American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

November 2009

AAP IMMUNIZATION INITIATIVES NEWSLETTER

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The Childhood Immunization Support Program (CISP) is a cooperative agreement grant between the CDC and AAP. (Cooperative Agreement: IU66/IP000400-01

Updates and Alerts

- **New Cooperative Agreement between CDC & AAP**
  The AAP received a new 5-year cooperative agreement from the CDC to continue the work of the Childhood Immunization Support Program.
- **Licensure of Hib Vaccine & Updated Recommendations for Use**
  With the licensure of monovalent Hib vaccine (Hiberix) for the booster dose, as of September 18, the CDC recommends that providers began a recall of all children in need of the booster dose as soon as feasible and when Hib vaccine supply in the office is adequate. For more information:
  http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a5.htm
- **Latest H1N1 Influenza Information for Health Care Providers from the AAP:**
  http://www.aap.org/new/swineflu.htm
- **AAP Issues Policy Statement Recommendations for the Prevention and Treatment of Influenza in Children.**
  To view the policy go to: http://tiny.cc/AhIvJ
- **CDC Reports on Influenza Vaccination Coverage Among Children During the 2008-2009 Influenza Season**
  http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5838a1.htm

Pediatric Practice in Action!

Use of Influenza A (H1N1) 2009 Monovalent Vaccine
Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009

On August 28, 2009, the Advisory Committee on Immunization Practices (ACIP) released recommendations regarding the use of vaccine against infection with novel influenza A (H1N1) virus.

Initial Target Groups

When vaccine is first available, ACIP recommends that programs and providers administer vaccine to persons in the following five target groups (order of target groups does not indicate priority):

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health-care and emergency medical services personnel,
- persons aged 6 months--24 years, and
- persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications.

These five target groups comprise an estimated 159 million people in the United States. This estimate does not accurately account for people who might be included in more than one category (e.g., a health-care worker with a high-risk condition). Vaccination programs and providers should begin vaccination of people in all these groups as soon as vaccine is available.

To view the full report, go to:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm

Upcoming Events

- **World Pneumonia Day:**
  November 2, 2009. For more information or to sign up to receive e-mail updates, visit http://worldpneumoniaday.org/
- **Save the Date: The 9th National Conference on Immunization and Health Coalitions: May 26-28, 2010**
  Now accepting abstracts, due Feb 1, 2010. For more information go to: http://www.ilmaternal.org/ncihc2010.htm.

Funding Opportunities

- **Advocacy Training**

American Academy of Pediatrics
Deadline: November 9, 2009
The Community Pediatrics Training Initiative will support four pediatric faculty-resident pairs (eight people) to attend the AAP Advocacy Institute March 10-12, 2010, in Schaumburg, IL. For more information**:**
http://www.aap.org/commpeds/CPTI/Opportunities.htm

Resources

- **Provider Resources for Vaccine Conversations with Parents** A new resource from the CDC, endorsed by AAFP and AAP, to assist providers in talking with parents about immunizations. http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm
- **Needle Tips**
  A semiannual publication from the Immunization Action Coalition (IAC) written for health professionals who provide immunization services to children, teens, or adults. http://www.immunize.org/nt/
- **IAC Updates Four Print Pieces Addressing Questions About Measles, Mumps, Rubella, & Meningococcal.** They can be accessed here: http://www.vaccineinformation.org
- **Have You Heard: A New Video Resource**
  The video discusses meningococcal disease, including vaccinating pre-teens, teens, and college students while promoting office visits for older kids. http://www.cdc.gov/cdctv/haveyouheard/
- **Find a Flu Clinic**
  The American Lung Association has an online Flu Clinic Locator (note that it covers only seasonal flu) http://www.lungusa.org/site/pp.asp?c=aqKGLXOAIlH&b=1015035
- **New VFC Flyers for Parents, Providers:** CDC has published two new flyers to educate healthcare providers and parents about the Vaccines for Children (VFC) Program. They can be downloaded from: http://www.cdc.gov/vaccines/programs/vfc/providers/default.htm
- **The Yellow Book, now online:** *CDC Health Information for International Travel 2010* (widely known as the Yellow Book) is now available online: http://wwwnc.cdc.gov/travel/content/yellowbook/home-2010.aspx

***Red Book Online* – Featuring the *Red Book* "Spotlight Section"**

The *Red Book Online* home page features the regularly updated "*Red Book* Spotlight Section." This informative section highlights a new chapter of *Red Book* each month. School Health, Summary of Major Changes in the 2009 *Red Book*, and Prevention of Illnesses Associated with Recreational Water Use are the most recently highlighted topics. Also included with each update are links to related information. This month's Spotlight Section features the topic, "Respiratory Syncytial Virus (RSV)." To view this topic, as well as past topics, visit *Red Book Online* at www.aapredbook.org.

