

FLUAD® QUADRIVALENT (Influenza Vaccine, Adjuvanted) Coding and Billing



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

Code for the FLUAD QUADRIVALENT vaccine administered

2020-2021 NDC Carton ¹	2020-2021 NDC Unit-of-Use ¹	Presentation ¹	Product Billing Code	Description ¹
70461-120-03	70461-120-04	Single-dose, pre-filled, needleless syringe	NEW CPT and Medicare code 90694	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use

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 QUADRIVALENT

Report the appropriate administration code in addition to the CPT code for FLUAD QUADRIVALENT.² Note that 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 that includes vaccine administration. The ICD-10 diagnosis code should be linked to both the vaccine and the administration codes.³

Determine if modifier 25 is appropriate

When FLUAD QUADRIVALENT 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.²

CPT Code ²	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 involving immunization

Please see Important Safety Information on next page, and the US full Prescribing Information for FLUAD QUADRIVALENT [here](#).

Questions?



Call flu360 | Support
855-358-8966, option 3

FLUAD® QUADRIVALENT (Influenza Vaccine, Adjuvanted)

Important Safety Information



INDICATIONS AND USAGE

FLUAD QUADRIVALENT is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza virus subtypes A and types B contained in the vaccine. FLUAD QUADRIVALENT is approved for use in persons 65 years of age and older.

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

CONTRAINDICATIONS

Severe allergic reaction to any component of the vaccine, including egg protein, or after a previous dose of any influenza vaccine.

WARNINGS AND PRECAUTIONS

- If Guillain-Barré Syndrome (GBS) has occurred within six weeks of previous influenza vaccination, the decision to give FLUAD QUADRIVALENT should be based on careful consideration of the potential benefits and risks.
- Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.
- The immune response to FLUAD QUADRIVALENT in immunocompromised persons, including individuals receiving immunosuppressive therapy, may be lower than in immunocompetent individuals.
- Syncope (fainting) may occur in association with administration of injectable vaccines including FLUAD QUADRIVALENT. Ensure procedures are in place to avoid injury from falling associated with syncope.

ADVERSE REACTIONS

- The most common ($\geq 10\%$) local and systemic reactions in elderly subjects 65 years of age and older were injection site pain (16.3%), headache (10.8%) and fatigue (10.5%).

Other adverse events may occur. For a comprehensive list of local and systemic adverse reactions, please see full Prescribing Information.

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

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

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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 QUADRIVALENT [package insert]. Summit, NJ: Seqirus Inc; 2020. **2.** American Academy of Family Physicians. Coding for vaccine administration. <https://www.aafp.org/practice-management/payment/coding/admin.html>. Accessed July 8, 2020. **3.** Centers for Medicare and Medicaid Services. Medicare Part B immunization billing: seasonal influenza virus, pneumococcal, and hepatitis B. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/qv_immun_bill.pdf. Published January 2020. Accessed July 8, 2020.

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