



Legal Corner

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Red Flag Program Clarification Act of 2010 signed by the President

In accordance with the Fair and Accurate Credit Transactions Act of 2003 ("FCRA"), the Federal Trade Commission issued regulations ("Red Flags Rules") requiring "creditors" to develop and implement written identity theft prevention programs to provide for the identification, detection, and response to patterns, practices, or specific activities that could indicate identity theft. Because of a broad definition of "creditor" used by the FTC, health care practices and other professional practices would have had to implement Red Flag Programs under the FTC's regulations.

The Red Flag Program Clarification Act, signed by President Obama on December 18, 2010, is welcome news for health care practices as it clarified the definition of "creditor" and whether health care practices and other professionals are required to implement Red Flag Programs to prevent and mitigate the risk of identity theft. Health care practices will now be exempt from implementing Red Flags Programs unless the new law's more specific definition of "creditor" applies. The new law limits the definition of "creditor" under the FCRA to only those entities that "use consumer reports," "furnish information to consumer reporting agencies," or "advance funds to or on behalf of a person." Furthermore, the Act specifically exempts an or-

ganization that merely "advances funds on behalf of a person for expenses incidental to a service provided."

This clarification of the definition of "creditor" in effect excludes health care practices from having to comply with the Red Flags Rule. The purpose of limiting the definition was to ensure that only creditors who pose the highest risk for identity theft, including creditors which use consumer reports, furnish information to consumer reporting agencies, or loan money, are required to implement Red Flags programs.

MAG Mutual's Coding Corner

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New Vaccine Administration Codes for 2011

Effective January 1, 2011 two new immunization administration CPT codes 90460 and 90461 became effective, replacing old codes 90465-90468 and reflecting the additional work associated with the provision of multiple-component vaccines:

- 90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxoid component.
- + 90461 – Each additional vaccine/toxoid component.

In order to use these codes effectively you need to know that the add-on code 90461 is for each additional component. In the past, the codes read "each additional vaccine." This means you need to look at all immunizations you provide, with counseling by a physician or other qualified health care professional, to individuals 18 or younger and determine the number of components each vaccine contains.

The American Academy of Pediatrics website offers a table of the top vaccines and the number of components for each one. That table is available online via this website: <http://practice.aap.org/content.aspx?aid=2334>.

Remember, if you give multiple injections during the same visit you'll start coding the second vaccine with a new 90460. Each vaccine administered begins a new cycle of codes.

For example during a well visit for a five year old you might provide the vaccines for Dtap, IPV and Varicella.

- 90700 Dtap (three components)
- 90460 Administration of first component
- 90461 Administration of second component
- 90461 Administration of third component
- 90713 IPV (one component)
- 90460 Administration of first component
- 90716 Varicella (one component)
- 90460 Administration of first component