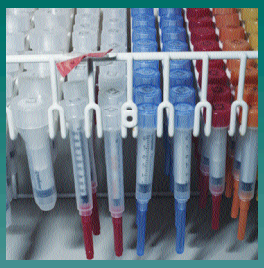
Medicare Preventive Services:

Adult Immunizations



A Guide to Billing Influenza and Pneumococcal Vaccinations

CMS
Centers for MEDICARE & MEDICAID Services

Medicare Learning Network

For additional free Medicare education and training opportunities, including Web Based Training (WBT) courses and information concerning future satellite broadcasts, please visit the **Medicare Online Training** *website at:*

http://www.cms.hhs.gov/medlearn

This booklet has been prepared as a service to the public and is not intended to grant rights or impose obligations. This booklet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

On October 1, 2003 CMS transitioned from a paper based manual system to a Web-based system. The new system is called the **CMS Online Manual System** *(also called the Medicare and Medicaid Program Instructions website) and is located at:*

http://www.cms.hhs.gov/manuals

Please use this site to find information regarding eligibility, entitlement, claims processing, benefit policy and program integrity.

TABLE OF CONTENTS

INTRODUCTION

Purpose

This document provides guidelines for the administration and billing of influenza and pneumococcal vaccines. Though the information in this pamphlet will be useful for all immunizers, the issues involved in Medicare billing and administration can be complex and may vary from state to state. For this reason, we recommend that you contact your local Medicare intermediary (Part A), carrier (Part B), or CMS regional office for more detailed information.

Background

Influenza and pneumococcal disease are two of the five leading causes of death in the United States among persons 65 years of age or older. Epidemics of influenza are responsible for an average of approximately 20,000 deaths per year in the U.S., of which more than 90 percent occur among those age 65 and older. Pneumococcal infection causes an estimated 125,000 hospitalizations for pneumonia annually in the U.S. Most deaths due to pneumococcal disease occur in persons age 65 and older.

The U.S. Congress established the Medicare program in 1965. Coverage for preventive services has been added since 1980, and use of preventive services has increased over time. The Medicare program has covered pneumococcal polysaccharide vaccine (PPV) and its administration since July 1, 1981. Coverage for the influenza virus vaccine and its administration was added May 1, 1993.

The U.S. immunization rates have increased but have far to go. In 1999, 54.1 percent of persons aged 65 years and older had ever received a pneumococcal vaccine. In 1999, influenza immunization rates for this group were 66.9 percent—double the 1989 immunization rate of 33 percent. The Leading Health Indicators, established by Healthy People 2010, target both vaccination rates to reach 90 percent for persons age 65 years or older.

Advisory Committee on Immunization Practices (ACIP)

The ACIP develops written recommendations for the routine administration of vaccines to pediatric and adult populations, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines. ACIP is the only entity in the federal government that makes such recommendations. Clinicians should refer to published guidelines for current recommendations related to immunization. The Infectious Diseases Society of America (IDSA) and the American Thoracic Society (ATS) also discuss vaccination in their guidelines. The latest ACIP recommendations regarding immunizations and vaccines can be found at the ACIP website. *(See the Resources section at the end of this pamphlet for the ACIP web address.)*

Internet Only Manual

Since the advent of the Internet Only Manual (IOM) on October 1, 2003, Publication 100-4/Claims Processing Manual, Chapter 18, Section 10, is the resource for flu and pneumonia vaccines regardless of provider type. All information can be found at: **http://www.cms.hhs.gov/manuals/104_claims/clm104c01.pdf**.

MASS IMMUNIZERS

Mass Immunizer Enrollment Process

Note: This enrollment process applies only to entities that enroll with Medicare as a provider specialty type 73, Mass Immunization Roster Biller. These entities will (1) bill a carrier; (2) use roster bills; (3) bill only for flu and/or PPV vaccinations; and (4) accept assignment on both the vaccines and their administration.

As used by CMS, the term "mass immunizer" is defined in the following manner: A mass immunizer generally is a provider who offers flu and PPV vaccinations to a large number of individuals (the general public or members of a specific group, such as residents of a retirement community). Often the flu or PPV shots are offered during an immunization program or clinic.

