

Influenza Vaccination Resources



- **ACP Adult Immunization**
www.acponline.org/running_practice/quality_improvement/projects/adult_immunization
- **ACP Foundation HEALTH TiPS**
<http://foundation.acponline.org/hl/htips.htm>
- **CDC ACIP Adult Immunization Schedule**
www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm
- **Infectious Diseases Society of America Adult Immunization**
www.idsociety.org/adultimmunization.htm
- **National Foundation for Infectious Diseases/National Adult Immunization Awareness Week**
www.nfid.org/influenza/index.html



Are You Ready?

STEP 1

Prepare patient education materials

- Vaccine information statements
- “I Got Vaccinated” buttons (for staff and patients)
- ACIP Immunization Schedules for each exam room
- ACP Foundation HEALTH TiPS

STEP 2

Review CDC ACIP Immunization Schedule

STEP 3

Schedule flu clinics (early, mid and late-season)

STEP 4

Vaccinate all season long! (September – March)

STEP 5

Order influenza vaccine for 2009-2010 (late winter/early spring)

Influenza Vaccine Billing and Coding Guide

Insurance	Billing Code	Administration Code
Medicare	90656 (preservative free) 90658 (injection) 90660 (nasal)	G0008
Private	90656 (preservative free) 90658 (injection) 90660 (nasal)	90471 (injection) 90473 (nasal) 90472 (for each additional vaccine injection administered)

When you provide the influenza vaccine, you need to use two codes, one for the vaccine itself and another for the administration of the vaccine, as shown in the chart above.

A physician may bill Medicare for the administration of an influenza vaccine and an office visit or other procedure on the same day and be paid the full fee schedule amount for both services. The administration of the vaccine and the other service must be properly documented and of medical necessity. A modifier does not have to be appended to either CPT code. Claims for vaccines are submitted through the same process as any other service provided by a physician.

Medicare will cover one flu vaccination per season without a physician order. For example, if a patient received a flu vaccination in January 2008, he could receive another vaccination in October 2008, because it is a different season. They do not have to be a full year apart.

Medicare pays for vaccines based on the prices that vaccine manufacturers submit to CMS. Medicare pays 95% of what it calls Average Wholesale Price (AWP). AWP might be more properly understood to be the sticker price or the manufacturer's suggested retail price. It is a price that is higher than any consumer would pay, hence the 5% discount of this price.

If a physician is providing more than one vaccine to a patient in a given day, there are two codes to use for administration. For the first injected vaccine, use 90471. For each additional injected vaccine, use 90472; however, the 90472 code would be reimbursed at about half of the 90471 code.

ACIP Recommendations for the Prevention & Control of Influenza in Adults

Persons at higher risk of influenza complications because of underlying medical conditions, children aged 6 months through 23 months and persons age 49 years or older should receive trivalent inactivated influenza vaccine (TIV). Either TIV or live, attenuated influenza vaccine (LAIV) should be used when vaccinating persons age two through 49 years who do not have medical conditions that put them at higher risk for influenza complications.

Virus strains

The 2008-2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like,

A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. All three strains are different from the 2007-2008 Northern Hemisphere influenza vaccine.

Antivirals

Osetamivir and zanamivir are the only antiviral medications currently recommended for use in the U.S.

The following table details approved vaccines for the 2008-2009 influenza season.



Approved influenza vaccines for different age groups

Vaccine	Trade name	Manufacturer	Presentation	Thimerosal mercury content (mcg Hg/0.5 mL dose)	Age group	# of Doses	Route
TIV	Fluvirin	Novartis	5.0 mL multidose vial/ 0.5 mL prefilled syringe	25 or ≤1.0	≥ 4 years	1 or 2	Intramuscular [§]
TIV	Fluarix	GlaxoSmithKline	0.5 mL prefilled syringe	≤1.0	≥ 18 years	1	Intramuscular [§]
TIV	FluLaval	GlaxoSmithKline	5.0 mL multidose vial	25	≥ 18 years	1	Intramuscular [§]
TIV	Fluzone	Sanofi Pasteur	5.0 mL multi-dose vial/0.25 mL prefilled syringe, 0.5 mL prefilled syringe or single dose vial	25 or preservative free	≥ 6 months	1 or 2	Intramuscular [§]
TIV	Afluria	CSL Biotherapies	5.0 mL multidose vial/0.5 mL prefilled syringe	24.5 or preservative free	≥ 18 yrs	1	Intramuscular [§]
LAIV	FluMist*	MedImmune	0.2 mL sprayer	preservative free	2-49 years	1 or 2	Intranasal

* FluMist dosage and storage requirements were changed as of the 2007-08 flu season. FluMist is now shipped to end users at 35°-46° F (2°-8° C). LAIV should be stored in this temperature range upon receipt and should remain at that temperature until the expiration date is reached. The dose is 0.2 mL divided equally between each nostril.

§ For adults and older children the recommended site of vaccination is the deltoid muscle.

Source: 2008-09 Influenza Prevention & Control Recommendations. Dosage, Administration, and Storage. <http://www.cdc.gov/flu/professionals/acip/dosage.htm>.