

Obtain Maximum Reimbursement for the Maternal Respiratory Syncytial Virus (RSV) Vaccine (Abrysvo):

Administration, Storage and Coding Tips for Obstetricians

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- **The maternal respiratory syncytial virus (RSV) vaccine (Pfizer's Abrysvo) has a new, seasonal CPT code** for administration, effective for dates of service on and after October 6, 2023.
- **Administering Abrysvo to pregnant patients can help protect newborns and infants against severe RSV lower respiratory tract infection (LRTI) in the first 6 months after birth.** See ACOG's [Practice Advisory, Maternal RSV Vaccination Frequently Asked Questions](#), and [Seven Things to Share with Your Patients About the Maternal RSV Vaccine](#) for additional information and counseling considerations.

Vaccines Codes for Abrysvo

Vaccine (Description)	Code for Vaccine Product	Administration Codes	Administration
Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	90678	90460 - 90472	*Pregnant patient at 32-36 weeks gestation (2nd /3rd trimester of pregnancy) seasonally (September 1 to January 31 in most of the U.S.) in a single dose

This table was adapted from, "Table 8. Coding for RSV Vaccines Administration" in [Immunization Coding for Obstetrician-Gynecologists](#).

Administration & Storage Tips

- Administer Abrysvo in the correct time frame to obtain full reimbursement. Abrysvo can be given to pregnant patients at 32 0/7 through 36 6/7 weeks gestation in a single dose. It is not recommended to give Abrysvo to pregnant patients who are more than 36 weeks 6 days gestation because it is unlikely there is enough time for the antibodies to get to the infant and provide full protection before birth.
- Administer Abrysvo seasonally (from September 1 to January 31 in most of the U.S.) for your geographic location to obtain full reimbursement. In areas where RSV seasonality differs from most of the United States, CDC recommends that health care professionals follow state, local, or territorial guidance for timing administration of the RSV vaccine. It is not recommended to administer Abrysvo outside of seasonal administration because it would offer limited protection to the infant.
- After a pregnant patient has received Abrysvo in a pregnancy, it should not be given in subsequent pregnancies due to limited data on effectiveness. In subsequent pregnancies, administration of infant immunization with the RSV monoclonal antibody, nirsevimab is recommended.
- After the recommend vaccination administration, the unopened and refrigerated shelf life for Pfizer's Abrysvo vaccine is 36 months with storage at standard refrigerator temperatures of 36°F to 46°F (2°C to 8°C).
 - o Regularly monitor the vaccine's expiration date. Discard any expired vaccine.
 - o Any vaccine that is not expired may be used for the following respiratory season, thus reducing waste and additional costs.

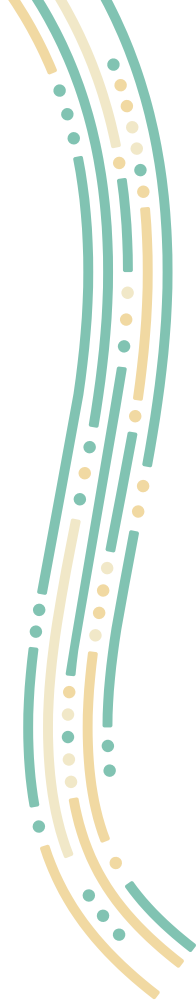
Coding Tips

ICD-10-DM Codes

- Document the gestational age of the fetus at the time of vaccination through the correct ICD-10-DM diagnosis codes (codes Z3A.32 through Z3A.36) on the claim form. *Most payers require providers to document the gestational age of the fetus as part of their coverage policy.*
- Include the other usual ICD-10-CM codes on the claim form that indicate a vaccine was given during a pregnancy visit:
 - o Z23 (vaccine encounter). If the insurance payer is not accepting Z23 as the primary diagnosis, you might try: Z29.11 (encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV).
 - o the appropriate pregnancy encounter code: Z34 family or "O" family since ICD-10-CM guidelines instruct that all pregnancy-related services should have a code from Chapter 15 ("O" codes) as a primary diagnosis.

CPT Codes

- Check your payers' specific Abrysvo coding requirements, as some may vary.
- Document the Abrysvo CPT code (90678).
- Document one of the codes for the act of administering the vaccine:
 - o 90471 (for one vaccine in patients over age 18)
 - o AND 90472 (if a second vaccine is given at the same visit in patients over age 18)
 - o OR 90460 (for patients through age 18 when there is vaccine counseling provided)
 - o AND 90461 (for patients through age 18 if a second vaccine is given at the same visit)



- Some payers may require that modifier 33 be added to the administration code to signify that this was part of a preventive service and should be exempt from patient cost sharing. Check your payers' coding guidelines for this service.
- If there is documentation of distinct vaccine counseling over and above that which is "typical" for a vaccine administration, you may also bill an E/M visit code.

Coding Scenarios

1. A 34-week pregnant woman is given the maternal RSV vaccine (Abrysvo). Which of the following are the correct *ICD-10-CM* codes for a routine prenatal visit with the administration of the RSV vaccine?

- A. Z34.83, Z3A.34
- B. Z34.32, Z24
- C. Z34.92, Z3A.32
- D. Z23, Z3A.34

Answer: D. Z23, Z3A.34

Rationale: Z23 is used to indicate an encounter for immunization, making it appropriate for documenting the administration of the RSV vaccine during a routine prenatal visit. Z3A.34 is used to indicate the fetus gestation in weeks. These codes are specifically for use on the mother's record.

2. A 30-year-old pregnant woman presents at 32 weeks gestation to the clinic for the administration of the maternal RSV vaccine (Abrysvo). Which of the following are the correct CPT codes for the vaccine code and the administration of the vaccine?

- A. 96372, 90683
- B. 90460, 90679
- C. 90471, 90678
- D. 96380, 90381

Answer: C. 90471, 90678

Rationale: The CPT code 90471 is used for the administration of a vaccine when no other significant, separately identifiable evaluation and management service is provided. It covers the administration of the RSV vaccine. The CPT code 90678 covers the RSV vaccine product itself