

AFLURIA® (Influenza Vaccine) Coding and Billing

Be sure to use the Current Procedural Terminology (CPT) code for the AFLURIA vaccine presentation administered.

Code for the AFLURIA vaccine administered

2025-2026 NDC Carton ¹	2025-2026 NDC Unit-of-Use ¹	Presentation and Indication ¹	Product Billing CPT Code ²	Description ¹	CVX Code* ²	MVX Code
33332-025-03	33332-025-04	0.5-mL pre-filled syringe (36 months and older)	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5-mL dosage, for intramuscular use	140	SEQ

*CVX=vaccine administered code indicates which product was used and is used in combination with the manufacturer (MVX) code.

NDC=National Drug Code

Note: Some payers may require use of NDCs. If so, determine if the payer requires the carton NDC or the unit-of-use NDC, and then determine if the payer requires the 10-digit or 11-digit format. If 11-digit, add a leading zero to the middle section of numbers.

Code for the administration of AFLURIA

Report the appropriate administration code in addition to the CPT code for AFLURIA.² For most payers, use the appropriate CPT code based on age and counseling provided. Note: Medicare (and some other payers) requires use of the Healthcare Common Procedure Coding System (HCPCS) code, G0008, for administration of preventive vaccines, including influenza, regardless of age. Other payers use the appropriate CPT code based on age and counseling provided.³

Include the appropriate *International Classification of Diseases, Tenth Revision (ICD-10)* diagnosis code

Report the ICD-10 diagnosis code, Z23, indicating an encounter for vaccine administration. The ICD-10 diagnosis code should be linked to both the vaccine and the administration code.³

Determine if modifier 25 is appropriate

When AFLURIA is administered on the same date as a significant and separately identifiable Evaluation and Management (E/M) visit, apply modifier 25 to the E/M CPT code, denoting a "significant and separately identifiable" service from the vaccine and vaccine administration service.⁴

CPT Code ⁵	Description
90460	Immunization administration through 18 years of age (via any route of administration) with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered
90461 (add-on code)	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified healthcare professional; each additional vaccine or toxoid component administered (list separately in addition to code for primary procedure)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) NOTE: Report this code for immunization administration of any vaccine that is not accompanied by face-to-face physician or other qualified healthcare professional counseling the patient and/or family, or for patients over 18 years of age.
HCPCS Code ³	Description
G0008	Seasonal influenza virus vaccine administration
ICD-10 Code ³	Description
Z23	Encounter for immunization

Visit [AFLURIA.com](https://www.afluria.com) for additional resources and information.

Please see Important Safety Information on next page, and the [full US Prescribing Information](#) for AFLURIA.

For US Healthcare Professional Use Only

This information does not constitute a guarantee or warranty of coverage benefits or reimbursement.

Questions?



Call CSL Seqirus Customer Service
(855) 358-8966, option 2

AFLURIA® (Influenza Vaccine)

INDICATION and IMPORTANT SAFETY INFORMATION

INDICATION AND USAGE

AFLURIA is an inactivated influenza vaccine indicated for active immunization for the prevention of disease caused by influenza A subtype viruses and type B virus contained in the vaccine. AFLURIA is approved for use in persons 6 months of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Do not administer AFLURIA to anyone with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine including egg protein, or to a previous dose of any influenza vaccine.

WARNINGS AND PRECAUTIONS

If Guillain-Barré Syndrome (GBS) has occurred within 6 weeks of previous influenza vaccination, the decision to give AFLURIA should be based on careful consideration of the potential benefits and risks.

Appropriate medical treatment must be immediately available to manage potential anaphylactic reactions following administration of AFLURIA.

If AFLURIA is administered to immunocompromised persons, including those receiving immunosuppressive therapy, the immune response may be diminished.

Vaccination with AFLURIA may not protect all individuals.

ADVERSE REACTIONS

Data for AFLURIA QUADRIVALENT are relevant to AFLURIA because both vaccines are manufactured using the same process and have overlapping compositions.

Administered by needle and syringe (AFLURIA QUADRIVALENT data):

In children 6 months through 35 months of age, the most commonly reported injection-site reactions were pain and redness ($\geq 20\%$). The most common systemic adverse reactions were irritability ($\geq 30\%$), diarrhea and loss of appetite ($\geq 20\%$).

In children 36 through 59 months of age, the most commonly reported injection site reactions were pain ($\geq 30\%$) and redness ($\geq 20\%$). The most commonly reported systemic adverse reactions were malaise and fatigue, and diarrhea ($\geq 10\%$).

In children 5 through 8 years, the most commonly reported injection-site adverse reactions were pain ($\geq 50\%$), redness and swelling ($\geq 10\%$). The most common systemic adverse reaction was headache ($\geq 10\%$).

In children 9 through 17 years, the most commonly reported injection-site adverse reactions were pain ($\geq 50\%$), redness and swelling ($\geq 10\%$). The most common systemic adverse reactions were headache, myalgia, and malaise and fatigue ($\geq 10\%$).

In adults 18 through 64 years, the most commonly reported injection-site adverse reaction was pain ($\geq 40\%$). The most common systemic adverse reactions were myalgia and headache ($\geq 20\%$).

In adults 65 years of age and older, the most commonly reported injection-site adverse reaction was pain ($\geq 20\%$). The most common systemic adverse reaction was myalgia ($\geq 10\%$).

Administered by the PharmaJet Stratis Needle-Free Injection System:

In adults 18 through 64 years of age, the most commonly reported injection-site adverse reactions were tenderness ($\geq 80\%$), swelling, pain, redness ($\geq 60\%$), itching ($\geq 20\%$) and bruising ($\geq 10\%$). The most common systemic adverse reactions were myalgia, malaise ($\geq 30\%$), and headache ($\geq 20\%$).

Other adverse events may occur.

To report SUSPECTED ADVERSE REACTIONS, contact CSL Seqirus at 1-855-358-8966 or VAERS at 1-800-822-7967 or www.vaers.hhs.gov.

Before administration, please see the [full US Prescribing Information for AFLURIA](#).

Information on reimbursement is provided as a courtesy. Due to the rapidly changing nature of the law, Medicare payment policy, and/or reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided "as is" and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise.

Providers must confirm or clarify coding and coverage from their respective payers, and are responsible for accurate reporting of products in accordance with particular payer requirements.

References: **1.** AFLURIA. Package insert. Seqirus Inc. **2.** Centers for Disease Control and Prevention. CPT codes mapped to CVX codes. Accessed May 5, 2025. <https://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cpt> **3.** Centers for Medicare & Medicaid Services. Flu shot & administration. Accessed May 5, 2025. <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#FLU> **4.** American Medical Association. Current Procedural Terminology 2025 (Professional Edition). American Medical Association; 2024. **5.** American Academy of Pediatrics. Coding for pediatric preventive care 2025. Accessed May 5, 2025. <https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf>