

Primary Care/ Pediatrics/Emergency Medicine

A comprehensive illustrated guide to coding
and reimbursement

2021

optum360coding.com

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Sample

Getting Started with Coding Companion

Coding Companion for Primary Care/Pediatrics/Emergency Medicine is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT Codes

For ease of use, evaluation and management codes related to Primary Care/Pediatrics/Emergency Medicine are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the pages following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2021 edition password is: XXXXXX. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)
could be found in the index under the following main terms:

Antrotomy

Transmastoid, 69501

Excision

Mastoid
Simple, 69501

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

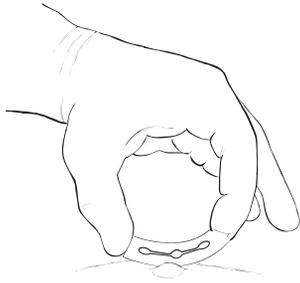
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

Professional and Technical Component

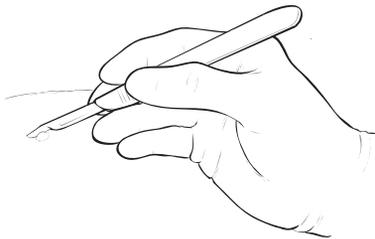
Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

11300-11303

- 11300** Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
- 11301** lesion diameter 0.6 to 1.0 cm
- 11302** lesion diameter 1.1 to 2.0 cm
- 11303** lesion diameter over 2.0 cm



Two common methods to shave excise an elevated lesion: using flexible razor blade type instrument (top) and small scalpel (below)



Explanation

The physician removes a single, elevated epidermal or dermal lesion from the trunk, arm, or legs by shave excision. Local anesthesia is injected beneath the lesion. A scalpel blade is placed against the skin adjacent to the lesion and the physician uses a horizontal slicing motion to excise the lesion from its base. The wound does not require suturing and bleeding is controlled by chemical or electrical cauterization. Report 11300 for a lesion diameter 0.5 cm or less; 11301 for 0.6 cm to 1 cm; 11302 for 1.1 cm to 2 cm; and 11303 for lesions greater than 2 cm.

Coding Tips

Local anesthesia is included in these services. Chemical or electrical cauterization of the wound is included in these services. For excision of a benign lesion, see 11400–11406. For excision of a malignant lesion, see 11600–11606. If specimen is transported to an outside laboratory, report 99000 for handling or conveyance. It is inappropriate to report supplies when these services are performed in an emergency room. For physician offices, supplies may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- D22.5 Melanocytic nevi of trunk
- D22.61 Melanocytic nevi of right upper limb, including shoulder ✓
- D22.62 Melanocytic nevi of left upper limb, including shoulder ✓
- D22.71 Melanocytic nevi of right lower limb, including hip ✓
- D22.72 Melanocytic nevi of left lower limb, including hip ✓
- D23.5 Other benign neoplasm of skin of trunk
- D23.61 Other benign neoplasm of skin of right upper limb, including shoulder ✓

- D23.62 Other benign neoplasm of skin of left upper limb, including shoulder ✓
- D23.71 Other benign neoplasm of skin of right lower limb, including hip ✓
- D23.72 Other benign neoplasm of skin of left lower limb, including hip ✓
- D48.5 Neoplasm of uncertain behavior of skin
- Q82.6 Congenital sacral dimple
- Q82.8 Other specified congenital malformations of skin

AMA: **11300** 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **11301** 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **11302** 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **11303** 2019,Jan,9; 2018,Jan,8; 2018,Feb,10; 2017,Jan,8; 2017,Dec,14; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
11300	0.6	2.18	0.06	2.84
11301	0.9	2.46	0.09	3.45
11302	1.05	2.83	0.11	3.99
11303	1.25	3.02	0.12	4.39
Facility RVU	Work	PE	MP	Total
11300	0.6	0.33	0.06	0.99
11301	0.9	0.51	0.09	1.5
11302	1.05	0.6	0.11	1.76
11303	1.25	0.7	0.12	2.07

	FUD	Status	MUE	Modifiers			IOM Reference	
11300	0	A	5(3)	51	N/A	N/A	80*	None
11301	0	A	6(3)	51	N/A	N/A	80*	
11302	0	A	4(3)	51	N/A	N/A	80*	
11303	0	A	3(3)	51	N/A	N/A	80*	

* with documentation

Terms To Know

benign. Mild or nonmalignant in nature.

cautery. Destruction or burning of tissue by means of a hot instrument, an electric current, or a caustic chemical, such as silver nitrate.

dyschromia. Abnormal pigmentation (coloring) of the hair or skin.

electrocautery. Division or cutting of tissue using high-frequency electrical current to produce heat, which destroys cells.

excision. Surgical removal of an organ or tissue.

