461.

Can the IA codes (90460–90461) be reported in the neonatal intensive care unit setting where the independent physician is providing face-to-face counseling and dissemination of information about the vaccine components but the hospital-employed nursing staff is providing the supplies and administering the vaccine?
No. Because this situation essentially splits the actual administration (as performed by facility-employed nurses) from the vaccine counseling (as performed by the physician), codes **90460–90461** cannot be reported.

The pediatric IA codes **(90460–90461)** are no different from their predecessor pediatric IA codes **(90465–90468)** in this regard. Because the Medicare Resource-Based Relative Value Scale values for the IA codes include the work (counseling), practice expense (clinical staff time, medical supplies, and medical equipment), and professional liability insurance expense, all 3 of these components must originate from one source for the codes to be able to be reported. In this situation, the facility is incurring practice expense while the physician is doing the work of vaccine counseling. Therefore, the codes cannot be reported. Again, this restriction is no different from the restriction in place with the previous pediatric IA codes **(90465–90468).**

Can codes 90460–90461 be reported for vaccines administered in the continuity clinic setting even when only the resident-in-training (education-limited license) does the vaccine counseling?
The IA service is unique. As such, the Physicians at Teaching Hospitals (PATH) guidelines do not specifically address this issue, and each academic center will need to determine the appropriate approach within its institution.

However, we can encourage each academic center to be compliant by

- Being aware of IA codes **90460–90461**
- Being aware of the lack of defined guidance for IA per se in the PATH guidelines
- Reaching out to local or regional public and private payers for specific guidance, as might be done with other services not addressed by the Centers for Medicare & Medicaid Services

What *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* codes should we report with the pediatric IA codes when vaccines are administered during a routine well-baby/infant/child check and at other encounters such as a follow-up?

Per *ICD-9-CM* guidelines, code **V20.2** encompasses all age-appropriate vaccines administered during a routine health check to patients through 17 years of age and therefore should be the only diagnosis code reported for any vaccine administered during a routine well-baby/infant/child check. For patients 18 years and older, report **V70.0** instead of **V20.2. When vaccines are administered outside of a preventive medicine service, you must report the appropriate "need for prophylactic vaccination" ICD-9-CM code that corresponds to the vaccine. Please refer to the vaccine coding table for more information (page 8).**

I was surprised at the Medicare Resource-Based Relative Value Scale (RBRVS) practice expense values for code 90461, which is reported for each additional vaccine component and, therefore, does not represent much incremental practice expense beyond the first vaccine component.

The Centers for Medicare and Medicaid Services (CMS) did not accept the American Medical Association (AMA)/Specialty Society Relative Value Scale Update Committee (RUC)-recommended values for the **90460**-**90461** codes and instead assigned what it felt to be a crosswalk to the former pediatric IA codes.

Do the IA codes require that we submit vaccine registry data electronically?
No. While the vignette for all IA codes says, "…the immunization tracking number is entered into a computerized statewide registry," vignettes simply describe the typical patient and do not set requirements to report a code. Because the immunization registry reference is not included as part of the *CPT* code descriptor, use of an immunization registry is not required to appropriately report the IA codes.

