
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 40

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Change Request 2763

I. SUMMARY OF CHANGES: New ICD-9 Code V04.81 for billing the influenza virus vaccine benefit, which replaces code V04.8 effective October 1, 2003, is being added to the manual. **This change and any editing changes have already been performed with Program Memorandum AB-03-091, dated June 20, 2003.** This change is effective for all claims with dates of service on or after October 1, 2003. Physicians billing the carrier have a 90-day grace period to use the old code. However, institutional providers billing the intermediary do not have a 90-day grace period.

MANUALIZATION-- EFFECTIVE DATE: Not Applicable

***IMPLEMENTATION DATE: Not Applicable**

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/10.2.1/Healthcare Common Procedural Coding System (HCPCS) and Diagnosis Codes
R	18/10.3.1/Roster Claims Submitted to Carriers for Mass Immunization
R	18/10.3.2/Claims Submitted to FIs for Mass Immunizations of Influenza and PPV

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

10.2.1 - Healthcare Common Procedural Coding System (HCPCS) and Diagnosis Codes

(Rev. 40, 12-08-03)

SNF-536.2.C, B3-4480.2, A3-3660.7, HSP-303.6.D, HO-435.C, HHA-473, B3-4480.3, A3-3660.7, SNF-534.D, E, HO-435.D-F, HHA-473.E-G, SNF-536.2.D, SNF-536.2.E

HCPCS Definition

- | | |
|-------|---|
| 90657 | Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use; |
| 90658 | Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use; |
| 90659 | Influenza virus vaccine, whole virus, for intramuscular or jet injection use; |
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use; |
| 90740 | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use; |
| 90743 | Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use; |
| 90744 | Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use; |
| 90746 | Hepatitis B vaccine, adult dosage, for intramuscular use; and |
| 90747 | Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use. |

Vaccines and their administration are reported using separate codes.

The following codes are for reporting the vaccines only.

The following codes are for reporting administration of the vaccines only. The administration of the vaccines is billed using:

HCPCS Definition

- | | |
|-------|--|
| G0008 | Administration of influenza virus vaccine; |
|-------|--|

G0009 Administration of pneumococcal vaccine; and

G0010 Administration of hepatitis B vaccine.

These three codes should be reimbursed at the same rate as CPT code 90782 on the Medicare physician fee schedule (MPFS) for the year that corresponds to the date of service of the claim. For intermediaries, payment for codes G0008 and G0009 when provided by hospitals or HHA is based on reasonable cost.

One of the following diagnosis codes must be reported as appropriate. If the sole purpose for the visit is to receive a vaccine or if a vaccine is the only service billed on a claim the applicable following diagnosis code may be used.

Diagnosis Code	Description
V03.82	PPV
<i>V04.8*</i>	Influenza
V05.3	Hepatitis B.

**Effective for influenza virus claims with dates of service October 1, 2003, and later, the correct diagnosis code to be used is V04.81.*

If a diagnosis code for PPV, hepatitis B, or influenza virus vaccination is not reported on a claim and the carrier can determine that the claim is a PPV, hepatitis B, or influenza claim, the carrier may enter the proper diagnosis code and continue processing the claim. These claims should not be returned, rejected, or denied for lack of a diagnosis code by the carrier. *Effective for dates of service on or after October 1, 2003, carriers may no longer enter the diagnosis on the claim. Carriers must follow current resolution processes for claims with missing diagnosis codes.*

If the diagnosis code and the narrative description are correct, but the HCPCS code is incorrect, the carrier or intermediary may correct the HCPCS code and pay the claim. For example, if the reported diagnosis code is V04.8 (*V04.81 if claim is October 1, 2003, and later*) and the narrative description (if annotated on the claim) says "flu shot" but the HCPCS code is incorrect, contractors may change the HCPCS code and pay for the flu vaccine.

In addition, if a doctor of medicine or osteopathy does not order the influenza virus vaccine, the intermediary claims require UPIN code SLF000 to be reported.

10.3.1 - Roster Claims Submitted to Carriers for Mass Immunization

(Rev. 40, 12-08-03)

If the PHC or other individual or entity qualifies to submit roster claims, it may use a preprinted Form CMS-1500 that contains standardized information about the entity and the benefit. Key information from the beneficiary roster list and the abbreviated Form CMS-1500 is used to process PPV and influenza virus vaccination claims.

Separate Form CMS-1500 claim forms, along with separate roster bills, must be submitted for PPV and influenza roster billing.

If other services are furnished to a beneficiary along with PPV or influenza virus vaccine, individuals and entities must submit claims using normal billing procedures, e.g., submission of a Form CMS-1500 or electronic billing for each beneficiary.

Providers submitting electronic roster bills must submit their claims in a National Standard Format (NSF) or the American National Standards Institute Accredited Standards Committee X12 837 Health Care Claim American National Standards Institute (ANSI) ASC X12N 837).

Carriers must create and count one claim per beneficiary from roster bills. They must split claims for each beneficiary if there are multiple beneficiaries included in a roster bill. Providers must show the unit cost for one service on the modified Form CMS-1500. The carrier must replicate the claim for each beneficiary listed on the roster.

Carriers must provide Palmetto-Railroad Retirement Board (RRB) with local pricing files for PPV and influenza vaccine and their administration. They must replicate the roster and the Form CMS-1500, highlighting the RRB beneficiary on the roster, and forward the material to the appropriate Palmetto-RRB processing center.

If PHCs or other individuals or entities inappropriately bill PPV or influenza vaccination using the roster billing method, carriers return the claim to the provider with a cover letter explaining why it is being returned and the criteria for the roster billing process. Carriers may not deny these claims.

Providers must retain roster bills with beneficiaries' signatures at their permanent location for a time period consistent with Medicare regulations.

A - Modified Form CMS-1500 for Cover Document

Entities submitting roster claims to carriers must complete the following blocks on a single modified Form CMS-1500, which serves as the cover document for the roster for each facility where services are furnished. In order for carriers to reimburse by correct payment locality, a separate Form CMS-1500 must be used for each different facility where services are furnished.

- Item 1: An X in the Medicare block
- Item 2: (Patient's Name): "SEE ATTACHED ROSTER"
- Item 11: (Insured's Policy Group or FECA Number): "NONE"
- Item 17A (I.D. Number or Referring Physician): This number is required for PPV claims with dates of service prior to July 1, 2000. This number is also required for Hepatitis B vaccines.
- Item 20: (Outside Lab?): An "X" in the NO block
- Item 21: (Diagnosis or Nature of Illness):
Line 1: PPV = "V03.82", Influenza Virus: = "V04.8"
Effective for claims with dates of service on or after October 1, 2003, use V04.81.
- Item 24B: (Place of Service (POS)):
Line 1: "60"
Line 2: "60"
NOTE: POS Code '60" must be used for roster billing.
- Item 24D: (Procedures, Services or Supplies):
Line 1:
PPV: "90732"
Influenza Virus: "90659"
Line 2:
PPV: "G0009"
Influenza Virus: "G0008"
- Item 24E: (Diagnosis Code):
Lines 1 and 2: "1"
- Item 24F: (\$ Charges): The entity must enter the charge for each listed service. If the entity is not charging for the vaccine or its administration, it should enter 0.00 or "NC" (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an

immunization service, do not key the line item. Likewise, electronic media claim (EMC) billers should submit line items for free immunization services on EMC PPV or influenza virus vaccine claims only if your system is able to accept them.

- Item 27: (Accept Assignment): An "X" in the YES block.
- Item 29: (Amount Paid): "\$0.00"
- Item 31: (Signature of Physician or Supplier): The entity's representative must sign the modified Form CMS-1500.
- Item 32: N/A
- Item 33: (Physician's, Supplier's Billing Name): If the provider number is not shown on the roster billing form, the entity must complete this item to include the Provider Identification Number (not the Unique Physician Identification Number) or Group Number, as appropriate.

B - Format of Roster Claims

B3-4480.6.C

Qualifying individuals and entities must attach to the Form CMS-1500 claims form, a roster which contains the variable claims information regarding the supplier of the service and individual beneficiaries. While qualifying entities must use the modified Form CMS-1500 without deviation, carriers must work with these entities to develop a mutually suitable roster that contains the minimum data necessary to satisfy claims processing requirements for these claims. Carriers must key information from the beneficiary roster list and abbreviated Form CMS-1500 to process PPV and influenza virus vaccination claims.

The roster must contain at a minimum the following information:

- Provider name and number;
- Date of service;

NOTE: Although physicians who provide PPV or influenza virus vaccinations may roster bill if they vaccinate fewer than five beneficiaries per day, they must include the individual date of service for each beneficiary's vaccination on the roster form.

- Control number for contractor;
- Patient's health insurance claim number;
- Patient's name;

- Patient's address;
- Date of birth;
- Patient's sex; and
- Beneficiary's signature or stamped "signature on file."

NOTE: A stamped "signature on file" qualifies as an actual signature on a roster claim form if the provider has a signed authorization on file to bill Medicare for services rendered. In this situation, the provider is not required to obtain the patient signature on the roster, but instead has the option of reporting signature on file in lieu of obtaining the patient's actual signature.

The PPV roster must contain the following language to be used by providers as a precaution to alert beneficiaries prior to administering PPV.

