

CODING TOOLKIT FOR VACCINATION-RELATED SERVICES FOR ADULTS WITH DIABETES

**A supplement to AACE's Webinar:
*Billing and Coding for Vaccination-Related
Services for Patients with Diabetes***

This resource is provided by AACE, through the grant Specialty Societies Advancing Adult Immunizations, funded by the CDC and coordinated through the Council on Medical Specialty Societies.

This coding guidance has been provided for informational purposes only, is based on the information available as of June, 2023 and is provided without warranty as to accuracy or completeness. AACE members and others using this guidance should make independent judgments and consult with their own coding staff or consultants to ensure they are following the applicable coding rules. Codes and guidelines change and payers may not adhere to all guidelines. Please verify information in your current coding references for CPT and ICD-10 and check for payer-specific policies that may impact coding and billing. Coding examples are provided solely for illustration and do not constitute legal or medical practice advice.

CODING TOOLKIT CONTENTS

- Coding for Vaccinations: An Endocrinologist's Tip Sheet
- Coding for Vaccination-related Services for Patients with Diabetes Reference Card
- Information on Preventive Medicine Counseling
- Coding For Vaccine Services: Your Next Steps
- AACE and CDC Recommended Vaccines for Patients with Diabetes

The materials in this toolkit accompany AACE's webinar, *Billing and Coding for Vaccination-Related Services for Patients with Diabetes*. Each tool in the toolkit is also available as a separate document you can download, print or share.

You can access the webinar, tools, and other vaccination-related resources on
<https://pro.aace.com/vaccines-and-adults-with-diabetes>.

CODING FOR VACCINATIONS

AN ENDOCRINOLOGIST'S TIP SHEET

CODING FOR VACCINE COUNSELING

When the endocrinologist, physician assistant (PA), or nurse practitioner (NP) discusses the need for a recommended vaccine(s) with the patient during an office visit, the time spent in counseling may be included in the *total time spent by the physician/NP/PA* on the date of service. Code selection may be based on the higher of total time or medical decision-making. ICD-10 code **Z71.85** is appropriate for an encounter for immunization safety counseling in addition to codes for diabetes and other problems addressed at the visit.

Office E/M Total Physician/PA/NP Time on the Date of Encounter with New Patient			
E&M Code	# of total min	MDM	ICD-10
99202	15-29	Straightforward	Codes for problems addressed and Z71.85
99203	30-44	Low	
99204	45-59	Moderate	
99205	60-74	High	

Office E/M Total Physician/PA/NP Time on the Date of Encounter with Established Patient			
E&M Code	# of total min	MDM	ICD-10
99212	10-19	Straightforward	Codes for problems addressed and Z71.85
99213	20-29	Low	
99214	30-39	Moderate	
99215	40-54	High	

- Consider code selection based on **total time** when vaccine counseling **increases** the total time of an office visit or consultation. Include only time spent by the physician, physician assistant, or nurse practitioner.
- **Always** document points of discussion, recommendation, referral, *and total time on the date of the visit*.
- Codes for other types of visits (e.g., **Preventive Medicine Counseling and Principal Care Management**) may be available to some practices.

VACCINE AND ADMINISTRATION CODES

Vaccine Codes	Administration Codes	Diagnosis Codes
Bivalent COVID-19: • 91312 • 91313	91312 - 1st dose 0121A, Add'l dose 0124A; 91313: 0134A	Link Z23 (encounter for immunization) to each vaccine product and administration code.
Influenza: 90662, 90674, 90682, 90686, 90688, 90756	All others - 90471 - 1st injection 90472 - each add'l injection	
Hepatitis B: 90746, 90759		
Pneumococcal: 90671, 90732, 90677		
RZV (Zoster): 90736, 90750		
Tdap: 90715		

Append modifier **25** (significant, separately identifiable E/M service) to E/M code for service on the same date. Report diagnosis code **Z23** (encounter for immunization) for each service.

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CODING FOR VACCINATION-RELATED SERVICES FOR PATIENTS WITH DIABETES



Refer to this guide to help your practice report and code vaccination-related services for adult patients with diabetes, including diagnosis and procedure coding for vaccine counseling (a) during a visit to address diabetes, (b) as the purpose of a visit, or (c) as part of principal care management for a patient with diabetes.

