

# VIRGINIA PREMIER HEALTH PLAN, INC.

## PROVIDER NOTIFICATION

### Provider Notification: 2009-2010 Influenza Season

Virginia Premier Health Plan, Inc recognizes the rising physicians' cost associated with managing Members healthcare needs and the medical demands of patient care. *Accordingly, for October through December 2009, Virginia Premier will be increasing the administration fee for providing the Flu and H1N1 vaccine to \$15 for each injection.*

In order to be reimbursed at the correct amount, the following HCPCS codes must be used when billing the administration fee:

#### Medallion II and FAMIS

##### H1N1 – Vaccine only = 1 code

90663: H1N1 – Flu vaccine pandemic (This singular code covers both the administration and vaccine itself).

##### Virginia Premier Gold Members

G9141: H1N1- flu vaccine pandemic (\*providers are reimbursed \$19.96 for VPHP Gold Members)

#### FAMIS and Virginia Premier Gold Members

##### Flu Vaccine = Administration Code + (1) Vaccine Code

Administration Code	Vaccine Codes
90471: Administration of Flu Vaccine +	90658: Influenza 5ml vial (.5ml dose)
	+ 90660: Influenza (Intranasal –FluMist)
	+ 90656: Influenza-PF
	+ 90657: Influenza 5ml vial (.25ml dose)
	+ 90655: Influenza-PF Pediatric

#### Medallion II

##### Flu Vaccine = USE VACCINE CODES ONLY

Vaccine Codes
+ 90658: Influenza 5ml vial (.5ml dose)
+ 90660: Influenza (Intranasal –FluMist)
+ 90656: Influenza-PF
+ 90657: Influenza 5mL vial (.25ml dose)
+ 90655: Influenza-PF Pediatric

Please note: Since the administration codes are free under the Vaccines For Children's Program, it is inappropriate to bill an administration code 90471-90474 & 90465-90468 in addition to the vaccine code for Medallion II members.

The only exceptions would be Members under the Virginia Premier Gold, FAMIS Program and those members 19 and older.

#### Summary

Seasonal influenza (flu) generally begins in October and extends into May. This year, the 2009 H1N1 flu (previously referred to as "swine flu") has been causing illness throughout the summer months. Vaccines for seasonal and 2009 H1N1 flu are expected to be available this fall. This document is intended to provide a general update for the 2009-2010 influenza season.

#### 2009 H1N1 Flu

2009 H1N1 flu was first detected in people in the United States in April 2009. The virus is spreading from person-to-person worldwide similar to how seasonal influenza viruses spread. 2009 H1N1 flu is problematic since it's a new, unique flu strain that humans haven't been exposed to before. Therefore, no one has immunity to the strain due to post-exposure or vaccination. In June 2009, the World Health Organization (WHO) signaled that a pandemic of 2009 H1N1 flu was underway. 2009 H1N1 flu has been causing illness throughout the summer. 2009 H1N1 flu has caused greater disease burden in people younger than 25 years of age than older people. Few cases and few deaths due to 2009 H1N1 flu have been reported in people older than 64 years.

#### Steps to Prevent Transmission of Seasonal and 2009 H1N1 Flu

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Try to avoid close contact with sick people.
- If you are sick with flu-like illness, CDC recommends that you stay home for at least 24 hours after your fever is gone except to get medical care or for other necessities. (Your fever should be gone without the use of a fever-reducing medicine.) Keep away from others as much as possible to keep from making others sick.

#### WHO SHOULD BE VACCINATED?

Children aged 6 months through 18 years of age

- 1) People 50 years of age and older
- 2) Pregnant women
- 3) People of any age with certain chronic medical conditions
- 4) People who live in nursing homes and other long term care facilities
- 5) People who live with or care for those at high risk for

complications, including:

- Household contacts of persons at high risk for complications from the flu
- Household contacts and out of home caregivers of children less than 6 months of age
- Healthcare workers

\*In contrast to seasonal influenza, current studies indicate that the risk for 2009 H1N1 virus infection among persons age 65 or older is less than the risk for younger age groups.

