

# Fluzone<sup>®</sup>, Influenza Vaccines

## 2017-2018 Coding and Billing Quick Reference

### Coding for all Fluzone Vaccines

Because there are many CPT<sup>®a</sup> codes that describe influenza vaccine, accurate coding for influenza vaccine is critical. You must code correctly based on the product you are using in order to receive the accurate payment. The grid below explains how to code for Fluzone vaccines.

Fluzone Vaccine Product Description	When the Payer Requires the Outer Carton NDC <sup>b</sup>	When the Payer Requires the Unit-of-Use NDC	Presentation and Dose	CPT Code
<b>Fluzone High-Dose, Influenza Vaccine, Contains No Preservative</b>	N449281040165 ML0.5	N449281040188 ML0.5	10 single-dose 0.5-mL syringes	<b>90662</b>
<i>90662 = Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</i>				
<b>Fluzone Intradermal Quadrivalent, Influenza Vaccine, Contains No Preservative</b>	N449281071240 ML0.1	N449281071248 ML0.1	10 single-dose 0.1-mL microinjection systems	<b>90630</b>
<i>90630 = Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use</i>				
<b>Fluzone Quadrivalent, Influenza Vaccine, Contains No Preservative: Pediatric Dose</b>	N449281051725 ML0.25	N449281051700 ML0.25	10 single-dose 0.25-mL syringes	<b>90685</b>
<i>90685 = Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use</i>				
<b>Fluzone Quadrivalent, Influenza Vaccine, Contains No Preservative</b>	N449281041750 ML0.5	N449281041788 ML0.5	10 single-dose 0.5-mL syringes	<b>90686</b>
	N449281041710 ML0.5	N449281041758 ML0.5	10 single-dose 0.5-mL vials	
<i>90686 = Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use</i>				
<b>Fluzone Quadrivalent, Influenza Vaccine</b>	N449281062715 ML0.25	N449281062778 ML0.25	0.25-mL dose taken from 5-mL multi-dose vial	<b>90687</b>
	N449281062715 ML0.5	N449281062778 ML0.5	0.5-mL dose taken from 5-mL multi-dose vial	<b>90688</b>
<i>90687 = Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use</i>				
<i>90688 = Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use</i>				

**Important: Medicare has not assigned Q codes for quadrivalent influenza vaccines. Use the codes noted here as appropriate.**

### NDC's Change Each Year for Influenza Vaccines

The table above shows how to submit the NDCs for 2017-2018 Fluzone vaccines. Influenza vaccines are licensed each year with new NDCs, so it is important to report the correct code for the products you are using. When payers require a product's NDC on professional claims, you must bill correctly or the claim will deny and you will need to resubmit with the correct NDC. Begin by determining if the payer requires the carton NDC or the unit-of-use NDC. On line 24A place qualifier N4, the 11-digit NDC number, without hyphens, the Unit of Measure and Units Dispensed. To convert Fluzone vaccines to the required 11-digit format, add a leading zero in the middle section of numbers (ex. 49281-401-65 = 49281-0401-65). Unit of Measure, ML, is used when the product is supplied in a liquid format. Units Dispensed is the actual decimal quantity administered. Continue to bill the vaccine's CPT code and the administration code.

Visit the Reimbursement Information section on [VaccineShoppe.com](http://VaccineShoppe.com)<sup>®</sup> for additional resources. Contact the Sanofi Pasteur Reimbursement Support Service (RSS) at 1-800-VACCINE (1-800-822-2463) prompt 2, with questions on coverage and payment for Fluzone vaccines or other Sanofi Pasteur products. View our on-demand webinars on coding and billing for Fluzone vaccines at [www.crackingthecodestraining.com](http://www.crackingthecodestraining.com).

## Coding for the Administration of Fluzone Vaccines

The administration of Fluzone vaccine should be reported in addition to the vaccine product code. Assign the appropriate immunization administration code based on the documentation in the medical record.

All Fluzone vaccines are single-component vaccines; therefore, the appropriate administration coding for patients through 18 years of age when qualified counseling occurs is 1 unit of CPT 90460. If qualified counseling does not occur in a patient 0-18 years of age, or if the patient is older than 18 years of age (with or without qualified counseling), bill CPT code 90471 or 90472 as appropriate.

Medicare **requires** use of HCPCS<sup>c</sup> codes for the administration of the vaccines that they cover preventively, including influenza vaccine. HCPCS code G0008 must be used when billing Medicare for the administration of Fluzone vaccines, regardless of patient age or provider counseling. See the grid below for more information on these codes.