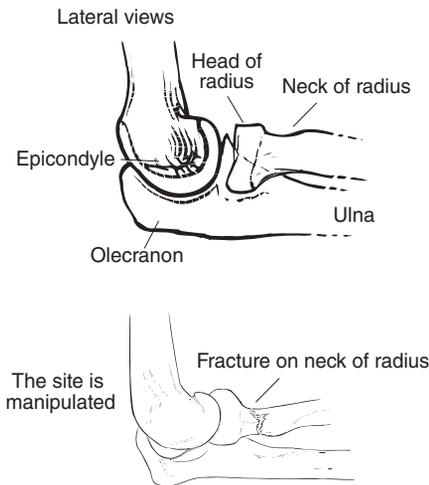
malignant. Any condition tending to progress toward death, specifically an invasive tumor with a loss of cellular differentiation that has the ability to spread or metastasize to other body areas.

nevus. Benign, pigmented skin lesion that includes congenital lesions of the skin such as birthmarks, telangiectasias (permanent dilations of small blood vessels), vascular spider veins, hemangiomas, and moles.

24650-24655

24650 Closed treatment of radial head or neck fracture; without manipulation

24655 with manipulation



Explanation

The physician performs closed treatment of a radial head or neck fracture without manipulation in 24650 and with manipulation in 24655. In 24650, the radial fracture is determined to be stable and nondisplaced and can be splinted or braced without requiring manipulation. In 24655, the physician performs manual manipulation to realign the fractured bone by applying pressure. No incisions are made. The arm is placed in a posterior elbow splint or brace.

Coding Tips

According to CPT guidelines, cast application or strapping (including removal) is only reported as a replacement procedure or when the cast application or strapping is an initial service performed without a restorative treatment or procedure. See "Application of Casts and Strapping" in the CPT book in the Surgery Section, under the Musculoskeletal system. In 24655, local anesthesia is included in the service. However, this procedure may be performed under general anesthesia, depending on the age and/or condition of the patient. For radiology services, see 73070–73085.

ICD-10-CM Diagnostic Codes

- M80.831A Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture ✓
- M84.333A Stress fracture, right radius, initial encounter for fracture ✓
- M84.433A Pathological fracture, right radius, initial encounter for fracture ✓
- M84.533A Pathological fracture in neoplastic disease, right radius, initial encounter for fracture ✓
- M84.633A Pathological fracture in other disease, right radius, initial encounter for fracture ✓
- S52.121A Displaced fracture of head of right radius, initial encounter for closed fracture ✓
- S52.124A Nondisplaced fracture of head of right radius, initial encounter for closed fracture ✓
- S52.131A Displaced fracture of neck of right radius, initial encounter for closed fracture ✓
- S52.134A Nondisplaced fracture of neck of right radius, initial encounter for closed fracture ✓

- S59.111A Salter-Harris Type I physeal fracture of upper end of radius, right arm, initial encounter for closed fracture ✓
- S59.121A Salter-Harris Type II physeal fracture of upper end of radius, right arm, initial encounter for closed fracture ✓
- S59.131A Salter-Harris Type III physeal fracture of upper end of radius, right arm, initial encounter for closed fracture ✓
- S59.141A Salter-Harris Type IV physeal fracture of upper end of radius, right arm, initial encounter for closed fracture ✓
- S59.191A Other physeal fracture of upper end of radius, right arm, initial encounter for closed fracture ✓

AMA: 24650 2018, Sep, 7 24655 2018, Sep, 7

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
24650	2.31	4.76	0.44	7.51
24655	4.62	7.17	0.89	12.68
Facility RVU	Work	PE	MP	Total
24650	2.31	4.21	0.44	6.96
24655	4.62	5.97	0.89	11.48

	FUD	Status	MUE	Modifiers				IOM Reference
24650	90	A	1(2)	51	50	N/A	N/A	None
24655	90	A	1(2)	51	50	N/A	N/A	

* with documentation

Terms To Know

closed fracture. Break in a bone without a concomitant opening in the skin.

closed treatment. Realignment of a fracture or dislocation without surgically opening the skin to reach the site. Treatment methods employed include with or without manipulation and with or without traction.

fracture types. There are three basic degrees of fracture: **type I:** a small crack in the bone without displacement; **type II:** a fracture in which the bone is slightly displaced; **type III:** a fracture in which there are more than three broken pieces of bone that cannot fit together.

manipulation. Skillful treatment by hand to reduce fractures and dislocations or provide therapy through forceful passive movement of a joint beyond its active limit of motion.

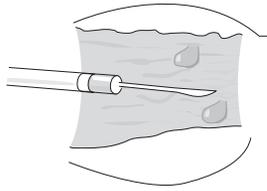
pathological fracture. Fracture of a bone caused by a disease process, such as infection, tumors, or bone weakness, and not traumatic injury.

posterior. Located in the back part or caudal end of the body.

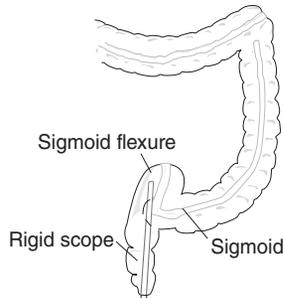
stress fracture. Fracture of the bone caused by repetitive overuse. Frequently occurring in the setting of heavy physical labor, sports, or strenuous exercise, these fractures are particularly common in the metatarsal bones of the foot. Treatment consists of disuse, rest, and occasionally casting or splinting to avoid reinjury during the healing process.

45320

45320 Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)



Tumor(s), polyp(s), or other lesion(s) are ablated from the rectum/sigmoid region of the colon



Explanation

The physician performs rigid proctosigmoidoscopy and ablation of a tumor polyp or other lesion. The physician inserts the proctosigmoidoscope into the anus and advances the scope. The lumen of the sigmoid colon and rectum is visualized and the tumor, polyp or other lesion is identified and ablation performed. The proctosigmoidoscope is removed at the completion of the procedure.

Coding Tips

Report the appropriate endoscopy for each anatomic site examined. Surgical endoscopy includes a diagnostic endoscopy; however, diagnostic endoscopy can be identified separately when performed at the same surgical session as an open procedure. For flexible sigmoidoscopy with ablation of tumors, polyps, or other lesions, see 45346. For colonoscopy, flexible, with ablation of tumors, polyps, or other lesions, see 45388. For anoscopy, with ablation of tumors, polyps, or other lesions not amenable to removal by hot biopsy forceps, bipolar cautery, or snare technique, see 46615.

ICD-10-CM Diagnostic Codes

C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C78.5	Secondary malignant neoplasm of large intestine and rectum
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum

D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D12.5	Benign neoplasm of sigmoid colon
D12.7	Benign neoplasm of rectosigmoid junction
D12.8	Benign neoplasm of rectum
D12.9	Benign neoplasm of anus and anal canal
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D3A.025	Benign carcinoid tumor of the sigmoid colon
D3A.026	Benign carcinoid tumor of the rectum
D49.0	Neoplasm of unspecified behavior of digestive system
K62.0	Anal polyp
K62.1	Rectal polyp
K62.5	Hemorrhage of anus and rectum
K62.82	Dysplasia of anus
K63.5	Polyp of colon

AMA: 45320 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Jan,11-12; 2013,Dec,3

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
45320	1.68	3.69	0.41	5.78
Facility RVU	Work	PE	MP	Total
45320	1.68	0.96	0.41	3.05

	FUD	Status	MUE	Modifiers			IOM Reference	
45320	0	A	1(2)	51	N/A	N/A	N/A	None

* with documentation

Terms To Know

ablation. Removal or destruction of tissue by cutting, electrical energy, chemical substances, or excessive heat application.

hemorrhage. Internal or external bleeding with loss of significant amounts of blood.

polyp. Small growth on a stalk-like attachment projecting from a mucous membrane.

