

## **H1N1 is now World's Dominant Flu Virus... Is your Medical Practice Prepared?**

The H1N1 virus has now become the dominant influenza virus around the globe, with high levels and an increase of activity in many regions according to the World Health Organization, warning the public not to treat the virus like just another “flu”.

- Unlike seasonal influenza, H1N1 continues at high levels over the summer and more than half of the hospitalizations, and a quarter of the deaths, from swine flu are in young people under the age of 25.
- The WHO continues to report that the groups at highest risk for severe swine flu infections are pregnant women, children younger than 2 years of age, and people with chronic lung disease, such as asthma.
- About 23 million doses of the 2009 H1N1 swine flu vaccine have now been allocated and ready for doctors and clinics to order.
- Experts reviewed early results from the monitoring of people who have received pandemic vaccines and found no indication of unusual adverse reactions. They also report side effects are “well within the range of those seen with seasonal vaccines, which have an excellent safety profile”. During the last week in October 2009, the FDA issued an emergency use authorization (EUA) for the investigational use of [peramivir](#), an antiviral drug that can be used to treat certain hospitalized children and adults with swine flu.

### **Risk Management Recommendations:**

- (1) Make sure you remain current on developments, so that you can take the right steps to protect your patients, family and employees
- (2) Let your patients know that you’re following CDC guidelines
- (3) Isolate patients in your office, suspected of having the flu, as practical
- (4) Send employees with flu-like symptoms home
- (5) Provide your patients with current educational literature & fact sheets pertinent to the H1N1 and seasonal flu vaccines
- (6) Have patients sign informed consent forms for flu shots

**For more information and ongoing updates, go to: [www.cdc.gov/H1N1flu/update.htm](http://www.cdc.gov/H1N1flu/update.htm)**

## H1N1 is affecting physicians' coding and billing as well.

- The AMA has released an emergency update to vaccine code 90663, "Influenza virus vaccine, pandemic formulation, H1N1," and a new admin code 90470, "H1N1 immunization administration (intramuscular, intranasal), including counseling when performed," both specifically for use for swine flu vaccinations. These codes are active immediately. Physicians do not have to wait until 1/1/2010 to use them. The AMA made these code changes after printing the 2010 CPT® books, so they will not be included despite the fact that they are active. For more information, see <http://www.ama-assn.org/ama/pub/h1n1/resources/cpt-codes.shtml>.
- **For Medicare billing**, CMS has released code G9141, "Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)," for the admin and G9142, "(Influenza A (H1N1) vaccine, any route of administration," for the vaccine itself. These are available for immediate use. Codes 90663 and 90470 will not be paid if billed to Medicare. For more information, see [http://www.cms.hhs.gov/Emergency/Downloads/H1N1\\_Fact\\_Sheet\\_Medicare\\_FFS\\_Provider\\_Billing.pdf](http://www.cms.hhs.gov/Emergency/Downloads/H1N1_Fact_Sheet_Medicare_FFS_Provider_Billing.pdf)
- For all payers, use diagnosis code V04.81, "Need for prophylactic vaccination and inoculation against influenza," to support the vaccination.
- Because the government is providing the vaccine product free to all providers, *there will be no reimbursement for either CPT 90663 or G9142*. However, **the admin codes CPT 90470 and HCPCS II G9141 will be reimbursed at the same levels of equivalent existing codes** (90466, 90468, 90472, and 90474 and G0008-G0009, respectively).
- Finally, because flu shots are a Medicare benefit, deductibles and co pays **do not** apply to visits specifically for the administration of the H1N1 vaccine.

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