



Implementation Guidance – Mandatory Influenza Immunization for Health Care Personnel Updated 9/8/15

The American Academy of Pediatrics has developed the following implementation guidance in response to the publication of the policy statement, **“Influenza Immunization of All Health Care Personnel: Keep it Mandatory”**. This document is designed to assist office-based practices and hospitals in the implementation of a mandatory influenza immunization program. This guidance will be updated as new policy and implementation information become available. Please see the following sections for more information:

- **Policy**
- **Supply and Ordering**
- **Medical Liability and VICP Compliance**
- **Payment**
- **Coding**
- **Employee Education**

Policy

Influenza Immunization of All Health Care Personnel: Keep it Mandatory was early released on September 7th and will be published in PEDIATRICS October 2015: www.pediatrics.org/cgi/doi/10.1542/peds.2015-2922

For more information: AAP News article, **“AAP: Mandatory flu immunization of health care workers ethical, necessary”** <http://aapnews.aappublications.org/content/early/2015/09/07/aapnews.20150907-2>

CDC Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—(ACIP)—United States, 2015-16 This document summarizes the Advisory Committee on Immunization Practices (ACIP) recommendations for the use of influenza vaccines for 2015-16 in adults and can be used to guide influenza immunization programs. Published on August 7, 2015 / 64(30); 818-825: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm>

Supply and Ordering

Pediatric practices that wish to implement a mandatory influenza vaccination policy for employees have several options:

- Provide the vaccine in the office and bill the employee’s insurance,
- Ask the employee to go to their adult provider or other community immunizer to be vaccinated,
- Purchase and administer the vaccine for all employees as part of office expenses.

Each option has benefits and drawbacks that should be considered.

- Providing the vaccine in the work setting at no cost to the employee has been shown to increase vaccination rates the most.
- Influenza vaccination may be a wise investment for practices, potentially reducing the amount of time off or sick pay for staff that may be incurred compared to the smaller cost of the vaccine.
- If the office provides the vaccine for employees, written documentation should be provided to the employee to return to their medical home. Offices should also consider entering employee vaccination into the state registry if the registry includes adults.
- Payment from insurance companies may be difficult to obtain. More information is included in the Payment section below.

Seasonal Influenza Vaccines for the 2015-2016 Season

There is a variety of influenza vaccine available for different age groups. While most vaccines that are licensed for children are also licensed for older age groups, if supply is tight, practices may wish to order a different product for employees. A list of seasonal influenza vaccine for this season is provided below. Influenza vaccine availability can be tracked at <http://www.preventinfluenza.org/ivats/>.

The American Academy of Pediatrics tracks the status of recently submitted, licensed, and recommended vaccines & biologics and has created a table that includes the status of licensure and recommendations from the AAP and CDC. For specific influenza vaccine information see the Red Book Online Vaccine status table: <http://redbook.solutions.aap.org/vaccine-status.aspx?gbosid=167073>.

Medical Liability and VICP Compliance

VICP Compliance. While the Vaccine Injury Compensation Program (VICP) liability protections for vaccine related injuries apply to immunized adults, so do the record-keeping requirements and distribution of the VIS. As with any other patient, medical records for the vaccinated adult need to be kept in the pediatric office. The pediatrician should offer to send a notice to the health care worker's medical home stating that he or she has been vaccinated for influenza.

Both the Influenza (TIV, LAIV) vaccines are covered by the VICP. Pediatricians and their clinic staff should follow the good risk communication and documentation steps for the Influenza (TIV, LAIV) vaccine. Both are required for all vaccines covered by the VICP.

An easy way to remember what to do is to follow the 5 **D**'s.