G0104, G0106, G0122

- G0104** Colorectal cancer screening; flexible sigmoidoscopy
- G0106** Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema
- G0122** Colorectal cancer screening; barium enema

Explanation

In G0104, a flexible sigmoidoscopy is performed for colorectal cancer screening. After the patient's bowel has been prepped, the physician inserts the flexible sigmoidoscope through the anus and advances the scope into the sigmoid colon. The lumen of the sigmoid colon and rectum are visualized and brushings or washings may be obtained. The sigmoidoscope is withdrawn. In G0106, a colorectal screening for cancer is performed via barium enema as an alternative to a screening sigmoidoscopy (G0104). Both G0106 and G0122 are a radiological exam of the large intestine carried out after the administration of a barium enema to instill the contrast medium into the colon. Fluoroscopy and x-rays are used to observe the images as the contrast fills the colon and helps the physician to diagnose cancer, even colitis, and other diseases. After the patient has emptied the colon, more films are taken.

Coding Tips

Medicare covers a flexible sigmoidoscopy for screening of colorectal cancer once every four years for patients 50 years of age or older.

ICD-10-CM Diagnostic Codes

- Z12.11 Encounter for screening for malignant neoplasm of colon
- Z12.12 Encounter for screening for malignant neoplasm of rectum

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
G0104	0.84	4.03	0.11	4.98
G0106	0.99	4.91	0.06	5.96
G0122	0.99	7.71	0.07	8.77
Facility RVU	Work	PE	MP	Total
G0104	0.84	0.66	0.11	1.61
G0106	0.99	4.91	0.06	5.96
G0122	0.99	7.71	0.07	8.77

	FUD	Status	MUE	Modifiers				IOM Reference
G0104	0	A	1(2)	51	N/A	N/A	N/A	None
G0106	N/A	A	1(2)	N/A	N/A	N/A	80*	
G0122	N/A	N	0(3)	N/A	N/A	N/A	N/A	

* with documentation

Terms To Know

barium enema. Radiology exam for viewing the intestine that utilizes a suspension of barium sulfate, a chalk-like substance that appears white on x-ray, to delineate the lining of the colon and rectum. The barium is administered via the rectum and held inside the colon while x-rays are taken. Barium enema may also be performed therapeutically in order to relieve intussusception or intestinal obstructions.

screening test. Exam or study used by a physician to identify abnormalities, regardless of whether the patient exhibits symptoms.

G0105, G0120-G0121

- G0105** Colorectal cancer screening; colonoscopy on individual at high risk
- G0120** Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema
- G0121** Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

Explanation

In G0105, a colonoscopy is performed on a high-risk patient for colorectal cancer screening. A high-risk patient is one with ulcerative enteritis or a history of malignant neoplasm of the lower gastrointestinal tract. After the patient's bowel has been prepped, the physician inserts the colonoscope through the anus and advances the scope through the colon past the splenic flexure. The lumen of the colon and rectum is visualized. Brushings or washings may be obtained. The colonoscope is withdrawn. In G0120, a colorectal screening for cancer is performed via barium enema as an alternative to a screening colonoscopy on a high-risk individual (G0105). This is a radiological exam of the large intestine carried out after the administration of a barium enema to instill the contrast medium into the colon. Fluoroscopy and x-rays are used to observe the images as the contrast fills the colon and helps the physician to diagnose cancer, even colitis, and other diseases. After the patient has emptied the colon, more films are taken. In G0121, a colonoscopy is performed for colorectal cancer screening on a patient who does not meet high-risk criteria. This would be a patient without a diagnosis of ulcerative enteritis or without a history of malignant neoplasm of the lower gastrointestinal tract.

Coding Tips

Medicare covers a screening colonoscopy for patients at average risk for colorectal cancer every 10 years, or for patients at high risk for colorectal cancer every three years. A high-risk patient is identified as a patient with a personal or family history of colorectal cancer or certain types of polyps, family history of hereditary colorectal cancer, or personal history of inflammatory bowel disease.

