
Medicare

Intermediary Manual

Part 3 - Claims Process

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

Transmittal 1874

Date: FEBRUARY 3 2003

CHANGE REQUEST 2560

HEADER SECTION NUMBERS

PAGES TO INSERT

PAGES TO DELETE

3660.7 (Cont.) - 3660.7 (Cont.)

6-341.2 - 6-341.3 (2 pp.)

6-341.2 - 6-341.3 (2 pp.)

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

IMPLEMENTATION DATE: April 1, 2003

Section 3660.7, Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines, is being updated to reactivate hepatitis B vaccine CPT codes 90740, 90743, 90744, 90746, and 90747. Q codes, Q3021, Q3022 and Q3023 will not be established as new codes for the reporting of hepatitis B vaccine under Medicare. Refer to CR 2536, PM AB-02-185 dated December 31, 2002, for more information regarding these codes and their effective and implementation dates.

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;
- 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 (3 dose schedule) for intramuscular use;
- 90746 Hepatitis B vaccine, adult dosage, for intramuscular use;
- 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) for intramuscular use;

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, 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, 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 **Form CMS-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 CORF and ESRD Facilities.--Make payment for PPV and influenza vaccines for CORFs and independent ESRD facilities based on the lower of the actual charge or 95 percent of 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.