DIAGNOSIS CODING (ICD-10-CM)

Report diagnosis code **Z71.85** (encounter for immunization safety counseling) as the sole reason for a visit or as an additional diagnosis, when performed in conjunction with diabetes management. See examples of linking diagnosis codes to procedure codes in the accompanying case studies. When a vaccine is administered in the office, report code **Z23** (encounter for immunization).

CODING FOR VACCINE COUNSELING AS PART OF TIME-BASED EVALUATION AND MANAGEMENT SERVICES

Select codes based on the physician's or other qualified health care professional's¹ **total time** on the date of the encounter when more beneficial than selection based on medical decision-making (MDM).

Prolonged service (**99417**) is reported in addition to the office E/M or outpatient consultation codes when the minimum time included in the code descriptor is exceeded by ≥ 15 minutes. Note that some payers may adopt Medicare policy and require code **G2212** in lieu of **99417** and require higher number of minutes to report prolonged service.

Document points of discussion, recommendation, referral, and total time.

OFFICE E/M TOTAL PHYSICIAN TIME ON THE DATE OF ENCOUNTER (MIN)			
New Patient	Office Visit	Established Patient	Office Visit
99202	15-29	99212	10-19
99203	30-44	99213	20-29
99204	45-59	99214	30-39
99205	60-74	99215	40-54
Outpatient Consultations			
99242		meet or exceed 20	
99243		meet or exceed 30	
99244		meet or exceed 40	
99245		meet or exceed 55	
Total time must be documented.			

CODING FOR VACCINE COUNSELING AS PART OF PREVENTIVE MEDICINE COUNSELING

Time-based preventive medicine counseling codes **99401-99404** may be reported alone or in conjunction with an office visit or consultation codes when selected based on the level of MDM.

Code **99401** is described as preventive counseling of approximately 15 minutes and can be reported for 8-22 minutes of counseling by a physician or other qualified health care professional. See **99402-99404** for services of 23 minutes or more. Append modifier **25** to the code for the office visit or consultation code, when applicable. *Individual payer policies for payment and bundling of services may vary for preventive medicine counseling.*

CODING FOR VACCINE COUNSELING WITH PRINCIPAL CARE MANAGEMENT²

Vaccine counseling time may be included in the time of monthly principal care management (PCM) services. *PCM Services are reported per calendar month. Minimum time (≥ 30 minutes) and other requirements must be met.*

Physicians and other qualified health care professionals may personally provide PCM and report **99424** for ≥ 30 minutes of PCM services in a calendar month and **99425** for each additional 30 minutes in the same calendar month. Alternatively, PCM services may include time spent by clinical staff (eg, nurse or medical assistant). When reporting based on time spent by clinical staff, report **99426** for ≥ 30 minutes of time in a calendar month (may include physician time of < 30 minutes) and **99427** for each additional 30 minutes in the same calendar month. *Time of each episode of care management activity within the calendar month must be documented to support billing.*

PRINCIPAL CARE MANAGEMENT CODES		
TIME IN CALENDAR MONTH		
Physician time only	99424	≥ 30 min
	99425	≥ 30 min
Clinical staff time	99426	≥ 30 min
	99427	≥ 30 min

¹A "physician or other qualified health care 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." American Medical Association CPT 2023 Professional Edition.

²Principal care management (PCM) PCM is care management for a single high-risk disease expected to last ≥ 3 months that places the patient at significant risk of hospitalization, acute exacerbation, decompensation, functional decline, or death. PCM includes establishing, implementing, revising, or monitoring a personalized care plan specific to that single disease. Services require specific practice capabilities including providing 24/7 access to clinicians to address urgent needs regardless of the time of day or day of the week. Use of an electronic health record is also required. See additional requirements in a *Current Procedural Terminology (CPT)* reference.

VACCINE ADMINISTRATION CODES

When performed, report immunization administration (IA) codes **90471-90474** in addition to codes for each vaccine product administered.

Only report 1 initial code, **90471** or **90473** per date of service.

Link diagnosis code **Z23** to each procedure code for immunization administration and to each code for the administered vaccine product (eg, **90688**, Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use).

KEY POINTS FOR VACCINE CODING SUCCESS

- Consider code selection based on **total time** when vaccine counseling **increases** the total time of an office visit or consultation. Include only time spent by the physician or other qualified health care professional (ie, not clinical staff) except where allowable in PCM.
- Always** document points of discussion, recommendation, referral, *and either total time on the date of the visit or, for code 99401, time spent in face-to-face counseling.*
- For PCM services, document **each activity** of the service. For example, “15 minutes spent via telephone discussing updates to care plan and referrals for podiatry, ophthalmology, and influenza vaccination at primary care practice as documented in care plan. Patient agrees with revised care plan. C. Barton, RN 04/10/2023”.

