

# Beyfortus Resources

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This page has all you need to know about Beyfortus administration, including videos, SQL, links and other resources to answer your questions and show you best practices.

## Resources from Office Practicum

### How do I document a 2ml dose for a second season baby?

While 0.5 ml doses and 1 ml doses are like any other immunization product in Office Practicum, [this Quick Tip video](#) shows you step by step how to document a 2 ml dose.

### How much Beyfortus should I order?

[This SQL](#) gives you an account of all active patients with age<8 months, their most recent weight, whether they are private or VFC status, and whether they are eligible for Beyfortus.

### How can I recall patients for Beyfortus?

By using the [Beyfortus Population Evaluation SQL](#), you can select patients you'd like to recall by using the dropdown filters in the Database Viewer. Once you have several babies to whom you'd like to send recall messages, click the green Send button and send messages using PMX.

### Have I billed my doses of Beyfortus correctly?

[This SQL link](#) shows you all the doses you've given, and what administration codes (and units) and product codes (and units) you've used for them. This may help you identify second doses billed incorrectly or doses that you'd like to change the administration code for.

### Why does OP automatically add 96372 to Beyfortus as the admin code?

OP automatically adds 96372 to Beyfortus as the admin code because, until very recently, that was the correct code. OP is currently working on an update such that it will automatically pull 96380 or 96381 depending on whether the Counseling box is marked at the time of administration (just as it does for regular vaccines with 90460/1 vs 90471.)

Until that time, once your payers are ready to accept the new code, we suggest [creating an OP AWARE rule](#) that **removes 96372 if 90380/90381 are also present**.

1. Make a **Billing Group** called "Beyfortus": **Billing > More [far right] > Billing Groups**

Group Name:

Group Type:  CPT Codes  Diagnosis Codes

Codes:  Range  List

Add Code:

90380 × 90381 ×

Status:  Active  Inactive

2. Totally **restart OP** (not just log out log in) OR you will NOT see your new Beyfortus Group
3. Make an **OP AWARE** Rule: **Billing > Advanced Workflow Rule > Add:**

- **Option 1:** To automatically remove 96372 from your claim, make a rule like this:

Rule Name:  Start Date:  End Date:

**When Superbill contains:**  
At least one CPT code or group is required

CPT Code  With the modifiers  and   
when it occurs  in the claim

**The superbill also contains:**

CPT Group  With the modifiers  and   
CPT Group

**Patient's primary insurance has:**

National Payer ID   
Insurance Code   
Claim Filing Type

**Service details include:**

Location   
Rendering Provider ID   
Diagnosis Code

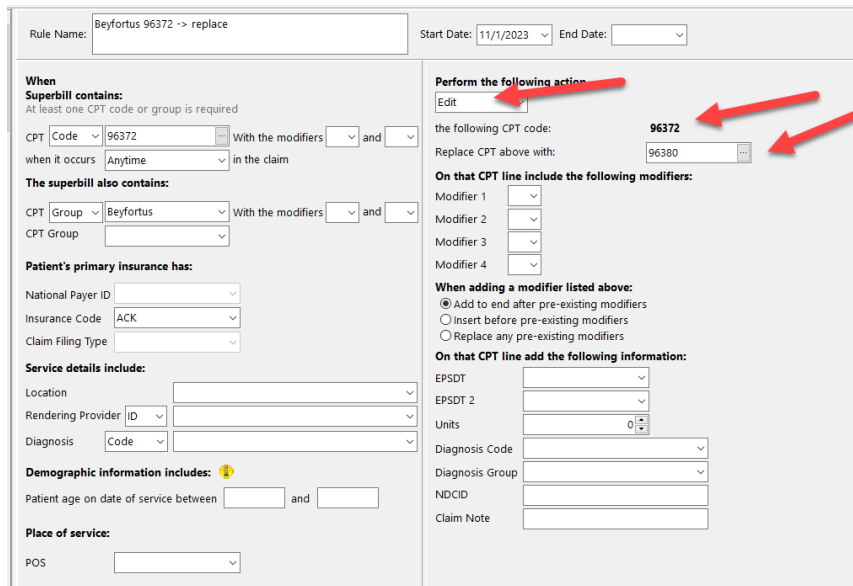
**Demographic information includes:** !  
Patient age on date of service between  and

**Place of service:**


POS


**Perform the following action**  
  
the following CPT code: **96372**

- **Option 2:** To replace 96372 with 96380 (if you are saying that you are ALWAYS providing clinician counseling) make a rule like this:



- **Option 3:** If you want to be super-fancy and replace 96372 with 96380 only when a physician EM is present you can do it this way:
  - a. Create a **Billing Group** called something like "PhsyicianEM" which includes 99212-5, 99381-5, 99391-5, 99202-5, etc.
  - b. Create the **Trigger:**
    - When superbill contains group = Beyfortus anytime AND also contains group = PhysicianEM anytime.
    - Then, Add 96380.
  - c. **Duplicate** the rule and **remove 96372** (see **Option 1** above).

 SET ON YOUR CALENDAR A REMINDER for about **6 weeks from Nov 1** (or when you check the upcoming Release Notes) to see if you need to deactivate the rules; otherwise once OP adds it automatically you may start to have weird/unanticipated changes.

 **Note:** These rules only fire at the moment when you are converting a Superbill (raw charges) to a claim. In other words, they are only applied when you click **Post All** or **Post Selected** from the Charges window.

## Sending Beyfortus to registry


Practices with established connections to immunization registries should not experience any difficulty transmitting 0.5 ml and 1 ml doses of Beyfortus to their registry. However, submission of 2 ml doses from OP to the registry has proved a challenge, because registries differ in how they want a "double dose" reported:

- Two distinct entries of 1 ml Beyfortus
- One distinct entry of Beyfortus 1 ml entered as a "double dose"

Because OP has not yet had opportunity to communicate with each registry regarding its particular format, we encourage practices to:

- Find out with your registry how they would like 2 ml Beyfortus doses reported.
- Ensure that what OP is sending is being accepted by the registry.
- Until OP has clarified your state's requirements, built out and tested them, you may need to log into the registry and manually add/edit/update entries that are rejected by the state.

## OP Resources List

	<b>Help Articles and Videos</b> OP Help links for how-to steps
	<a href="#">Beyfortus Population Evaluation SQL</a>
	<a href="#">Beyfortus Doses Given Overview SQL</a>
	<a href="#">Beyfortus 2ml Administration - Quick Tip Video</a>
	<a href="#">Beyfortus Quick Recall - Quick Tip Video</a>

## Resources from the American Academy of Pediatrics

### Practice Readiness Checklist

What are the operations issues your practice needs to evaluate before offering Beyfortus? Use [this checklist](#) to assess your practice's readiness to administer nirsevimab to patients.

### Nirsevimab Implementation Guide

Use [this guide](#) for strategic tips for managing patient flow and volume as you roll out nirsevimab to patients.

### Nirsevimab Administration Visual Guide

Should this baby get nirsevimab? Use [this guide](#) to help determine if and what dose is needed for administration.


### Immunization Information Statement

Provide [this VIS-like information sheet](#) from the CDC to parents/caregivers when administering nirsevimab.

### Coding Guidance

Initial guidance is included in the resources above but check in with the AAP on the [latest coding guidance for nirsevimab](#).

## AAP Resources List

	<b>AAP Resources</b> External Links for more information
	<a href="#">Practice Readiness Checklist</a>
	<a href="#">Nirsevimab Implementation Guide</a>
	<a href="#">Nirsevimab Administration Visual Guide</a>
	<a href="#">Immunization Information Statement</a>
	<a href="#">Coding Guidance</a>