

mcp newsletter

October 16, 2020

20-13

TO: ALL FEE-FOR-SERVICE PHYSICIANS

RE: TEMPORARY INFLUENZA IMMUNIZATION FEE CODE

The Department of Health and Community Services will be temporarily reactivating the influenza immunization fee code below effective October 21, 2020 to June 30, 2021.

**54650 Influenza immunization; visit fee and/or fee code 54000
not payable in addition 17.16**

Billing Requirements for the Influenza Immunization:

- 1) As per Preamble sections 5.2, 5.6.1(b) and 5.6.1(d), the billing physician must be physically present at the site where the influenza immunization(s) is administered.
- 2) Billing rules for influenza immunization are as follows:
 - (a) **visit for assessment plus influenza immunization – claim visit fee only;**
 - (b) visit for assessment plus influenza immunization plus pneumococcal polysaccharide 23 (Pneu-23) immunization of target population – claim visit fee plus one unit of fee code 54656;
 - (c) visit for influenza immunization and Pneu-P-23 immunization of target population – claim one unit of 54650 and one unit of 54656 and;
 - (d) **visit for influenza immunization only – claim one unit of fee code 54650.**
- 3) Premiums cannot be billed with fee code 54650.

Documentation Requirements for Physicians Providing the Influenza Immunization:

- 1) Each time an influenza vaccination is administered, it **must** be documented.

For Med Access users: a standardized documentation template is available and must be used for billing purposes. This is communicated to all eDOCS through normal program mechanisms. Med Access users should **not** use the attached *Seasonal Influenza Immunization Consent and Record of Immunization Form*.

For non-Med Access users: the attached *Seasonal Influenza Immunization Consent and Record of Immunization Form* is to be completed. Further information concerning where to send completed forms will be communicated next week.

- 2) If a visit for assessment is billed with the influenza immunization, the record of service for that visit must meet the minimum requirements for the applicable visit billed as stated in the MCP Medical Payment Schedule preamble. Documentation of the influenza vaccination is also required as above in 1).

Contacting patients to remind them of the availability of the influenza immunization will not be viewed by MCP as solicitation.

Questions relating to the content of this newsletter should be directed to Dr. Colleen Crowther, Assistant Medical Director at (709) 758-1557 or by email at colleencrowther@gov.nl.ca.



This form can be printed
as a paper copy

HCN: _____

Province/Territory: _____ Expiry: _____

Name: _____

Date of Birth: _____ Sex: ☐ M ☐ F ☐ UN

Mailing Address: _____

City: _____

Province/Territory: _____ Postal Code: _____

Telephone: (Indicate Preferred) ☐ Home _____

☐ Cell _____ ☐ Work _____

☐ Western Health ☐ Labrador-Grenfell Health

☐ Eastern Health

☐ Central Health

Age Group: ☐ 6 months - 4 years* ☐ 5 - 8 years* ☐ 9 - 19 years ☐ 20 - 44 years ☐ 45 - 64 years ☐ 65+ years

*Children 6 months to less than 9 years of age receiving influenza vaccine for the first time are recommended to receive two doses of vaccine spaced at least four weeks apart.

Screening Questions	Check All Appropriate Boxes		
	Yes	No	Unsure
If your child is less than 9 years of age, are they receiving the flu shot for the first time?*(see statement above in bold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your child have a history of allergies? (medications, vaccine, eggs, food). If yes, please list:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your child have any past or present medical conditions? If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your child ever had a reaction to a flu shot?(red eyes, hives, rash, or difficulty breathing). If yes, please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adverse Reactions

1. Common side effects with injection are soreness and redness at the injection site that may last up to 2 days.
2. Less frequent side effects include headache, muscular aches/pains, red eyes, cough, irritability and sore throat.
3. Allergic reactions such as breathing problems and hives are very rare and may occur with extreme sensitivity to certain components of the vaccine.

CONSENT

I understand the information regarding the benefits and risks of the seasonal influenza vaccine provided by the Health Care Provider.

I **CONSENT** for me or my dependent to have the seasonal influenza vaccine, two (2) doses for children under age nine (9) years with no prior seasonal influenza vaccine.

I **CONSENT** to the Health Care Provider disclosing my or my dependent's personal information and personal health information to the Newfoundland and Labrador Centre for Health Information to be added to my or my dependent's electronic health profile.

Signature: _____

Relationship to child/person: _____

Date: _____

To be completed by Health Care Provider administering influenza vaccine

<input type="checkbox"/> Contraindicated	Reason for contraindication	Immunizer's Printed Name
		Signature

Record of Immunization

Date/Time	Vaccine	Lot Number	Dose	Route	Site	Immunizer's Printed Name
			0.5mL	Intramuscular		Signature
			0.5mL	Intramuscular		Immunizer's Printed Name
						Signature

Depot: _____ Program: _____ Site vaccine housed: _____ Location: _____

This personal health information is being collected and used under the authority of s. 29 and s.34(a)(m) of the Personal Health Information Act, and will be used for determining eligibility to receive influenza immunization and monitor organizational uptake of the flu vaccine. If you have concerns about the collection, use or disclosure of your personal health information, please contact the privacy office of your organization.

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