CASE STUDIES

CASE STUDY 1: A physician provides a follow-up office visit to a patient with diabetes. After a 20-minute visit spent reevaluating the patient’s now stable diabetes, the physician discusses with the patient that he is overdue for his pneumonia and influenza vaccines. The patient has questions about the safety of the vaccines and the physician spends 10 minutes counseling the patient. The total time including time spent documenting the visit is 40 minutes supporting code **99215**. Had the physician’s total time on the date of the encounter met or exceeded 55 minutes, codes **99215** and **99417** would be reported. Diagnoses are diabetes mellitus type 1 (**E10.9**), long-term, current use of insulin (**Z79.4**), and vaccine counseling (**Z71.85**).

PROCEDURE CODE	DIAGNOSIS CODES
99215 Office Visit	E10.9, Z79.4, Z71.85

CASE STUDY 2: In conjunction with a brief office visit to address a patient’s stable diabetes and stable hypertension, a nurse practitioner spends 10 minutes recommending and referring the patient for a COVID-19 vaccine booster dose. Codes reported are **99214 25** linked to diagnosis codes **E10.9** and **Z79.4** and **99401** linked to **Z71.85**.

PROCEDURE CODES	DIAGNOSIS CODES
99214 25	E10.9, Z79.4
99401	Z71.85

CASE STUDY 3: A physician counsels a new patient with progressively worsening diabetes about PCM services for purposes of helping the patient reach goals for better control of diabetes. The patient’s agreement to receive the service is documented. A nurse develops a care plan for the patient’s diabetes under the physician’s general supervision. During the first calendar month of PCM, the nurse contacts the patient on four occasions to follow-up on patient’s progress with meeting goals and assist the patient with access to other health care services. Early in the month, the nurse provides vaccine counseling, recommends which vaccines the patient should receive, and refers the patient to their primary care provider for COVID-19 and influenza vaccines. Later in the same month, the patient reports having received the vaccinations. The nurse’s total time spent devoted to PCM for this patient was 60 minutes.

PROCEDURE CODES	DIAGNOSIS CODES
99426 1st 30 min	E10.65, Z79.4, Z71.85
99427 2nd 30 min	

The physician reports codes **99426** and **99427** x 1 unit for all time in the calendar month linked to diagnosis code for diabetes mellitus, type 1 with hyperglycemia (**E10.65**), long-term current insulin use (**Z79.4**), and vaccine counseling (**Z71.85**).

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INFORMATION ON PREVENTIVE MEDICINE COUNSELING

WHAT IS PREVENTIVE MEDICINE COUNSELING?

Preventive medicine counseling to an individual patient is a time-based service that can be beneficial when reporting an office visit based on the level of medical decision-making. This allows separate reporting of time of more than 8 minutes spent in vaccine counseling.

Preventive medicine counseling is focused on risk-reduction by a physician or other qualified health professional. This service is not reported for counseling provided by clinical staff such as a nurse or medical assistant.

HOW IS PREVENTIVE MEDICINE COUNSELING APPLICABLE TO VACCINE COUNSELING?

When the billing or practice manager can identify that payers in the area will pay for vaccine counseling reported with code **99401**, this presents an additional opportunity to provide and be paid for vaccine counseling.

The CPT midpoint rule applies to codes **99401-99404** so that the time in the code descriptor is met when the midpoint is passed. For instance, **99401** is described as approximately 15 min and the midpoint between 0 and 15 minutes is passed at 8 minutes.

Mid-point rule applies – time must pass the midpoint.

- **99401**, approx. 15 minutes, midpoint between 0 and 15 = 8 minutes
- **99402**, approx. 30 minutes, midpoint between 15 and 30 = 23 minutes
- **99403**, approx. 45 minutes, midpoint between 30 and 45 = 38 minutes
- **99404**, approx. 60 minutes, midpoint between 45 and 60 = 53 minutes

WHAT ARE CODING OPTIONS FOR VACCINE COUNSELING FOR PATIENT WITH DIABETES USING PREVENTIVE MEDICINE COUNSELING?

Separately document the vaccine counseling and time spent in face-to-face counseling from the office visit to address diabetes and other problems.

