
Medicare

Carriers Manual

Part 3 - Claims Process

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

Transmittal 1778

Date: NOVEMBER 1, 2002

CHANGE REQUEST 2392

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
4480.3 - 4480.4	4-313 – 4-314 (2 pp.)	4-313 – 4-314 (2 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: January 1, 2003*
IMPLEMENTATION DATE: January 1, 2003

Section 4480.2, HCPCS Coding, is being updated to reflect a few minor subgroup typographical references.

The following hepatitis B vaccine codes are no longer valid for Medicare purposes, 90740, 90743, 90744, 90746, and 90747. These codes have been replaced with Q3021, Q3022 and Q3023. It has been determined that vaccine codes 90723 and 90748 were inappropriate for this preventive benefit and have therefore been removed from the manual. These codes that are no longer applicable to Medicare will not have a 90-day grace period.

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

<u>Code</u>	<u>Description</u>
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use;
Q3021	Injection, hepatitis B vaccine, pediatric or adolescent, per dose;
Q3022	Injection, hepatitis B vaccine, adult, per dose and,
Q3023	Injeciton, hepatitis B vaccine, immunosuppressed patients (including renal dialysis patients), per dose.

The type of service (TOS) for these new Q codes is 1.

These codes are for the vaccines only and do not include their administration. The following HCPCS "G" codes are used to bill for administration of vaccines:

<u>Code</u>	<u>Description</u>
G0009	Administration of pneumococcal vaccine
G0008	Administration of influenza virus vaccine
G0010	Administration of hepatitis B vaccine

These three codes should be reimbursed at the same rate as the HCPCS code 90782 as priced on the Medicare Physician Fee Schedule Database.

4480.3 Billing Requirements.--Physicians and suppliers submit claims on Form CMS-1500. The Unique Physician Identification Number (UPIN) must be entered in Item 17A of Form CMS-1500 for PPV and hepatitis B vaccines. No UPIN is required in Item 17A of Form CMS-1500 for influenza virus vaccine claims since Medicare does not require that the influenza vaccine be administered under a physician's order or supervision. Effective for claims with dates of service on or after July 1, 2000, no UPIN is required in Item 17A of Form CMS-1500 for PPV claims since Medicare will no longer require that the vaccine be administered under a physician's order or supervision.

Effective with implementation of the National Provider Identifier (NPI), the NPI must be entered in item 17A of Form CMS-1500 for PPV and hepatitis B vaccines. No NPI is required in Item 17A of Form CMS-1500 for influenza virus vaccine claims (or PPV claims with dates of service on or after July 1, 2000) since Medicare does not require that the vaccine (s) be administered under a physician's order or supervision.

A. Diagnosis Codes.--The following diagnosis codes for PPV and influenza virus and hepatitis B vaccines and their administration should appear in Block 21 of Form HCFA-1500:

<u>Code</u>	<u>Description</u>
V03.82	PPV
V04.8	Influenza virus vaccine
V05.3	Hepatitis B vaccine

If a diagnosis code for PPV, hepatitis B, or influenza virus vaccination is not reported on a paper or electronic media claim (EMC) and you determine that the claim is a PPV, hepatitis B or influenza claim, you 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.

If the diagnosis code and the narrative description are correct, but the HCPCS code is incorrect, correct the HCPCS code and pay the claim. For example, if the reported diagnosis code is V04.8 and the narrative description (if annotated on the claim) says "flu shot" but the HCPCS code is incorrect, change the HCPCS code and pay for the flu shot. However, if the incorrect code is not obviously wrong (e.g., there is no narrative, and the procedure and diagnosis do not agree), follow §4020.5.

B. Reimbursement and Deductible Indicators.--The record submitted to the common working file (CWF) must contain the following indicators:

<u>Reimbursement Ind.</u>	<u>Deductible Ind.</u>	<u>Description</u>
"1"	"1"	PPV
"1"	"1"	Influenza
"0"	"0"	Hepatitis B

A reimbursement indicator of "1" represents 100 percent reimbursement. A deductible indicator of "1" represents a zero deductible. A reimbursement indicator of "0" represents 80 percent reimbursement. A deductible indicator of "0" indicates that a deductible applies to the claim.

The record must also contain a "V" in the type of service field which indicates that this is a PPV or influenza virus vaccine. Use a "1" in the type of service field which indicates medical care for a hepatitis B vaccine.

C. Medicare Secondary Payer (MSP) Edits and First Claim Development.--Bypass all MSP utilization edits in CWF on all claims when the only service provided is PPV or influenza virus vaccine and/or their administration. This waiver does not apply when other services (e.g., office visits) are billed on the same claim as PPV or influenza vaccinations. If the provider knows or has reason to believe that a particular group health plan covers PPV or influenza virus vaccine and their administration, 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 or influenza virus vaccine. However, first claim development is performed if other services are submitted along with PPV or influenza virus vaccine.

4480.4 Payment Requirements.--Payment for PPV, influenza virus, and hepatitis B vaccines follows the same standard rules that are applicable to any injectable drug or biological. Effective for claims with dates of service on or after February 1, 2001, §114 of the Benefits Improvement and Protection Act of 2000 mandated that all drugs and biologicals be paid based on mandatory assignment. Therefore, all providers must accept assignment for the vaccines even if the provider normally does not accept assignment.

The administration of PPV, influenza virus, and hepatitis B vaccines, (HCPCS codes G0009, G0008, and G0010), though not reimbursed directly through the MPFSDB, is reimbursed at the same rate as HCPCS code 90782 on the MPFSDB for the year that corresponds to the date of service of the claim. Assignment for the administration is not mandatory, but is applicable should the provider be enrolled as a provider type "Mass Immunizer," submits roster bills, or participates in the centralized billing program.

Do not apply the limiting charge provision for PPV, influenza virus vaccine, or hepatitis B vaccine and their administration in accordance with §§1833(a)(1) and 1833(a)(10)(A) of the Act. The administration of the influenza virus vaccine is covered in the flu shot benefit under §1861(s)(10)(A) of the Act, rather than under the physicians' services benefit. Therefore, it is not eligible for the 10 percent Health Professional Shortage Area (HPSA) incentive payment.

4480.5 No Legal Obligation to Pay.--Nongovernmental entities that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the immunizations free of