



## Nirsevimab Practice Readiness Checklist

This resource is meant to offer guidance to ambulatory practices preparing to administer nirsevimab to patients. It is not meant to be comprehensive. See implementation guidance and other [AAP resources](#) for additional information.

### Staff Education / Resources

- Share resources & information with the entire practice team
  - Understanding of nirsevimab (*how it compares to palivizumab (Synagis), immunization not a vaccine, etc.*)
  - Updated resources and [FAQs](#) distributed as needed

### Communication with Parents / Caregivers

Use AAP and CDC materials to customize the following for your practice:

- Educational materials with background information about nirsevimab (*accessible in various formats*):
  - Website
  - Portal messaging
  - Physical Handouts
  - Links
  - Signs (*see below*)
  - Other \_\_\_\_\_
- Signs in the office with QR codes to a parent/caregiver FAQ that includes both:
  - **MEDICAL information** (*"What is nirsevimab? Why should I get it for my baby?"*)
  - **FINANCIAL information** (*"I've heard it's expensive. What if I can't afford it?" "What if my insurance doesn't pay?"*)
- An office policy statement regarding nirsevimab that can be shared with caregivers/parents. *Include language about a deliberate rollout that is in the interest of safety and equity. Consider including medical information about palivizumab as well.*

Ensure access to information in different languages spoken by your patients:

- Language 1: \_\_\_\_\_
- Language 2: \_\_\_\_\_
- Language 3: \_\_\_\_\_
- Language 4: \_\_\_\_\_

### Staff Communication with Health Care Delivery Entities

#### Hospitals

- Develop and continuously update a list of area birthing hospitals (*make sure to include a contact person(s) and their telephone number(s) for follow-up*) and whether they will be giving nirsevimab to newborns as inpatients (*both VFC eligible and commercially insured patients*).
- Know where/how birthing hospitals will be communicating to you about nirsevimab administered prior to discharge.
- If you round in the nursery, consider how RSV prophylaxis could be made standard in the EHR to make it easier for outpatient practices to find and use.

#### OB/GYNs

- Develop a list of OB/GYN practices in your area and whether they will be offering maternal RSV vaccine to patients.
- Understand how they will be communicating information with their patients (in-office visits, prenatal classes, at delivery, etc.), including making sure birthing patients know to communicate their own RSV vaccine status at delivery and to bring documentation to their pediatrician if it's not communicated from the hospital.

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### Projecting Need & Purchasing

- Identify status of VFC participation
  - Identify [enrollment process](#) if not already in VFC and/or
  - Identify state process for ordering/processing VFC provided nirsevimab
- Identify and establish relationships with manufacturer or other purchasing organization to understand purchasing details (*including minimum order size, payment policies/terms including timeline, return policy*)
- Project need if 100% of patients who qualify will consent to the medication:
  - *Determine how many newborns per month you average during the typical RSV season of October through March*
  - *Determine how many of those newborns will have a parent that is eligible for the maternal RSV vaccine (consider how many OB/GYNs in your area are planning to administer the maternal RSV vaccine and when they plan to begin administration)*
  - *Identify patients who were born on/after February 2, 2023, and make a spreadsheet of what day they will be 8 months old. If nirsevimab is not available in your office by the day they turn 8 months of age, they will be ineligible to receive (ACIP recommendation is <8 months of age, not less than or equal to)*
- Ensure there is appropriate storage available for nirsevimab:
  - *Is there room in your office's refrigerator(s)?*
  - *Have you discussed the increased cost of goods in your refrigerator with any insurance coverage for lost refrigerator/freezer contents?*
- Continue to offer palivizumab in your office for high risk infants this season until nirsevimab is widely available.
- Identify your 8 through 19 month old patients [who would qualify](#) for nirsevimab during their second RSV season and create a spreadsheet with a plan for administering nirsevimab or palivizumab (if nirsevimab cannot be implemented this year). *How will you indicate this in your EHR to alert practice team members?*

### Coding & Payment

- Ensure appropriate CPT codes and ICD10 codes are available in the EHR or Practice Management system to facilitate claims processing.
- Create a spreadsheet of your payers and use available real time claims estimators to track how much your payers will pay you for the appropriate CPT codes:
  - Nirsevimab
    - **90380**: Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
    - **90381**: Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use
    - **96380**: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by IM injection, with counseling by physician or other qualified health care professional (Per CPT, this is only to be used with CPT's 90380 and 90381)
    - **96381**: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by IM injection (Per CPT, this is only to be used with CPT's 90380 and 90381)
    - Qualified Healthcare Professional (QHP) is defined as an individual that is able to report services such as E/M's under their own NPI number. Counseling provided by clinical staff is not reported with CPT **96380**.
    - During the transition to the new codes, payer policies may require reporting 96372 therapeutic, prophylactic, or diagnostic injection instead of **96380** and **96381**. The AAP is working with payers to update their payment systems and payment policies. **Z29.11** Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV) (Do not use **Z23** encounter for immunizations. This code only applies to vaccines/toxoid products)

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- **Palivizumab**
  - **90378:** Respiratory syncytial virus, monoclonal antibody, recombinant, for IM use, 50 mg, each
  - **96372:** Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or IM (do not report the administration of Palivizumab with codes **96380** and **96381**)
  - **Z29.11** Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV) (Do not use **Z23** encounter for immunizations. This code only applies to vaccines/toxoid products)
- **Counseling without administration**
  - **99401:** Preventive medicine counseling provided to an individual; approximately 15 minutes (This code is only reportable if you provide counseling but the parent or caregiver refuses nirsevimab. You must spend at least 8 minutes counseling to use this code, and it cannot be reported in the context of a well visit)

Updated [coding guidance and vignettes are available](#)

### Office Processes

- Create a workflow for the following scenarios:
  - Scheduling all newborns for a visit in the first week of life: *how will you contact the birthing hospital if nirsevimab or maternal vaccine information is not on hand at an initial newborn visit?*
  - A newborn born October through March who received nirsevimab in the birth hospital or whose birth parent received maternal RSV vaccine: *how/where will you document it in the EHR so that your practice team is aware?*
  - A newborn born October through March who did not receive nirsevimab: *how will you discuss/offer at the first office visit (sick or well?)*
  - A newborn born April through September: *how will you discuss/offer in advance so that families are aware?*
  - An eligible patient presents to the office for a well visit during the RSV season (primarily October through March); *how will you discuss/offer nirsevimab?*
  - An eligible patient presents to the office for a sick visit during the RSV season: *how will you discuss/offer nirsevimab?*
- Create a workflow for documentation of refusal/consent:
  - If parents refuse nirsevimab how will you document?
    - Consider leveraging the “other” category on page two of the [Refusal to Vaccinate Form](#) (until updated guidance available)
  - If parent/caregiver consents to nirsevimab how will you document based on state requirements?

### Documentation & Planning

#### Reporting

- Work with your EHR vendor to understand how and when nirsevimab will be reported to your Stage/Regional Immunization Registry (IIS)
- Create a process for sharing the [Immunization Information Sheet](#) (not a VIS since not a vaccine) and if/how you will document that it was given

#### Additional Implementation

- Identify a process for recalling and scheduling patients who qualify for nirsevimab outside of the newborn period (*being very careful to make sure that the date of the appointment for administration is within the age guidelines*)

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- Decide on whether you have enough volume, and it makes economic sense to offer nirsevimab shot only clinics (similar to flu clinics) for your older (non newborn) patient population
- Determine other non-hospital locations where nirsevimab is available in your community, such as public health clinics
- Consider partnership with larger practices (*discuss if a larger practice in your area may be willing to provide you with a small number of doses*)