Double check to make sure the correct VIS is being used. You must use the correct VIS depending on the vaccine being administered. If you are giving the live, attenuated influenza which is sprayed into the patient's nostrils, distribute the "flulive" VIS. If you are administering the inactivated flu shot vaccine, distribute the "flu" VIS. New VIS are now available for both the TIV and LAIV (as of 8/7/2015). They can be downloaded at:

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.html>

<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>

Distribute the Vaccine Information Statements (VIS) before the vaccine is given. Some practices like to provide the VIS "before the day" of the scheduled immunization either in person, via email or a portal on the practice's website to give health care workers time to study the information and prepare any questions. While this may facilitate good risk communication, it may not be sufficient to comply with the VICP requirement of providing the VIS **at the time** of administering the vaccine. In these instances, health care workers must still be offered a copy to read at the time of the

immunization. This can be a laminated sheet, however, vaccine administrators must still offer a copy (which can be an electronic copy) of the appropriate VIS to take away following the vaccination. The health care worker may decline this offer to receive a “take-away” copy of the VIS.

Discuss the risks and benefits of the vaccine as well as the risks to them and your patients of choosing not being immunized.

Document in each worker’s record that 1) the VIS was provided at the time of vaccination 2) the edition date of each VIS, 3) the name, address, and title of the individual administering a vaccine; 4) the date of vaccine administration; and 5) the vaccine manufacturer and lot number of the vaccine used. This may require updates to the Vaccine Administration Record, EMR records, and state immunization registries.

Dialogue with vaccine doubters. When health care workers refuse immunization, it’s important to listen to their concerns and respond with facts about the safety and effectiveness of the influenza vaccine. Remind them of the importance of having health care workers with patient contact protected against influenza for their own health as well as that of your patients. You should also inform them of any work-related consequences associated with refusing the vaccine. If they still decline the vaccine, practices may wish to consider using an influenza declination form. A sample declination form is available at: <http://www.immunize.org/catg.d/p4068.pdf>.

Should you decide to vaccinate healthcare workers in your office. Many medical liability insurance policies do not cover pediatricians for administering vaccines to adults. So before you decide to offer this service, you should discuss liability insurance coverage issues with your malpractice insurer. Why are there liability issues for pediatricians immunizing adults? Typically, pediatricians do not care for adults which means they may not be able to adequately assess contraindications and deal with adverse reactions, such as anaphylaxis, in an adult patient. When a pediatrician or other physicians administer a vaccine, it generally creates a physician-patient relationship between the pediatrician and the adult. Pediatricians must establish and maintain discrete medical records for these patients. The new physician-patient relationship may create malpractice exposure for the physician for failure to diagnose or treat other illnesses, injuries or problems unrelated to the administration of the vaccine if the nature of the physician-patient relationship is not made clear. Therefore, pediatricians should make it clear in the health care worker’s chart that he or she is entering into a physician-patient relationship solely for immunizations, and that other health care needs are to be addressed by other health care providers.

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination <http://www.immunize.org/catg.d/p4066.pdf>

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination <http://www.immunize.org/catg.d/p4067.pdf>

Observing reactions – Be prepared to manage a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medication.

<http://www.immunize.org/catg.d/p3082.pdf>

Payment

Should the practice decide whether to provide the influenza vaccine to its employees, the practice also needs to determine whether or not to collect payment for providing the immunization. Generally the practice may decide to:

- a. Provide and bill for the influenza vaccination

- b. Advise employees to receive the influenza vaccination from their medical provider and provide proof of immunization
- c. Provide the influenza vaccination as non-reimbursed practice expense

If the practice decides to bill for the influenza vaccination there are additional factors to consider. Each practice should verify with third party payers whether the influenza vaccine is a covered benefit and how it will be paid. Third party payers include commercial insurers, Medicaid fee for service, Medicaid managed care and Medicare. The physician also needs to determine if he or she is a panel member for the plan, for example, for a Medicare beneficiary, is the physician a Medicare approved provider and able to comply with Medicare billing requirements?

Practices also need to develop payment arrangements if coverage is not available through a third party payer. Practices should consider having employees sign waivers or advance beneficiary notices (ABN) clarifying financial responsibility for uncovered services under the health plan. The AAP resource, *Waivers: The Basics for a Pediatric Office* can be accessed at: <http://www.aap.org/en-us/my-aap/Documents/Waivers2006.pdf> (requires AAP member login)

It would be prudent to check your payer contracts before accepting cash payments from covered health care workers for flu vaccines.

