

**LHD NAME / IMMUNIZATION SERVICES MODEL SUPERBILL**

Provided by: *Provider Names/Degrees*

Patient: **(Name, DOB, Other Demographics, Payer Information)**

Service Date:  */ / 20*

X	VFC	CPT	DESCRIPTION	Fee	ICD9	#>1	X	VFC	CPT	DESCRIPTION	Fee	ICD9	#>1
<b>Diphtheria/Tetanus</b>							<b>Influenza for Medicare patients</b>						
<input type="checkbox"/>	<input type="checkbox"/>	90719	Diphtheria (only)	\$ ____	V03.5		<input type="checkbox"/>		Q2034	Influenza, Agriflu, Medicare	\$ ____	V04.81	
<input type="checkbox"/>	<input type="checkbox"/>	90702	DT, <7 yo	\$ ____	V06.5	2	<input type="checkbox"/>		Q2035	Influenza, Afluria, Medicare	\$ ____	V04.81	
<input type="checkbox"/>	<input type="checkbox"/>	90700	DTaP, <7 yo	\$ ____	V06.1	3	<input type="checkbox"/>		Q2036	Influenza, Flulaval, Medicare	\$ ____	V04.81	
<input type="checkbox"/>	<input type="checkbox"/>	90723	DTaP-Hep B-IPV	\$ ____	V06.8	5	<input type="checkbox"/>		Q2037	Influenza, Fluvirin, Medicare	\$ ____	V04.81	
<input type="checkbox"/>	<input type="checkbox"/>	90721	DTaP-Hib	\$ ____	V20.2	3	<input type="checkbox"/>		Q2038	Influenza, Fluzone, Medicare	\$ ____	V04.81	
<input type="checkbox"/>	<input type="checkbox"/>	90698	DTaP-Hib-IPV	\$ ____	V06.8	5	<input type="checkbox"/>		Q2039	Influenza, NOS, Medicare	\$ ____	V04.81	
<input type="checkbox"/>	<input type="checkbox"/>	90696	DTaP-IPV, 4-6 yo	\$ ____	V06.3	4	<b>Meningococcal</b>						
<input type="checkbox"/>	<input type="checkbox"/>	90720	DTP-Hib	\$ ____	V20.2	3	<input type="checkbox"/>	<input type="checkbox"/>	90644	MenCY-Hib, 2-15 mo	\$ ____	V06.8	2
<input type="checkbox"/>	<input type="checkbox"/>	90714	Td, 7+ yo	\$ ____	V06.5	2	<input type="checkbox"/>	<input type="checkbox"/>	90733	Meningococcal, polysaccharide	\$ ____	V03.89	
<input type="checkbox"/>	<input type="checkbox"/>	90715	Tdap, 7+ yo	\$ ____	V06.1	3	<input type="checkbox"/>	<input type="checkbox"/>	90734	Meningococcal, tetravalent	\$ ____	V03.89	
<input type="checkbox"/>	<input type="checkbox"/>	90703	Tetanus (only)	\$ ____	V03.7		<b>MMRV and Zoster</b>						
<b>Hepatitis</b>							<input type="checkbox"/>	<input type="checkbox"/>	90704	Mumps (only)	\$ ____	V04.6	
<input type="checkbox"/>		90632	Hep A, adult IM	\$ ____	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90705	Measles (only)	\$ ____	V04.2	
<input type="checkbox"/>	<input type="checkbox"/>	90633	Hep A, ped/adol, dose ____ of 2 IM	\$ ____	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90706	Rubella (only)	\$ ____	V04.3	
<input type="checkbox"/>	<input type="checkbox"/>	90634	Hep A, ped/adol, dose ____ of 3	\$ ____	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90707	MMR	\$ ____	V06.4	3
<input type="checkbox"/>		90636	Hep A + Hep B, Adult	\$ ____	V05.3	2	<input type="checkbox"/>	<input type="checkbox"/>	90708	Measles Rubella	\$ ____	V06.8	2
<input type="checkbox"/>		90740	Hep B dialysis, dose ____ of 3	\$ ____	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90710	MMRV	\$ ____	V06.8	4
<input type="checkbox"/>	<input type="checkbox"/>	90743	Hep B, adolescent, dose ____ of 2	\$ ____	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90716	Varicella only	\$ ____	V05.4	
<input type="checkbox"/>	<input type="checkbox"/>	90744	Hep B, ped/adol, dose ____ of 3	\$ ____	V05.3		<input type="checkbox"/>		90736	Zoster	\$ ____	V05.8	
<input type="checkbox"/>		90746	Hep B, adult dose ____ of 3	\$ ____	V05.3		<b>Pneumococcal</b>						
<input type="checkbox"/>		90747	Hep B dialysis, dose ____ of 4	\$ ____	V05.3		<input type="checkbox"/>	<input type="checkbox"/>	90669	Pneumococcal, 7	\$ ____	V03.82	
