



## **Coding Tip of the Month December 2009**

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### **H1N1 Influenza-- Swine Flu**

The Swine Flu is upon us and coming to a hospital near you!

#### **New Codes**

- **488.1 – Influenza due to identified novel H1N1 influenza virus.**
- **90470—H1N1 immunization administration (intramuscular, intranasal), including counseling when performed**
- **90663—Influenza virus vaccine, pandemic formulation, H1N1**

#### ***Swine Flu, H1N1 Influenza***

The World Health Organization (WHO) declared the novel H1N1 influenza virus as a pandemic on June 11, 2009. More than 70 countries and all 50 states had reported cases of the H1N1 infection.

The H1N1 flu spreads in the same way that regular seasonal influenza viruses spread from person-to-person; mainly through coughs and sneezes, but also may be spread by touching infected objects. Symptoms include fever, cough, sore throat, body aches, headaches, chills, and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Also, like seasonal flu, severe illnesses and death have occurred as a result of illness associated with this virus.

#### **CDC Situation Update**

During the week of November 8-14, 2009, influenza activity decreased slightly in the United States as reported in [FluView](#). Flu activity is widespread in 43 states. Nationally, visits to doctors for influenza-like-illness declined from last week, but are still higher than expected for this time of year. Flu-related hospitalizations and deaths have declined slightly, but are still very high nationwide compared to what is expected for this time of year.

The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report decreased slightly but is still higher than what is expected for this time of year and has remained elevated for seven weeks now. In addition, 21 flu-related pediatric deaths were reported this week: 15 of these deaths were associated with laboratory confirmed 2009 H1N1; 6 were influenza A viruses, but were not subtyped.

Since April 2009, CDC has received reports of 171 laboratory-confirmed pediatric 2009 H1N1 deaths, one influenza B death, and another 28 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined. (Laboratory-confirmed deaths are thought to represent an undercount of the actual number. CDC has provided estimates about the number of 2009 H1N1 cases and related hospitalizations and deaths.

## ***2009-2010 Influenza Season Week 45 ending November 14, 2009***

### ***Pneumonia and Influenza Hospitalization and Death Tracking:***

This new system was implemented on August 30, 2009, and replaces the weekly report of laboratory confirmed 2009 H1N1-related hospitalizations and deaths that began in April 2009. Jurisdictions can now report to CDC counts of hospitalizations and deaths resulting from all types or subtypes of influenza, not just those from 2009 H1N1 influenza virus. To allow jurisdictions to implement the new case definition, counts were reset to zero on August 30, 2009.

From August 30 – November 14, 2009, 26,315 laboratory-confirmed influenza-associated hospitalizations and 1,049 laboratory-confirmed influenza-associated deaths were reported to CDC. CDC will continue to use its traditional surveillance systems to track the progress of the 2009-10 influenza seasons. \*\*

\*\* States report weekly to CDC either: 1) laboratory-confirmed influenza hospitalizations and deaths or 2) Pneumonia and influenza syndrome-based cases of hospitalization and death resulting from all types or subtypes of influenza. Although only the laboratory confirmed cases are included in this report, CDC continues to analyze data both from laboratory confirmed and syndromic hospitalizations and deaths

### ***Pneumonia and Influenza (P&I) Mortality Surveillance***

During week 45, 7.5% of all deaths reported through the 122-Cities Mortality Reporting System were due to P&I. This percentage was above the epidemic threshold of 6.9% for week 45. Including week 45, P&I mortality has been above threshold for seven consecutive weeks

## **ICD-9-CM Codes for H1N1 Influenza**

- **488.1 – Influenza due to identified novel H1N1 influenza virus.**

Effective October 1, 2009 code 488 has been revised and expanded to create a new subcategory with 2 unique codes for influenza due to identified avian influenza virus and influenza due to identified novel H1N1 influenza virus. These codes were created to provide data capture for the novel H1N1 influenza virus-swine flu virus.

Similar to guidelines for coding HIV infection, 488.0 & 488.1 should be assigned only for confirmed case of avian or H1N1 flu. These codes are not assigned when the final diagnostic statement indicates that the infection is “suspected” “possible”, “likely”, or “questionable”. This is an exception to the hospital inpatient guideline for a coding a diagnosis qualified at the time of discharge as suspect or possible as if it were established.

Refer to *Official Guidelines for Coding and Report Section 1.C.8.d. page 158 of Coding Clinic Fourth Quarter 2009* for additional information.

## Sequencing of Codes

Due to the associated illnesses of pneumonia and sepsis with this influenza, many patients are admitted to the hospital with complications of the influenza. Unfortunately, there is a general lack of information on how to sequence these diagnoses and the MS-DRG's vary widely in their reimbursement rate with H1N1 influenza as the principal diagnosis versus pneumonia or sepsis as the principal diagnosis, especially when mechanical ventilation is used.

The Coding Clinic has not issued official guidelines or coding advice on sequencing of H1N1 influenza with pneumonia and or sepsis.

ICD-9-CM Code 487 Influenza excludes codes 488.1 and 488.0; therefore, assignment of 487.1 influenza with pneumonia would not be correct.

Therefore, we encourage Hospitals to develop specific Hospital Coding Guidelines for sequencing cases of H1N1 influenza with pneumonia and/or other comorbid conditions. This can be used by all coders for all cases until "Official" specific guidelines are published. Consistency in coding will assist the coders and the hospital when approaching these cases.

## CPT Codes for H1N1 Influenza Immunizations

The American Medical Association (AMA) announced it has expedited the publication of a new code specific to vaccine administration and revised existing code 90663 to include the H1N1 vaccine. The new Current Procedural Terminology (CPT) code issued by the AMA will streamline reporting and the reimbursement procedure for physicians and healthcare providers who are expected to administer nearly 200 million doses of the H1N1 vaccine in the US. The codes will also help to efficiently report and track immunization and counseling services related to the H1N1 vaccine throughout the healthcare system. The codes are as follows:

- 90470—H1N1 immunization administration (intramuscular, intranasal), including counseling when performed
- 90663—Influenza virus vaccine, pandemic formulation, H1N1

### How to Bill for Administration of 2009 H1N1 Influenza Vaccination

The new CPT codes detailed above are effective immediately.

To seek payment from payers following administration of 2009 H1N1 influenza type A monovalent vaccine, providers should bill CPT code 90663 (Influenza virus vaccine, pandemic formulation, H1N1) in conjunction with the immunization administration code 90470 (H1N1 immunization administration (intramuscular, intranasal), including counseling when performed). The 90663 code for the 2009 H1N1 vaccine itself should be billed for zero dollars, since the vaccine is provided free of charge by the federal government. Providers will be paid for 2009 H1N1 vaccine administration.

#### References Used:

**AHA Coding Clinic™ for ICD-9-CM** is copyrighted by the American Hospital Association ("AHA"), Chicago, Illinois;

**CPT - Current Procedural Terminology.** Issued by AMA;

The Centers for Disease Control and Prevention (CDC)

updates the [H1N1 Flu Web page](#) weekly. Included on the CDC Web site is the FluView map which shows the weekly influenza activity estimates for the states and territories.