Medicare
Intermediary Manual
Part 3 - Claims Process

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
3660.7 (Cont.) - 3660.7 (Cont.)	6-341.2 - 6-341.5 (4 pp.)	6-341.2 - 6-341.5 (4 pp.)

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

Section 3660.7, Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines, is being updated to reflect a minor subgroup typographical reference. It also reflects removal of the religious non-medical health care institutions bill type as a valid bill type in subsection D.

The following hepatitis B vaccine codes are no longer applicable to Medicare, 90740, 90743, 90744, 90746, and 90747. These codes have been replaced with Q3021, Q3022 and Q3023. Also, vaccine codes 90723 and 90748 are being removed from this benefit.

The codes that are no longer applicable to Medicare will not have a 90-day grace period.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

C. HCPCS Coding.--The provider bills for the vaccines using the following HCPCS codes:

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, immunosuppressed patients (including renal dialysis patients), per dose.

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

D. Applicable Bill Types.--Bill types 13X, 22X, 23X, 34X, 72X, 74X, 75X, and 85X are the only bill types acceptable when billing for influenza and PPV. When billing for hepatitis B, the applicable bill types are 13X, 22X, 23X, 34X, 71X, 72X, 73X, 74X, 75X and 85X.

E. Applicable Revenue Codes.--All providers listed in subsection B with the exception of RHCs and FQHCs bill you for the vaccines using revenue code 636 and for the administration of the vaccines using revenue code 771. RHCs and FQHCs follow subsection B for influenza and PPV and bill hepatitis B just like any other RHC/FQHC service using revenue code 52X (freestanding clinic).

F. Other Coding Requirements.--The provider must report a diagnosis code for each vaccine if the sole purpose for the visit is to receive a vaccine or if a vaccine is the only service billed on a claim. Providers report code V04.8 for the influenza virus vaccine, code V03.82 for PPV, and code V05.3 for the hepatitis B vaccine.

In addition, for the influenza virus vaccine providers report UPIN code SLF000 if the vaccine is not ordered by a doctor of medicine or osteopathy and enters condition code M1 in FLs 24-30 when roster billing. (See subsections L and N for a more detailed explanation of roster billing.)

G. Special Instructions for Independent and Provider-based RHCs/FQHCs.--Independent and provider-based RHCs and FQHCs do not include charges for influenza and PPV on Form HCFA-1450. They count visits under current procedures except they do not count as visits when the only service involved is the administration of influenza and PPV. If there was another reason for the visit, the RHC/FQHC should bill for the visit without adding the cost of the influenza and PPV to the charge for the visit on the claim. Make payment at the time of cost settlement and adjust interim rates to account for this additional cost if you determine that the payment is more than a negligible amount.

Payment for the hepatitis B vaccine is included in the all inclusive rate. However, RHCs/FQHCs do not bill for a visit when the only service involved is the administration of the hepatitis B vaccine.

H. Special Billing Instructions for Regional Home Health Intermediaries (RHHIs).--The following provides billing instructions for HHAs in various situations:

o Where the sole purpose for an HHA visit is to administer a vaccine (influenza, PPV, or hepatitis B), Medicare will not pay for a skilled nursing visit by an HHA nurse under the HHA benefit. However, the vaccine and its administration is covered under the vaccine benefit. The administration should include charges only for the supplies being used and the cost of the injection.

Do not allow HHAs to charge for travel time or other expenses (i.e., gasoline). In this situation, the HHA bills under bill type 34X and reports revenue code 636 along with the appropriate HCPCS code for the vaccine and revenue code 771 along with the appropriate HCPCS code for the administration.

NOTE: A separate bill is not allowed for the visit.

o If a vaccine (influenza, PPV or hepatitis B) is administered during the course of an otherwise covered home health visit (e.g., to perform wound care), the visit would be covered as normal but the HHA must not include the vaccine or its administration in their visit charge. In this case, the HHA is entitled to payment for the vaccine and its administration under the vaccine benefit. In this situation, the HHA bills under bill type 34X and reports revenue code 636 along with the appropriate HCPCS code for the vaccine and revenue code 771 along with the appropriate HCPCS code for the administration.

NOTE: A separate bill is required for the visit.

o Where a beneficiary does not meet the eligibility criteria for home health coverage, a home health nurse may be paid for the vaccine (influenza, PPV or hepatitis B) and its administration. No skilled nursing visit charge is billable. Administration of the services should include charges only for the supplies being used and the cost of the injection. Do not pay for travel time or other expenses (e.g., gasoline). In this situation, the HHA bills under bill type 34X and reports revenue code 636 along with the appropriate HCPCS code for the vaccine and revenue code 771 along with the appropriate HCPCS code for the administration.

If a beneficiary meets the eligibility criteria for coverage, and their spouse does not, and the spouse wants an injection the same time as a nursing visit, instruct your HHAs to bill in accordance with the bullet point above.

I. Special Billing Instructions for Hospital Inpatients.--When vaccines are provided to inpatients of a hospital, they are covered under the vaccine benefit. However, the provider bills you on bill type 13X using the discharge date of the hospital stay to avoid editing in the Common Working File (CWF) as a result of hospital bundling rules. (See subsection M for an exception.)

J. Special Billing Instructions for Hospices.--Hospices can provide the influenza virus, PPV, and hepatitis B vaccines to those beneficiaries who request them including those who have elected the hospice benefit. These services are coverable when furnished by the hospice. Services for the vaccines should be billed to the local carrier on the HCFA-1500. Payment will be made using the same methodology as if they were a supplier. Hospices that do not have a supplier number should contact their local carrier to obtain one in order to bill for these benefits.