ICD-10-CM Diagnostic Codes

- Z12.11 Encounter for screening for malignant neoplasm of colon
- Z12.12 Encounter for screening for malignant neoplasm of rectum

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
G0105	3.26	5.75	0.4	9.41
G0120	0.99	4.91	0.12	6.02
G0121	3.26	5.75	0.42	9.43
Facility RVU	Work	PE	MP	Total
G0105	3.26	1.68	0.4	5.34
G0120	0.99	4.91	0.12	6.02
G0121	3.26	1.68	0.42	5.36

	FUD	Status	MUE	Modifiers				IOM Reference
G0105	0	A	1(2)	51	N/A	N/A	N/A	None
G0120	N/A	A	1(2)	N/A	N/A	N/A	80*	
G0121	0	A	1(2)	51	N/A	N/A	N/A	

* with documentation

Terms To Know

colonoscopy. Visual inspection of the colon using a fiberoptic scope.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90384	0.0	0.0	0.0	0.0
90385	0.0	0.0	0.0	0.0
90386	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
90384	0.0	0.0	0.0	0.0
90385	0.0	0.0	0.0	0.0
90386	0.0	0.0	0.0	0.0

90389

90389 Tetanus immune globulin (Tig), human, for intramuscular use

Explanation

This code identifies a tetanus immune globulin (Tig), human, for intramuscular use. This immune globulin is a passive immunization agent that gives protection against tetanus and is obtained from donated, pooled human plasma. Passive immunity is achieved for a short period as the antibodies received through the immune globulin are circulated through the body. The recipient's immune system is not stimulated to build its own antibodies. Report this code with the appropriate administration code.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90389	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
90389	0.0	0.0	0.0	0.0

90393

90393 Vaccinia immune globulin, human, for intramuscular use

Explanation

This code identifies the vaccinia immune globulin, human, for intramuscular use. This immune globulin is a passive immunization agent that gives protection against vaccinia and is obtained from donated, pooled human plasma. The vaccinia virus causes cutaneous and systemic reactions occurring as a complication of smallpox vaccination. Passive immunity is achieved for a short period as the antibodies received through the immune globulin are circulated through the body. The recipient's immune system is not stimulated to build its own antibodies. Report this code with the appropriate administration code.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90393	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
90393	0.0	0.0	0.0	0.0

90396

90396 Varicella-zoster immune globulin, human, for intramuscular use

Explanation

This code identifies varicella-zoster immune globulin, human, for intramuscular use. This immune globulin is a passive immunization agent that gives protection against varicella-zoster and is obtained from donated, pooled human plasma. Passive immunity is achieved for a short period as the antibodies received through the immune globulin are circulated through the body. The recipient's immune

system is not stimulated to build its own antibodies. Report this code with the appropriate administration code.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90396	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
90396	0.0	0.0	0.0	0.0

90460-90461

90460 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered

+ **90461** each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)

Explanation

The physician or other qualified health care professional instructs the patient or family on the benefits and risks related to the vaccine or toxoid. The physician counsels the patient or family regarding signs and symptoms of adverse effects and when to seek medical attention for any adverse effects. A physician, nurse, or medical assistant administers an immunization by any route to the patient. It may be a single vaccine or a combination vaccine/toxoid in one immunization administration (e.g., diphtheria, pertussis, and tetanus toxoids are in a single DPT immunization). Report 90460 for the first or only vaccine/toxoid component. Report 90461 for each additional component. These codes report immunization administration to patients 18 years of age or younger.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
90460	0.17	0.22	0.01	0.4
90461	0.15	0.2	0.01	0.36
Facility RVU	Work	PE	MP	Total
90460	0.17	0.22	0.01	0.4
90461	0.15	0.2	0.01	0.36

90471-90472

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

+ **90472** each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

Explanation

A physician, nurse, or medical assistant administers an injectable (percutaneous, intradermal, subcutaneous, or intramuscular) immunization to the patient. It may be a single vaccine or a combination vaccine/toxoid in one immunization administration (e.g., diphtheria, pertussis, and tetanus toxoids are in a single DPT immunization). Report 90471 for one vaccine and 90472 for each additional vaccine (single or combination vaccine/toxoid).

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