Medicare
Carriers Manual
Part 3 - Claims Process

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

Transmittal 1700 **Date: APRIL 12, 2001**

CHANGE REQUEST 1633

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
4480.1– 4480.6 Cont.)	4-311 – 4-316 (6 pp.)	4-311 – 4-316 (6 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: October 1, 2001*
IMPLEMENTATION DATE: October 1, 2001

Section 4480, Billing For Pneumococcal, Hepatitis B, And Influenza Virus Vaccines, is revised to remove the statement that mandatory assignment does not apply.

Section 4480.1, General Claims Processing Requirements , is revised to add language concerning the separate and additional payment of administration charges. This serves as a clarification of existing policy.

Section 4480.3, Billing Requirements, is revised to clarify the current instructions. If a flu, pneumonia or hepatitis B claim is submitted without a diagnosis, and based on other information on the claim the carrier can determine the correct diagnosis, the carrier should correct the claim rather than return, reject or deny it.

Section 4480.6, Simplified Roster Bills, is revised to agree with §§3100 – 3101. In order for the carrier to reimburse by correct payment locality, mass immunizers submitting roster bills will now be required to complete Item 32 of the Form HCFA-1500.

Carriers should notify providers of the change for Item 32 for roster bills in their next regularly scheduled bulletins and on their websites.

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.

4480. BILLING FOR PNEUMOCOCCAL, HEPATITIS B, AND INFLUENZA VIRUS VACCINES

Coverage of the pneumococcal vaccine (PPV), influenza virus vaccine, and hepatitis B vaccine and their administration is available only under Medicare Part B, regardless of the setting in which they are furnished, even when provided to an inpatient during a hospital stay covered under Part A. Payment is 100 percent of the Medicare allowed amount for PPV and influenza virus vaccine. Part B deductible and coinsurance do not apply for PPV and influenza virus vaccine. Part B deductible and 80 percent coinsurance do apply for hepatitis B vaccine.

State laws governing who may administer PPV and influenza virus vaccinations and how the vaccines may be transported vary widely. Urge physicians and suppliers to become familiar with State regulations for all vaccines in the areas where they will be immunizing.

A. Pneumococcal Vaccine (PPV).--Effective for services furnished on or after July 1, 1981, the Medicare program covers PPV and its administration if ordered by a physician who is a doctor of medicine or osteopathy. Therefore, the beneficiary may not receive the vaccine upon request without a physician's order or supervision. (See §2049.) Effective for claims with dates of service on or after July 1, 2000, a physician's order or supervision will no longer be required for PPV.

B. Hepatitis B Vaccine.--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.

C. Influenza Virus Vaccine.--Effective for services furnished on or after May 1, 1993, influenza virus vaccine and its administration are covered when furnished in compliance with any applicable State law by any provider of service or any entity or individual with a provider or supplier number. 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.

4480.1 General Claims Processing Requirements.--

A. Frequency of Vaccinations.--Typically, PPV is administered once in a lifetime. Pay claims for beneficiaries who are at high risk of pneumococcal disease and have not received PPV within the last five years or are revaccinated because they are unsure of their vaccination status. (See §2049.4 for payment policy for PPV.)

Typically, one influenza vaccination is allowable per flu season. Establish an edit to identify more than one influenza virus vaccine in a 12-month period, and determine medical necessity of services failing the edit. Since there is no yearly limit, determine whether such services are reasonable and necessary (e.g., a patient receives an influenza injection in January for the current flu season and is vaccinated again in November of the same year for the next flu season).

B. Billing for Additional Services.--When a provider administers PPV, influenza virus, or hepatitis B vaccines without providing any other additional services during the visit, the provider may only bill for the vaccine and its administration. These services are always separately payable, whether or not other services are also provided during the same encounter. The provider may bill for additional reasonable and necessary services in addition to the administration of PPV, influenza virus, and or hepatitis B vaccines.

C. Nonparticipating Physicians and Suppliers.--Nonparticipating physicians and suppliers (including local health facilities) that do not accept assignment may collect payment from the beneficiary but must submit an unassigned claim on the beneficiary's behalf. Entities, such as local health facilities, that have never submitted Medicare claims must obtain a provider identification number for Part B billing purposes.

D. Beneficiary-Submitted Claims.--Process beneficiary-submitted claims under procedures that are applied in other situations in which unassigned claims (e.g., HCFA-1490s) are received from beneficiaries. (See §3042.) Send an explanation of Part B billing requirements and an enrollment application to the physician or supplier shown on the beneficiary's receipt. Assign a provider number upon receipt of the application.

E. Separate Claims for Vaccines and Their Administration.--In situations in which the vaccine and the administration are furnished by two different entities, the entities should submit separate claims. For example, a supplier (e.g., a pharmacist) may bill separately for the vaccine, using the HCPCS code for the vaccine, and the physician or supplier (e.g., a drugstore) which actually administers the vaccine may bill separately for the administration, using the HCPCS code for the administration. This procedure will result in carriers receiving two claims, one for the vaccine and one for its administration.

For example, when billing for influenza vaccine administration only, billers should list only HCPCS code G0008 in block 24D of the HCFA-1500. When billing for the influenza vaccine only, billers should list only HCPCS code 90659 in block 24D of the HCFA-1500. The same applies for PPV and hepatitis B billing using PPV and hepatitis B HCPCS codes.