K. Payment Procedures for ESRD Facilities.--Make payment for PPV and influenza vaccines for independent ESRD facilities based on the lower of the actual charge or the average wholesale price (AWP). Deductible and coinsurance do not apply. Contact your carrier to obtain information in order to make payment for the administration of these vaccines.

Part B of Medicare also covers the hepatitis B vaccine. For coverage and payment rules for hepatitis B vaccine and its administration, see §2711.4 of the Provider Reimbursement Manual, Part 1, Chapter 27. Deductible and coinsurance apply.

L. Simplified Billing of Influenza Virus Vaccine by Mass Immunizers.--Some potential "mass immunizers," such as hospital outpatient departments and HHAs, have expressed concern about the complexity of billing for the influenza virus vaccine and its administration. Consequently, to increase the number of beneficiaries who obtain needed preventive immunizations simplified (roster) billing procedures are available to mass immunizers. A mass immunizer is defined as any entity that gives the influenza virus vaccine to a group of beneficiaries, e.g., at public health clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same date is required. (See subsection O for an exception to this requirement for inpatient hospitals.)

The simplified (roster) claims filing procedure applies to providers other than independent RHCs and free-standing FQHCs that conduct mass immunizations. Since independent RHCs and freestanding FQHCs do not submit individual HCFA-1450s for the influenza virus vaccine, they do not utilize the simplified billing process. Instead, payment is made for the vaccine at the time of cost settlement.

The simplified process involves use of the provider billing form (HCFA-1450) with preprinted standardized information relative to the provider and the benefit. Mass immunizers attach a standard roster to a single pre-printed Form HCFA-1450 that contains the variable claims information regarding the service provider and individual beneficiaries.

The roster must contain, at a minimum, the following information:

- Provider name and number;
- Date of service;
- Patient name and address;
- Patient date of birth;
- Patient sex;
- Patient health insurance claim number; and
- Beneficiary signature or stamped "signature on file".

NOTE: A stamped "signature on file" can be used in place of the beneficiary's actual signature for all institutional providers that roster bill from an inpatient or outpatient department provided the provider has a signed authorization on file to bill Medicare for services rendered. In this situation, they are not required to obtain the patient signature on the roster. However, you have the option of reporting "signature on file" in lieu of obtaining the patient's actual signature.

For providers using the simplified billing procedure, the modified Form HCFA-1450 shows the following preprinted information in specific FLs:

- The words "See Attached Roster" in FL 12, (Patient Name);
- Patient Status code 01 in FL 22 (Patient Status);
- Condition code M1 in FLs 24-30 (Condition Code); (See NOTE below)
- Condition code A6 in FLs 24-30 (Condition Code);
- Revenue code 636 in FL 42 (Revenue Code), along with the appropriate HCPCS code in FL 44 (HCPCS Code);
- Revenue code 771 in FL 42 (Revenue Code), along with HCPCS code G0008 in FL 44 (HCPCS Code);
- "Medicare" on line A of FL 50 (Payer);
- The words "See Attached Roster" on line A of FL 51 (Provider Number);
- UPIN SLF000 in FL 82; and
- Diagnosis code V04.8 in FL 67 (Principal Diagnosis Code).

Providers conducting mass immunizations are required to complete the following FLs on the preprinted Form HCFA-1450:

- o FL 4 (Type of Bill);
- o FL 47 (Total Charges);
- o FL 85 (Provider Representative); and
- o FL 86 (Date).

NOTE: Medicare Secondary Payer (MSP) utilization editing is by-passed in CWF for all mass immunizer roster bills. However, if the provider knows that a particular group health plan covers the influenza virus vaccine 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 influenza virus vaccines.

Use the beneficiary roster list to generate HCFA-1450s to process influenza virus vaccine claims by mass immunizers indicating condition Code M1 in FLs 24-30 to avoid MSP editing. Standard System Maintainers will develop the necessary software to generate Form HCFA-1450 records processed through their system.

Providers that do not mass immunize must continue to bill for the influenza virus vaccine using normal billing procedures; i.e., submission of a HCFA-1450 or electronic billing for each beneficiary.

M. Simplified Billing for Influenza Virus and PPV Vaccine Services by HHAs and SNFs.--The following billing instructions apply to both HHAs and SNFs that roster bill for influenza virus and PPV vaccines under the procedures outlined in subsection L:

- o When they provide the influenza virus vaccine or PPV in a mass immunization setting, they do not have the option to pick and choose whom to bill for this service. If they are using employees from the certified portion, and as a result will be reflecting these costs on their cost report, they must bill you on the HCFA-1450.

- o If they are using employees from the non-certified portion of the facility (employees of another entity that are not certified as part of the HHA or SNF), and as a result, will not be reflecting these costs on their cost report, they must obtain a provider number and bill their carrier on the HCFA-1500.

- o If employees from both certified and non-certified portions of the HHA or SNF furnish the vaccines at a single mass immunization site, they must prepare two separate rosters, i.e., one for employees of the certified portion to be submitted to you, and one roster for employees of the non-certified portion to be submitted to the carrier.

N. Simplified Billing of Pneumococcal Pneumonia Vaccine (PPV) by Mass Immunizers.--The simplified (roster) claims filing procedure has been expanded for PPV. A mass immunizer is defined as any entity that gives the PPV to a group of beneficiaries, e.g., at public health clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same date is required. (See subsection M for an exception to this requirement for inpatient hospitals.) Part A providers other than independent RHCs and freestanding FQHCs that conduct mass immunizations can roster bill for PPV.

Since RHCs and FQHCs do not submit individual HCFA-1450s for the PPV vaccine, they do not utilize the simplified billing process. Instead, payment is made for the vaccine at the time of cost settlement.

The simplified process involves use of the provider billing form (HCFA-1450) with preprinted