Providers and suppliers must enroll in Medicare even if mass immunizations are the only service they will provide to Medicare beneficiaries. They can enroll by filling out the CMS-855I for individuals or the CMS-855B for a group. Providers and suppliers who wish to roster bill for mass immunizations should contact the Medicare carrier servicing their area for a copy of the enrollment application and special instructions for mass immunizers. The enrollment applications can also be found at: **www.cms.hhs.gov/providers/enrollment/forms** and the listing of carriers and their telephone numbers can be found at: **www.cms.hhs.gov/providers/enrollment/contacts**

Providers/suppliers who wish to bill for other Part B services must enroll as a regular provider or supplier by completing the entire CMS-855I for individuals or the CMS-855B for groups. Although CMS wants to make it as easy as possible for providers and suppliers to immunize Medicare beneficiaries and bill Medicare, we must ensure that they are qualified to receive a provider number and receive the proper payment.

Points of Special Interest to Mass Immunizers

A mass immunizer may be a traditional Medicare physician, provider or supplier such as a hospital outpatient department or may be a nontraditional provider or supplier such as a senior citizen's center, public health clinic, community pharmacy or supermarket.

An entity that enrolls with Medicare as a provider specialty type 73, Mass Immunization Roster Biller, may ***only*** submit claims for flu and PPV vaccines and their administration, ***must*** submit claims for immunizations on ***roster bills***, and ***must*** accept assignment on both the vaccine and its administration. These claims will only be submitted to Medicare carriers.

Non-governmental entities (providers, physicians, or suppliers) that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the benefit, free of charge, to Medicare beneficiaries and may not bill Medicare. However, a non-governmental entity that does not charge patients who are unable to pay or reduces its charge for patients of limited means (sliding fee scale) but does expect to be paid if a patient has health insurance which covers the items or services provided, may bill Medicare and receive Medicare program payment.

State and local government entities (such as public health clinics) may bill Medicare for immunizations given to beneficiaries even if they provide immunizations free to all patients, regardless of their ability to pay.

Since the flu and PPV benefits do not require any beneficiary coinsurance or deductible, a Medicare beneficiary has a right to receive this benefit without incurring any out-of-pocket expense. In addition, the entity that furnishes the vaccine, and the entity that administers the vaccine, are each required by law to submit a claim to Medicare on behalf of the beneficiary.

The entity may bill Medicare for the amount that is not subsidized from its budget. For example, an entity that incurs a cost of $7.50 per flu shot and pays $2.50 of the cost from its budget may bill the carrier the $5.00 cost which is not paid out of its budget.

Sometimes an entity receives donated flu or PPV vaccine, or receives donated services for the administration of the vaccine. In these cases, the provider may bill Medicare for the portion of the vaccination that was not donated.

Mass Immunizers must provide the Medicare beneficiary with a record of the PPV vaccination.

Completing the Medicare Provider Application

The Medicare Provider/Supplier Enrollment Application (CMS-855I or CMS- 855B) must be completed to obtain a Medicare provider number.

The CMS-855I or CMS-855B application form contains several pages of instructions that provide details about each section that you will find helpful. Contact your local Medicare carrier's provider enrollment department with additional questions or to request forms. Application forms can also be downloaded from the CMS website at: **www.cms.hhs.gov/providers/enrollment/forms**.

Ensure the most current CMS-855I or CMS-855B application form is used and that appropriate supporting documents are included with the application along with the appropriate signatures by authorized officials. Mail the completed form to the Medicare provider enrollment department at your local Medicare carrier. A listing of carriers and their telephone numbers can be found at: **www.cms.hhs.gov/providers/enrollment/contacts**.

ROSTER BILLING

Medicare Learning Network

Billing Using Simplified Procedures

Individuals and entities submitting claims for PPV and flu vaccinations must submit a separate preprinted CMS-1450 or CMS-1500 for each type of vaccination. Each CMS-1450 or CMS-1500 must have an attached roster bill listing the beneficiaries who received that type of vaccination.

Generally, FOR PART A CLAIMS ONLY, five beneficiaries per day must be vaccinated in order to roster bill. However, this requirement is waived for inpatient hospitals that mass immunize and utilize the roster billing method.