## TREATMENT & PREVENTION

### VACCINES

#### *Seasonal Influenza*

There are two types of influenza vaccine. The first type is an inactive influenza vaccine that is given as an intramuscular injection. The second contains a live, but attenuated (weakened) nasally administered vaccine (FluMist® - MedImmune).

Healthy persons 2 to 49 years of age can be vaccinated with either the injectable or intranasal flu vaccine. Children 6 months to 8 years who have not been previously vaccinated, or who only received one vaccination their first year of vaccination, should receive two vaccinations separated by four or more weeks. FluMist should not be given to certain populations including: children 6 to 23 months of age, adults older than 49 years of age, children less than 5 years of age with possible reactive airway disease, pregnant women and patients with higher risk of flu-related complications due to an underlying medical condition.

### ANTIVIRALS

#### *Seasonal Influenza and 2009 H1N1 Flu*

Antiviral medications are used as a second line of defense (after vaccination) for the prevention and treatment of influenza. It is important to remember that flu antiviral drugs are not a substitute for getting vaccinated. On Sept. 8, 2009, the CDC issued updated interim recommendations for the use of antiviral drugs in the treatment and prevention of seasonal and 2009 H1N1 influenza for the 2009-2010 season. Additional revisions to these recommendations should be expected as new susceptibility data becomes available. As of August 2009, more than 98% of circulating influenza viruses were 2009 H1N1 influenza viruses susceptible to both Relenza® (zanamavir – GlaxoSmithKline) and Tamiflu® (oseltamivir – Roche) but resistant to amantadine and rimantadine. At this time, Tamiflu resistance appears to be rare. The CDC's recommendations are as follows:

#### Treatment

- Treatment with Relenza or Tamiflu is recommended for the following persons with suspected or confirmed influenza:
  - o All hospitalized patients
  - o Those at higher risk for complications:
    - Children younger than 5 years old
    - Adults 65 years of age and older
    - Pregnant women

- Persons younger than 19 years of age receiving long-term aspirin therapy
- Persons presenting with warning symptoms (e.g., difficulty breathing) or signs (e.g., increased respirations, unexplained oxygen desaturation)
- Persons with certain chronic medical or immunosuppressive conditions such as chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic (including diabetes mellitus)
- Start treatment as early as possible (and within 48 hours) after becoming sick.
- Once the decision to treat has been made, antiviral medications should be initiated immediately and should not await laboratory confirmation.
- The recommended duration of treatment is five days. Hospitalized patients with severe infections may require longer treatment courses.
- Antiviral doses recommended for treatment of 2009 H1N1 influenza virus infection are the same as those recommended for seasonal influenza.
- The U.S. Food and Drug Administration, under an Emergency Use Authorization, recently authorized access to Tamiflu for children less than one year of age.

#### Chemoprophylaxis

- Post-exposure antiviral chemoprophylaxis with Relenza or Tamiflu can be considered for the following:
  - o Persons at higher risk for influenza-related complications who have had close contact with someone likely to have been infected with influenza during that person's infectious period.
    - The infectious period for influenza is defined as one day before symptoms develop until 24 hours after fever ends.
  - o Healthcare personnel, public health workers or first responders who have had a recognized, unprotected close contact exposure to a person with confirmed, probable or suspected 2009 H1N1 or seasonal influenza during that person's infectious period.
- Duration of post-exposure chemoprophylaxis is 10 days after the last known exposure to influenza.
- Tamiflu was authorized for use for chemoprophylaxis under the EUA for children younger than one year of age.
- Post-exposure antiviral chemoprophylaxis should generally not be used in healthy children and adults.
- Chemoprophylaxis is generally not recommended if more than 48 hours have elapsed since the last contact with an infectious person.

#### Stay Informed

To access the most up-to-date information please see the CDC's website at <http://www.cdc.gov/flu/> for seasonal influenza or <http://www.cdc.gov/h1n1flu/> for 2009 H1N1 flu.