Append modifier **25** to the code for a separately reported office visit provided on the same date and link diagnosis codes for the problems addressed to the office visit code on the claim. Link vaccine safety counseling code **Z71.85** to the preventive medicine counseling code.

Be aware though that not all payers will pay separately for these services and some limit payment to specific preventive counseling such as that for contraception.

EXAMPLE: CODING FOR VACCINE COUNSELING USING PREVENTIVE MEDICINE COUNSELING

Office Visit Addressing Diabetes that Doesn't Include Preventive Medicine Counseling Time

A Nurse Practitioner in an endocrinology practice:

- Sees an established patient with stable diabetes type 1 and stable hypertension.
- Reviews the patient's blood glucose log, hemoglobin A1c and tests for kidney function.
- Recommends the patient continue same insulin and hypertension medication.
- Provides face-to-face immunization counseling for COVID-19 booster dose.
- Documents 25 minutes spent in care of the patient on this date of service.

Total time = **25 minutes** including time spent documenting the service (supports **99213**).

Preventive medicine counseling time is not separately documented from the office visit total time.

Medical Decision-Making

- Problems addressed – 2 stable chronic illnesses: **Moderate**
- Data – blood glucose log, hemoglobin A1c, test for kidney function: **Moderate**
- Risk – prescription drug management: **Moderate**
- Moderate medical decision-making supports **99214** in lieu of **99213**

Same Office Visit with the Addition of Preventive Medicine Counseling Time

- Documents 10 minutes spent in face-to-face immunization counseling for COVID-19 booster dose
- Total time of combined problem-oriented service + preventive counseling = **35 minutes**
(Code: **99214** (3.79 total RVUs, 1.92 work))
- Medical decision-making also supports **99214** and allows for separate reporting of **99401**
- Separate reporting of office visit and preventive counseling: **Codes 99214 25, 99401**
(additional 1.15 total RVUs, 0.48 work)

Coding for Example with Preventive Medicine Counseling Time

Procedure Code	Diagnosis Code	Total and Work RVUs*
99214 25	E10.9, Z79.4	3.79 total, 1.92 work
99401	Z71.85	1.15 total, 0.48 work

*RVUs, Relative Value Units – Medicare Physician Fee Schedule 2023, national amounts, unadjusted for geographic locality

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CODING FOR VACCINE SERVICES

YOUR NEXT STEPS

After watching AACE's Webinar, "Billing and Coding for Vaccination-Related Services for Patients with Diabetes", consider these next steps to help you assess and identify potential changes that could be made in your practice:

Determine...

1. Who in your practice should be involved in the discussions about coding for vaccine services?

2. Would time-based billing be beneficial based on typical time of visits or, in some cases, should you consider medical decision-making codes?

3. Regarding **principal care management**...
 - i. Do your practice's most common payers include payment for **principal care management**?
 - ii. What is your practice **already doing** in support of **principal care management**?
 - iii. What would your practice **need to add or change** to provide the service?

4. Is vaccine counseling already included in currently offered clinical staff services?
 - i. If yes, is it consistently done?
 - a. How would you determine if it's consistently done?
 - ii. If no, could it be added?
 - a. What steps would you need to take to add it?

For additional resources visit www.aace.com/vaccines-and-adults-with-diabetes.

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WHAT VACCINES DOES AACE RECOMMEND FOR ADULTS WITH DIABETES?

CDC-Recommended Vaccines	When and How Often
Age-appropriate vaccines	<ul style="list-style-type: none"> • All persons should receive according to the CDC schedules
COVID-19	<ul style="list-style-type: none"> • Primary series and boosters per current CDC recommendations and FDA approvals
Flu	<ul style="list-style-type: none"> • All adults, annually
Hepatitis B	<ul style="list-style-type: none"> • Adults aged 19-59 years • Adults aged 60 years and older with risk factors for Hepatitis B • 2, 3, or 4 doses depending on vaccine or condition
Pneumococcal (PCV) – <i>to protect against pneumonia</i>	<ul style="list-style-type: none"> • Adults with Diabetes ages ≥ 19 years • One or two doses, depending upon the type of vaccine received
RZV (Zoster) – <i>to protect against shingles</i>	<ul style="list-style-type: none"> • All adults ≥ 50 years • Adults ≥ 19 years who have weakened immune systems • Two doses
Tdap – <i>to protect against tetanus, diphtheria, and whooping cough</i>	<ul style="list-style-type: none"> • Every 10 years after first series (may need additional doses during pregnancy or after an injury)