<input type="checkbox"/>	<input type="checkbox"/>	90748	Hep B-Hib	\$ ____	V06.8	2	<input type="checkbox"/>	<input type="checkbox"/>	90670	Pneumococcal, 13	\$ ____	V03.82	
<b>Hib</b>							<input type="checkbox"/>	<input type="checkbox"/>	90732	Pneumococcal, 23	\$ ____	V03.82	
<input type="checkbox"/>	<input type="checkbox"/>	90645	Hib, dose ____ of 4	\$ ____	V03.81		<b>Polio</b>						
<input type="checkbox"/>	<input type="checkbox"/>	90646	Hib, booster	\$ ____	V03.81		<input type="checkbox"/>	<input type="checkbox"/>	90713	Polio	\$ ____	V04.0	
<input type="checkbox"/>	<input type="checkbox"/>	90647	Hib, PRP-OMP, dose ____ of 3	\$ ____	V03.81		<input type="checkbox"/>	<input type="checkbox"/>	90712	Polio, oral (only)	\$ ____	V04.0	
<input type="checkbox"/>	<input type="checkbox"/>	90648	Hib, PRP-T, dose ____ of 4	\$ ____	V03.81		<b>Rabies (pre and post exposure)</b>						
<b>HPV</b>							<input type="checkbox"/>		90375	Rabies immunoglobulin (Rlg)	\$ ____	V01.5	
<input type="checkbox"/>	<input type="checkbox"/>	90649	HPV, quadrivalent, dose ____ of 3	\$ ____	V04.89		<input type="checkbox"/>		90376	Rabies heat treated IG (Rlg-HT)	\$ ____	V01.5	
<input type="checkbox"/>	<input type="checkbox"/>	90650	HPV, bivalent, dose ____ of 3	\$ ____	V04.89		<input type="checkbox"/>		96372	IG injection administration	\$ ____	V01.5	
<b>Influenza</b>							<input type="checkbox"/>		90675	Rabies vaccine intramuscular	\$ ____	V04.5	
<input type="checkbox"/>	<input type="checkbox"/>	90654	Flu trivalent,SV, PF intradermal	\$ ____	V04.81		<input type="checkbox"/>		90676	Rabies vaccine intradermal	\$ ____	V04.5	
<input type="checkbox"/>	<input type="checkbox"/>	90655	Flu tri, SV, PF, 6-35 mos IM	\$ ____	V04.81		<b>Rotavirus</b>						
<input type="checkbox"/>	<input type="checkbox"/>	90656	Flu, tri, SV, PF, > 3yrs IM	\$ ____	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90680	Rotavirus, dose ____ of 3, oral	\$ ____	V04.89	
<input type="checkbox"/>	<input type="checkbox"/>	90657	Flu, tri, SV 6-35 mos IM	\$ ____	V04.81		<input type="checkbox"/>	<input type="checkbox"/>	90681	Rotavirus, dose ____ of 2, oral	\$ ____	V04.89	
<input type="checkbox"/>	<input type="checkbox"/>	90658	Flu, tri, SV > 3 yrs IM	\$ ____	V04.81		<b>Travel</b>						
<input type="checkbox"/>	<input type="checkbox"/>	90660	Flu, trivalent intranasal	\$ ____	V04.81		<input type="checkbox"/>		90725	Cholera	\$ ____	V03.0	
<input type="checkbox"/>	<input type="checkbox"/>	90662	Flu, enhanced immunogenicity	\$ ____	V04.81		<input type="checkbox"/>		90735	Japanese Enceph, Subcutaneous	\$ ____	V05.0	
<input type="checkbox"/>	<input type="checkbox"/>	90672	Flu, quadrivalent, intranasal	\$ ____	V04.81		<input type="checkbox"/>		90738	Japanese Enceph, inactive, IM	\$ ____	V05.0	
<input type="checkbox"/>	<input type="checkbox"/>	90685	Flu, quad, SV, PF, 6-35 mos IM	\$ ____	V04.81		<input type="checkbox"/>		90727	Plague	\$ ____	V03.3	
<input type="checkbox"/>	<input type="checkbox"/>	90686	Flu, quad, SV, PF > 3 yrs IM	\$ ____	V04.81		<input type="checkbox"/>		90690	Typhoid, live, oral	\$ ____	V03.1	
<input type="checkbox"/>	<input type="checkbox"/>	90687	Flu, quad, SV, age 6-35 mos IM	\$ ____	V04.81		<input type="checkbox"/>		90693	Typhoid, H-P, IM/SC	\$ ____	V03.1	
<input type="checkbox"/>	<input type="checkbox"/>	90688	Flu, quad, SV age > 3 yrs IM	\$ ____	V04.81		<input type="checkbox"/>		90691	Typhoid, ViCPS, IM	\$ ____	V03.1	
<input type="checkbox"/>	<input type="checkbox"/>	90664	Flu pandemic intranasal	\$ ____	V04.81		<input type="checkbox"/>		90717	Yellow Fever	\$ ____	V04.4	

