



Standalone Immunization Counseling

As the healthcare landscape evolves, effective communication and patient education about immunizations are crucial. This document outlines the new codes, their descriptors, and essential guidelines to help healthcare providers report this vital service.

CPT:

Code	Descriptor
90482	Immunization counseling by physician or other QHP when immunization(s) is not administered by provider on the same DOS; 3 minutes up to 10 minutes
90483	greater than 10 minutes up to 20 minutes
90484	greater than 20 minutes

Guidelines:

- Report these codes with any E/M service, including preventive and or sick visits, or as a standalone code
- Modifier 25 is required on the E/M if **90482-90484** is a separately identifiable service from the E/M.
- Time spent counseling on administered immunizations should not be included in the calculation of time for immunizations not administered.
- The code that represents the cumulative time spent on standalone counseling is the only code to report for that date of service.
- These codes represent counseling for immunization via vaccines, toxoids, or immunoglobulins.
- If reporting an E/M service based on time, such as with codes **99202-99215**, do not include the time spent counseling on immunizations. Ensure your documentation includes 2 time statements in total, one for each service.

HCPCS:

Code	Descriptor
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5-15 minutes time
G0311	16-30 minutes time
G0312	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5-15 minutes time
G0313	16-30 minutes time
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 minutes time (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT])

Guidelines:

- The above codes are typically used for reporting purposes for Medicaid and Managed Care plans' quality programs.
- Per the Medicare fee schedule, these codes are not valued with RVUs or a dollar amount.
- Payers, including Medicaid, may choose to add these codes to their fee schedules with or without a payment amount.

Documentation:

- Name of immunizations for which counseling was provided
- Counseling provided, parents' concerns and questions, and the reason for not administering the immunization(s).
- A brief discussion on an immunization and providing a parent/patient a vaccine information statement (VIS) without further discussion should never be reported with a code for payment.

ICD-10:

Code	Descriptor
Z71.85	Encounter for immunization safety counseling (primary diagnosis) Code also, immunization not carried out (Z28.-) (Z28-Z28.9)
Z28.01	Immunization not carried out because of acute illness of patient
Z28.02	chronic illness or condition of patient
Z28.03	immune compromised state of patient
Z28.04	patient allergy to vaccine or component
Z28.1	patient decision for reasons of religious belief or group pressure
Z28.20	patient decision for unspecified reason
Z28.82	Immunization not carried out because of caregiver refusal
Z28.310	Unvaccinated for COVID-19 (this is only reported for patients the physician determines is eligible for the vaccines)
Z28.83	Immunization not carried out due to unavailability of vaccine (Manufacturer or delivery delay or lack of availability of the vaccine)
Z28.39	Other underimmunization status (Delinquent immunization or Lapsed immunization schedule status)

This is not an all-inclusive list; use the [NCHS ICD-10 browser tool](#) for the full code ranges.

FAQs:

1. Although these codes were added to the Medicare Physician Fee Schedule with a status indicator of I, representing that a code is non-covered by Medicare, they have published the [RVU values and 2026 payment rates](#).

2. Counseling must be provided by the physician or a qualified healthcare professional (e.g., NP or PA) to be reported for payment.
3. When counseling on multiple immunizations, if parents or caregivers agree to some but not all, report the product and administration codes for the administered immunizations. For non-administered immunizations, use the appropriate code from the range **90482–90484**, based on the time statement in the documentation.
4. CMS does not currently have an NCCI edit for any CPT codes and codes **90482–90484**, as these are not on the MPFS. Other payer policies may require a modifier to be used to report them.
5. The Payer Advocacy Advisory Committee is actively engaging payers with this [letter](#) to ensure coverage and payment of these new codes.

Payment Tips

1. Payers may opt to pay for codes **99401–99404** or **G0310–G0315** instead of **90482–90484**. If you choose to use **99401–99404**, ensure you have a written payment policy. Regularly review the policy, as payer guidelines can change without notice. Incorrect coding following a policy change may result in claim denials or trigger audits.
2. Be sure to contact Medicaid and Managed Care Organizations (MCOs) regarding the appropriate codes for quality reporting .
3. Verify with your contracted payers if they have included the codes in the tables above in their fee schedules and what their payment policy is for them. If they are not recognizing codes **90482-90484**, please obtain their payment policy and share it with the AAP via the [Coding and Payment Hotline](#) so that we can advocate for payment policies that align with the correct coding guidelines.

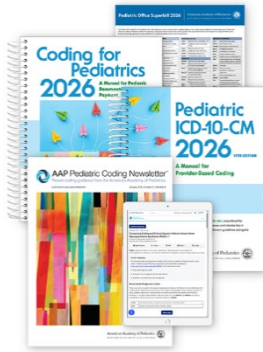
For any additional questions, visit the [Coding and Payment Hotline](#), and our dedicated staff will research the issue and provide valuable feedback.

Resources:

[AAP Coding and Valuation Site](#)

[Templated Appeal Letter](#)

[Payment Advocacy Letter](#)



For additional information, see other available [AAP Coding Products](#)

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