DHS Oregon Department of Human Services

Division of Medical Assistance Programs

Information Memorandum Transmittal

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DMAP Policy and Planning Section
Authorized Signature

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Subject: Provider announcement: 2007-2008 flu season update

Applies to (check all that apply):

- ☐ All DHS employees
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- ☐ Children, Adults and Families
- ☐ County DD Program Managers
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- ☐ Health Services
- ☐ Seniors and People with Disabilities
- ☒ Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP will mail the following announcement to enrolled physicians, nurse practitioners, and public health departments. It provides updated flu vaccine information for the 2007-2008 flu season and a reminder on how to bill DMAP for flu vaccines.

If you have any questions about this information, contact:

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November 9, 2007

To: Physicians, Nurse Practitioners and Public Health Departments

From: Jean S. Phillips, Interim Deputy Administrator
DMAP Program and Policy Section

Subject: 2007-2008 Flu Season Update

The enclosed communication provides a 2007-2008 Flu Season Update on:

1. Who should get a yearly flu vaccine.
2. Who should not get a flu vaccine.
3. FDA approval on FluMist for healthy children age 2-4 without history of wheezing. Previous approval was limited to ages 5-49 years of age.
4. Advisory Committee on Immunization Practices (ACIP) 2007 updates.
5. Approved flu vaccines for the 2007-2008 flu season.
6. Flu vaccine billing instructions for fee-for-service clients.

Questions?

- If you have questions about who should receive flu vaccines, call Oregon SafeNet. The number is 800-SAFENET (800-723-3638).
- If you have billing questions, call DMAP Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us.

2007-2008 Flu Vaccine Update

Who should get flu vaccines?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, the Advisory Committee on Immunization Practices (ACIP) recommends that certain people should get vaccinated each year:

People at high risk for complications from the flu, including:

1. Children aged 6 months until their 5th birthday.
2. Pregnant women.
3. People 50 years or age and older.
4. People of any age with certain chronic medical conditions.
5. People who live in nursing homes and other long term care facilities.

People who live with or care for those at high risk for complications from the flu, including:

1. Household contacts of persons at high risk for complications from the flu (listed at left).
2. Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated).
3. Healthcare workers.

Use of nasal spray flu vaccine

Vaccination with the nasal-spray flu vaccine is ***always*** an option for healthy persons aged 2-49 years who are not pregnant.

On September 19, 2007, the U.S. Food and Drug Administration approved use of the nasal influenza vaccine LAIV (FluMist®) for healthy children age 2-4 years old (24-59 months old) without a history of recurrent wheezing, as well as for healthy persons age 5-49 years who are not pregnant. Previously, approval was for healthy persons age 5-49 years who are not pregnant.

More information is available at www.fda.gov/bbs/topics/NEWS/2007/NEW01705.html.

Who should not get a flu vaccine?

There are some people who should not be vaccinated without first consulting a physician. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza vaccine previously.

- Influenza vaccine is not approved for use in children less than 6 months old.
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

2007 ACIP recommendations

The 2007 ACIP recommendations include six principal changes or updates:

- ACIP reemphasizes the importance of administering 2 doses of vaccine to all children aged 6 months–8 years if they have not been vaccinated previously at any time with either LAIV (doses separated by 6 weeks or more) or TIV (doses separated by 4 weeks or more), on the basis of accumulating data indicating that 2 doses are required for protection in these children
- ACIP recommends that children aged 6 months–8 years who received only 1 dose in their first year of vaccination receive 2 doses the following year.
- ACIP reiterates a previous recommendation that all persons, including school-aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others, should be vaccinated.
- ACIP emphasizes that immunization providers should offer influenza vaccine and schedule immunization clinics throughout the influenza season.
- ACIP recommends that health-care administrators consider the level of vaccination coverage among healthcare personnel (HCP) to be one measure of a patient safety quality program and implement policies to encourage HCP vaccination (*e.g.*, obtaining signed statements from HCP who decline influenza vaccination).
- The 2007–2008 trivalent vaccine strains are A/Solomon Islands/3/2006 (H1N1)-like (new for this season), A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/ 2004-like viruses.

Source: Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007. Available at www.cdc.gov.mmwr/preview/mmwrhtml/rr56e629a1.htm. Accessed on October 23, 2007.

How does an Oregon Medicaid provider bill for a fee for service (FFS) flu vaccine?

For Medicaid recipients age 0 – 18

Vaccine serums are free under the federal Vaccines for Children (VFC) program. Only VFC-enrolled providers can receive free vaccines. DMAP **will not** reimburse, for a 0-18 year old Medicaid FFS recipient, the cost of a privately purchased vaccine.

