

BROADCAST MESSAGES

EFFECTIVE DATE (CCYYMMDD): 2026-08-16 TARGET TYPE: A
CANCEL DATE (CCYYMMDD): 2026-10-31 TARGET KEY: Enter text
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BROADCAST TITLE (50 char): Immunization and Injection Fees

BROADCAST MESSAGE (UP TO 5 PAGES, 12 LINES PER PAGE, 76 CHARACTERS PER LINE):

Effective September 1, 2026, the Medical Services Commission is implementing a significant restructuring of immunization and injection fee items to simplify billing and modernize the Payment Schedule.

These changes consolidate multiple existing fee items into three new fee items for injections, adult immunizations, and pediatric immunizations, update the respiratory immunization add-on fee, and retire numerous legacy fee items.

Physicians who provide immunization or injection services should review these changes to ensure they are using the appropriate fee items beginning September 1, 2026.

Three new fee items are created:

- 10051 – Injections
- 10052 – Adult Immunizations
- 10053 – Pediatric Immunizations

The new Injection fee item (10051) applies to all non-immunization injections (intramuscular or subcutaneous) provided to patients of any age, including pediatric patients.

The new Adult Immunization fee item (10052) applies to immunizations administered by any route to patients aged 19 years and older (without an associated visit). When billing fee item 10052 for an RSV immunization provided without an associated visit, diagnostic code 33C is recommended but not required.

The new Pediatric Immunization fee item (10053) consolidates 21 existing pediatric immunization fee items into a single fee item.

Finally, the title and fee notes for fee item 10040 (Add-on Adult Respiratory Immunization) have been updated. As part of these changes, RSV immunizations are now eligible for billing under fee item 10040 using diagnostic code 33C when the immunization is provided in addition to an eligible in-person service.

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PB10051 Injection 16.61

Notes:

- i) Payable for an intramuscular or subcutaneous injection administered to a patient of any age.
- ii) Payable at 100% per injection.
- iii) Payable to a maximum of 3 units per patient, per physician, on the same day. Services which exceed the maximum will be given independent consideration when a claim note record is submitted.
- iv) Payable in addition to 10052 and 10053.
- v) When an injection is provided as part of a visit, it is included in the visit fee and is not payable as 10051.
- vi) Not payable for immunizations. Immunizations are payable as 10052 (Adult) or 10053 (Pediatric).

PB10052 Adult Immunization (per vaccine administered)..... 16.61

Notes:

- i) Payable for immunization of a patient 19 years or older.
- ii) Payable at 100% per vaccine administered (any route). A combination vaccine is payable as a single service.
- iii) Payable to a maximum of 6 vaccines per patient, per physician, on the same day. Services which exceed the maximum will be given independent consideration when a claim note record is submitted.
- iv) When an immunization is provided on the same day as another in-person service:
 - a. The immunization is included in the visit fee and not payable as 10052, except for the immunizations described in (b).
 - b. 10040 is payable for influenza, pneumococcal, pertussis, or COVID-19 immunization provided in addition to a visit in a clinic or the patient's home.
- v) Not payable for an immunization required for travel, employment, or emigration.

P10053 Pediatric Immunization (per vaccine administered) (extra)..... 6.54

Notes:

- i) Payable for an immunization of a patient under 19 years of age.
- ii) Payable at 100% per vaccine administered (any route).
A combination vaccine is payable as a single service.
- iii) Payable at 100% in addition to a visit.
- iv) Payable to a maximum of 6 vaccines per patient, per physician, on the same day. Services which exceed the maximum will be given independent consideration when a claim note record is submitted.
- v) Not payable for an immunization required for travel, employment, or emigration.

10040 Add-on Adult Respiratory Immunization
(per vaccine administered) (extra)

Notes:

- i) Payable for one or more of the following respiratory immunizations for a patient 19 years or older:
influenza (using ICD-9 code V048), pneumococcal (using ICD-9 code V05), pertussis (using ICD-9 code V036), COVID-19 (using ICD-9 code C19) and RSV (using ICD-9 code 33C).
- ii) Payable to a maximum of 4 vaccines per patient, per physician, on the same day.
- iii) Payable at 100% in addition to an in-person service provided in a clinic or a patient's home on the same date of service.
- iv) If the primary purpose of the service is for other immunizations, bill fee item 10052.

The following fee items are deleted with a cancellation date of August 31, 2026:

Adult Immunization Fee Items

- B00010 Intramuscular-injections, including immunizations for patients 19 years or older
- B00034 Subcutaneous injections, including desensitization treatments and immunizations for patients 19 years or older
- B10041 Respiratory immunization for patients 19 years of age or older (without visit)

Immunizations for Patients 18 Years of Age or Younger

- 10047 Pediatric COVID-19 immunization
- 10010 Tdap-IPV or DTaP-IPV (Diphtheria, Tetanus, Pertussis, Polio)
- 10011 DTaP-IPV-Hib (Diphtheria, Tetanus, Pertussis, Polio, Hib)
- 10012 Td (Tetanus, Diphtheria)
- 10013 Td/IPV (Tetanus, Diphtheria, Polio)
- 10014 Tdap (Tetanus, Diphtheria, Pertussis)
- 10015 Influenza (Flu)
- 10016 Hepatitis A
- 10017 Hepatitis B
- 10018 Haemophilus influenza type b (Hib)
- 10019 Polio (IPV)
- 10020 Meningococcal C Conjugate (Men-C)
- 10021 Meningococcal Quadrivalent Conjugate (Groups A,C,Y, W-135)
- 10022 MMR (Measles, Mumps, Rubella)
- 10030 MMR/V (Measles, Mumps, Rubella and Varicella)
- 10023 Pneumococcal Conjugate
- 10024 Pneumococcal Polysaccharide (PPV23)
- 10025 Rabies
- 10026 Varicella (Chickenpox)
- 10027 DTap-HB-IPV-Hib (Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio, Hib)
- 10028 HPV (Human Papillomavirus)
- 10029 Rotavirus

Copy to DoBC: Yes

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