

September 26, 2001

Thomas Scully
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Dear Mr. Scully:

The American College of Physicians-American Society of Internal Medicine (ACP-ASIM), representing 115,000 physicians who practice internal medicine and medical students, urges the Centers for Medicare and Medicaid Services (CMS) to review the payment policy for the administration of vaccinations. Outlined below are payment policy adjustments needed to more accurately value vaccine administrations and changes that are needed to simplify CMS coding requirements for these services.

Payment Policy

ACP-ASIM believes that the Medicare Physician Fee Schedule should be updated by assigning values to CPT codes 90471 and 90472, which were created specifically for vaccine administrations. In May 1999, the Relative Value Update Committee (RUC) made a recommendation to HCFA that values be placed in the Medicare Physician Fee Schedule for these codes. However, these recommendations were not adopted.

In the November 1, 2000 *Federal Register*, HCFA explained the rationale for not assigning values to these codes: "While we realize that other payer may use the RVUs under the physician fee schedule, since these are non-covered services under Medicare, we are not including values of these services in the fee schedule." Despite this statement, the physician fee schedule has published values for Preventive Medicine Services (CPT codes 99381 – 99412), which are also non-covered services under Medicare. ACP-ASIM believes that immunization administrations merit the same consideration as these Preventive Medicine Services.

CMS has data indicating the resource costs of vaccine administrations, yet continues to link payments to CPT 90782 (Therapeutic, prophylactic, or diagnostic injection). It is inappropriate for the agency to continue to link vaccine administration payments to 90782 when CPT maintains a code that describes administration of an immunization and when CMS has data on the resource costs associated with the service. ACP-ASIM has repeatedly asked CMS staff for an explanation for the linkage of Health Care Financing Administration Common Procedure Coding System (HCPCS) codes G0008, G0009, and G0010 to CPT 90782, but has not received a clear answer for this payment rationale.

We urge CMS to review this payment policy, make the necessary adjustments, and accurately reimburse these services. CMS should assign a value to the administration of vaccines that is indicative of the resource costs. In May 1999, the RUC recommended a .17 Work Value for

90471 and .15 for 90472. Then in February 2000, the RUC, through its Practice Expense Subcommittee, recommended direct practice expense inputs that should also be assigned to 90471 and 90472. CMS should assign a value for indirect costs to determine a total practice expense value for CPT codes 90471 and 90472. The resulting work, practice expense, and malpractice values for these codes should determine the physician payment for administration of vaccines.

Utilizing the values for CPT codes 90471 and 90472 and accepting the RUC's recommendations will help ensure that appropriate payment is given to Medicare providers. For years providers have been forced to accept payment below the actual expenses they incurred. As a result many providers refuse to offer immunizations, which has been identified as a major barrier to increased adult vaccination rates in this country. Using the values developed by the RUC will ensure that the correct amount is paid for these necessary, yet cost efficient services.

Coding Policy

ACP-ASIM also strongly believes that CMS should revise the current coding requirements for vaccine administrations by replacing the HCPCS codes G0008, G0009, and G0010. Currently, each of these G codes for vaccine administration is linked to CPT code 90782, and reimbursed by Medicare Carriers at that rate. We believe that CPT codes 90471 and 90472 should replace HCPCS codes G0008, G0009, and G0010 because these codes were created to describe an immunization administration. Using CPT codes 90471 and 90472 to record vaccine administrations will also simplify the coding requirements placed on providers. The majority of private insurance plans require providers to bill for these services by using the codes 90471 and 90472. Medicare's requirement to use G codes for vaccine administrations is an unnecessary administrative hassle to providers that should be revised.

ACP-ASIM is aware of the epidemiological issues concerning the elimination of G codes, and strongly supports the need to review the utilization rates of these important preventive services. The CPT codes for a vaccine administered as well as the diagnosis code are documentation requirements that accompany a vaccine administration code. Tracking the Medicare utilization of influenza, pneumococcal and hepatitis B vaccines would therefore be feasible by using vaccine or diagnosis codes. (For example, CPT 90658 or ICD-9 code V04.8 could be used to track influenza vaccine utilization rates.)

Thank you for your attention to this matter. Please contact Scott Jauch, Practice Management Associate, by phone at 202-261-4539 or email sjauch@mail.acponline.org if you have any questions.

Sincerely,

C. Anderson Hedberg, MD, FACP, Chair
Medical Service Committee

Enclosure

Attachment I

2001 CPT / HCPCS Codes

- G0008 Administration of influenza virus vaccine when no physician fee schedule service on the same day
- G0009 Administration of pneumococcal vaccine when no physician fee schedule service on the same day
- G0010 Administration of hepatitis B vaccine when no physician fee schedule service on the same day
- 90782 Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular
- 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections and/or intranasal or oral administration); one vaccine (single or combination vaccine/toxoid)
- 90472 each additional vaccine (single or combination vaccine/toxoid)