FOR PART B CLAIMS ONLY, immunization of at least five beneficiaries on the same date is no longer required for any individual or entity to qualify for roster billing. However, the rosters should not be used for single patient bills and the date of service for each vaccination administered must be entered.

The following items can be preprinted on a CMS-1500 for entities using roster billing for flu virus vaccine, PPV, and/or administration claims submitted to Medicare carriers:

Item 1: Place an X in the Medicare block;

Item 2: (Patient's Name): Enter the statement "See Attached Roster";

Item 11: (Insured's Policy Group or FECA Number): Enter the word "None";

Item 20: (Outside Lab?): Place an "X" in the NO block;

Item 21: (Diagnosis or Nature of Illness): On line 1, enter "V03.82"for PPV or V04.81 for claims with dates of service on or after October 1, 2003;

Item 24B: (Place of Service (POS)): All entities that administer vaccinations in a mass immunization setting should enter POS code "60" (Mass Immunization Center), no matter the setting;

Item 24D: (Procedures, Services, or Supplies): On line 1, enter the appropriate flu or PPV vaccine code (90657, 90658, or 90659 for flu virus or 90732 for PPV; on line 2, enter the appropriate administration code (G0008 for flu virus or G0009 for PPV). **A separate CMS-1450 or CMS-1500 must be submitted for each type of vaccination**;

Item 27: (Accept Assignment): Place an "X" in the YES block; and

Item 29: (Amount Paid): Enter "$0.00".

The following additional items on the CMS-1500 must be entered on the claim before submission to the Medicare carrier:

Item 24F: ($ Charges): Enter the charge for each listed service. Enter the unit cost, not the total for all patients. If no charge is made, enter "$0.00" or "NC";

Item 31: (Signature of Physician or Supplier): The entity's representative must sign the modified CMS-1500; and

Item 32: (Name and Address of Facility): Effective for claims received on or after April 1, 2004, the name and address of the facility where the services are rendered must be entered; and

Item 33: (Physician's, Supplier's Billing Name): The entity must enter the Provider Identification Number (PIN) or group (PIN) as appropriate.

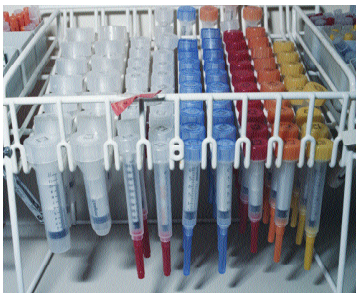
The following information should be included on a patient roster form that will be attached to a pre-printed CMS-1500 under the simplified roster billing procedure: Patient Name and Address; Health Insurance Claim Number; Date of Birth; Sex; Date of Service; Signature or stamped "Signature on File"; and Provider's Name and Identification Number.

A signature on file stamp or notation qualifies as a signature on a roster claim form in cases where the provider has access to a signature on file in the beneficiary's record (e.g., when the vaccine is administered in a physician's office).

Inpatient/outpatient departments of hospitals and outpatient departments of other providers may use a signature on file stamp or notation if they have access to a signature on file in the beneficiary's record.

Other services should not be listed, along with the flu vaccine/PPV and administration, on the modified CMS-1500. Other covered services are subject to more comprehensive data requirements that the roster billing process is not designed to accommodate. Other services should be billed using normal Part B claims filing procedures and forms.

In some instances, two entities, such as a grocery store and a pharmacy, jointly sponsor a flu or PPV vaccination clinic. Assuming that charges are made for both the vaccine and its administration, the entity that furnishes the vaccine, and the entity that administers the vaccine, are each required to submit claims. Both parties must file separately for the specific component furnished for which a charge was made.



When billing only for the administration, billers should indicate in block 24 of the CMS-1500 that they did not furnish the vaccine. For roster billed claims, this can be accomplished by lining through the preprinted item 24 line item component that was not furnished by the billing entity or individual.

