Medicare Hospital Manual

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

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CHANGE REQUEST 2392

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
434 (Cont.) – 435	4-249 – 4-250 (2 pp.)	4-249 – 4-250 (2 pp.)

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

Section 435, Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines, is being updated to reflect the new hepatitis B vaccine codes for 2003. The codes that are no longer applicable for Medicare purposes are 90740, 90743, 90744, 90745, 90746, 90747 and 90748. The new codes are Q3021, Q3022 and Q3023.

The codes that are no longer applicable to Medicare will not have a 90-day grace period.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.

All Hospitals Except Psychiatric	45 percent
Psychiatric	48 percent

Enter the amount derived by multiplying the appropriate percentage figure by your average inpatient ancillary service charge on the HCFA-1450. Use the appropriate revenue code.

C. Method C (Hospitals With Established Descending Rates of Charges).--Determine the inclusive charge for the Part B ancillary services by applying the same fixed percentage employed in the cost apportionment formula (see below) to your all-inclusive rate, after application of the descending rates.

The following percentages, based upon the best available data, represent the average ratio of inpatient ancillary service costs which would be payable under Part B when Part A benefits are not available to total costs of all inpatient services (ancillary and routine).

All Hospitals Except Psychiatric	16 percent
Psychiatric	6 percent

Enter the amount derived by multiplying your total charge for inpatient services (ancillary and routine) by the appropriate percentage figure on the HCFA-l450. Use the appropriate revenue code.

D. Method D (Use of Comparable Hospital Data).--Determine the inclusive billing rate applicable to the ancillary services covered for Part B inpatients in the same manner and by employing the same fixed percentages as those used by Method B hospitals.

Enter the amount derived by multiplying your average inpatient ancillary service charge by the appropriate percentage figure on the HCFA-l450. Use the appropriate revenue code.

E. Method E (Percentage of Per Diem).--Compute the inclusive charge for Part B inpatient ancillary services by applying to your all-inclusive rate, the same fixed percentages as Method C hospitals.

Enter the amount derived by multiplying your total charge for inpatient services (ancillary and routine) by the appropriate percentage figure on the HCFA-1450. Use the appropriate revenue code.

435. PNEUMOCOCCAL PNEUMONIA, INFLUENZA VIRUS, AND HEPATITIS B VACCINES

Part B of Medicare pays 100 percent for pneumococcal pneumonia vaccines (PPV) and influenza virus vaccines and their administration. Payment is on a reasonable cost basis. Deductible and coinsurance do not apply. Part B of Medicare also covers the reasonable cost for hepatitis B vaccine and its administration. Deductible and coinsurance apply.

A. Coverage Requirements.--Effective for services furnished on or after July 1, 2000, Medicare does not require for coverage purposes, that the PPV vaccine and its administration be ordered by a doctor of medicine or osteopathy. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

Effective for services furnished on or after September 1, 1984, hepatitis B vaccine and its administration is covered if it is ordered by a doctor of medicine or osteopathy and is available to Medicare beneficiaries who are at high or intermediate risk of contracting hepatitis B.

Effective for services furnished on or after May 1, 1993, influenza virus vaccine and its administration is covered when furnished in compliance with any applicable State law by any provider of services or any entity or individual with a supplier number. Typically, this vaccine is administered once a year in the fall or winter. Medicare does not require for coverage purposes that the vaccine must be ordered by a doctor of medicine or osteopathy. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

B. Billing Requirements.--Bill your intermediary for the vaccines on Form HCFA-1450, using bill type 13X, 83X, and 85X. The vaccine and its administration may be on the same claim form. There is no requirement for a separate bill. However, you may have to submit a separate bill if your intermediary requires it.

C. HCPCS Coding.--Bill for the vaccines using the following HCPCS codes listed below:

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 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	Injection, hepatitis B vaccine, immnosuppressed patients (including renal dialysis patients), per dose.

These codes are for the vaccines only. Bill for the administration of the vaccines using HCPCS code G0008 for influenza virus vaccine, G0009 for the PPV vaccine, and G0010 for the hepatitis B vaccine.

D. Applicable Revenue Codes.--Bill for the vaccines using revenue code 636. Bill for the administration of the vaccine using revenue code 771.

E. Other Coding Requirements.--You must report a diagnosis code for each vaccine if the sole purpose for the visit is to receive the vaccines or if the vaccines are the only service billed on a claim. Report code V04.8 for the influenza virus vaccine, code V03.82 for PPV, and code V05.3 for the