A preprinted roster bill includes HCPCS codes for both the vaccine and its administration. When billing for influenza vaccine administration only, billers should cross out the HCPCS code for the vaccine. For example, billers should leave HCPCS code G0008 and cross out HCPCS code 90659. Likewise, when billing for the influenza vaccine only, billers should leave HCPCS code 90659 and cross out HCPCS code G0008. The same rule applies for PPV HCPCS codes.

F. Explanation of Medicare Benefits (EOMB) and Medicare Summary Notice (MSN).--An EOMB or MSN must be generated for hepatitis B vaccines and their administration. Effective April 1, 1999, you are required to generate beneficiary EOMBs or MSNs for PPV and influenza virus vaccines and their administration.

4480.2 HCPCS Coding.--The following HCPCS codes are used for billing vaccines:

Code	Description
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

Code	Description
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:

Code	Description
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:

Code	Description
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, hepatitis B or influenza claim, you may enter the proper diagnosis code and continue processing the claim. These 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:

Reimbursement Ind.	Deductible Ind.	Description
"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.)

Nongovernmental entities that do not charge patients who are unable to pay or reduce their charges for patients of limited means, yet expect to be paid if the patient has health insurance coverage for the services provided, may bill Medicare and expect payment.

Governmental entities (such as public health clinics (PHCs)) may bill Medicare for PPV, hepatitis B, and influenza virus vaccine administered to Medicare beneficiaries when services are rendered free of charge to non-Medicare beneficiaries.

4480.6 Simplified Roster Bills.--The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass PPV and influenza virus vaccination programs offered by PHCs and other entities that bill the Medicare carriers. Medicare has not developed roster billing for hepatitis B vaccinations.

Properly licensed individuals and entities conducting mass immunization programs may submit claims using a simplified claims filing procedure to bill for the influenza virus vaccine benefit for multiple beneficiaries if they agree to accept assignment for these claims. They may not collect any payment from the beneficiary. Effective November 1, 1996, this simplified claims filing procedure also applies to individuals and entities billing for PPV.

Effective July 1, 1998, 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.

Entities which submit claims on roster bills (and therefore must accept assignment) may not collect any "donation" or other cost-sharing of any kind from Medicare beneficiaries for PPV or influenza vaccinations. However, the entity may bill Medicare for the amount which is not subsidized from its own budget. For example, an entity that incurs a cost of $7.50 per vaccination and pays $2.50 of the cost from its budget may bill Medicare the $5.00 cost which is not paid out of its budget.

A. Provider Enrollment Criteria.--All individuals and entities that will submit PPV and influenza benefit claims to Medicare on roster bills must complete the Provider/Supplier Enrollment Application, Form HCFA-855. Specialized instructions for these individuals and entities are available in order to simplify the enrollment process. Individuals and entities that use the specialized instructions to complete the form may not bill Medicare for any services other than PPV and influenza virus vaccinations. Establish an edit to identify individuals and entities that plan to participate in the Medicare program only for the purpose of mass immunizing beneficiaries.

B. Modified Form HCFA-1500.--If the PHC or other individual or entity qualifies to use the simplified billing process, it may use a preprinted Form HCFA-1500 that contains standardized information about the entity and the benefit.

Entities submitting roster claims to carriers must complete the following blocks on a single modified Form HCFA-1500 which serves as the cover document for the roster for each facility where services are furnished. In order for carriers to reimburse by correct payment locality, a separate Form HCFA-1500 must be used for each different facility where services are furnished.

Item 1: An X in the Medicare block

Item 2 (Patient's Name): "SEE ATTACHED ROSTER"

Item 11 (Insured's Policy Group or FECA Number): "NONE"

Item 17A (I.D. Number or Referring Physician): This number is required for PPV and hepatitis B vaccines only. Effective for claims with dates of service on or after July 1, 2000, this number will no longer be required for PPV.

Item 20 (Outside Lab?): An "X" in the NO block

Item 21 (Diagnosis or Nature of Illness):
Line 1:

PPV: "VO3.82"
Influenza Virus: "V04.8"

Item 24B (Place of Service (POS)):
Line 1: "60"
Line 2: "60"

NOTE: POS code "60" must be used for roster billing.

Item 24D (Procedures, Services, or Supplies):
Line 1:

PPV: "90732"
Influenza Virus: "90659"

Line 2:

PPV: "G0009"
Influenza Virus: "G0008"

Item 24E (Diagnosis Code):
Lines 1 and 2: "1"

Item 24F ($ Charges): The entity must enter the charge for each listed service. If the entity is not charging for the vaccine or its administration, it should enter 0.00 or "NC" (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, electronic media claim (EMC) billers should submit line items for free immunization services on EMC PPV or influenza virus vaccine claims only if your system is able to accept them.

Item 27 (Accept Assignment): An "X" in the YES block

Item 29 (Amount Paid): "$0.00"

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

Item 32 (Name and Address of Facility): The entity must enter the name and address, including zip code, of the facility where the service was furnished. When the name and address of the facility where the service was furnished is the same as the biller's name and address shown in Item 33, enter the word "SAME."

Item 33 (Physician's, Supplier's Billing Name): If the provider number is not shown on the roster billing form, the entity must complete this item to include the Provider Identification Number (not the Unique Physician Identification Number) or Group Number, as appropriate.