
medicare Hospice Manual

Department of Health
and Human Services (DHHS)

Health Care Financing
Administration (HCFA)

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REFER TO CHANGE REQUEST 1103

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
303.7 - 303.7	3-16.3 (1 p.)	3-16.3 (1 p.)

NEW/REVISED PROCEDURES--EFFECTIVE DATE: *July 1, 2000*

Section 303.6, Special Billing Instructions for Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines, is being updated to reflect the new Medicare requirement that it is no longer necessary to have a doctor's order for receiving the PPV vaccine and its administration.

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.

B. 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.

C. Billing Requirements.--Provide the influenza virus, pneumococcal pneumonia and hepatitis B vaccines to those beneficiaries who request them including those who elected the hospice benefit. These services are coverable when furnished by you. Bill services for the vaccines to your local carrier on the HCFA-1500. Payment is made using the same methodology as if you were a supplier. If you do not have a supplier number, contact your local carrier to obtain one. If you have any other specific billing questions, contact your carrier to obtain assistance.

D. 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;
- 90744 Hepatitis B vaccine, pediatric or pediatric/adolescent dosage, for intramuscular use;
- 90745 Hepatitis B vaccine, adolescent/high risk infant dosage, for intramuscular use;
- 90746 Hepatitis B vaccine, adult dosage, for intramuscular use;
- 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, for intramuscular use;
- 90748 Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), 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.

NOTE: Hospices should contact their local carrier for instructions on simplified billing for influenza virus vaccine and pneumococcal pneumonia vaccine.

303.7 Clarification of Reimbursement for Transfers that Result in Same Day Hospice Discharge and Admission.--In cases where one hospice discharges a beneficiary and another hospice admits the same beneficiary on the same day, each hospice is permitted to bill and each will be reimbursed at the appropriate level of care for the day of discharge and admission.