The following items can be preprinted on a CMS-1450 in specific field locators (FL) for providers using the simplified billing procedure for flu virus vaccine, PPV and/or administration claims submitted to Medicare fiscal intermediaries:

FL 12: (Patient Name): The words "See Attached Roster";

FL 22: (Patient Status): Patient Status code 01;

FLs 24-30: (Condition Code): Condition code M1;

FLs 24-30: (Condition Code): Condition code A6;

FL 42: (Revenue Code): Revenue code 636, along with the appropriate HCPCS code in FL 44 (HCPCS Code);

FL 42: (Revenue Code): Revenue code 771, along with the appropriate HCPCS code G0008 in FL 44 (HCPCS Code);

FL 50: (Payer): "Medicare" on line A;

FL 51: (Provider Number): The words "See Attached Roster" on line A;

FL 82: UPIN SLF000; and

FL 67: (Principal Diagnosis Code): Diagnosis code V04.8.

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

FL 4: (Type of Bill);

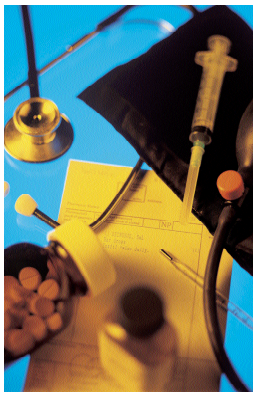
FL 47: (Total Charges);

FL 85: (Provider Representative); and

FL 86: (Date).

MEDICARE'S COVERAGE AND REIMBURSEMENT

Coverage Policy



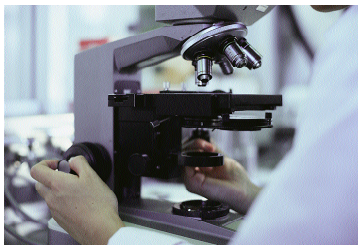
For the purpose of the flu or PPV benefit, any individual or entity meeting state licensure requirements may qualify to have payment made for furnishing and administering the flu vaccine or PPV to Medicare beneficiaries enrolled under Part B, as long as certain Medicare requirements are met.

Medicare does not require a physician to be present. However, the law in individual states may require a physician's presence, a physician order or other physician involvement.

Medicare generally pays for one flu vaccine per season. This may mean that a beneficiary will receive more than one flu vaccination in a 12-month period. For example, a beneficiary may receive a flu vaccination in January 2003 for the 2002-2003 flu seasons and another flu vaccination in November 2003 for the 2003-2004 flu seasons. In this case, Medicare will pay for both shots because the beneficiary received only one flu shot per season (January and November). ***Medicare will pay for more than one flu vaccination per flu season if it is reasonable and medically necessary***.

High-risk individuals need PPV only once in a lifetime. Administer an initial dose of PPV only to person at high-risk of PPV disease. This group includes all individuals aged 65 or over; immunocompetent adults at increased risk of pneumococcal disease or its complications because of chronic illness (e.g., cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, or cerebrospinal fluid leaks); and individuals with compromised

immune systems (e.g., splenic dysfunction or anatomic asplenia, Hodgkin's disease, lymphoma, multiple myeloma, chronic renal failure, HIV infection, nephritic syndrome, sickle cell disease, or organ transplantation).



Revaccinate only persons at highest risk of serious PPV infection. This group includes persons with functional or anatomic asplenia (e.g., sickle cell disease, splenectomy), congenital immunodeficiency, HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephritic syndrome, or other conditions associated with immunosupression such as organ or bone marrow transplantation, and those receiving immunosuppressive chemotherapy) and those likely to have a rapid decline in PPV antibody levels, provided that at least 5 years have passed since receipt of a previous dose of PPV.

It is not necessary for a beneficiary to provide something in writing to show his or her PPV vaccination status, nor is it necessary for the provider to review the beneficiary's medical records. Individuals and entities providing PPV to Medicare beneficiaries may rely on a verbal account of vaccination status provided by a competent beneficiary.

If a beneficiary who is not at highest risk is revaccinated because of uncertainty about his or her PPV vaccination status, Medicare will cover the PPV revaccination.

The flu vaccine, PPV, and their administration are a Part B covered service only. Nontraditional providers and suppliers such as drug stores, senior centers, shopping malls, and self-employed nurses, may bill a carrier for flu vaccinations or PPV if they meet State licensure requirements to furnish and administer flu vaccinations. Providers and suppliers should contact their local carrier provider enrollment department to enroll in the Medicare program.

