

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	$\geq 15-29$	99212	$\geq 10-19$
99203	$\geq 30-44$	99213	$\geq 20-29$
99204	$\geq 45-59$	99214	$\geq 30-39$
99205	$\geq 60-74$	99215	$\geq 40-54$
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	$+\geq 30$ min
Clinical staff time	99426	≥ 30 min
	99427	$+\geq 30$ 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, **90658**, Influenza virus vaccine, trivalent (IIV3), 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**).

AACE’s Vaccine Champion Initiative is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the Council of Medical Specialty Societies (CMSS) with 100 percent funded by CDC/HHS. The content is AACE’s and does not necessarily represent the official views of, nor endorsement by, CDC/HHS or the US government.

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. For additional details, see AACE’s Coding Toolkit for Endocrinology Practices for Vaccines for Adults with Diabetes.