Red Book Online, the online version of the authoritative guide to pediatric infectious diseases, provides important updates between editions of the *Red Book*. Among the regularly updated features on *Red Book Online* is the "Image of the Week," which can be found on the home page at www.aapredbook.org.

Featured Research Findings

Decline and Change in Seasonality of US Rotavirus Activity After the Introduction of Rotavirus Vaccine

Jacqueline E. Tate, PhD, MSPH, Catherine A. Panozzo, MPH, Daniel C. Payne, PhD, MSPH, Manish M. Patel, MD, MSc, Margaret M. Cortese, MD, Ashley L. Fowlkes, MPH and Umesh D. Parashar, MBBS, MPH

In February 2006, a pentavalent rotavirus vaccine was licensed and recommended for routine immunization of US infants. This study aimed to establish prevaccine patterns and monitor trends at national, regional, and local levels in rotavirus testing and detection after rotavirus vaccine introduction in the United States.

Data was examined from July 2000 through June 2008 from the National Respiratory and Enteric Virus Surveillance System (NREVSS), a national network of ~70 laboratories. This allowed researchers to compare the geographical and temporal aspects of rotavirus season timing and peak activity.

The study found that nationally, the onset and peak of the 2007-2008 rotavirus season were delayed 15 and 8 weeks, respectively, compared with prevaccine seasons from 2000-2006. The median rotavirus season in the prevaccine era lasted 26 weeks compared to 14 weeks during 2007-2008. Also, lab reports from 2007-2008 showed a 67% decline in the number and 69% decline in the proportion of rotavirus-positive test results from the prevaccine era.

In conclusion, the 2007-2008 US rotavirus season seems substantially delayed, shorter, and diminished in magnitude compared with seasons before vaccine implementation. The extent of change seems greater than expected on the basis of estimated vaccine coverage. The authors conclude that continued monitoring and examination of the direct impact of vaccination are needed to explore changes over time as infant vaccination continues and coverage increases.

The full article is available at: http://tiny.cc/e0SOY

Pediatrics Vol. 124 No.2 August 2009

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Preparing Your Practice for the 2009-10 Influenza Season

I. Background Information

In an average year, the flu and its side effects cause 36,000 deaths and an average of 200,000 hospitalizations. Because the influenza virus changes from year to year, and infection with one strain does not provide protection against all strains, annual vaccination against influenza is recommended. This influenza season is expected to be complicated by the likely concurrent circulation of novel influenza A (H1N1) virus (swine flu) with the annual seasonal virus.

The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) recommend that all children 6 months through 18 years get a seasonal flu vaccine and a vaccine for H1N1. The vaccines are also recommended for household contacts and out-of-home caregivers of children with high-risk conditions and healthy children under 5.

Vaccination is particularly important for people who have contact with children less than 6 months of age, because neither flu vaccine is not approved for children in that age group, nor can they be given antiviral medications to treat the flu.

Given the rapidly changing information related to seasonal and H1N1 flu viruses we recommend utilizing the AAP Web site: http://www.aap.org/new/swineflu.htm and CDC Web site: http://www.flu.gov/ for the most up-to-date information.

II. Flu Vaccine Supply Projections for the 2009-10 Influenza Season

Six manufacturers are expected to provide 114-115 million doses of seasonal influenza vaccine to the US population during the 2009-10 influenza season.

Five manufacturers are expected to provide at least 200 million doses of H1N1 influenza vaccine to the US population during the 2009-10 influenza season.

For information on shortages & other distribution issues, go to http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm.

III. Co-Administration of Seasonal and H1N1 Vaccine: FAQ

Can seasonal influenza vaccine and 2009 H1N1 vaccine be given at the same visit?

