

Reimbursement Kit



Helpful Steps for Determining Coverage or Appealing Claims

An effective way to help assist with questions or concerns payers may have regarding coverage and reimbursement for FluMist® (Influenza Virus Vaccine Live, Intranasal) is to present data to the Medical Director of the plan(s) with which you are contracted. We offer a 3-step approach that may assist you in the process.

Step 1:

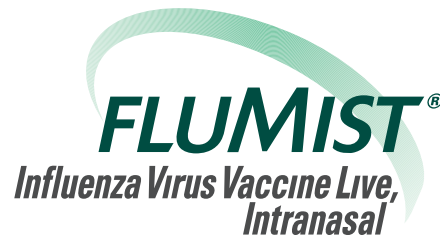
Obtain the Medical Director's contact information (e-mail, regular mail, fax, and telephone numbers) through the provider relations department you normally deal with. You will need your provider identification number when you contact that department.

Step 2:

Depending on your and the Medical Director's preferences, compose talking points for a conversation with, or a letter to, the Medical Director. The chart on the reverse side provides some suggestions, which are referenced.

Step 3:

If you need additional medical information, you can obtain it by contacting the FluMist Medical Information line at 877-633-4411.



Important Safety Information

FluMist is a live attenuated influenza virus vaccine indicated for active immunization of individuals 2-49 years of age against influenza disease caused by influenza virus subtypes A and type B contained in the vaccine.

FluMist is contraindicated in individuals with history of hypersensitivity to eggs, egg proteins, gentamicin, gelatin or arginine or with life-threatening reactions to previous influenza vaccinations, and in children and adolescents receiving concomitant aspirin or aspirin-containing therapy.

Do not administer FluMist to children <24 months of age due to an increased risk of hospitalization and wheezing that was observed in clinical trials. FluMist should not be administered to any individual with asthma and to children <5 years of age with recurrent wheezing unless the potential benefit outweighs the potential risk. Do not administer FluMist to individuals with severe asthma or active wheezing.

If Guillain-Barré syndrome has occurred with prior influenza vaccination or if an individual is immunocompromised, the decision to give FluMist should be based on careful consideration of the potential benefits and risks. FluMist should not be administered to individuals with underlying medical conditions predisposing them to wild-type influenza infection complications unless the potential benefit outweighs the potential risk. FluMist should be given to a pregnant woman only if clearly needed.

Most common adverse reactions (occurring at ≥10% in individuals receiving FluMist and at least 5% greater than in placebo) are runny nose or nasal congestion in recipients of all ages, fever >100°F in children 2-6 years of age, and sore throat in adults.

FluMist may not protect all individuals receiving the vaccine. FluMist is for intranasal administration only.

Please see accompanying complete Prescribing Information.

Talking Points to Help in Appealing Claims

Below are a few suggested talking points when discussing coverage, coding, and reimbursement with the Medical Director.

TALKING POINT	SUPPORTING INFORMATION
Influenza is a serious health risk	<ul style="list-style-type: none"> On average, more than 36,000 people died per year from flu-related causes during the 1990s,¹ despite considerable increases in vaccination rates for high-risk priority groups² Healthy individuals who have not been vaccinated are susceptible to contracting and spreading the disease to high-risk groups²⁻⁴
FluMist® has been recognized by the CDC/ACIP as an appropriate option	<ul style="list-style-type: none"> FluMist is an option for vaccination of individuals 2 years to 49 years of age² CDC/ACIP has included FluMist in the VFC program for children 5 years to 18 years. Vote is pending for children 2 years to 5 years
FluMist has demonstrated protection against both matched and mismatched strains of the influenza virus	<ul style="list-style-type: none"> Vaccine mismatch with circulating strains has occurred in 5 of the <u>last 11</u> flu seasons, the most recent being 2005-2006⁵⁻⁸ In a large head-to-head trial that included 4,166 children aged 24 months to 59 months during the 2004-2005 season, FluMist demonstrated significant reductions in influenza vs the flu shot^{9,10} <ul style="list-style-type: none"> —Matched strains: 52.5% reduction in flu cases vs the flu shot (rate, 1.4 vs 2.0) —Mismatched strains: 54.2% reduction in flu cases vs the flu shot (rate, 3.2 vs 7.1) —Overall efficacy: 54.4% reduction in flu cases vs the flu shot (rate, 4.5 vs 9.8)
Help prevent flu in children	<ul style="list-style-type: none"> During the early weeks of flu epidemic, a high proportion of school-aged children seeks medical care for flu-associated illnesses¹¹ School absenteeism peaks early during an epidemic¹¹
Reimbursement considerations	<ul style="list-style-type: none"> Reimbursement for FluMist should be based on the specific cost of the FluMist vaccine, not on the cost of other flu vaccines Adequate reimbursement for the administration of FluMist should also be a consideration

Abbreviations: CDC=Centers for Disease Control and Prevention; ACIP=Advisory Committee on Immunization Practices; VFC=Vaccines For Children.