Effective 1/1/12

Commonly Administered Pediatric Vaccines

Vaccine	*Separately report the administration with codes 90460-90461 or 90471-90474 [Please see table below]*	Manufacturer	Brand	ICD-9-CM‡	Number of Vaccine Components
90633	Hepatitis A vaccine, pediatric/adolescent dosage, 2 dose, for intramuscular use	GlaxoSmithKline Merck	HAVRIX® VAQTA®	V05.3	1
90634	Hepatitis A vaccine, pediatric/adolescent dosage, 3 dose, for intramuscular use	GlaxoSmithKline	HAVRIX®	V05.3	1
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza B vaccine (MenCY-Hib), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use	GlaxoSmithKline	MenHibrix™	V06.8	2
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate, 3 dose, for intramuscular use	Merck	PedvaxHIB®	V03.81	1
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate, 4 dose, for intramuscular use	sanofi pasteur GlaxoSmithKline	ActHIB® HIBERIX®	V03.81	1
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	Merck	GARDASIL®	V04.89	1
90650	Human Papilloma virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use	GlaxoSmithKline	CERVARIX™	V04.89	1
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use	Merck sanofi pasteur	Afluria® Fluzone No Preservative Pediatric®	V04.81	1
90656	Influenza virus vaccine, split virus, preservative free, when administered to 3 years of age and above, for intramuscular use	Merck sanofi pasteur Novatis GlaxoSmithKline	Afluria® Fluzone No Preservative® Fluvirin® FLUARIX™	V04.81	1
90657	Influenza virus vaccine, split virus, 6–35 months dosage, for intramuscular use	Merck sanofi pasteur	Afluria® Fluzone®	V04.81	1
90658	Influenza virus vaccine, split virus, 3 years and older dosage, for intramuscular use	Merck sanofi pasteur Novartis	Afluria® Fluzone® Fluvirin®	V04.81	1
90660	Influenza virus vaccine, live, intranasal use	MedImmune	FluMist®	V04.81	1
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	Pfizer	PREVNAR 13™	V03.82	1
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	Merck	RotaTeq®	V04.89	1
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	GlaxoSmithKline	ROTARIX®	V04.89	1
90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	GlaxoSmithKline	KINRIX™	V06.3	4
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV), for intramuscular use	sanofi pasteur	Pentacel®	V06.8	5
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to younger than seven years, for intramuscular use	sanofi pasteur sanofi pasteur GlaxoSmithKline	DAPTACEL® Tripedia® INFANRIX®	V06.1	3
90702	Diphtheria and tetanus toxoids (DT), adsorbed when administered to younger than seven years, for intramuscular use	sanofi pasteur	Diphtheria and Tetanus Toxoids Adsorbed	V06.5	2
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use	Merck	M-M-R II®	V06.4	3
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	Merck	ProQuad®	V06.8	4
90713	Poliovirus vaccine (IPV), inactivated, for subcutaneous or intramuscular use	sanofi pasteur	IPOL®	V04.0	1
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for intramuscular use	sanofi pasteur	DECAVAC®	V06.5	2

Vaccine	*Separately report the administration with codes 90460-90461 or 90471-90474 [Please see table below]*	Manufacturer	Brand	ICD-9-CM‡	Number of Vaccine Components
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for intramuscular use	sanofi pasteur GlaxoSmithKline	ADACEL® BOOSTRIX®	V06.1	3
90716	Varicella virus vaccine, live, for subcutaneous use	Merck	VARIVAX®	V05.4	1
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to 7 years or older, for intramuscular use	sanofi pasteur	Tetanus and Diphtheria Toxoids Adsorbed for Adult Use	V06.5	2
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib)	sanofi pasteur	TriHIBit®	V06.8	4
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine (DTaP-Hep B-IPV), for intramuscular use	GlaxoSmithKline	PEDIARIX®	V06.8	5
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or intramuscular use	Merck	PNEUMOVAX 23®	V03.82	1
90733	Meningococcal polysaccharide vaccine, for subcutaneous use	sanofi pasteur	Menomune®	V03.89	1
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	sanofi pasteur Novartis	Menactra® Menveo®	V03.89	1
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 3 dose, for intramuscular use	Merck	RECOMBIVAX HB®	V05.3	1
90743	Hepatitis B vaccine, adolescent, 2 dose, for intramuscular use	Merck	RECOMBIVAX HB®	V05.3	1
90744	Hepatitis B, pediatric/adolescent dosage, 3 dose, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB® ENERGIX-B®	V05.3	1
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	Merck GlaxoSmithKline	RECOMBIVAX HB® ENERGIX-B®	V05.3	1
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, 4 dose, for intramuscular use	GlaxoSmithKline	ENERGIX-B®	V05.3	1
90748	Hepatitis B and Hib (Hep B-Hib), for intramuscular use	Merck	COMVAX®	V06.8	2
90749	**Unlisted vaccine or toxoid**	**Please**	**See**	**ICD**	**Manual**

	Immunization Administration Codes
	Immunization Administration Through Age 18 With Counseling^
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid component administered
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 or toxoid component administered
	Immunization Administration
90471	Immunization administration, one vaccine
90472	Immunization administration, each additional vaccine
90473	Immunization administration by intranasal/oral route; one vaccine
90474	Immunization administration by intranasal/oral route; each additional vaccine

^CPT 2012 manual has defined an "**other qualified healthcare professional**" as one who is qualified by education and training, licensure/regulation, and facility privileging who performs a professional service within his/her scope of practice and independently reports that service. These professionals are distinct from "clinical staff." A **clinical staff** member is a person who works under the supervision of a physician or other qualified healthcare professional and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service.
Therefore based on these new restrictions, if clinical staff alone performs vaccine counseling, you must defer to codes **90471-90474.**

‡ ICD-9-CM guidelines indicate that immunizations administered as part of a routine well baby or child check should be reported with code V20.2. The codes listed above can be reported in addition to the V20.2 code if specific payers request them. Immunizations administered in encounters **other than those for a routine well baby or child check** should be reported only with the codes listed above.

↯ Vaccine pending FDA approval [http://www.ama-assn.org/ama/pub/category/10902.html]
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