
CMS Manual System

Pub. 100-04 Medicare Claims Processing

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

Transmittal 473

Date: FEBRUARY 11, 2005

CHANGE REQUEST 3618

SUBJECT: Use of 12X Type of Bill (TOB) for Billing Vaccines and Their Administration

I. SUMMARY OF CHANGES: Currently, when vaccines are provided to hospital inpatients, the hospital bills on a 13x TOB using the discharge date of the hospital stay. This requirement is being changed to require hospitals to use 12x TOB for the billing of vaccines and their administration when provided to hospital inpatients. In addition, this instruction allows Healthcare Common Procedure Coding System G0008, G0009, and G0010 to be reported with revenue code 771 on a 12x TOB.

NEW/REVISED MATERIAL - EFFECTIVE DATE: July 1, 2005

***IMPLEMENTATION DATE: July 5, 2005**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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 not updated.)
(R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/10.2.2/Bills Submitted to FIs

***III. FUNDING:**

These instructions shall be implemented within your current operating budget.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Attachment - Business Requirements

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SUBJECT: Use of 12x Type of Bill (TOB) for Billing Vaccines and Their Administration

I. GENERAL INFORMATION

A. Background: Currently, 12x TOB is not a valid bill type for the billing of vaccines (Influenza, Pneumococcal Pneumonia Vaccine (PPV), and Hepatitis B) and their administration when provided to hospital inpatients under Part B. Providers are billing using 13x TOB. This instruction requires 12x TOB to be used in place of 13x TOB for the billing of vaccines and their administration, including roster billing when provided to hospital inpatients under Part B. In addition, this instruction allows Healthcare Common Procedure Coding System G0008, G0009, and G0010 to be reported with revenue code 771 on a 12x TOB.

B. Policy: Currently, when vaccines are provided to hospital inpatients under Part B, the hospital bills on a 13x TOB using the discharge date of the hospital stay. This requirement is being changed to require hospitals to use 12x TOB in place of 13x TOB for the billing of vaccines and their administration when provided to hospital inpatients under Part B. Billing of vaccines (Influenza, PPV, and Hepatitis B) provided to other than hospital inpatients under Part B remains unchanged. The appropriate TOBs are 13x, 22x, 23x, 34x, 72x, 75x, and 85x.

C. Provider Education: A Medlearn Matters provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn 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 1 week of the availability of the provider education article. In addition, the provider education article must be included in your next regularly scheduled bulletin.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (place an "X" in the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VM	CW	
3618.1	FIs shall instruct providers to use 12x TOB instead of 13x TOB when submitting claims for vaccines (Influenza, PPV, and Hepatitis B) and their administration when provided to hospital inpatients.	X								
3618.2	FIs shall instruct hospitals to use the discharge date of the hospital stay or the date benefits are exhausted on 12x TOB for vaccines (Influenza, PPV, and Hepatitis B) and their administration when provided to hospital inpatients.	X								
3618.3	Billing of vaccines (Influenza, PPV, and Hepatitis B) and their administration when provided to other than hospital inpatients under Part B remain unchanged. Therefore, the FIs shall use the appropriate TOBs as follows: 13x, 22x, 23x, 34x, 72x, 75x, and 85x.	X								
3618.4	FISS shall edit to only allow codes G0008, G0009, and G0010 to be reported with revenue code 771 on 12x TOB.					X				

III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

- A. Other Instructions: N/A
- B. Design Considerations: N/A
- C. Interfaces: N/A
- D. Contractor Financial Reporting /Workload Impact: N/A
- E. Dependencies: N/A
- F. Testing Considerations: N/A

IV. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date: July 1, 2005</p> <p>Implementation Date: July 5, 2004</p> <p>Pre-Implementation Contact(s): Bill Ruiz at wruiz@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Regional Offices</p>	<p>These instructions shall be implemented within your current operating budget.</p>
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10.2.2 - Bills Submitted to FIs

(Rev. 473, Issued 02-11-05, Effective: 07-01-05, Implementation: 07-05-05)

The applicable types of bills acceptable when billing for influenza and PPV are *12X*, 13X, 22X, 23X, 34X, 72X, 75X, and 85X.

The following revenue codes are used for reporting vaccines and administration of the vaccines for all providers except RHCs and FQHCs. Independent and Provider Based RHCs and FQHCs follow §10.2.2.2 below when billing for influenza, PPV and hepatitis B vaccines.

Units and HCPCS codes are required with revenue code 0636:

Revenue Code	Description
0636	Pharmacy, Drugs requiring detailed coding (a)
0771	Preventive Care Services, Vaccine Administration

In addition, for the influenza virus vaccine, providers report condition code M1 in Form Locator (FLs) 24-30 when roster billing. See roster billing instructions in §10.3 of this chapter.

When vaccines are provided to inpatients of a hospital or SNF, they are covered under the vaccine benefit. However, the hospital bills the FI on bill type *12X* using the discharge date of the hospital stay *or the date benefits are exhausted*. A SNF submits type of bill 22X for its Part A inpatients.