

How to code for flu vaccine, administration in 2018-'19 season

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It's that time of year again when patients will need their annual influenza vaccine. Some will combine with another service, while others will come in solely for the vaccine. Keep the following in mind for the upcoming season:

- If administering a quadrivalent vaccine, be sure to use the appropriate quadrivalent code and not the trivalent code.
- Live attenuated inactivated influenza vaccine (LAIV4, Flumist) is an option.
- Remember to note:
 - a. trivalent vs. quadrivalent
 - b. preservative vs. no preservative
 - c. dosage
 - d. route of administration
 - e. any other distinctive feature of the vaccine (e.g., cell cultured, antibiotic free)

It is important to know the specific vaccine product being ordered and administered in your office. When administering the vaccines, be sure the patient meets the age requirement.

Code descriptors in the table are listed by "quadrivalent" or "trivalent" to differentiate the products. (The Academy does not promote one vaccine product over another, and the list may not include all products.)

As with all vaccines, report a vaccine product code in addition to the appropriate immunization administration (IA) code.

CPT code	Brand	Manufacturer	CPT descriptor	Recommended age
Quadrivalent				
90630	Fluzone ID Quadrivalent	Sanofi Pasteur	Influenza, quadrivalent, split virus, preservative-free, ID	≥18 years
90672	Flumist Quadrivalent	Medimmune	Influenza, quadrivalent, live, intranasal use	≥2 years
90674	Flucelvax Quadrivalent	Seqirus	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative- and antibiotic-free, 0.5 mL dosage, IM	≥4 years
90682	Flublok	Seqirus	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic-free, IM	≥18 years
90685	Fluzone Quadrivalent	Sanofi Pasteur	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, IM	6-35 months
90686	Afluria Quadrivalent Fluzone Quadrivalent Fluarix Quadrivalent FluLaval Quadrivalent	Seqirus Sanofi Pasteur GlaxoSmithKline GlaxoSmithKline	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.5 mL dosage, IM	≥5 years ≥6 months ≥6 months ≥6 months
90687	Fluzone Quadrivalent	Sanofi Pasteur	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, IM	6-35 months
90688	Afluria Quadrivalent Fluzone Quadrivalent FluLaval Quadrivalent	Seqirus Sanofi Pasteur GlaxoSmithKline	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, IM	≥5 years ≥36 months ≥6 months
90756	Flucelvax Quadrivalent	Seqirus	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic-free, 0.5 mL dosage, IM	≥4 years
Trivalent				
90656	Afluria	Seqirus	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, 0.5 mL dosage, IM	≥5 years
90658	Afluria	Seqirus	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, IM	≥5 years
90673	Flublok	Seqirus	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative- and antibiotic-free, IM	≥18 years

Immunization administration codes

If the patient receiving the influenza vaccine is 18 years of age or younger and receives counseling from a physician or other qualified health care professional (e.g., nurse practitioner), report 90460 for either the injection or intranasal.

90460 – Immunization administration through 18 years of age via any route of administration, w/ counseling by physician or other qualified health care professional; first vaccine/toxoid component

However, if *both* of the above criteria are not met, the immunization administration code reported must come from the 90471-90474 series. Clinical staff (e.g., R.N., L.P.N.) do *not* meet the criteria for other qualified health care professional per CPT guidelines.

90471- IA; one vaccine (single or combination vaccine/toxoid)

+90472- IA; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to 90460, 90471 or 90473.)

90473 - IA; one vaccine (single or combination vaccine/toxoid)

+90474- IA; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to 90460, 90471 or 90473.)

Other considerations to keep in mind when reporting codes 90471-90474:

- If you administer an injection of the influenza vaccine only, report 90471.
- If you administer the intranasal influenza vaccine only, report 90473.
- If you administer an influenza vaccine in addition to other vaccines, report the influenza injection with 90472 or the intranasal with 90474.

Note that code 90471 or 90473 cannot be reported in conjunction with 90460. Therefore, if during a single encounter, a patient receives multiple vaccines and there is counseling on all but the influenza vaccine, report 90472 or 90474 in addition to 90460 and 90461 as appropriate.

The *International Classification of Diseases, Tenth Revision, Clinical Modification* code for the influenza vaccine is Z23.

Vignettes

A 12-year-old is seen for her well-child check and vaccines. She receives tetanus, diphtheria and acellular pertussis (Tdap), human papillomavirus (HPV) and meningococcal vaccines in addition to the intranasal influenza vaccine. The physician counsels on all of the vaccines. Report the following IA codes:

90460 x4 (tetanus component; meningococcal; influenza; HPV)

90461 x2 (diphtheria and pertussis component)

To code for the same scenario as above except that the physician does not document counseling for the intranasal influenza or Tdap vaccine but does document counseling for meningococcal and HPV vaccines, report:

90460 x2 (meningococcal; HPV)

90472 x 1 (Tdap)

90474 x 1 (influenza)

A 9-month-old presents with her father to receive her second dose of the influenza vaccine. A registered nurse sees the patient, does a brief assessment, receives consent from the father and administers the vaccine. Report:

90471 (influenza)

It is important to remember that reporting an evaluation and management service in addition to immunization administration codes will depend on several factors. This becomes an issue when patients present outside of their routine well check to receive vaccines. Many practices set up flu clinics where patients can receive their annual influenza vaccines and are seen solely by clinical staff.

For more information on how to bill for vaccine-only visits, particularly those involving only clinical staff, visit <http://bit.ly/2sGgYrk> (log-in required).

Becky Dolan contributed to this article. For coding and billing questions, email AAP coding staff at aapcodinghotline@aap.org.

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