A registered nurse employed by a physician may use the physician's provider number if the nurse in a location other than the physician's office provides the flu or PPV vaccinations. If the nurse ***is not working for the physician*** when the services are provided (e.g., a nurse is "moonlighting," administering flu vaccinations or PPV at a shopping mall at his or her own direction and not that of the physician), the nurse may obtain a provider number and bill the carrier directly. However, if the nurse ***is working for the physician*** when the services are provided, the nurse would use the physician's provider number. **The following providers of services may bill intermediaries for the flu and PPV vaccines:**

- Hospitals;
- Skilled Nursing Facilities (SNFs);
- Critical Access Hospitals (CAHs);
- Home Health Agencies (HHAs);
- Comprehensive Outpatient Rehabilitation Facilities (CORFs);
- Rural Health Clinics (RHCs);
- Federally Qualified Health Centers (FQHCs);
- Independent Renal Dialysis Facilities (RDFs).

Home Health Agencies (HHAs): Where the sole purpose for an HHA visit is to administer a vaccine (flu, 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 are covered under the vaccine benefit. The administration should include charges only for the supplies being used and the cost of the injection. HHAs are not permitted to charge for travel time or other expenses (e.g., gasoline).

Payment Policy

The law requires providers and suppliers to accept assignment for the PPV and flu vaccines. Assignment for the administration of the vaccines is not mandatory unless the provider is enrolled as a mass immunizer and submits roster bills.

Medicare pays 100 percent of the Medicare approved charge or the submitted charge, whichever is lower. Neither the $100 annual deductible nor the 20 percent coinsurance applies. Therefore, if a beneficiary receives a flu vaccination or PPV from a physician, provider, or supplier who agrees to accept assignment (i.e., agrees to accept Medicare payment as payment in full), there is no cost to the beneficiary. If a beneficiary receives a flu vaccination or PPV from a physician, provider, or supplier who does not accept assignment for the administration of the vaccine, the physician may collect his or her usual charge for the administration but may not roster bill for the service.

Physicians, providers, and suppliers who do not accept assignment should never advertise the service as free since the beneficiary incurs an out-of-pocket expense after Medicare has paid at 100 percent of the Medicare-allowed amount.

Participating institutional providers and physicians, providers, and suppliers that accept assignment must bill Medicare if they charge a fee to cover any or all costs related to the provision and/or administration of the flu vaccine or PPV. They may not collect payment from beneficiaries.

Nonparticipating physicians, providers, and suppliers that do not accept assignment may collect payment from the beneficiary, but they must submit an unassigned claim on the beneficiary's behalf.

The limiting charge provision does not apply to the flu or PPV benefit. Nonparticipating physicians and suppliers that do not accept assignment for the administration of the flu or PPV vaccine may collect their usual charges (i.e., the amount charged a patient who is not a Medicare beneficiary) for the administration of the vaccines. (They must always accept assignment for the vaccines and may not collect up front from the beneficiary). The beneficiary is responsible for paying the difference between what the physician or supplier charges and the amount Medicare allows.

The five-percent payment reduction for physicians who do not accept assignment does not apply to the administration of the flu and PPV vaccines. Only items and services covered under limiting charge are subject to the five-percent payment reduction.

Medicare payment by carriers for the *administration* of the flu vaccine and PPV is linked to payment for services under the physician fee schedule but is not actually paid under the physician fee schedule. The charge for the administration is the lesser of the actual charge or the fee schedule amount for a comparable injection. Since fee schedules are adjusted for each Medicare payment locality, payment for the ***administration*** of the vaccine varies by locality.

Payment by a Medicare Fiscal Intermediary payment to a provider for the flu vaccine or PPV and its administration is made on the basis of reasonable cost. Medicare payments, for given items or services, are determined by statute; it would require Congressional legislation for Medicare to pay a nationwide rate.

A physician, provider, or supplier may NOT charge a Medicare beneficiary more for an immunization than he or she charges a non-Medicare patient.

Medicare will pay two administration fees if a beneficiary receives both the flu vaccine and the PPV vaccine on the same day.

A physician, provider, or supplier may NOT collect payment for an immunization from a beneficiary and instruct the beneficiary to submit the claim to Medicare for payment. Medicare law requires that physicians, providers, and suppliers submit a claim for services to Medicare on the beneficiary's behalf.

