1. New Medicare “Q” codes effective January 1, 2011! The Centers for Medicare & Medicaid Services (CMS) has created specific HCPCS codes and payment rates for Medicare billing purposes for the 2010-2011 influenza season. Effective for claims with dates of service on or after January 1, 2011, CPT code 90658 will no longer be payable by Medicare. Effective for dates of service on or after October 1, 2010, the following new influenza Q codes will be payable by Medicare:

Q2035 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
Q2036 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (FluLaval)
Q2037 Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
Q2038 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not otherwise specified)

The administration code is the same “G” code: G0008 – Administration of influenza virus vaccine

CMS has instructed Medicare contractors to hold all claims containing the influenza Q codes with dates of service on or after October 1, 2010, until their systems are able to accept them for processing. The Medicare contractors’ systems will be ready to process claims containing the Q codes no later than February 7, 2011. Medicare institutional providers also have the option to hold their claims containing the new influenza Q codes until February 7, 2011.

Also, Medicare institutional providers should not submit claims with the new Influenza Q codes with dates of service on or after October 1, 2010, via roster billing. Medicare systems are unable to hold roster claims submitted by institutional providers. Therefore, Medicare institutional providers may submit their roster claims on an individual claim basis or hold their roster claims until February 7, 2010, and then submit as a roster bill at that time.

For further information, please see Transmittal 815, Change Request 7234, issued on November 19, 2010 which can be found at www.cms.gov/Transmittals/2010Trans/list.asp.
2. On December 3, a press briefing was held to kick off National Influenza Vaccine Week. It was revealed that more than 160 million doses of influenza vaccine have been distributed across the nation, with plenty of time to administer before disease hits. Historically, this is more vaccine than has ever been distributed in the United States.

In an informal survey conducted by CDC, there are encouraging data that of the people surveyed, more than 43% (129 million people) have already got, or strongly intend to get, vaccinated. With more than 160 million doses available, strong efforts must continue to protect as many people as possible from a serious and unpredictable disease.

3. The CDC/Influenza Division Weekly Influenza Surveillance Report for the week 47 indicates that influenza activity remains relatively low overall, but has increased slightly in the Southeast. Archives of previous FluViews are can be found here.

4. New from the CDC:
   a. Key Points for National Influenza Vaccination Week.
   c. Both the USA Today and the Washington Post included the NIVW Open Letter to the American People in its print editions.
   d. Free continuing education on influenza vaccine safety. The Centers for Disease Control and Prevention’s Immunization Safety Office is proud to offer a free continuing education (CME and CE) activity titled “Real Talk About Influenza Vaccine – Be Informed and Be Prepared” now on Medscape. The CME and CE offer includes a roundtable discussion with three vaccine safety prevention experts and is intended for clinicians who routinely administer influenza vaccines and who evaluate and treat patients experiencing adverse events following influenza immunization, including family medicine and internal medicine physicians, pediatricians, obstetricians-gynecologists, nurse practitioners, physician assistants, and nurses.

The 30-minute program is designed to educate clinicians on the safety profiles of licensed influenza vaccines; the safe administration of influenza vaccines and screening for contraindications and precautions; resources available for communicating benefits and risks of influenza vaccination; and accurate and timely reporting of any adverse events to the Vaccine Adverse Event Reporting System (VAERS). To view the popular CDC Expert Commentary Series on Medscape, go to www.medscape.com/partners/cdc/public/cdc-commentary.

5. The American Medical Association's House of Delegates recently adopted policy that acknowledges physicians' ethical and professional responsibility to be immunized against vaccine-preventable disease when a safe, effective vaccine is available. AMA policy respects physicians' right to refuse on grounds of a recognized medical, religious, or philosophical reason not to be immunized, but equally recognizes that those who refuse immunization have an obligation to accept decisions by medical staff leadership or other relevant authority to adjust their
practice activities to protect the interests of others, for example by requiring nonimmunized physicians to wear masks or to refrain from direct patient care.

The new AMA policy D-440.967, reads: Our AMA: (1) reaffirms its support for universal influenza vaccination of health care workers (HCWs); and (2) supports universal immunization of HCWs against seasonal and pandemic influenza through vaccination programs undertaken by health care institutions in conjunction with medical staff leadership. The report can be read here.

6. A new study indicates that airborne particles from coughs can carry influenza. The role of aerosols in the transmission of influenza viruses has been unclear and controversial, but a new study that analyzed the size and content of particles from the coughs of patients with influenza found that particles small enough to remain airborne can contain detectable influenza virus.

The study found that the viral RNA in the particles can remain airborne and thus could be inhaled deep into the lungs, which poses infection control challenges in health facilities. The study, conducted by investigators from West Virginia University, appeared on November 30 in Public Library of Science (PLoS) One. For the CIDRAP news story, go here and for the complete study information, go here.

7. Court Case for healthcare employee who refused mandatory influenza vaccination. A judge has delayed hearing initial arguments in a lawsuit that challenges a South Carolina hospital’s mandatory influenza vaccination policy for its employees. For the full story, read here.

8. Don’t confuse influenza with Q Fever. Researchers at the University of Missouri Regional Biocontainment Lab are warning clinicians not to be too quick in diagnosing patients presenting with influenza-like symptoms. It may be Q fever, which is almost identical in presentation and is on the rise worldwide. For the full story, go here.