Coding

If the influenza vaccine serum and administration fees will be submitted to a private payer, Medicaid or Medicare plan, the following codes should be submitted. Note that some state Medicaid plans may differ on their reporting if the vaccine is given as part of the Vaccine for Children program.

For private payers and state Medicaid report as follows:

CPT Code	CPT Descriptor	Manufacturer	Brand
90655	Influenza virus vaccine, trivalent, split virus, preservative free, for children 6-35 months of age, for intramuscular (IM) use	sanofi pasteur	Fluzone No Preservative Pediatric
90656	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to 3 years of age and above, IM	Merck sanofi pasteur Novatis GlaxoSmithKline GlaxoSmithKline	Afluria Fluzone No Preservative Fluvirin FLUARIX FLULAVAL
90657	Influenza virus vaccine, trivalent, split virus, 6–35 months dosage, IM	sanofi pasteur	Fluzone

90658	Influenza virus vaccine, trivalent, split virus, 3 years and older dosage, IM	Merck GlaxoSmithKline sanofi pasteur Novartis	Afluria FLULAVAL Fluzone Fluvirin
90672	Influenza virus vaccine, quadrivalent, live, intranasal use	MedImmune	Flumist Quadrivalent
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, for children 6-35 months of age, IM	sanofi pasteur	Fluzone Quadrivalent
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to 3 years of age and above, IM	sanofi pasteur GlaxoSmithKline	Fluzone Quadrivalent FLUARIX Quadrivalent
90687	Influenza virus vaccine, quadrivalent, split virus, 6–35 months dosage, IM	sanofi pasteur	Fluzone Quadrivalent
90688	Influenza virus vaccine, quadrivalent, split virus, 3 years and older dosage, IM	sanofi pasteur GlaxoSmithKline	Fluzone Quadrivalent FLULAVAL

Report the appropriate vaccine administration code in addition to the vaccine serum code. If a health care worker receives an influenza shot, report code **90471**, however, if the receive the intranasal, report code **90473** for the administration. Note that if the health care worker is 18 years of age or younger and the physician or other qualified health care professional counsels on the influenza vaccine, report immunization administration code **90460** instead of **90471** or **90473**.

For Medicare beneficiaries, report as follows:

For the serum administered refer to the chart above. To report the administration of an influenza vaccine to a Medicare beneficiary, report G0008.

Employee Education

All employees who come into contact with patients, including front desk staff, need to be vaccinated. Some staff may need encouragement and education about the importance of influenza vaccination to protect patients. Information can be found at <http://preventinfluenza.org/patients.asp> or <http://www.cdc.gov/flu/professionals/>.

Information for Healthcare Professionals:

http://www.preventinfluenza.org/profs_workers.asp and <http://www.cdc.gov/flu/HealthcareWorkers.htm>

Take the CDC Flu Vaccination Pledge for the 2015-2016 season! The single best way to protect against the flu is to get vaccinated each year. Everyone 6 months and older should get vaccinated.

<http://www.cdc.gov/flu/nivw/pledge/index.html>

Influenza Vaccination Honor Roll: Immunization Action Coalition (IAC) is recognizing the stellar examples of influenza vaccination mandates in healthcare settings. The best way to prevent transmission of influenza to our patients is to mandate vaccination of healthcare personnel. The Influenza Vaccination Honor Roll represents the champions who have taken the lead in mandating influenza vaccination within their organization or institution. To be included in this honor roll, your organization's mandate must require influenza vaccination for employees and must include serious measures to prevent transmission of influenza from unvaccinated workers to patients. Such measures might include a mask requirement, reassignment to non-patient-care duties, or dismissal of the employee. For more information about the IAC honor roll, visit: <http://www.immunize.org/honor-roll/influenza-mandates/>.