WARNING: Beneficiaries must be asked if they have been vaccinated with a PPV.

- Rely on patients' memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.
- If patients are certain that they have been vaccinated within the past 5 years, **do not revaccinate.**

10.3.2 - Claims Submitted to Intermediaries for Mass Immunizations of Influenza and PPV

(Rev. 40, 12-08-03)

A3-3660.7.L, A3-3660.7.N

Some potential "mass immunizers," such as hospital outpatient departments and HHAs, have expressed concern about the complexity of billing for the influenza virus vaccine and its administration. Consequently, to increase the number of beneficiaries who obtain needed preventive immunizations simplified (roster) billing procedures are available to mass immunizers. The simplified (roster) claims filing procedure has been expanded for PPV. A mass immunizer is defined as any entity that gives the influenza virus vaccine or PPV to a group of beneficiaries, e.g., at public health clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same date are required. (See [§10.3.2.2](#) for an exception to this requirement for inpatient hospitals.)

The simplified (roster) claims filing procedure applies to providers other than independent RHCs and freestanding FQHCs that conduct mass immunizations. Since independent RHCs and freestanding FQHCs do not submit individual Form CMS-1450s for the influenza virus vaccine, they do not utilize the simplified billing process. Instead, payment is made for the vaccine at the time of cost settlement.

The simplified process involves use of the provider billing form (Form CMS-1450) with preprinted standardized information relative to the provider and the benefit. Mass immunizers attach a standard roster to a single pre-printed Form CMS-1450 that contains the variable claims information regarding the service provider and individual beneficiaries

Qualifying individuals and entities must attach a roster, which contains the variable claims information regarding the supplier of the service and individual beneficiaries.

The roster must contain at a minimum the following information:

- Provider name and number;
- Date of service;
- Patient name and address;
- Patient date of birth;
- Patient sex;
- Patient health insurance claim number; and
- Beneficiary signature or stamped "signature on file."

NOTE: A stamped "signature on file" can be used in place of the beneficiary's actual signature for all institutional providers that roster bill from an inpatient or outpatient department provided the provider has a signed authorization on file to bill Medicare for services rendered. In this situation, they are not required to obtain the patient signature on the roster. However, the provider has the option of reporting "signature on file" in lieu of obtaining the patient's actual signature.

The PPV roster must contain the following language to be used by providers as a precaution to alert beneficiaries prior to administering PPV.

Warning: Beneficiaries must be asked if they have been vaccinated with PPV.

- Rely on the patients' memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine,
- If patients are certain that they have been vaccinated within the past five years, **do not revaccinate.**

For providers using the simplified billing procedure, the modified Form CMS-1450 shows the following preprinted information in the specific form locators (FLs):

- The words "See Attached Roster" in FL 12, (Patient Name);
- Patient Status code 01 in FL 22 (Patient Status);
- Condition code M1 in FLs 24-30 (Condition Code) (See NOTE below);
- Condition code A6 in FLs 24-30 (Condition Code);
- Revenue code 636 in FL 42 (Revenue Code), along with the appropriate HCPCS code in FL 44 (HCPCS Code);
- Revenue code 771 in FL 42 (Revenue Code), along with the appropriate "G" HCPCS code in FL 44 (HCPCS Code);
- "Medicare" on line A of FL 50 (Payer);
- The words "See Attached Roster" on line A of FL 51 (Provider Number); and
- Diagnosis code V03.82 for PPV or V04.8 for Influenza Virus vaccine in FL 67 (Principal Diagnosis Code). *For influenza virus vaccine claims with dates of service October 1, 2003 and later, use diagnosis code V04.81.*
- Influenza virus vaccines require the UPIN SLF000 in FL 82.

Providers conducting mass immunizations are required to complete the following FLs on the preprinted Form CMS-1450:

- FL 4 (Type of Bill);
- FL 47 (Total Charges);
- FL 85 (Provider Representative); and
- FL 86 (Date).

NOTE: Medicare Secondary Payer (MSP) utilization editing is bypassed in CWF for all mass immunizer roster bills. However, if the provider knows that a particular group health plan covers the PPV and all other MSP requirements for the Medicare beneficiary are met, the primary payer must be billed. First claim development alerts from CWF are not generated for PPV and influenza virus vaccines.

Intermediaries use the beneficiary roster list to generate Form CMS-1450s to process PPV claims by mass immunizers indicating condition code M1 in FLs 24-30 to avoid MSP editing. Standard System Maintainers must develop the necessary software to generate Form CMS-1450 records that will process through their system.

Providers that do not mass immunize must continue to bill for PPV and influenza virus vaccines using the normal billing method, e.g., submission of a Form CMS-1450 or electronic billing for each beneficiary.