Both seasonal and 2009 H1N1 vaccines are available as inactivated and live attenuated (LAIV) formulations. The simultaneous and sequential administration of seasonal and 2009 H1N1 inactivated vaccines is currently being studied. However, existing recommendations are that two inactivated vaccines can be administered at any time before, after, or at the same visit as each other (General Recommendations on Immunization, MMWR 2006;55[RR-15]). Existing recommendations also state that an inactivated and live vaccine may be administered at any time before, after or at the same visit as each other. Consequently, providers can administer seasonal and 2009 H1N1 inactivated vaccines, seasonal inactivated vaccine and 2009 H1N1

LAIV, or seasonal LAIV and inactivated 2009 H1N1 at the same visit, or at any time before or after each other. Live attenuated seasonal and live 2009 H1N1 vaccines should NOT be administered at the same visit until further studies are done. If a person is eligible and prefers the LAIV formulation of seasonal and 2009 H1N1 vaccine--the initial recommendation was to separate these vaccines by a minimum of four weeks, but more recent recommendations suggest that the vaccines can be separated by a minimum of two weeks.

Can 2009 H1N1 vaccine be administered at the same visit as other vaccines?

Inactivated 2009 H1N1 vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine. Live 2009 H1N1 vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.

The age for two doses is different for seasonal (6 months through 8 years) and 2009 H1N1 monovalent vaccine (6 months through 9 years) in the package inserts. Does CDC recommend that clinicians follow the recommendation in the package inserts?

CDC recommends that clinicians follow the guidance in the manufacturer package inserts. For 2009 H1N1 monovalent vaccines, that means that clinicians should administer two doses of 2009 H1N1 monovalent vaccine to children 6 months through 9 years of age (to the 10th birthday). Persons 10 years and older should receive one dose.

The interval between 2009 H1N1 monovalent vaccine doses, for children 6 months through 9 years, is stated as "approximately 1 month" in the package inserts. What does "approximately 1 month" mean?

CDC recommends that the two doses of 2009 H1N1 monovalent vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days the second dose can be considered to be valid. If the interval separating the doses is less than 21 days the second dose should be repeated four weeks after the first dose was given.

If seasonal live attenuated influenza vaccine (LAIV) and 2009 H1N1 LAIV are given during the same visit, do either or both doses need to be repeated, and if so, when?

There are no data on the administration of seasonal and 2009 H1N1 LAIV during the same visit. CDC's Advisory Committee on Immunization Practices (ACIP) recommends that seasonal and 2009 H1N1 LAIV not be administered during the same visit. However, if both types of LAIV are inadvertently administered during the same visit, neither vaccine needs to be repeated.

If seasonal and 2009 H1N1 LAIV are not administered during the same visit, but are separated by less than 4 weeks, do either or both doses need to be repeated, and if so, when?

Seasonal LAIV and 2009 H1N1 LAIV should not be administered during the same visit, and should be separated by at least 4 weeks. However, if the interval between administration of seasonal LAIV and 2009 H1N1 vaccine is less than 4 weeks, neither vaccine needs to be repeated.

IV. Coding for the Product & Administration of Influenza Vaccine

Providers can code for both the administration of the immunization as well as for the actual vaccine product itself. The CPT codes used in reporting the influenza vaccine products are:

90655 Influenza virus vaccine, split virus, preservative free, 6-35 months dosage
90656 Influenza virus vaccine, split virus, preservative free, 3 years and older dosage
90657 Influenza virus vaccine, split virus, 6-35 months dosage
90658 Influenza virus vaccine, split virus, 3 years and older dosage
90660 Influenza virus vaccine, live, for intranasal use

To code for the act of administering the immunization, the following Current Procedural Terminology (CPT©) codes can be used:

Pediatric Immunization Administration Codes
90465 Immunization administration (IA) under 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day

+90466 IA; each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)

90467 IA, under age 8 years (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day

+90468 IA; each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure)

Non-Age Specific Immunization Administration Codes
90471 IA, (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)

+90472 IA; each additional vaccine (single or combination vaccine/toxoid) (List separately to code for primary procedure)

90473 IA, (includes intranasal or oral administration); one vaccine (single or combination vaccine/toxoid)

+90474 IA; each additional vaccine (single or combination vaccine/toxoid) (List separately to code for primary procedure)

The pediatric IA codes (90465-90468) are reported only when **both** of the following requirements are met:

1. The patient must be under 8 years of age and
2. The physician must perform face-to-face vaccine counseling associated with the administration (Note: The clinical staff can do the actual administration of the vaccine.)