- Flu vaccines are provided through the Vaccine for Children (VFC) program. DMAP will reimburse only for the administration of those VFC vaccines.
- To bill for administration of a VFC vaccine, use the vaccine code with modifier -26 or -SL for each injection.

- Read the following excerpt from the Medical-Surgical Service Rule: 410-130-0255 (4)(e)(A-B), *Immunization and Immune Globulins*.

  A. When the sole purpose of the patient visit is to administer a VFC vaccine, the provider should bill the appropriate vaccine procedure code with modifier -26 or -SL for each injection. **DO NOT BILL Administration CPT Codes 90465-90474 or EM Code 99211.**

  B. When the vaccine is administered as part of an Evaluation and Management (EM) service (e.g., well-child visit) the provider should bill the appropriate immunization code with modifier -26 or -SL for each injection **in addition to** the Evaluation and Management code.

For Medicaid recipients age 19 and older

Use standard billing procedures for flu vaccines. See the following chart for influenza vaccines that have been approved for the 2007-2008 flu season. A subsequent chart lists the flu vaccine administration codes used with this age group.

Approved 2007-2008 Flu Season Influenza Vaccine Chart						
Trade Name	**Manufacturer**	**Presentation**	**Thimerosal Preservative (mcg/hg -0.5 mL dose)**	**Age Group**	**No. of Doses**	**CPT Code**
Trivalent inactivated vaccine (TIV)[A] – Intramuscular* route						
Fluzone	Sanofi Pasteur	0.25 mL prefilled syringe	0	≥ 6-35 mos	1 or 2[B]	90655
Fluzone	Sanofi Pasteur	0.5 mL prefilled syringe	0	≥ 36 mos	1 or 2[B]	90656
Fluzone	Sanofi Pasteur	0.5 mL Vial	0	≥ 36 mos	1 or 2[B]	90656
Fluzone	Sanofi Pasteur	5.0 mL multidose vial	25	≥ 6 -35 mos	1 or 2[B]	90657
Fluzone	Sanofi Pasteur	5.0 mL multidose vial	25	≥ 36 mos	1 or 2[B]	90658
Fluvirin	Novartis Vaccine	5.0 mL multidose vial	24.5	≥ 4 yrs	1 or 2[B]	90658
Fluarix	GlaxoSmithKline	0.5 mL prefilled syringe	<1.0	≥ 18 yrs	1	90656
Flulaval	GlaxoSmithKline	5.0 mL multidose vial	25	≥ 18 yrs	1	90658
Live attenuated influenza vaccine (LAIV) – Intranasal route						
FluMist±	MedImmune	0.2 mL sprayer	0	5-49 yrs	1 or 2[C]	90660

Approved 2007-2008 Flu Season Influenza Vaccine Chart ~ Footnotes.

A Trivalent inactivated vaccine (TIV) A 0.5 mL does contains 15 mcg of each A/Solomon islands/3/2006 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like and B/Malaysia/2506/2004-like antigens.

B. Two doses administered at least 1 month apart are recommended for children aged 6 months-8years who are receiving TIV for the first time and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

C. Two doses administered at least 6 weeks apart are recommended for children aged 5-6 years who are receiving LAIV for the first time, and those who received only 1 dose in their first year of vaccination should receive 2 doses in the following year.

***** For adults and older children the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

± FluMist Dosage and Storage Requirements have changed for the 2007-2008 influenza season. FluMist is not shipped to end users at 35°F -46°F (2°C -8°C) LAIV should be stored at 35°F -46°F (2°C -8°C) 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.

Source: Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007. Available at www.cdc.gov.mmwr/preview/mmwrhtml/rr56e629a1.htm. Accessed on October 23, 2007.

Flu Vaccine Administration Codes – (Medicaid Patients 19 years and older)	
Code	**Description**
90471*	Immunization administration (include percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472*	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)
* Codes 90471 and 90472 are reported for flu vaccine injections when no physician counseling is provided at the time of vaccine administration or when vaccines are administered to persons older than 8 years who are not Medicare beneficiaries. Code 90471 is reported when the first vaccine is administered by injection, and code 90472 is reported for each additional vaccine injection.	
90473**	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474**	Each additional vaccine (single or combination vaccine/toxoid). (List separately in addition to code for primary procedure.)
** Codes 90473 and 90474 are reported when providing vaccines to these patients by intranasal or oral routes. Code 90473 is reported when the first vaccine administration is by intranasal or oral route, and code 90474 for each additional vaccine administered by these methods.	
Source: Current Procedural Terminology Code (CPT© 2007 American Medical Association)	