CPT or HCPCS Code	Description	Suggested Use
<b>90460</b> (Component-based, Primary Code)	Immunization administration through 18 years of age via any route of administration with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	All Fluzone vaccines are single-component vaccines; therefore appropriate administration coding for patients through 18 years of age when qualified counseling occurs is 1 unit of CPT 90460.
<b>90471</b> (Injection-based, Primary Code)	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)	When qualified counseling does not occur in a patient 0-18 years of age, or if the patient is older than 18 years of age (with or without counseling), the appropriate administration code is CPT90471 if Fluzone is the first vaccine administered at the encounter.
<b>90472</b> (Injection-based, Add-on Code)	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)	When qualified counseling does not occur in a patient 0-18 years of age, or if the patient is older than 18 years of age (with or without counseling), the appropriate administration code is CPT90472 if Fluzone is administered after another vaccine at the encounter.
<b>G0008</b> (Medicare Required)	Administration of influenza virus vaccine	Medicare requires HCPCS code G0008 when billing for the administration of any influenza vaccine, regardless of the patient's age or provider counseling.

## Influenza Vaccine ICD-10<sup>d</sup> Diagnosis Codes

Below are suggested ICD-10 diagnosis codes that may be appropriate when submitting claims for Fluzone vaccines and their administration. The code(s) should be linked to both the vaccine and the administration codes.

ICD-10 Code	Description	Suggested Use
Z23	Encounter for Immunization	Primary diagnosis code used for influenza vaccine and its administration
Secondary high-risk code as appropriate	To be determined by practitioner	Consider adding a secondary diagnosis code to identify a patient's high-risk condition

## Use of Modifiers when Billing for Vaccines

Vaccines are usually administered at preventive visits. However, they may also be administered at problem-focused visits, prescription refills, and screening exams. When a vaccine is administered at any type of visit, the modifier -25 may need to be attached to the evaluation and management code along with an ICD-10 code which describes the reason for the visit to identify that it is separate and significantly different than other services billed. Check with your payers to understand their coding requirements regarding use of the -25 modifier.

## Examples for Billing Fluzone Vaccines in the Physician's Office

### Fluzone Intradermal Quadrivalent Vaccine Administered at a Problem-Focused Visit

A 36-year-old is seen at the physician's office for evaluation of her asthmatic condition and related prescription refills. The physician recommends she receive an influenza vaccine and administers **Fluzone Intradermal Quadrivalent Vaccine**. The patient's plan requires NDCs on claims.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		22. MEDICAL CODE									
1. J44.9		23. PRIOR AUTHORIZATION NUMBER									
2. Z23											
24. A N449281071248 ML0.1		4. L									
DATE(S) OF SERVICE	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS CODE	\$ CHARGES	OR UNITS	Family Plan	EMG	COB	LOCAL USE	FORMAT
10/15/17	11		99212 25	1							
10/15/17	11		90630 SK	2							
10/15/17	11		90471	2							

The ICD-10 code attached to the office visit must describe the reason for the visit.

Code the applicable level of office visit and use modifier -25 to alert the payer that the office visit is separate and significantly different than the other procedures performed, per the payers coding requirements.

The payer required unit-of-use NDC number is included on line 24A.

Code the influenza vaccine product and the vaccine administration and link both to the ICD-10 code for influenza immunization. Consider attaching the SK modifier because the patient is high risk (ie, asthmatic).

### Fluzone Quadrivalent Vaccine and Another Vaccine Administered at a Child Well Visit, Qualified Counseling Occurs

A 6-month-old patient is seen for a well visit and receives one dose of Pentacel®, Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus and Haemophilus b Conjugate (Tetanus Toxoid Conjugate) Vaccine and 1 dose of **Fluzone Quadrivalent, Influenza Vaccine, No Preservative: Pediatric Dose**. The physician counsels the parent on both vaccines administered.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		22. MEDICAL CODE									
1. Z00.129		23. PRIOR AUTHORIZATION NUMBER									
2. Z23											
24. A		4. L									
DATE(S) OF SERVICE	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE	MATC
09/30/17	11		99391 25	1		1					
09/30/17	11		90698	2		1					
09/30/17	11		90685	2		1					
09/30/17	11		90460	2		2					
09/30/17	11		90461	2		4					

The ICD-10 code attached to the office visit must describe the reason for the visit.

Use the CPT codes for Pentacel vaccine (90698) and Fluzone Quadrivalent Vaccine: Pediatric Dose (contains no preservative) (90685) and link to the diagnosis code for the immunization.

Because qualified counseling occurred for a patient younger than 18 years of age, bill 2 units of 90460 (1 each for Fluzone and Pentacel vaccines) and 4 units of 90461 for the remaining 4 components of Pentacel vaccine. Link to the immunization diagnosis code.

