



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

February 20, 2013

Niles Rosen, MD
Medical Director
National Correct Coding Initiative
Correct Coding Solutions, LLC
PO Box 907
Carmel, IN 46082-0907

Re: NCCI edit negatively impacting access to immunizations

Dear Dr. Rosen:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 105,900 family physicians and medical students nationwide, I write to express our strong objection with a recent National Correct Coding Initiative (NCCI) edit that became effective on January 1, 2013. The edit in question denies payment for an evaluation and management (E/M) service billed on the same date to the same patient as a vaccine administration code, unless modifier 25 is appended to the E/M code. AAFP members report that some Medicaid plans are already denying services on the basis of this edit.

On February 1, CMS issued guidance to states regarding this edit and is now permitting state Medicaid agencies, if they choose to do so, to deactivate the edit for the first quarter of 2013 retroactive to January 1, 2013. The AAFP appreciates that CMS provided this discretion and urges all states to promptly deactivate the edit. Furthermore, the AAFP calls on the NCCI to revoke this particular edit altogether.

We understand that the edit is based on the instruction in the section on “Immunization Administration for Vaccines/Toxoids” in the 2013 CPT Manual, which states:

If a significant separately identifiable Evaluation and Management service (e.g., new or established patient office or other outpatient services [99201 – 99215], office or other outpatient consultations [99241 – 99245], emergency department services [99281 – 99285], preventive medicine services [99381 – 99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

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We also understand that the edit prevents inappropriate payment of a preventive medicine E/M service, if the beneficiary just returns to the physician's office for the immunization on a day other than the day of a comprehensive preventive medicine E/M and that similar edits have been present in the NCCI program for a number of years.

However, the fact remains that this edit is needlessly complicated and unnecessarily confuses how physician practices bill and administer immunizations. The edit is especially problematic in the case of preventive medicine visits (99381-99397), during which vaccines are most often administered. We note that the CPT guidelines preceding the preventive medicine visit codes state, "Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (e.g., vision, hearing, developmental) identified with a specific CPT code are reported separately," without reference to any need to append a modifier to the E/M service. Similar principles apply to other E/M services. The previously existing edit, prohibiting the reporting of code 99211 with an immunization administration code, already addresses the most common scenario in which an E/M service would be inappropriately reported in addition to an immunization administration service.

The reality is that the edit creates an extra barrier that practices must overcome while seeking proper payment for vaccine administration. The AAFP is concerned that this barrier will deteriorate vaccine coverage at the same time as the Centers for Disease Control and Prevention and others have lamented the unacceptably low adult immunization rates in the United States. The latest version of NCCI seems to be working at cross purposes in this regard, and we urge the NCCI, CMS, and state Medicaid agencies to permanently cancel the edit since it is a burdensome coding requirement that deters physicians from administering vaccines to their patients.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Glen Stream MD". The signature is written in a cursive, slightly slanted style.

Glen Stream, MD, MBI, FAAFP
Board Chair

CC:

Cynthia Mann, Director, Center for Medicaid and CHIP Services, CMS

Anne Schuchat, MD, Director of National Center for Immunization and Respiratory Diseases, CDC

Honorable Jack Markell, Chair, National Governor's Association

Matt Salo, Executive Director, National Association of Medicaid Directors