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Please refer to the reverse side of the card for Important Safety Information and accompanying complete Prescribing Information.

References: 1. Thompson WW, Shay DK, Weintraub E, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. *JAMA*. 2003;289:179-186. 2. Centers for Disease Control and Prevention. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2007. *MMWR*. 2007;56(RR-06):1-54. 3. Glezen PW. Influenza control—unfinished business. *JAMA*. 1999;281:944-945. 4. Taber LH, Paredes A, Glezen WP, Couch RB. Infection with influenza A/Victoria virus in Houston families, 1976. *J Hyg (Lond)*. 1981;86:303-313. 5. Centers for Disease Control and Prevention. Update: influenza activity—United States and worldwide, 2000–01 season, and composition of the 2001–02 influenza vaccine. *MMWR*. 2001;50:466-470. 6. Centers for Disease Control and Prevention. Update: influenza activity—United States, 2003–04 season. *MMWR*. 2004;53:284-287. 7. Centers for Disease Control and Prevention. Update: influenza activity—United States and worldwide, 2004–05 season. *MMWR*. 2005;54:631-634. 8. Centers for Disease Control and Prevention. 2005–06 U.S. influenza season summary. Available at: <http://www.cdc.gov/flu/weekly/weeklyarchives2005-2006/05-06summary.htm>. Accessed August 2, 2006. 9. Prescribing Information for FluMist, Influenza Virus Vaccine Live, Intranasal. MedImmune Vaccines, Inc., Gaithersburg, Md. 10. Data on file. MedImmune, Inc., Gaithersburg, Md. 11. Glezen WP, Couch RB. Interpandemic influenza in the Houston area, 1974-76. *N Engl J Med*. 1978;298:587-592.

FLUMIST®
Influenza Virus Vaccine Live,
Intranasal

Billing and reimbursement support for FluMist®

Billing for FluMist is as simple as billing for other influenza vaccines. Codes commonly used for FluMist and its administration are listed below:

Coding*

90660	Influenza virus vaccine, live, for intranasal use
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure)
90467	Immunization administration under age 8 years (intranasal or oral route) when the physician counsels the patient/family; first administration (single or combination vaccine/toxoid), per day
90468	Immunization administration under age 8 years (intranasal or oral route) when the physician counsels the patient/family; each additional administration, per day (list separately in addition to code for primary procedure)
G0008	Administration of influenza virus vaccine (This code is used by Medicare for the hospital outpatient department. It is rarely used in other circumstances. This code is included for your information only in case one of your payers utilizes it)

In order to be considered for reimbursement for the procedure codes above, you must provide the corresponding ICD-9-CM diagnosis code†:

V04.81 Need for prophylactic vaccination and inoculation against certain viral diseases; influenza

Claims

Double-check your claim before sending it. Be sure to include the following items to avoid denied or rejected claims:

- | | |
|--|---|
| ✓ Patient's name, address, date of birth | ✓ Responsible party's name, date of birth (if required) |
| ✓ Policy number | ✓ Plan number |
| ✓ Physician contact information | ✓ Patient ID number |
| ✓ Physician identification number | ✓ Units of drug |

Need help?

If your claim is denied or returned by the insurer, MedImmune, the manufacturer of FluMist, provides a reimbursement support line to help you with your reimbursement issues. To get started, simply call the following number during flu season and ask to speak with a reimbursement specialist:

1-877-FLUMIST (1-877-358-6478) WWW.FLUMIST.COM

This kit information is not intended as coverage or coding advice and does not guarantee reimbursement. You should verify the appropriate reimbursement information for services or items you provide. Each HCP is responsible for ensuring all coding is accurate and appropriate. Contact the insurer to determine your patients' current benefits and limitations.

*CPT code book effective through September 30, 2007. CPT only ©2006 American Medical Association. All rights reserved.

†ICD-9-CM code book effective through September 30, 2007.

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Please see accompanying complete Prescribing Information.

