

## CODING & DOCUMENTATION

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### Immunization refusal

**Q** Which ICD-10 code should I assign to indicate a patient's immunization refusal?

**A** If a patient refuses immunization due to religious belief or group pressure, assign code Z28.1, "Immunization not carried out because of patient decision for reasons of belief or group pressure." If the patient refuses for another reason, such as the discomfort of injections, report code Z28.21, "Immunization not carried out because of patient refusal." When a parent or other caregiver refuses immunization for a child, report code Z28.82, "Immunization not carried out because of caregiver refusal."

CPT codes 99381 – 99397 for initial or periodic comprehensive preventive medicine visits include all counseling, anticipatory guidance, and risk-factor reduction interventions provided at the time of the exam. Note that immunization counseling not provided in conjunction with a preventive medicine exam and taking at least eight minutes may be reported with preventive medicine counseling and risk-factor reduction codes 99401 – 99404. Preventive medicine counseling codes may be reported alone or in conjunction with a code for a significant, separately identifiable E/M service, to which you would append modifier 25.

For quality measurement, payers may require reporting HCPCS code G8483 when a flu shot is not administered for reasons documented by the clinician.

### Care planning and chronic care management

**Q** Can we bill HCPCS code G0506, "Comprehensive assessment of and care planning for patients requiring chronic care management services," in the same 30-day period as chronic care management (CCM) codes 99490, 99487, and 99489?

**A** Yes. G0506 is an add-on code that may be reported in addition to the code for an initiating

visit when the billing provider personally performs assessment and care planning beyond the usual effort of the initiating visit. Initiating visits for CCM services are required when the patient is new or has not been seen in the past year by the individual providing the CCM services. Note that CCM services should be reported per calendar month rather than per 30-day period. Therefore, G0506 may be reported in the same month as CCM services as long as the services are not overlapping (i.e., the time of the G0506 service is not counted toward the time of the CCM service).

### Pediatric immunization administration

**Q** Should we report codes 90460 – 90461 for each vaccine component or each vaccine product administered to pediatric patients?

**A** Report code 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" for the first component and add-on code 90461 for each additional component of the vaccine product administered. Be sure to provide and document immunization counseling for each disease that the vaccines/toxoids are administered to prevent. These codes were created to account for the increase in complexity of caregiver counseling regarding pediatric immunizations and the additional work necessary when counseling for immunization against multiple diseases as part of a single administration.

If counseling is not provided by a physician or other qualified health professional, report codes 90471 – 90474 instead, for immunization administration not accompanied by face-to-face counseling. Note that medical assistants, registered nurses, and licensed practical nurses are not included in CPT's definition of qualified health professionals.

Be sure to follow state regulations for reporting immunizations through the Vaccines for Children program. **FPM**

*Editor's note:* Some payers may not agree with the advice given. Refer to current coding manuals and payer policies.

#### About the Author

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