

♣ Measure #129: Universal Influenza Vaccine Screening and Counseling

DESCRIPTION:

Percentage of patients aged 50 years and older who were screened and counseled about the influenza vaccine during the months of January, February, March, October, November, and December

INSTRUCTIONS:

This measure is to be reported at each visit occurring during the months of January, February, March, October, November, and December during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. This measure may be reported by non-MD/DO clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is reported using G-codes:

CPT E/M codes, CPT service codes, CPT procedure codes, HCPCS G-codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure, submit the appropriate denominator code(s) and the appropriate numerator G-code.

NUMERATOR:

Patients screened and counseled about the influenza vaccine

Definitions:

Screening – Testing done on people at risk of developing a certain disease, even if they have no symptoms. Screening tests can predict the likelihood of someone having or developing a particular disease. This measure looks for the test being done in the practitioner's office that is filing the code.

Counseling – Providing information or advice related to the applicable measure such as including ways to stay healthy, implementing lifestyle modifications, and/or improving health status. In this measure, the advice constitutes recommendation to receive vaccine unless contraindicated. Additional information on flu vaccines can be accessed { [HYPERLINK "at" }](#) the CDC website.

Numerator Coding:

Influenza Vaccine Screening Performed, Status Current or Counseling Provided

G8423: Documented that patient was screened and either influenza vaccination status is current or patient was counseled

OR

Influenza Vaccine Screening and/or Counseling not Performed, Patient not Appropriate

G8426: Documented that patient was not appropriate for screening and/or counseling about the influenza vaccine (e.g., allergy to eggs)

OR

Influenza Vaccine Screening not Performed and/or Counseling not Provided, Reason not Specified

G8424: Influenza vaccine status was not screened

OR

G8425: Influenza vaccine status screened, patient not current and counseling was not provided

DENOMINATOR:

Patients aged 50 years and older and dates of service in January, February, March, October, November, and December

Denominator Coding:

A CPT procedure code, CPT service code, CPT E/M code, or HCPCS G-code is required to identify patients for denominator inclusion.

CPT procedure codes, CPT service codes, CPT E/M codes, or HCPCS G-codes:

00140, 00142, 00170, 00400, 00402, 00810, 00832, 00851, 00910, 00920, 01380, 01382, 01400, 01732, 01810, 01820, 01829, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0101, G0108, G0270

RATIONALE:

In the United States, epidemics of influenza typically occur during the winter months and have been associated with an average of approximately 36,000 deaths per year during 1990-1999. The CDC reported that although the target coverage set by Healthy People 2010 is 90 percent for annual influenza immunization, in 2002 national statistics demonstrated rates of only 66 percent. This measure focuses on the CDC's Advisory Committee on Immunization Practices (ACIP) revised recommendation of annual influenza vaccination for all persons age 50 and over, with a reminder to providers that they should routinely offer influenza vaccine to patients throughout the influenza season. (see MMWR 2006 citation below)

CLINICAL RECOMMENDATION STATEMENTS:

ACIP recommends annual influenza vaccination for persons aged 50 or older.

In order not to duplicate resources, the task force did not update their 1996 immunization recommendations and cites the CDC recommendations above, noting that ACIP's methods used to review evidence may differ from those used by USPSTF.

Evidence Supporting the Criterion of Quality Measure:

Overall Evidence Grading: SORT Strength of Recommendation B: considerable patient-oriented evidence, i.e., re: improved immunization rates, and decreased morbidity and mortality associated with influenza, but not consistently high quality evidence

Ashby-Hughes, B., et al. (1999). "Provider endorsement: The strongest cue in prompting high-risk adults to receive influenza and pneumococcal immunizations." *Clinical Excellence for Nurse Practitioners* 3(2): 97 - 104.

Provider recommendation was the most important reason adults received immunization. This study suggests that practitioner endorsement can significantly decrease the morbidity and mortality associated with flu and pneumonia by improving immunization rates.
Study quality level 2 (limited-quality patient-oriented evidence)

CDC (2006). "Prevention and control of influenza: Recommendations of the advisory committee on immunization practices (ACIP)." *MMWR* 55(RR10): 1 - 42.

Includes recommendations for administration for annual influenza vaccine for persons age 50 and older. Reminds providers that they should routinely offer influenza vaccine through the influenza season.
Study quality level 2 (limited-quality patient-oriented evidence)

Mayo, A. M., Cobler, S. (2004). "Flu vaccines and patient decision-making: What we need to know." *Journal of American Academy of Nurse Practitioners* 16(9): 402-410.

Recommending flu vaccine, offering vaccine in convenient locations free of charge, and discussing perceived barriers with patients may increase vaccinations among high-risk patients.
Study quality level 2 (limited-quality patient-oriented evidence)

Nichol, K. L., et al. (1996). "Factors associated with influenza and pneumococcal vaccination behavior among high-risk adults." *Journal of Geriatric Internal Medicine* 11: 673-677.

Emphasis on provider recommendations and the knowledge and attitudes of patients may enhance flu and pneumococcal vaccination rates, even in the context of organized vaccination programs.
Study quality level 2 (limited-quality patient-oriented evidence)

Postema, A. S., et al. (2000). "Adult immunization programs in nontraditional settings: Quality standards and guidance for program evaluation." *MMWR Recommendation Report* 49(RR-1): 1 - 13.

This report from CDC's National Vaccine Advisory Committee recognizes that immunization programs in nontraditional settings might enhance the capacity of the health care system to effectively deliver vaccine to adults by increasing the number and types of sites where adults can receive vaccine
Study quality level 2 (limited-quality patient-oriented evidence)