



New AAP Guidance

On January 1, 2011 new immunization administration CPT codes 90460 and 90461 became effective, replacing codes 90465-90468 and reflecting the additional work associated with the provision of multiple-component vaccines:

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

90461 - Each additional vaccine/toxoid component

On December 29, 2010, the CDC released an updated Q&A document ([Read the Q&A PPT](#)) indicating that payment for immunization administration in VFC will continue on a per-vaccine basis and not a per-component basis, recognizing that the VFC maximum regional charges set for each state were established on a per-vaccine basis. Maximum regional charges are those maximum dollar amounts, established by federal regulation, which cannot be exceeded for the administration of an immunization in the VFC program in each state. Maximum regional charges are available [here](#).

The CDC indicates that physicians and "other qualified healthcare professionals" are to use new code 90460 for immunization administration in VFC. Code 90461, if used, should be given a \$0 value. Providers can and should report 90460 more than once if multiple vaccines are administered in an individual encounter, as each individual vaccine administered is its own entity.

The CDC indicates that CMS is looking closely at the VFC maximum regional charges for immunization administration and anticipates an update to this regulation in the near future.

Impact at State Level

Children qualify for VFC if they are Medicaid-eligible, uninsured, of American Indian or Alaska Native heritage, or underinsured. More on VFC eligibility is available [online](#).

As such, payment for immunization administration for children in VFC comes from different sources, depending on the nature of the child's VFC eligibility. Payment levels for immunization administration remain set by each payer, up to the VFC state maximum regional charge for children receiving VFC vaccine. Medicaid is the most frequent payer of immunization administration to VFC-

enrolled children.

In its Q&A document, the CDC indicates that state Medicaid programs can increase the amount they pay for immunization administration in VFC up to the maximum regional charge by submitting a Medicaid State Plan Amendment. In addition, a state may choose to set a different Medicaid rate, up to the maximum regional charge, for a vaccine with multiple components. Also, physicians can charge families of children who are VFC-eligible but not Medicaid-eligible an immunization administration fee up to the VFC maximum regional charge. As always in VFC, physicians who participate in VFC cannot refuse to administer a vaccine due to family inability to pay.

New Immunization Administration CPT Codes and "Other Qualified Healthcare Professionals"

The new immunization administration CPT codes specify that counseling must be performed by a physician or "other qualified healthcare professional." In order to report CPT codes 90460-90461, either the physician or the qualified health care professional who is reporting the service must perform face-to-face counseling (and so document that the counseling was performed) Questions have arisen as to which professionals fit the definition of "other qualified healthcare professionals" for purposes of using these codes. However, each state's scope of practice laws determine what types of individuals may perform immunization administration, including counseling. As such, to determine if a clinician other than a physician meets the criteria of a qualified health care professional, physician practices and AAP chapters should refer to their particular state scope of practice laws.

This guidance applies to the use of new immunization administration CPT codes generally, not just within the VFC program.

The AAP will continue to work with the CDC and CMS on this critical issue.