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.

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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.

<table>
<thead>
<tr>
<th>E&amp;M Code</th>
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<th>MDM</th>
<th>ICD-10</th>
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<tbody>
<tr>
<td>99202</td>
<td>15-29</td>
<td>Straightforward</td>
<td>Codes for problems addressed and Z71.85</td>
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<tr>
<td>99203</td>
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<tr>
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<tr>
<td>99205</td>
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<td>Codes for problems addressed and Z71.85</td>
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</tr>
<tr>
<td>99214</td>
<td>30-39</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>99215</td>
<td>40-54</td>
<td>High</td>
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</table>

- 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

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

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’s 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.

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 MANAGEMENT

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.

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.1 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).

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 linked to diagnosis codes E10.9 and Z79.4 and 99401 linked to 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.

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).
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.
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

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Diagnosis Code</th>
<th>Total and Work RVUs*</th>
</tr>
</thead>
<tbody>
<tr>
<td>99214 25</td>
<td>E10.9, Z79.4</td>
<td>3.79 total, 1.92 work</td>
</tr>
<tr>
<td>99401</td>
<td>Z71.85</td>
<td>1.15 total, 0.48 work</td>
</tr>
</tbody>
</table>

*RVUs, Relative Value Units – Medicare Physician Fee Schedule 2023, national amounts, unadjusted for geographic locality
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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<table>
<thead>
<tr>
<th>CDC-Recommended Vaccines</th>
<th>When and How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-appropriate vaccines</td>
<td>• All persons should receive according to the CDC schedules</td>
</tr>
<tr>
<td>COVID-19</td>
<td>• Primary series and boosters per current CDC recommendations and FDA approvals</td>
</tr>
<tr>
<td>Flu</td>
<td>• All adults, annually</td>
</tr>
</tbody>
</table>
| Hepatitis B              | • 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)       | • Adults with Diabetes ages ≥19 years  
                          | • One or two doses, depending upon the type of vaccine received |
| RZV (Zoster)             | • All adults ≥50 years  
                          | • Adults ≥19 years who have weakened immune systems  
                          | • Two doses |
| Tdap                     | • Every 10 years after first series  
                          | (may need additional doses during pregnancy or after an injury) |