

Flu Shot Information: 2016 – 2017



CDC Updates Flu Shot Recommendations for 2016-2017 Flu Season

A few things are new this season:

- Only injectable flu shots are recommended for use this season.
- Flu vaccines have been updated to better match circulating viruses.
- There will be some new vaccines on the market this season.
- Live attenuated influenza vaccine (LAIV) – or the nasal spray vaccine – is **not** recommended for use during the 2016-2017 season because of concerns about its effectiveness.
- CPT code 90674 is a new code for 2017, and some code descriptions are revised for 2017 to indicate dosage as opposed to age.
- The recommendations for vaccination of people with egg allergies have changed.

The recommendations for people with egg allergies have been updated for this season:

- People who have experienced only hives after exposure to egg can get any licensed flu vaccine that is otherwise appropriate for their age and health.
- People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). People with egg allergies no longer have to wait 30 minutes after receiving their vaccine.

Options this season include:

- Standard dose flu shots. Most are given into the muscle (usually with a needle, but one can be given to some people with a jet injector). One is given into the skin.
- A high-dose shot for older people.
- A shot made with adjuvant for older people.
- A shot made with virus grown in cell culture.
- A shot made using a vaccine production technology (recombinant vaccine) that does not require the use of flu virus.

Medicare and the Flu Shot

The Medicare Part B payment allowance limits for seasonal influenza and pneumococcal vaccines are 95% of the Average Wholesale Price (AWP) as reflected in the published compendia except where the vaccine is furnished in a hospital outpatient

department. When the vaccine is furnished in the hospital outpatient department, payment for the vaccine is based on reasonable cost.

Providers should note that:

- All physicians, non-physician practitioners and suppliers who administer the influenza virus vaccination and the pneumococcal vaccination must take assignment on the claim for the vaccine.
- The annual Part B deductible and coinsurance amounts do not apply.

Medicare Payment Allowances and Effective Dates for the 2016-2017 Flu Season

Effective Dates 8/1/2016 – 7/31/2017

- CPT 90630 Payment allowance is \$20.343.
- CPT 90653 Payment allowance is \$37.383.
- CPT 90656 Payment allowance is \$17.717.
- CPT 90657 Payment allowance is pending.
- CPT 90661 Payment allowance is pending.
- CPT 90662 Payment allowance is \$42.722.
- CPT 90672 Payment allowance is \$26.876.
- CPT 90673 Payment allowance is \$40.613.
- CPT 90674 Payment allowance is \$22.936.
- CPT 90685 Payment allowance is \$26.268.
- CPT 90686 Payment allowance is \$19.032.
- CPT 90687 Payment allowance is \$9.403.
- CPT 90688 Payment allowance is \$17.835.
- HCPCS Q2035 Payment allowance is \$16.284.
- HCPCS Q2037 Payment allowance is \$16.284.
- HCPCS Q2039 Flu Vaccine Adult – Not Otherwise Classified payment allowance is to be determined by the local claims processing contractor with effective dates of

8/1/2016-7/31/2017.

[Click here](#) for a handy flu shot chart with CPT codes and manufacturers.