

Incorporating HPV vaccination *into your practice*

By Joshua S. Coren, DO, MBA

In the early 1970s, pediatrician and immunization pioneer Samuel L. Katz, MD, said, "There are many complex, interacting reasons for the persistent failure to achieve optimal immunization of all children. Sociologic, economic, educational, political and logistical factors are all involved. They do not permit any simple immediate solutions."¹

It is interesting to note that many of the same obstacles that Dr Katz discussed in the 1970s continue to hold true in 2009. As healthcare professionals, how can we best assess the logistical impact that vaccine administration has on our practices, ensure that our patients can finance recommended vaccinations and attain the patient compliance necessary to effectively prevent disease? As new vaccines for human papillomavirus (HPV) enter the healthcare market, the urgency of answering these questions is reinforced.

Cost and insurance

HPV causes cervical cancer, as well as a genital *condylomata acuminata* (warts). Both the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices and the American Academy of Pediatrics' Committee on Infectious Diseases recommend universal and routine administration of a quadrivalent HPV vaccine to girls aged 11 or 12.²

Primary care physicians, patients and parents need to understand the cost and insurance coverage related to immunization with HPV vaccine. Although most large health insurance companies cover the recommended vaccinations, it is advisable for physicians to confirm patients' insurance eligibility before administering the HPV vaccine.

The high cost of vaccination and lack of insurance coverage are barriers to HPV vaccination for some patients.³ Because the



three-dose regimen costs approximately \$375, physicians should explore cost and coverage alternatives for uninsured and underinsured patients. The CDC's Vaccines for Children (VFC) program is one source of funding for vaccinations for patients aged 18 years or younger who are Medicaid-eligible, uninsured, American Indian or Alaskan Native. For additional information, contact the VFC's state and territory program coordinator at www.cdc.gov/vaccines/programs/vfc/contacts-state.htm.

For patients who do not meet the VFC age requirement, state health departments and vaccine patient assistance programs may offer free or low-cost vaccines to eligible patients.

Maximizing reimbursement potential

Maintaining a vaccine inventory and tracking your expense and subsequent reimbursement will ensure that providing this vaccination is viable for your practice.

In addition, an absolute necessity to

maximize reimbursement is appropriate coding and billing for the HPV vaccinations that are provided to patients. The two Current Procedural Terminology (CPT) codes used for HPV vaccines are the following:^{4,5}

90649—HPV vaccine, types 6, 11, 16 and 18, quadrivalent, three-dose schedule, for intramuscular use.

90650—HPV vaccine, types 16 and 18, bivalent, three-dose schedule, for intramuscular use. A bivalent vaccine is expected to obtain approval from the Food and Drug Administration in 2009.

Healthcare professionals who use state-provided HPV vaccine from the VFC program should not bill the cost of the vaccine to insurance carriers. Instead, CPT codes should be cited when using vaccines provided by this program, and the monetary claim on bills submitted to carriers should be zeroed out.

On the other hand, healthcare profes-

sionals can bill carriers for administering the vaccines by using the following CPT code.

90471—Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections): one vaccine, single or combination vaccine/toxoid. (Do not report 90471 in conjunction with 90473).

Healthcare professionals can charge patients a fee for administering the HPV vaccine. However, VFC program-provided vaccines cannot be denied to an eligible child if the family cannot afford the fee.

Besides using CPT's code 90471, which explains to carriers the procedure that was performed, healthcare professionals should use coding from the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)*, which explains the reason the procedure was performed during the patient visit. The appropriate code for describing why the HPV vaccine was administered is V04.89.⁶

V04.89—Need for prophylactic vaccination and inoculation against certain viral diseases; other viral diseases.

Reminders for vaccination

HPV vaccines have recommended schedules of administration. Mailings and tele-



phone calls are effective means of communicating reminders for many types of medical practices^{7,8} including private practices,⁷ academic centers,^{9,10} health maintenance organizations,^{11,12} and public health clinics.¹³⁻¹⁷ While more effective than letters and postcards, person-to-person and automated telephone calls are more costly because they require staff time or autodialed fees.¹⁸

Although many experts recommend patient reminders and recall systems, a survey conducted in 2003 revealed that only 16% of pediatricians use such systems.¹⁷ Among the barriers the survey identified to using such systems are lack of time, lack of funding, lack of a simple method for identifying patients, lack of knowledge in starting a program and limited computer skills.

Another method of increasing patient compliance with recommended HPV immunization schedules is discussing follow-up vaccinations with patients during both sick and routine appointments. Strong reminders from primary care physicians at these types of appointments are both inexpensive and sensible. In addition, educational posters displayed in both waiting rooms and examination rooms may prompt patients to get back on track with their immunization schedules. Furthermore, staff should send patients home after each office visit with reminder cards speci-

fying future appointment dates for HPV vaccinations.

For maximum effect on immunization rates, these kind of HPV interventions should be combined into a multifaceted immunization program rather than used alone.¹⁹

Leader assignment

Every great program requires great leadership. For your practice to administer HPV vaccinations effectively, a program leader, or "champion," should be assigned to that task.

Assigning your office manager or another staff member to oversee your practice's immunization program would ensure accountability for this essential service. A list of clear, defined and realistic goals should be outlined on paper so that this staff member can easily understand program expectations and the methods in which the program's achievements will be measured. The list should include such items as the following:

- Ordering and maintaining inventory
- Chart and billing audits
- Immunization assessments
- Patient reminders and recalls

Program leaders must be well informed regarding both financial and clinical changes

that might affect your HPV immunization program. In addition, semiannual or annual assessments should be conducted to evaluate the success of this program.

Final notes

For osteopathic physicians, providing the quadrivalent HPV vaccine to patients is an important service. However, such services must be analyzed critically to be incorporated successfully.

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