### Fluzone High-Dose Vaccine Administered to a Medicare Patient

A 72-year-old Medicare beneficiary is seen for a wrist contusion. The physician takes the opportunity to administer **Fluzone High-Dose, Influenza Vaccine**.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		22. MEDICAID RESUBMISSION CODE								
1. S60.211		ORIGINAL REF. NO.								
2. Z23		23. PRIOR AUTHORIZATION NUMBER								
24. A		4. L								
DATE(S) OF SERVICE	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EMG	COB	LOCAL USE	SUPPL
12/01/17	11		99213 25	1		1				
12/01/17	11		90662	2		1				
12/01/17	11		G0008	2		1				

The ICD-10 code attached to the office visit must describe the reason for the visit. Also attach the modifier -25 to the visit to identify that it is separate and significant from other services.

Use the CPT code for high-dose influenza vaccine and the Medicare required HCPCS for its administration (G0008). Attach the ICD-10 code for influenza vaccine to both.

## Medicare Roster Billing for Influenza Vaccine by Mass Immunizers

Mass immunizers are traditional and non-traditional Medicare providers or suppliers who offer influenza (and/or pneumococcal) vaccination to large numbers of Medicare beneficiaries and bill using a roster form. To qualify for roster billing, immunizers must be enrolled as a Medicare provider. The roster billing process can be used as long as influenza vaccine is provided to more than one Medicare beneficiary on the same day. Only one vaccine CPT code can be billed per roster bill, so all patients on that bill must receive the same vaccine. If various vaccines are used, you must submit a separate roster bill for each vaccine CPT code. Other services performed that day must be billed using normal Medicare claims filing procedures.

Roster billing can help to streamline the billing process for such immunization efforts. Use a CMS-1500 claim form and bill 1 unit each of the appropriate influenza vaccine code and G0008 for the vaccine administration. Include the appropriate ICD-10 code and your charge for each service. Attach a roster to identify the Medicare beneficiaries who received the immunizations, similar to that pictured below. Although there is no standard roster form, your Medicare carrier website may have a sample form that can be easily reproduced.

### Sample Roster

Provider Name: Dr. David Morris, MD  
 Provider Billing Number: 1235467ABC  
 Date of Service: September 1, 2017

Insured's ID	Last Name	First Name	M.I.	D.O.B.	Sex	Signature or "Signature on File"	Address
231-65-4987	Smith	Francis	R	072241	F	On File	904 Miles Ave Anytown USA
987-65-4321	Jones	Frank		081330	M	On File	301 Hospital St Anytown USA

PLEASE DO NOT STAPLE IN THIS AREA



### HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN (FOR PROGRAM IN ITEM 9) OTHER  
 2. PATIENT'S NAME (Last Name, First Name, Middle Initial)  
 See attached roster  
 3. PATIENT'S BIRTH DATE  
 4. INSURED'S NAME (Last Name, First Name, Middle Initial)  
 5. PATIENT'S ADDRESS (No., Street)  
 6. PATIENT RELATIONSHIP TO INSURED  
 7. INSURED'S ADDRESS (No., Street)  
 8. PATIENT STATUS  
 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
 10. IS PATIENT'S CONDITION RELATED TO:  
 11. INSURED'S POLICY GROUP OR FECA NUMBER  
 12. MEDICAID RESUBMISSION CODE  
 13. PRIOR AUTHORIZATION NUMBER  
 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)  
 Z23  
 24. DATE(S) OF SERVICE  
 09 01 17 09 01 17 60  
 90662  
 1  
 XX XX  
 09 01 17 09 01 17 60  
 G0008  
 1  
 XX XX  
 27. ACCEPT ASSIGNMENT?  
 YES  
 29. TOTAL CHARGE  
 XX XX  
 30. AMOUNT PAID  
 31. SIGNATURE OF PHYSICIAN OR SUPPLIER  
 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED  
 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

- Assign the appropriate vaccine code based on dosing per age group and product used (Fluzone High-Dose vaccine is used in this example).
- Enter charge per unit of service. If the provider is not charging for either the vaccine or its administration, enter \$0.00 or NC for service not being billed.
- Use Place of Service '60' when roster billing.
- Complete the Provider Identification Information.

The information contained in the Fluzone Vaccine Coding and Billing Quick Reference is provided for informational purposes only. Every reasonable effort has been made to verify the accuracy of the information; however, this quick reference is not intended to provide specific guidance on how to utilize, code, bill, or charge for any product or service. Health-care providers should make the ultimate decision as to when to use a specific product based on clinical appropriateness for a particular patient. Third-party payment for medical products and services is affected by numerous factors and Sanofi Pasteur Inc. cannot guarantee success in obtaining insurance payments.

<sup>a</sup> CPT (Current Procedural Terminology) is a registered trademark of the American Medical Association.  
<sup>b</sup> NDC = National Drug Code.  
<sup>c</sup> HCPCS = Healthcare Common Procedure Coding System.  
<sup>d</sup> ICD-10 = International Classification of Diseases 10th Edition.