HCPCS code G0008 (administration of flu vaccine) and HCPCS code G0009 (administration of PPV vaccine) may be paid in addition to other services, including evaluation and management services and are NOT subject to rebundling charges.

When a physician sees a beneficiary for the sole purpose of administering flu vaccine or PPV, he or she may NOT routinely bill for an office visit. However, if a patient actually receives other services constituting an "office visit" level of service, the physician may bill for a visit and Medicare will pay for the visit if it is reasonable and medically necessary.

Routine Billing for the Flu and PPV Vaccine

CMS-1450 and CMS-1500: All data fields that are required for any Part A or B claim are required for the flu vaccine, PPV and their administration. Providers should bill in accordance with the bill completion instructions in the various provider manuals. Coding specific to these benefits is provided below. Charges for other services may be listed on the same bill as influenza or PPV vaccinations. However, the applicable codes for the additional services must be included. The following procedure codes are used for ***flu vaccine and its administration:***

HCPCS Code	Description
90657	Flu virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use
90658	Flu virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use
90659	Flu virus vaccine, whole virus, for intramuscular or for jet injection
G0008	Administration of flu virus vaccine

The following diagnosis code is used if the sole purpose for the visit is to receive the flu vaccine:

Diagnosis Code	Description
V04.8	Flu vaccination
V04.81	For claims with dates of service after October 1, 2003

The following procedure codes are used for ***PPV and its administration***:

HCPCS Code	Description
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use
G0009	Administration of PPV vaccine

The following diagnosis code is used if the sole purpose for the visit is to receive ***PPV***:

Diagnosis Code	Description
V03.82	PPV vaccination

Part A—Fiscal Intermediaries

On the CMS-1450 Form, **regardless of where the flu vaccine or PPV is administered to a dialysis patient**, of a hospital or hospital-based renal dialysis facility, the hospital bills the intermediary using bill type 13X. The following bill types are applicable for the flu and pneumonia vaccines: 13X, 22X, 23X, 34X, 72X, 75X and 85X.

Independent and provider-based RHCs and FQHCs do not include charges for influenza and PPV. Payment is made at cost settlement.

Revenue Codes: Providers bill for the vaccines using revenue code 636 and for the administration using revenue code 771.

All providers who bill the intermediary for the flu and PPV vaccines report the administration under revenue code 771. This includes inpatient hospital and inpatient Skilled Nursing Facilities.

Bill Types: Medicare hospitals bill for the vaccines under bill type 13X for their inpatients and Skilled Nursing Facilities bill for the vaccine under bill type 22X.

Other charges may be listed on the same bill as flu vaccine or PPV. However, the provider must include the applicable codes for the additional charge(s).

Part B—Carriers

With the exception of hospice providers, certified Part A providers must bill their intermediary for this Part B benefit. Hospice providers bill the carrier via the CMS-1500.

Non-Medicare participating provider facilities bill their local carrier.

HHAs that have a Medicare-certified component and a non-Medicare certified component might elect to furnish the flu and PPV benefit through the non-certified component and bill the Part B carrier.

MEDICARE+CHOICE GUIDELINES

Basic Procedures

Beneficiaries enrolled in Medicare+Choice coordinated care plans generally receive most of their health care through providers who contract with their plan.

Enrollees of Medicare+Choice plans may obtain the influenza vaccine directly from providers in the plan without prior authorization from their primary care provider. Enrollees are not required to obtain a referral from their primary care provider in order to receive the influenza vaccine from a plan provider. However, the right to directly access the influenza vaccine does not include obtaining it outside of the plan's network of providers. Medicare+Choice organizations have the discretion to require that self-referrals be made only to providers within the Medicare+Choice plan's network as long as there is sufficient access in their plan's network. However, if a Medicare+Choice organization offers a point-of-service (POS) option under its Medicare+Choice plan, an enrollee selecting this option could self-refer to an out-of-network provider, consistent with the payment rules established by the Medicare+Choice organization.

Medicare+Choice organizations have the authority to require prior approval from the enrollee's primary care provider to obtain the pneumococcal vaccine.

Medicare+Choice organizations may not impose cost sharing for influenza vaccine and pneumococcal vaccine on their Medicare+Choice plan enrollees.