If both of these requirements are **not** met, report a non-age-specific IA code(s) (90471-90474) instead. For more information on the IA codes, please go to http://www.aap.org/visit/ComprehensiveOverviewImmunizationAdministration.pdf

Codes 90465, 90467, 90471, and 90473 are used to code for the first immunization given during a single office visit. Codes 90466, 90468, 90472, and 90474 are considered "add-on" codes (hence the "+" symbol next to them). This means that the provider will use 90466/90468/90472/90474 in addition to 90465/90467/90471/90473 if more than one vaccine is administered during a visit. Note that there can only be one “first” administration during a given visit. An example may help illustrate their correct use:

A 5-year-old established patient is at a physician’s office for her annual well child exam. The patient is scheduled to receive her third hepatitis B, her fifth DTaP, and the Influenza vaccine. After distributing the VIS and discussing the risks and benefits of immunizations with her parents, the physician administers the vaccines. How do you go about selecting the appropriate code(s) for this service?

Step One: Select appropriate evaluation and management (E/M) code:
99393 Preventive medicine service, established patient, age 5-11 years

Step Two: Select appropriate vaccine product code(s):
90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), IM use
90700 Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for use in individuals younger than seven years, IM use
90660 Influenza virus vaccine, live, for intranasal use

Step Three: Select appropriate immunization administration code(s):
Since the patient is under eight years of age, and there was physician counseling, select codes from the pediatric IA code family (90465-90468). Therefore the following IA codes will be reported:
90465 (for the IA of the hepatitis B vaccine)
90466 (for the IA of the DTaP vaccine)
90468 (for the IA of the live influenza vaccine)

Step Four: Select the appropriate ICD-9-CM (diagnosis) code(s):
The vaccine product CPT code and its corresponding IA CPT code are always linked to the same ICD-9-CM code. The diagnosis codes for the three vaccines and the three immunization administration codes used in our example are as follows:

CPT	ICD-9-CM	CPT (cont)	ICD-9-CM (cont)
99393	V20.2	90700	V06.1
90744	V05.3	90466	V06.1
90465	V05.3	90660	V04.81
		90468	V04.81

For a complete listing of vaccine ICD-9-CM codes, consult your ICD-9-CM manual or go to http://www.aap.org/moc/reimburse/codingrbrvsresources.htm

For those providers enrolled in the VFC program, or when their state provides influenza vaccine, the cost of the vaccine product is not billable to the insurance carrier.

H1N1 Influenza Coding
Several new codes were developed in response to the new Monovalent Influenza A(H1N1) vaccine. Medicare developed 2 new codes, one for the vaccine and one for the administration:

G9141 - Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)

G9142 - Influenza A (H1N1) vaccine, any route of administration

CPT also developed a new code for the administration of the H1N1, while revising an existing code for the vaccine:
90470 - Administration of H1N1 (any route) may or may not include vaccine counseling
90663 - Influenza virus vaccine, pandemic formulation, H1N1

The ICD-9 code linked to the H1N1 vaccine is V04.81 (same code used for the vaccination against seasonal influenza). When the H1N1 vaccine is administered in conjunction with other vaccines, it is important to remember that the H1N1 IA code (90470 or G9141) should always be considered the "first" injection, and all other IA codes should be reported as subsequent (See example under *Influenza Immunization Administration in "Flu Clinics"*). Since IA codes 90470 and G9141 take into account all routes of administration for the H1N1, the subsequent rule would be followed for all IA codes.
As this is a new situation for all stakeholders, information regarding coding and payment is regularly changing. For the most current information on H1N1 coding, including carrier payment and coverage, go to http://www.aap.org/new/swineflu.htm#Coding

Influenza Immunization Administration in "Flu Clinics"
One way to accommodate increased number of children needing immunizations is to hold "flu clinics" where certain days and time slots are set aside for a nurse to administer the vaccine. The physician is physically present in the office suite and available to answer questions or address complications. However, given the underlying goal of maximizing patient exposure to the vaccine, the typical flu clinic model would only involve the nurse in the administration of the vaccine. If a patient attends a flu clinic and receives a vaccine without any complications, you would report the appropriate influenza vaccine code (90657, 90658, 90655, 90656, 90663, G9142) and the appropriate vaccine administration code (90465, 90466, 90467, 90468, 90470, 90471, 90472, 90473, 90474, G9141)

Example: Patient presents for his (preservative free) seasonal and H1N1 immunizations. The parent is counseled, VIS form is given, consent forms are signed and the vaccines are administered. This is a nurse-only visit. Code as follows:

90470 or G9141	(H1N1 IA code)
90663 or G9142	(H1N1 vaccine code)
90656	(Influenza vaccine code, preservative free)
90472	(Seasonal influenza IA code)

When is it Appropriate to Report 99211?
Please see the Committee on Coding and Nomenclature's position paper on this issue at http://www.aap.org/moc/reimburse/codingrbrvsresources.htm

