



2018-19 Influenza Vaccines Guidelines and Recommendations

Influenza viruses typically circulate in the United States annually, most commonly from late fall through early spring. Most persons who contract influenza will recover without sequelae. However, influenza can cause serious illness, hospitalization, and death, particularly among older adults, very young children, pregnant women, and those with certain chronic medical conditions.

Populations at Higher Risk for Medical Complications Attributable to Severe Influenza

All persons aged ≥ 6 months without contraindications should be vaccinated annually. However, vaccination to prevent influenza is particularly important for persons who are at increased risk for severe complications from influenza and for influenza-related outpatient, emergency department, or hospital visits. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons at higher risk for medical complications attributable to severe influenza who do not have contraindications. These persons include (no hierarchy is implied by order of listing):

- All children aged 6 through 59 months;
- All persons aged ≥ 50 years;
- Adults and children who have chronic pulmonary (including asthma) or cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who are immunocompromised due to any cause (including immunosuppression caused by medications or by HIV infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reyes syndrome after influenza virus infection;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives; and
- Persons who are extremely obese (body mass index ≥ 40).

Diagnosis Code Z23 (Encounter for immunization)

UHA Standard Influenza Vaccine Codes (Once a panel is selected both vaccine and administration charges are billed)	
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use

Epic Orders

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- FLU VACCINE QUAD (FLUARIX/FLULAVAL/FLUZONE) PRESERVATIVE-FREE UHA PANEL 90686
- FLU VACCINE 6-35 MONTHS QUAD (FLUZONE PEDIATRIC) PRESERVATIVE-FREE UHA PANEL 90685
- FLU VACCINE 65 YR+ TRI (FLUZONE HIGH-DOSE) PRESERVATIVE-FREE UHA PANEL 90662



UHA Non-Standard Influenza Vaccine Codes (Once a panel is selected both vaccine and administration charges are billed)	
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use

New Influenza Code Effective January 1, 2019	
90689	Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use

References:

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm>

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qi_immun_bill.pdf

<https://www.encoderpro.com/epr/>

For coding questions or coding corner suggestions: UHAcoding.billing.help@stanfordhealthcare.org