



New for 2016-2017 Influenza Season Child Health and Disability Prevention Program (CHDP) Providers

Children - 6 months through 18 years of age: Use Vaccine for Children stock

For members linked to your practice, another PCP (no referral needed), or administrative members:

Vaccine Description	Vaccines for Children (VFC)	Age Range	Code	Claim Form
Influenza Virus Vaccine, Quadrivalent, Split Virus, for intramuscular use (Preservative Free, Fluzone®) (0.25 mL) (IIV4)	Covered by VFC	6-35 months	53	PM-160
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe, Fluzone® or Fluarix® (IIV4))	Covered by VFC	3-18 years	53	PM-160
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (5 mL vial, Fluzone® (IIV4))	Covered by VFC	3-18 years	53	PM-160
Cell culture-based inactivated influenza (0.5 mL single-dose syringe, Flucelvax® (ccIIV4))	Covered by VFC	4-18 years	53	PM-160

Notes About VFC: Only children less than age 19 are eligible for the VFC program.

Per Medi-Cal Guidelines: “Medi-Cal vaccine injection codes billed for recipients eligible to receive VFC program vaccines will be reimbursed only in documented cases of vaccine shortage, disease epidemic, vaccine delivery problems, or instances when the recipient does not meet the special circumstances required for VFC special-order vaccines. A provider’s non-enrollment in the VFC program is not a justified exception.”

However, the Alliance will make an exception for non VFC providers. How to bill:

- Do not bill the CPT code with the SL modifier
- Document “non-VFC” in box 19 of the CMS claim form or box 80 of the UB-04 claim form

Send the claim to CCAH Attention: Sharlene Gianopoulos

Influenza (Inactivated) Preservative-Free	Purchased	6-35 months	80	PM-160
Influenza (Inactivated) Preservative-Free	Purchased	3-18 years	53	PM-160
Cell culture-based inactivated influenza vaccine (ccIIV4)	Purchased	4 to 18 years	53	PM-160

Adults 19 and over - CHDP Providers

Description		Age Range	Code	Modifier	Claim Form
Influenza Vaccine, Inactivated		19 years to 20 years 11 months	53		PM-160
Fluarix® (IIV4)	0.5 mL (single-dose syringe)	19 years & older	90686		CMS-1500 or UB-04
FluLaval® (IIV4)	0.5 mL (single-dose syringe)	19 years & older	90686		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	19 years & older	90688		CMS-1500 or UB-04
Flublok® (RIV3)	0.5 mL (single-dose vial)	19 years & older	90673		CMS-1500 or UB-04
Fluzone® (IIV4)	0.5 mL (single-dose syringe)	19 years & older	90686		CMS-1500 or UB-04
	0.5 mL (single-dose vial)	19 years & older	90686		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	19 years & older	90688		CMS-1500 or UB-04
Fluzone® High-Dose (IIV3-HD)	0.5 mL (single-dose syringe)	65 years & older	90662		CMS-1500 or UB-04
Fluzone® Intradermal (IIV4-ID)	0.1 mL (single-dose microinjection system)	19 through 64 years	90630		CMS-1500 or UB-04
Afluria® (IIV3)	0.5 mL (single-dose syringe)	19 years & older	90656		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)		90658		CMS-1500 or UB-04
Fluad® (IIV3)	0.5 mL (single-dose syringe)	65 years & older	90653		CMS-1500 or UB-04
Fluvirin® (IIV3)	0.5 mL (single-dose syringe)	19 years & older	90656		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)		90658		CMS-1500 or UB-04
Flucelvax® (ccIIV4)	0.5 mL (single-dose syringe)	19 years & older	90661		CMS-1500 or UB-04

For Rates Visit: <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>

Non-CHDP

Use SL modifier if using VFC stock

Children 6 months through 18 years of age: Use VFC vaccine

For members linked to your practice, another PCP (no Referral needed), or administrative members:

Description	VFC	Age Range	Code	Modifier	Claim Form
Influenza Virus Vaccine, Quadrivalent, Split Virus, for intramuscular use (Preservative Free, Fluzone®) (0.25 mL) (IIV4)	Covered by VFC	6 months to 35 months	90685	SL	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (0.5 mL single-dose syringe, Fluzone® or Fluarix® (IIV4))	Covered by VFC	3 years to 18 years	90686	SL	CMS-1500 or UB-04
Influenza Virus Vaccine Quadrivalent, Split Virus, Preservative Free, for intramuscular use (5 mL vial, Fluzone® (IIV4))	Covered by VFC	3 years to 18 years	90688	SL	CMS-1500 or UB-04
Cell culture-based inactivated influenza (0.5 mL single-dose syringe, Flucelvax® (ccIIV4))	Covered by VFC	4-18 years	90661	SL	CMS-1500 or UB-04

Adults 19 and over - Non CHDP Providers

Description		Age Range	Code	Claim Form
Fluarix® (IIV4)	0.5 mL (single-dose syringe)	19 years & older	90686	CMS-1500 or UB-04
FluLaval® (IIV4)	0.5 mL (single-dose syringe)	19 years & older	90686	CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	19 years & older	90688	CMS-1500 or UB-04
Flublok® (RIV3)	0.5 mL (single-dose vial)	19-49 years	90673	CMS-1500 or UB-04
Fluzone® (IIV4)	0.5 mL (single-dose syringe)	19 years & older	90686	CMS-1500 or UB-04
	0.5 mL (single-dose vial)	19 years & older	90686	CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	19 years & older	90688	CMS-1500 or UB-04
Fluzone® High-Dose (IIV3-HD)	0.5 mL (single-dose syringe)	65 years & older	90662	CMS-1500 or UB-04