**IMMUNIZATION ADMINISTRATION**

<input type="checkbox"/> <b>Vaccine for Children Program (VFC) - do not bill admin codes; add -SE modifier to vaccine codes indicated above</b>												
<b>Immunization Administration NON-VFC</b>											<b>Quantity</b>	
<input type="checkbox"/>		90471	Immunization administration, by injection, one vaccine	\$ ____								1
<input type="checkbox"/>	Add on code	90472	Immunization administration, by injection, <b>each additional vaccine</b>	\$ ____								
<input type="checkbox"/>		90473	Immunization administration by intranasal/oral route; one vaccine	\$ ____								1
<input type="checkbox"/>	Add on code	90474	Immunization Administration by intranasal/oral route; <b>each additional vaccine</b>	\$ ____								
<b>Immunization Administration by Qualified Healthcare Provider, Through Age 18 With Counseling NON-VFC</b>												
<input type="checkbox"/>		90460	Imm. admin, 0-18 yo, any route w counseling by MD/other qualified health care professional; first or only component of each vaccine	\$ ____								
<input type="checkbox"/>	Add on code	90461	Imm admin 0-18 yo, w counseling by qualified provider; each additional component of combo vaccine	\$ ____								
<b>Immunization Administration, Medicare only</b>												
<input type="checkbox"/>		G0008	Immunization administration, seasonal influenza	\$ ____								1
<input type="checkbox"/>		G0009	Immunization administration, pneumococcal	\$ ____								1
<input type="checkbox"/>		G0010	Immunization administration, Hep B	\$ ____								1

Comment:  <input type="checkbox"/> Return in ____ day(s) ____ week(s) ____ month(s)	TOTAL CHARGES: \$ ____  CASH CHCK MC VISA TOTAL PAYMENTS: \$ ____
---	---