PLEASE
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AREA

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HEALTH INSURANCE CLAIM FORM									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID)					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 123-45-6789				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jane					4. INSURED'S NAME (Last Name, First Name, Middle Initial) Smith, Jane				
3. PATIENT'S BIRTH DATE MM DD YY 01 26 1996 M <input type="checkbox"/> F <input checked="" type="checkbox"/>					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				
5. PATIENT'S ADDRESS (No., Street) 123 Main					7. INSURED'S ADDRESS (No., Street) 123 Main				
CITY Anytown					CITY Anytown				
STATE ST					STATE ST				
ZIP CODE 00000					ZIP CODE 00000				
TELEPHONE (Include Area Code) (203) 555-5555					TELEPHONE (INCLUDE AREA CODE) (203) 555-5555				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. RESERVED FOR LOCAL USE				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on file DATE 10/28/2004									
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED									
14. DATE OF CURRENT: MM DD YY									
17. NAME OF REFERRING PHYSICIAN									
19. RESERVED FOR LOCAL USE									
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. V04.81									
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER									
24. A B C D E DATE(S) OF SERVICE From To Place of Service Type of Service PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER DIAGNOSIS CODE 1 10 28 04 10 28 04 11 90473 1 2 10 28 04 10 28 04 11 90660 3 4 5 6									
25. FEDERAL TAX I.D. NUMBER SSN EIN 123-45-6789 <input checked="" type="checkbox"/> <input type="checkbox"/>									
26. PATIENT'S ACCOUNT NO. 12									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
28. TOTAL CHARGE \$									
29. AMOUNT PAID \$									
30. BALANCE DUE \$									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED On file DATE									
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)									
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # John Brown, MD 111 Hospital Drive Anytown, ST 00000 PIN# GRP#									

Note on Date Formats:

Paper forms use date format MMDDYYYY (e.g., 04152003).

Electronic claims use date format YYYYMMDD (e.g., 20030415).

Diagnosis Code: The codes provided are intended as examples only.

Enter appropriate ICD-9-CM diagnosis code:

V04.81 Need for prophylactic vaccination or inoculation against certain viral diseases; influenza

For each CPT code, insert the line number for the corresponding diagnosis code from Block 21.

Procedure Codes: The codes provided are intended as examples only. Enter appropriate CPT code that represents the procedures performed:

90660

Influenza virus vaccine, live, for intranasal use

90473

Immunization administration by intranasal or oral route

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Different Approaches for Reimbursement of FluMist®

Depending on your patient's insurance situation, you may be reimbursed for FluMist in a number of different ways from a number of different sources. Below are different channels of access to the vaccine that you may encounter.

Commercial Insurance

Coverage for FluMist can occur at different levels in a commercial, or private, insurer.

The payer itself will have a coverage policy that describes the overall coverage of FluMist. This coverage policy may be part of a broad immunization or wellness policy, or it may be specific to influenza vaccine or intranasal flu vaccine.

The sponsor of a health plan, often an employer, can choose which benefits to offer its enrollees. Often, the sponsor chooses what is commonly offered. There are rare occasions when a sponsor may choose not to include immunization benefits in a health plan package.

At the individual plan level, the policy that a consumer actually chooses and pays premiums for, the individual may opt for a plan that does not include the full range of benefits that other plans may have. Sometimes, the consumer chooses to exclude certain benefits because of no perceived need for certain items, such as immunizations.

Even with all of the opportunities for payers and sponsors to opt out of immunization coverage, the latest data that MedImmune has collected indicate that most health insurance plans include FluMist as a covered benefit.

Reimbursement for FluMist, the amount paid to the provider administering the vaccine, depends on the contract the provider has with the payer. Also, the payer could require a certain set of codes in order for the provider to be reimbursed fully for the service provided. We have included a sheet in this kit with commonly used codes for FluMist and its administration.

Medicaid

Each state Medicaid agency determines the coverage policy and reimbursement amount for FluMist and its administration.

Cash Collect

Many providers choose to collect cash for influenza vaccine, and leave it up to the individual patient to submit the claim for the service to the insurance companies. This often happens when an office holds "flu clinics."

One way to help ensure that a provider is not in violation of its contract with any payer is to check with the provider relations department of all contracted payers to find out the proper procedure for obtaining a contract waiver for this method of payment.

Vaccines for Children (VFC) Program

VFC has included FluMist in its programs, but each state or program chooses which vaccines are included within the VFC program at the local level. Check with your state or local programs to see if they provide vaccines free of charge to physicians who administer them to any eligible child.

The physician will not be reimbursed for the vaccine, since it is provided free of charge, but can often bill the Medicaid agency for the administration of the product. Please check with your Medicaid agency.

Please see accompanying complete Prescribing Information.

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