

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 921

Department of Health &
Human Services (DHHS)

Centers for Medicare and &
Medicaid Services (CMS)

Date: APRIL 28, 2006

Change Request 5037

SUBJECT: Reporting of Diagnosis Code V06.6 on Influenza Virus and/or Pneumococcal Pneumonia Virus (PPV) Vaccine Claims and Acceptance of Current Procedural Terminology (CPT) Code 90660 For The Reporting of The Influenza Virus Vaccine

I. SUMMARY OF CHANGES: Currently, providers are required to report diagnosis codes V03.82 for Pneumococcal Pneumonia Virus (PPV) and its administration and diagnosis code V04.81 for Influenza Virus vaccine and its administration. This instruction allows the reporting of diagnosis code V06.6 in place of V03.82 and V04.81 when reporting PPV and/or Influenza Virus vaccines when the purpose of the visit was to receive both vaccines. In addition, this instruction requires contractors to accept claims containing current procedural terminology (CPT) code 90660 for the Influenza Virus vaccine.

NEW/REVISED MATERIAL

EFFECTIVE DATE: October 1, 2006

IMPLEMENTATION DATE: October 2, 2006

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

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/10/10.2.1/Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 921	Date: April 28, 2006	Change Request 5037
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SUBJECT: Reporting of Diagnosis Code V06.6 on Influenza Virus and/or Pneumococcal Pneumonia Virus (PPV) Vaccine Claims and Acceptance of Current Procedural Terminology (CPT) Code 90660 For The Reporting of The Influenza Virus Vaccine

I. GENERAL INFORMATION

A. Background: Currently, providers are required to report diagnosis codes V03.82 for Pneumococcal Pneumonia Virus (PPV) and its administration and diagnosis code V04.81 for Influenza Virus vaccine and its administration. This instruction allows the reporting of diagnosis code V06.6 in place of V03.82 and V04.81 when reporting PPV and/or Influenza Virus vaccines when the purpose of the visit was to receive both vaccines. In addition, this instruction requires contractors to accept claims containing current procedural terminology (CPT) code 90660 for the Influenza Virus vaccine.

B. Policy: Coding guidelines allow for the reporting of diagnosis code V06.6 on claims for PPV and/or Influenza Virus vaccines and the reporting of CPT code 90660 for the influenza virus vaccine.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H I	C H I	D R E R C	Shared System Maintainers			
					F I S S	M C S	V M S	C W F	
5037.1	Contractors shall allow providers to report diagnosis code V06.6 on claims that contain Influenza Virus and/or PPV vaccines and their administration when the purpose of the visit was to receive both vaccines.	X		X					
5037.2	Contractors shall instruct providers to continue reporting diagnosis code V03.82 on claims that contain only PPV vaccine and its administration.	X		X					
5037.3	Contractors shall instruct providers to continue reporting diagnosis code V04.81 on claims that contain only Influenza Virus vaccine and its administration.	X		X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5037.4	Contractors shall modify any edits currently in place to accept diagnosis code V06.6 on claims containing PPV and/or Influenza Virus vaccines and their administration when the purpose of the visit was to receive both vaccines.	X		X		X	X			
5037.5	Contractors shall accept claims containing CPT code 90660 on claims when billing for Influenza Virus vaccine.	X		X						
5037.6	Contractors shall not apply deductible and coinsurance to Influenza Virus vaccine, CPT code 90660, and its administration.	X		X					X	
5037.7	Contractors shall instruct providers to bill HCPCS code G0008 when billing for the administration of code 90660.	X		X						
5037.8	CWF shall apply to CPT code 90660 all Influenza Virus vaccine editing including any edits that need to be by-passed.								X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
F I S S	M C S					V M S	C W F			
5037.9	A provider education article related to this instruction will be available at www.cms.hhs.gov/MLN Matters/Articles 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	X		X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: October 1, 2006</p> <p>Implementation Date: October 2, 2006</p> <p>Pre-Implementation Contact(s): William Ruiz William.ruiz@cms.hhs.gov 410-786-9283 for fiscal intermediaries and Bridgitte Davis bridgitte.davis@cms.hhs.gov 410-786-4573 for carriers</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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10.2.1 - Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes

(Rev.921, Issued: 04-28-06, Effective: 10-01-06, Implementation: 10-02-06)

Vaccines and their administration are reported using separate codes. The following codes are for reporting the vaccines only.

HCPCS	Definition
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use;
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use;
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use;
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use;
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use (Discontinued December 31, 2003);
<i>90660</i>	<i>Influenza virus vaccine, live, for intranasal use;</i>
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.

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.
- *90471 Immunization administration. (For OPPS hospitals billing for the Hepatitis B vaccine administration)
- *90472 Each additional vaccine. (For OPPS hospitals billing for the Hepatitis B vaccine administration)

*** Note:** For claims with dates of service prior to January 1, 2006, OPPS and non-OPPS hospitals report G0010 for Hepatitis B vaccine administration. For claims with dates of service January 1, 2006 and later, OPPS hospitals report 90471 or 90472 for Hepatitis B vaccine administration as appropriate in place of G0010.

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
V04.8*	Influenza
V04.81**	Influenza
<i>V06.6***</i>	<i>PPV and Influenza</i>
V05.3	Hepatitis B

*Effective for influenza virus claims with dates of service prior to October 1, 2003.

**Effective for influenza virus claims with dates of service October 1, 2003 and later.

****Effective October 1, 2006, providers may report diagnosis code V06.6 on claims for PPV and/or Influenza Virus vaccines when the purpose of the visit was to receive both vaccines.*

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. *Effective October 1, 2006, carriers should follow the instructions in Pub. 100-04, Section 80.3.2.1.1 (Carrier Data Element Requirements) for claims submitted without a HCPCS code.*

Claims for Hepatitis B vaccinations must report the I.D. Number of referring physician. 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.