
Medicare

Carriers Manual

Part 3 - Claims Process

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

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CHANGE REQUEST 1463

| <u>HEADER SECTION NUMBERS</u> | <u>PAGES TO INSERT</u> | <u>PAGES TO DELETE</u> |
|-------------------------------|------------------------|------------------------|
| Section 4480.3 - 4480.4 | 4-313 - 4-314 (2 pp.) | 4-313 - 4-314 (2 pp.) |

NEW/REVISED MATERIAL--*EFFECTIVE DATE: January 1, 2001*
IMPLEMENTATION DATE: February 2, 2001

Effective January 1, 2001, some coding changes became effective for hepatitis B vaccines through the HCFA Common Procedure Coding System (HCPCS) annual update. This updates the Medicare Carriers Manual with these code changes. Codes 90723, 90740 and 90743 are added as new codes; the descriptions for codes 90732, 90744 and 90747 were revised; and 90745 has been removed from the instructions as it was discontinued as of December 31, 1999.

Retroactive payment instructions are not necessary as the codes would have been paid correctly since January 1, 2001, due to their implementation in carrier systems through the HCPCS update.

Carriers should notify providers of these changes in their next regularly scheduled bulletin.

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.

These instructions should be implemented within your current operating budget.

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 90723 | Diphtheria, tetanus toxoids, and Acellular pertussis vaccine, Hepatitis B and Poliovirus vaccine, inactivated (DTAP-HEPB-IPV), for intramuscular use |
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient 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 or pediatric/adolescent dosage (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 |
| 90748 | Hepatitis B and Hemophilus influenza B vaccine (HepB-Hib), for intramuscular use |

These codes are for the vaccines only and do not include their administration. The following HCPCS "G" codes are used to bill for administration of vaccines:

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| G0009 | Administration of pneumococcal vaccine |
| G0008 | Administration of influenza virus vaccine |
| G0010 | Administration of hepatitis B vaccine |

These three codes should be reimbursed at the same rate as the HCPCS code 90782 as priced on the Medicare Physician Fee Schedule Database.

4480.3 Billing Requirements.--Physicians and suppliers submit claims on Form HCFA-1500. The Unique Physician Identification Number (UPIN) must be entered in Item 17A of Form HCFA-1500 for PPV and hepatitis B vaccines. No UPIN is required in Item 17A of Form HCFA-1500 for influenza virus vaccine claims since Medicare does not require that the influenza vaccine be administered under a physician's order or supervision. Effective for claims with dates of service on or after July 1, 2000, no UPIN is required in Item 17A of Form HCFA-1500 for PPV claims since Medicare will no longer require that the vaccine be administered under a physician's order or supervision.

Effective with implementation of the National Provider Identifier (NPI), the NPI must be entered in item 17A of Form HCFA-1500 for PPV and hepatitis B vaccines. No NPI is required in Item 17A of Form HCFA-1500 for influenza virus vaccine claims (or PPV claims with dates of service on or after July 1, 2000) since Medicare does not require that the vaccine (s) be administered under a physician's order or supervision.

A. Diagnosis Codes.--The following diagnosis codes for PPV and influenza virus and hepatitis B vaccines and their administration should appear in Block 21 of Form HCFA-1500:

| <u>Code</u> | <u>Description</u> |
|-------------|-------------------------|
| V03.82 | PPV |
| V04.8 | Influenza virus vaccine |
| V05.3 | Hepatitis B vaccine |

If a diagnosis code for PPV, hepatitis B, or influenza virus vaccination is not reported on a paper or electronic media claim (EMC) and you determine that the claim is a PPV or influenza claim, you may enter the proper diagnosis code and continue processing the claim. PPV and influenza vaccination claims should not be returned, rejected, or denied for lack of a diagnosis code.

If the diagnosis code and the narrative description are correct, but the HCPCS code is incorrect, correct the HCPCS code and pay the claim. For example, if the reported diagnosis code is V04.8 and the narrative description (if annotated on the claim) says "flu shot" but the HCPCS code is incorrect, change the HCPCS code and pay for the flu shot. However, if the incorrect code is not obviously wrong (e.g., there is no narrative, and the procedure and diagnosis do not agree), follow §4020.5.

B. Reimbursement and Deductible Indicators.--The record submitted to the common working file (CWF) must contain the following indicators:

| <u>Reimbursement Ind.</u> | <u>Deductible Ind.</u> | <u>Description</u> |
|---------------------------|------------------------|--------------------|
| "1" | "1" | PPV |
| "1" | "1" | Influenza |
| "0" | "0" | Hepatitis B |

A reimbursement indicator of "1" represents 100 percent reimbursement. A deductible indicator of "1" represents a zero deductible. A reimbursement indicator of "0" represents 80 percent reimbursement. A deductible indicator of "0" indicates that a deductible applies to the claim.

The record must also contain a "V" in the type of service field which indicates that this is a PPV or influenza virus vaccine. Use a "1" in the type of service field which indicates medical care for a hepatitis B vaccine.

C. Medicare Secondary Payer (MSP) Edits and First Claim Development.--Bypass all MSP utilization edits in CWF on all claims when the only service provided is PPV or influenza virus vaccine and/or their administration. This waiver does not apply when other services (e.g., office visits) are billed on the same claim as PPV or influenza vaccinations. If the provider knows or has reason to believe that a particular group health plan covers PPV or influenza virus vaccine and their administration, 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 PPV or influenza virus vaccine. However, first claim development is performed if other services are submitted along with PPV or influenza virus vaccine.

4480.4 Payment Requirements.--Payment for PPV, influenza virus, and hepatitis B vaccines follows the same standard rules that are applicable to any injectable drug or biological. The allowable charge for the vaccine cannot exceed the lower of the actual charge or 95 percent of the median of all average wholesale prices (AWP).

The administration of PPV, influenza virus, and hepatitis B vaccines, (HCPCS codes G0009, G0008, and G0010), though not reimbursed directly through the MPFSDB, is reimbursed at the same rate as HCPCS code 90782 on the MPFSDB for the year that corresponds to the date of service of the claim. Do not apply the limiting charge provision for PPV, influenza virus vaccine, or hepatitis B vaccine and their administration in accordance with §§1833(a)(1) and 1833(a)(10)(A) of the Act. The administration of the influenza virus vaccine is covered in the flu shot benefit under §1861(s)(10)(A) of the Act, rather than under the physicians' services benefit. Therefore, it is not eligible for the 10 percent Health Professional Shortage Area (HPSA) incentive payment.

4480.5 No Legal Obligation to Pay.--Nongovernmental entities that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the immunizations free of charge to Medicare beneficiaries and may not bill Medicare. (See §§2306 and 2309.4.) Thus, for example, Medicare may not pay for flu vaccinations administered to Medicare beneficiaries if a physician provides free vaccinations to all non-Medicare patients or where an employer offers free vaccinations to its employees. Physicians also may not charge Medicare beneficiaries more for a vaccine than they would charge non-Medicare patients. (See §1128 (b)(6)(A) of the Act.)