

FLUAD[®]

(Influenza Vaccine, Adjuvanted)

Coding and Billing



Be sure to use the Current Procedural Terminology (CPT) code for FLUAD.

Code for the FLUAD vaccine administered

2024-2025 NDC Carton ¹	2024-2025 NDC Unit-of-Use ¹	Presentation ¹	Product Billing CPT Code ²	Description ¹	CVX Code* ²	MVX Code
70461-024-03	70461-024-04	0.5-mL pre-filled syringe	CPT and Medicare code 90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	168	SEQ

*CVX=vaccine administered code indicates which product was used and is used in combination with the manufacturer (MVX) code

NDC=National Drug Code

Note: Some payers may require use of NDCs. If so, determine if the payer requires the carton NDC or the unit-of-use NDC, and then determine if the payer requires the 10-digit or 11-digit format. If 11-digit, add a leading zero to the middle section of numbers.

Code for the administration of FLUAD

Report the appropriate administration code in addition to the CPT code for FLUAD.² For most payers, use the appropriate CPT code based on age and counseling provided. Note: Medicare (and some other payers) requires use of the Healthcare Common Procedure Coding System (HCPCS) code, G0008, for administration of influenza vaccines instead of the CPT code for administration.³

Include the appropriate *International Classification of Diseases, Tenth Revision (ICD-10)* diagnosis code

Report the ICD-10 diagnosis code, Z23, indicating an encounter for vaccine administration. The ICD-10 diagnosis code should be linked to both the vaccine and the administration code.³

Determine if modifier 25 is appropriate

When FLUAD is administered on the same date as a significant and separately identifiable Evaluation and Management (E/M) visit, apply modifier 25 to the E/M CPT code, denoting a “significant and separately identifiable” service from the vaccine and vaccine administration service.⁴

Please see Important Safety Information on next page, and the full US Prescribing Information for FLUAD.

For US Healthcare Professional Use Only
This information does not constitute a guarantee or warranty of coverage benefits or reimbursement.

CPT Code ⁵	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); first or only component of each vaccine or toxoid administered
HCPCS Code ³	Description
G0008	Seasonal influenza virus vaccine administration
ICD-10 Code ³	Description
Z23	Encounter for immunization

Visit [flu360.com](https://www.flu360.com) for additional resources and information.

Questions?



Call flu360 Customer Service
(855) 358-8966, option 2

FLUAD® (Influenza Vaccine, Adjuvanted)

INDICATION and IMPORTANT SAFETY INFORMATION

INDICATIONS AND USAGE

FLUAD is a vaccine indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. FLUAD is approved for use in adults 65 years of age and older.

This indication is approved under accelerated approval based on the immune response elicited by FLUAD. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer FLUAD to anyone with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine, including egg protein, or to a previous influenza vaccine.

WARNINGS AND PRECAUTIONS

If Guillain-Barré Syndrome (GBS) has occurred within six weeks of previous influenza vaccination, the decision to give FLUAD should be based on careful consideration of the potential benefits and risks.

Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of FLUAD.

Information on reimbursement is provided as a courtesy. Due to the rapidly changing nature of the law, Medicare payment policy, and/or reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided “as is” and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise.

Providers must confirm or clarify coding and coverage from their respective payers, and are responsible for accurate reporting of products in accordance with particular payer requirements.

References: **1.** FLUAD. Package insert. Seqirus Inc. **2.** Centers for Disease Control and Prevention. CPT codes mapped to CVX codes. Accessed February 22, 2024. <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt> **3.** Centers for Medicare & Medicaid Services. Flu shot & administration. Accessed February 22, 2024. <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#FLU> **4.** American Medical Association. Current Procedural Terminology 2024 (Professional Edition). American Medical Association; 2024. **5.** American Academy of Pediatrics. Coding for pediatric preventive care 2022. Accessed February 22, 2024. <https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf>

Syncope (fainting) may occur in association with administration of injectable vaccines including FLUAD. Procedures should be in place to avoid injury from fainting.

The immune response to FLUAD in immunocompromised persons, including individuals receiving immunosuppressive therapy, may be lower than in immunocompetent individuals.

Vaccination with FLUAD may not protect all vaccine recipients against influenza disease.

ADVERSE REACTIONS

The most common ($\geq 10\%$) local and systemic adverse reactions in adults 65 years of age and older who received FLUAD were injection site pain (25%), injection site tenderness (21%), myalgia (15%), fatigue (13%) and headache (13%).

Other adverse events may occur.

To report SUSPECTED ADVERSE REACTIONS, contact CSL Seqirus at 1-855-358-8966 or VAERS at 1-800-822-7967 and www.vaers.hhs.gov.

Before administration, please see the [full US Prescribing Information for FLUAD](#).