

FLUAD® QUADRIVALENT (Influenza Vaccine, Adjuvanted) Coding and Billing



Be sure to use the Current Procedural Terminology (CPT) code for FLUAD QUADRIVALENT.

Code for the FLUAD QUADRIVALENT vaccine administered

2023-2024 NDC Carton ¹	2023-2024 NDC Unit-of-Use ¹	Presentation ¹	Product Billing CPT Code ²	Description ¹	CVX Code* ²	MVX Code
70461-123-03	70461-123-04	0.5-mL pre-filled syringe	CPT and Medicare code 90694	Influenza virus vaccine, quadrivalent (aIIIV4), inactivated, adjuvanted, preservative free, for intramuscular use	205	SEQ

*CVX=vaccine administered code indicates which product was used and is used in combination with the manufacturer (MVX) code

NDC=National Drug Code

Note: Some payers may require use of NDCs. If so, determine if the payer requires the carton NDC or the unit-of-use NDC, and then determine if the payer requires the 10-digit or 11-digit format. If 11-digit, add a leading zero to the middle section of numbers.

Code for the administration of FLUAD QUADRIVALENT

Report the appropriate administration code in addition to the CPT code for FLUAD QUADRIVALENT.² For most payers, use the appropriate CPT code based on age and counseling provided. Note: Medicare (and some other payers) requires use of the Healthcare Common Procedure Coding System (HCPCS) code, G0008, for administration of influenza vaccines instead of the CPT code for administration.³

Include the appropriate *International Classification of Diseases, Tenth Revision (ICD-10)* diagnosis code

Report the ICD-10 diagnosis code, Z23, indicating an encounter for vaccine administration. The ICD-10 diagnosis code should be linked to both the vaccine and the administration code.³

Determine if modifier 25 is appropriate

When FLUAD QUADRIVALENT is administered on the same date as a significant and separately identifiable Evaluation and Management (E/M) visit, apply modifier 25 to the E/M CPT code, denoting a “significant and separately identifiable” service from the vaccine and vaccine administration service.⁴

CPT Code ⁵	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); first or only component of each vaccine or toxoid administered
HCPCS Code ³	Description
G0008	Seasonal influenza virus vaccine administration
ICD-10 Code ³	Description
Z23	Encounter for immunization

Visit [flu360.com](https://www.flu360.com) for additional resources and information.

Please see Important Safety Information on next page, and the [full US Prescribing Information](#) for FLUAD QUADRIVALENT.

For US Healthcare Professional Use Only
This information does not constitute a guarantee or warranty of coverage benefits or reimbursement.

Questions?



Call flu360 Customer Service
(855) 358-8966, option 2



FLUAD[®] QUADRIVALENT (Influenza Vaccine, Adjuvanted)

INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATIONS AND USAGE

FLUAD QUADRIVALENT is an inactivated influenza vaccine indicated for active immunization against influenza disease caused by influenza virus subtypes A and types B contained in the vaccine. FLUAD QUADRIVALENT is approved for use in persons 65 years of age and older.

This indication is approved under accelerated approval based on the immune response elicited by FLUAD QUADRIVALENT. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Severe allergic reaction to any component of the vaccine, including egg protein, or after a previous dose of any influenza vaccine.

WARNINGS AND PRECAUTIONS

If Guillain-Barré Syndrome (GBS) has occurred within six weeks of previous influenza vaccination, the decision to give FLUAD QUADRIVALENT should be based on careful consideration of the potential benefits and risks.

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of the vaccine.

Syncope (fainting) may occur in association with administration of injectable vaccines including FLUAD QUADRIVALENT. Ensure procedures are in place to avoid injury from falling associated with syncope.

Information on reimbursement is provided as a courtesy. Due to the rapidly changing nature of the law, Medicare payment policy, and/or reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided "as is" and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise.

Providers must confirm or clarify coding and coverage from their respective payers, and are responsible for accurate reporting of products in accordance with particular payer requirements.

References: **1.** FLUAD QUADRIVALENT. Package insert. Seqirus Inc; 2023. **2.** Centers for Disease Control and Prevention. CPT codes mapped to CVX codes. Accessed May 4, 2023. <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt> **3.** Centers for Medicare & Medicaid Services. Flu shot & administration. Accessed April 24, 2023. <https://www.cms.gov/Medicare/Prevention/PreventionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#FLU> **4.** American Medical Association. Current Procedural Terminology 2023 (Professional Edition). American Medical Association; 2022. **5.** American Academy of Pediatrics. Coding for pediatric preventive care 2022. Accessed May 4, 2023. <https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf>

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The immune response to FLUAD QUADRIVALENT in immunocompromised persons, including individuals receiving immunosuppressive therapy, may be lower than in immunocompetent individuals.

Vaccination with FLUAD QUADRIVALENT may not protect all vaccine recipients against influenza disease.

ADVERSE REACTIONS

The most common ($\geq 10\%$) local and systemic reactions in elderly subjects 65 years of age and older were injection site pain (16.3%), headache (10.8%) and fatigue (10.5%). Other adverse events may occur.

To report SUSPECTED ADVERSE REACTIONS, contact CSL Seqirus at 1-855-358-8966 or VAERS at 1-800-822-7967 and www.vaers.hhs.gov.

Before administration, please see the [full Prescribing Information for FLUAD QUADRIVALENT](#).

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