Immunization Recommendations & Practice Management Resources:

Background Information

- **AAP Influenza Policy Statement.** Available at: http://www.cispimmunize.org/ill/Flu/Influenza%20Recommendations.pdf

- **CDC Influenza Policy Statement**. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm

- **CDC H1N1 Influenza Policy Statement.** Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm

Influenza Prevention & Vaccination Strategies

- **Key Facts About Seasonal Flu Vaccine.** Available at:
  http://www.cdc.gov/flu/protect/keyfacts.htm

- **Key Facts About H1N1 Flu Vaccine.** Available at:
  http://www.cdc.gov/h1n1flu/vaccination/public/vaccination_qa_pub.htm

- **Recommendations for Using TIV and LAIV During the 2009-10 Influenza Season.** Available at: http://www.cdc.gov/flu/professionals/acip/recommendations.htm

- **Inactivated Flu Vaccine (TIV) – Vaccination Information Statement (VIS).** Available at: http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf

- **Live Attenuated Influenza Vaccine – VIS.** Available at:
  http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf

- **Inactivated Attenuated H1N1 Influenza Vaccine – VIS.**
  http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-inact-h1n1.pdf

- **Live Attenuated H1N1 Influenza Vaccine – VIS.** Available at:
  http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-laiv-h1n1.pdf

Influenza Vaccine and Thimerosal

- **Information on Thimerosal Containing Influenza Vaccine.** Available at:
  http://www.cdc.gov/flu/about/qa/thimerosal.htm

- **AAP Responding to Concerns About Thimerosal in Influenza Vaccines.** Available at:
  http://www.aap.org/moc/immunizations/respondingtoconcerns.htm (AAP Member Center)

Vaccine Finance Related Resources

- **Comprehensive Overview of Immunization Administration Codes.**
  http://www.aap.org/visit/ComprehensiveOverviewImmunizationAdministration.pdf

- **H1N1 Influenza Immunization Administration Codes.** Available at:
  http://www.aap.org/new/swineflu.htm#Coding

- **AAP Coding Hotline.** For issues related to coding or health plan coverage issue, contact your chapter or the AAP Coding Hotline at AAPCodingHotline@aap.org or 800/433-9016 ext 4022

- **AAP Templates for Appeal Letters.** A collection of template letters that AAP members/practices can utilize in appealing inappropriate carrier claims denials. Available at:
  http://practice.aap.org/templateletters.aspx#carriers (AAP Member Center)

- **CDC Vaccine Price List**. (Includes Influenza Vaccine Prices) Available at:
  http://www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm

- **AAP Hassle Factor Form.** AAP members can complete this online form to report insurance administrative and claims processing concerns including settlement disputes* that you may have filed. Available at:
  http://www.aap.org/moc/reimburse/hasslefactor/HassleForm.cfm (AAP Member Center)

Patient Education Resources for Pediatric Practice

- **Inactivated Flu Vaccine (TIV) – Vaccination Information Statement (VIS).** Available at: http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf

- **Live Attenuated Influenza Vaccine – VIS.** Available at: http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf

- **Inactivated Attenuated H1N1 Influenza Vaccine – VIS.** http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-inact-h1n1.pdf

- **Live Attenuated H1N1 Influenza Vaccine – VIS.** Available at: http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-laiv-h1n1.pdf

- **Free Flu Material.** CDC has free print materials, downloadable posters, PSA's available at: http://www.cdc.gov/flu/professionals/flugallery/index.htm

- **National Influenza Vaccination Week.** National Influenza Vaccination Week will be December 6-12, 2009. Information is available at: http://www.cdc.gov/flu/NIVW/index.htm

- **Key Facts About Flu Vaccine.** This CDC resource answers patient concerns about the flu vaccine, including when to get vaccinated, who should and should not get vaccinated, vaccine effectiveness and vaccine side effects. Information is available at: http://www.cdc.gov/flu/protect/keyfacts.htm

- **H1N1 Resources for Parents from CDC.** http://www.cdc.gov/h1n1flu/parents/

- **Flu Resources for Parents from IAC Express.** Available at: http://immunize.org/Influenza/index.htm

- **Stopping the Spread of Germs at Home, Work & School.** The CDC offers information about general flu prevention strategies (good health habits) and stopping the spread of germs. Offers downloadable materials such as posters and flyers. Available at: http://www.cdc.gov/flu/protect/stopgerms.htm