

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 366	Date: AUGUST 15, 2008
	Change Request 6121

Subject: 2008 Reminder For Roster Billing and Centralized Billing For Influenza and Pneumococcal Vaccinations

I. SUMMARY OF CHANGES: This CR serves to remind the Medicare Physician Community of the requirements to correctly complete roster billing and centralized billing for influenza and pneumococcal immunizations.

New / Revised Material

Effective Date: September 15, 2008

Implementation Date: September 15, 2008

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – One-Time Notification

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SUBJECT: 2008 Reminder For Roster Billing and Centralized Billing For Influenza and Pneumococcal Vaccinations

Effective Date: September 15, 2008

Implementation Date: September 15, 2008

I. GENERAL INFORMATION

A. Background: Part B of Medicare pays 100 percent for pneumococcal vaccines and influenza virus vaccines and their administration. The Part B deductible and coinsurance do not apply for pneumococcal and influenza virus vaccine.

Effective for services furnished on or after July 1, 2000, Medicare does not require for coverage purposes, that a doctor of medicine or osteopathy order the pneumococcal vaccine and its administration. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision. Typically, the pneumococcal vaccine is administered once in a lifetime. Claims are paid for beneficiaries who are at high risk of pneumococcal disease and have not received a pneumococcal vaccine within the last five years or are revaccinated because they are unsure of their vaccination status.

Medicare allows one flu shot per year. Medicare does not require for coverage purposes that a doctor of medicine or osteopathy order the vaccine. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

B. Policy:

Providers who only render influenza services may enroll as one of two types of providers. Providers may enroll as a Mass Immunization Roster Biller (specialty provider type 73) or a Centralized Biller. Other facilities that bill Part B of Medicare, including outpatient or inpatient, but do not qualify as type 73 may continue to roster bill. Providers are responsible for meeting the guidelines for being either a Mass Immunizer or Centralized Biller. Additionally, providers (except suppliers) already enrolled in the Medicare program may use their provider identification number to provide influenza vaccinations. Suppliers must enroll as a Mass Immunization Roster Biller (specialty provider type 73) with a carrier to render influenza vaccination services to Medicare beneficiaries.

Mass Immunization Roster Biller and Centralized Billers must enroll in the Medicare program even if mass influenza and/or pneumococcal immunizations are the only service being provided. They must accept assignment on both the vaccine and its administration; bill only for influenza and/or pneumococcal vaccinations, and submit claims using the roster billing process.

Mass immunizers are providers and suppliers who enroll in the Medicare program to offer the influenza vaccinations to a large number of individuals. They must be properly licensed in the States in which they plan to operate flu clinics. Enrollment for mass immunizers is ongoing and must be completed through the local A/B MAC or carrier. Mass immunizers submit their claims to the local contractor.

Centralized Billers are mass immunizers who have applied to become centralized billers when they operate in at least three payment localities for which there are three different carriers processing claims. Individuals and

entities must be properly licensed in the States in which they plan to operate flu and/or pneumococcal clinics. Participation as a centralized biller is limited to one year and must be renewed annually by contacting the CMS central office by June 1 to request participation for the upcoming year. Claims for centralized billers are processed by one specialty contractor regardless of the locality where the service was rendered. Centralized billers submit their claims to the designated specialty contractor.

Providers and suppliers must enroll using the appropriate CMS 855 provider enrollment form. Information on provider enrollment forms can be found on the CMS website at http://www.cms.hhs.gov/MedicareProviderSupEnroll/02_EnrollmentApplications.asp. Refer to the Internet Only Manual (IOM) Publication 100-04, Chapter 18, Sections 10-10.5 for more information on billing requirements.

The Centers for Medicare & Medicaid Services offers a number of free educational products on its Medicare Learning Network (MLN). These products are available on the MLN Preventive Services Educational Products web page located at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I I E R	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	N/A										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R R I E R	R H H I I E R	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6121.1	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the	X		X	X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I M A C	C A R I E R	R H I I S S	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
	provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community.										

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Bridgitté M. Davis, (410) 786-4573

Post-Implementation Contact(s): Appropriate regional office

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs):

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.