Adults 19 and over - Non CHDP Providers

Fluzone® Intradermal (IIV4-ID)	0.1 mL (single-dose microinjection system)	19 through 64 years	90630	CMS-1500 or UB-04
Afluria® (IIV3)	0.5 mL (single-dose syringe)	19 years & older	90656	CMS-1500 or UB-04
	5.0 mL (multi-dose vial)		90658	CMS-1500 or UB-04
Fluad® (IIV3)	0.5 mL (single-dose syringe)	65 years & older	90653	CMS-1500 or UB-04
Fluvirin® (IIV3)	0.5 mL (single-dose syringe)	19 years & older	90656	CMS-1500 or UB-04
	5.0 mL (multi-dose vial)		90658	CMS-1500 or UB-04
Flucelvax® (ccIIV4)	0.5 mL (single-dose syringe)	19 years & older	90674	CMS-1500 or UB-04

Alliance Care IHSS / Medi-Cal Access Program

For members linked to your practice, another PCP (no referral needed), or administrative members:					
Vaccine Name	How Supplied	Age Group	CPT Code	Administration Code	Claim Form
Fluarix® (IIV4)	0.5 mL (single-dose syringe)	3 years & older	90686		CMS-1500 or UB-04
FluLaval® (IIV4)	0.5 mL (single-dose syringe)	3 years & older	90686		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	3 years & older	90688		CMS-1500 or UB-04
Flublok® (RIV3)	0.5 mL (single-dose vial)	18 & older	90673		CMS-1500 or UB-04
Fluzone® (IIV4)	0.25 mL (single-dose syringe)	6 through 35 months	90685		CMS-1500 or UB-04
	0.5 mL (single-dose syringe)	3 years & older	90686		CMS-1500 or UB-04
	0.5 mL (single-dose vial)	3 years & older	90686		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	6 through 35 months	90687		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	3 years & older	90688		CMS-1500 or UB-04
Fluzone® High-Dose (IIV3-HD)	0.5 mL (single-dose syringe)	65 years & older	90662		CMS-1500 or UB-04
Fluzone® Intradermal (IIV4-ID)	0.1 mL (single-dose microinjection system)	18 through 64 years	90630		CMS-1500 or UB-04

For billing questions please contact your Provider Services Representative at (800) 700-3874 ext. 5504

Alliance Care IHSS / Medi-Cal Access Program

Afluria® (IIV3)	0.5 mL (single-dose syringe)	9 years & older	90656		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	9 years & older	90658		CMS-1500 or UB-04
Fluad® (IIV3)	0.5 mL (single-dose syringe)	65 years & older	90653		CMS-1500 or UB-04
Fluvirin® (IIV3)	0.5 mL (single-dose syringe)	4 years & older	90656		CMS-1500 or UB-04
	5.0 mL (multi-dose vial)	4 years & older	90658		CMS-1500 or UB-04
Flucelvax® (ccIIV4)	0.5 mL (single-dose syringe)	4 years & older	90661		CMS-1500 or UB-04

**Prevention and Control of Seasonal Influenza with Vaccines
Recommendations of the Advisory Committee
On Immunization Practices — United States 2016-2017 Influenza Season**

Primary Changes and Updates in the Recommendations

Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months that do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by October, if possible. Vaccination should continue to be offered as long as influenza viruses are circulating. To avoid missed opportunities for vaccination, providers should offer vaccination to unvaccinated persons aged ≥ 6 months during routine health care visits and hospitalizations when vaccine is available. ACIP recommends that children 6 months through 8 years of age receive two doses of influenza vaccine, administered four weeks apart, during their first season of vaccination. For children 6 months through 8 years of age who have previously received two or more doses of trivalent or quadrivalent influenza vaccine before July 1, 2016, ACIP recommends only one dose for the 2016 – 2017 flu season. Updated information and guidance in this document include the following:

- Vaccine virus strains included in the 2016–17 U.S. trivalent influenza vaccines will be an A/California/7/2009 (H1N1)–like virus, an A/Hong Kong/4801/2014 (H3N2)–like virus, and a B/Brisbane/60/2008–like virus (Victoria lineage). Quadrivalent vaccines will include an additional influenza B virus strain, a B/Phuket/3073/2013–like virus (Yamagata lineage).
- In light of concerns regarding low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that live attenuated influenza vaccine (LAIV4) should not be used.
- Recommendations for influenza vaccination of persons with egg allergy have been modified, including:
 - Removal of the recommendation that egg-allergic recipients of the influenza vaccine should be observed for 30 minutes post-vaccination for signs and symptoms of an allergic reaction. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope, per the ACIP General Recommendations on Immunization.
 - A recommendation that persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.
- Two new licensed vaccines will be available for the 2016–17 season and are acceptable alternatives to other licensed vaccines indicated for their respective age groups. These vaccines include the following:
 1. A quadrivalent formulation of Flucelvax (cell culture-based inactivated influenza vaccine [ccIIIV4], Seqirus, Holly Springs, North Carolina) was licensed by FDA in May 2016, for persons aged ≥ 4 years.
 2. In November 2015, the FDA approved Fluad (Seqirus, Holly Springs, North Carolina), a trivalent inactivated vaccine for persons ≥ 65 years.

Source: http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm?s_cid=rr6505a1_e