RESOURCES AND CONTACTS

Advisory Committee on Immunization Practices (ACIP) Guidelines

- ACIP List of Recommendations
- **http://www.cdc.gov/nip/publications/ACIP-list.htm**

CDC National Immunization Program

- **http://www.cdc.gov/nip**

Forms

- CMS Paper Forms and Instructions, **http://cms.hhs.gov/providers/edi/edi5.asp**

Health Insurance Portability and Accountability Act (HIPAA)

Information about HIPAA and its requirements is available through CMS, industry, groups, associations, and other organizations. Below are several sources:

- **http://cms.hhs.gov/hipaa/**—website for Centers for Medicare & Medicaid Services (CMS)
- **http://aspe.os.dhhs.gov/admnsimp**—DHHS Administrative Simplification website
- **http://www.wedi.org/snip/**—Industry HIPAA forum for implementation of standards
- **http://www.wpc-edi.com/hipaa/HIPAA_40.asp** and **http://www.hipaa-dsmo.org/**—Washington Publishing Company, download free implementation guides, Q&As, etc.

Email: **AskHIPAA@cms.hhs.gov**—ask questions of the CMS HIPAA experts

Telephone: HIPAA Administrative Simplification Hotline, (410) 786-4232

Questions regarding HIPAA privacy requirements should be directed to the U.S. Department of Health & Human Services Office for Civil Rights, (800) 368-1029 or (800) 362-1710 or its website at **http://www.hhs.gov/ocr/hipaa2.html**.

Infectious Diseases Society of America (IDSA) *discusses guidelines*

- IDSA—**http://www.idsociety.org/**

American Thoracic Society (ATS) *discusses guidelines*

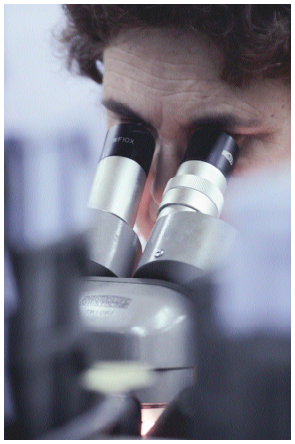
- ATS—**http://www.thoracic.org/**

Medicare Carrier Manual (MCM)

- **http://www.cms.hhs.gov/manuals/104_claims/clm104c01.pdf**

Medicare Learning Network (MedLearn)

- CMS MedLearn Immunization Quick Reference Guide: **http://www.cms.hhs.gov/medlearn/refimmu.asp**



CLAIM FORM AND ROSTER BILL EXAMPLES

This is only an example of a roster bill. Contact the appropriate intermediary or carrier for their particular roster bill format.

Influenza Virus Vaccine Roster

Provider Payee Name

Provider Number

Date of Service

Number Insured's I.D. number Patient's Name (Last, First, Middle Initial)

Patient's Address (Number, Street, City, ZIP Code)

Patient's Date of Birth

Patient's Sex

Patient's Signature, or "signature on file"

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Pneumococcal Pneumonia Virus Vaccine Roster

This is only an example of a roster bill. Contact the appropriate intermediary or carrier for their particular roster bill format.

Provider Payee Name

Date of Service

Provider Number

Referring Physician's Name and UPIN

Number Insured's I.D. number

Patient's Name (Last, First, Middle Initial)

Patient's Address (Number, Street, City, ZIP Code)

Patient's Date of Birth

Patient's Sex

Patient's Signature, or "signature on file"

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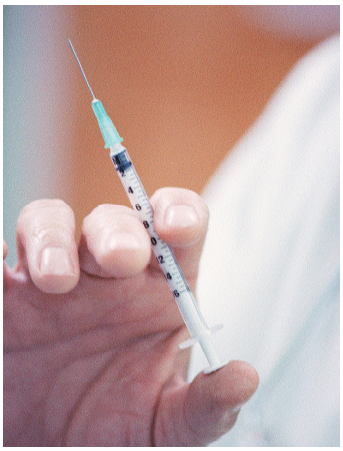

WARNING! Ask beneficiaries if they have been vaccinated with PPV.

- Rely on patient's memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.
- If patients are certain they have been vaccinated within the past 5 years, do not revaccinate.