

SECTION 6:
BILLING



SECTION 7

BILLING

Quick Fact Sheet

Billing for Influenza and Pneumococcal (PPV) Vaccinations in Nursing Facilities Under Medicare Part B

When a Skilled Nursing Facility (SNF) resident receives a flu shot in the course of a covered Part A stay, the Consolidated Billing Requirement makes the SNF itself responsible for doing the Medicare billing for the flu shot; however, since this is a preventive service that is outside the scope of the Part A SNF benefit (and, thus, is not included in the PPS payment that Part A makes for the resident's covered stay in the SNF), the SNF would submit a separate bill for the flu shot to Part B.

Coverage of influenza and pneumococcal vaccines and their administration is available only under Medicare Part B regardless of the setting in which they are furnished. Any individual or entity meeting state licensure requirements may qualify to have payment made for furnishing and administering the flu and PPV vaccines to Medicare beneficiaries enrolled under Part B.

Influenza vaccines are typically administered once a year in the fall or winter. PPV vaccines are typically administered once in a lifetime to persons at high risk of pneumonia infection. Considered at high risk are persons 65 years of age and older and immunocompetent adults who are at increased risk of pneumonia infection or its complications because of chronic illness.

Claims are paid for beneficiaries who are at high risk of pneumonia infection and have not received PPV within the last five years **or are revaccinated because they are unsure of their vaccination status.**

Reimbursement rates for influenza and PPV vaccinations change annually. For references, the 2001-2002 influenza vaccine reimbursement amount in Oregon was \$7.13, while the pneumococcal vaccine reimbursement amount was \$15.24. After adding \$4.54 for administration reimbursement, the full amount for flu vaccine reimbursement was \$11.67, while PPV reimbursement was \$19.78.

If your residents belong to any Medicare contracted health maintenance organizations (Medicare + Choice health plans, or M+COs), you will want to determine if vaccinations are included in their capitation rate. Beneficiaries enrolled in M+COs generally must obtain the shot through plan providers, or they will have to pay for it out of pocket. HMO enrollees should check with their plan to determine if they are "locked-in" to plan providers for their flu shot. If not locked in, the flu shot may be obtained from any qualified provider.

Nursing facilities bill for the vaccines and their administration on Form HCFA-1450 using revenue code 636 for the vaccine and 771 for the administration of the vaccine in conjunction with the diagnosis and HCPCS codes. For more information on roster billing, see the section on Centers for Medicare and Medicaid Services (CMS) SNF Billing Procedures.

Roster billing is a simplified process for billing flu and PPV immunizations to Medicare when immunizations occur in mass. It provides a less costly billing alternative than generating a HCFA-1450 for each patient who receives an immunization. Note: roster bills cannot be submitted electronically. For more information on roster billing, see the following section on CMS SNF Billing Procedures.

CMS Skilled Nursing Facility Manual

Chapter V - Billing Procedures

Section 536.2 (abridged)

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Find the latest version of this document at:
http://www.hcfa.gov/pubforms/12_SNF/sn500.htm

Special Billing Instructions for Pneumococcal Pneumonia and Influenza Virus Vaccines

Part B of Medicare pays 100 percent for pneumococcal pneumonia vaccines (PPV) and influenza virus vaccines and their administration. Payment is made on a cost basis. Deductible and coinsurance do not apply.

A. Coverage Requirements

1. Effective for services furnished on or after July 1, 2000, Medicare does not require for coverage purposes, that the PPV vaccine and 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.
2. 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. 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.

B. General Billing Requirements

You must file your claim on a HCFA-1450, using bill types 22x and 23x. For these bills, you must complete Item 44 (HCPCS) on the HCFA-1450. Bill for the vaccines and their administration on the same claim. There is no requirement for a separate bill for the vaccines and their administration.

C. 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, 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

Bill for the **administration** of the vaccines using the following HCPCS codes:

G0008	Influenza virus vaccine administration code
G0009	Pneumococcal vaccine administration code

D. Applicable Revenue Codes

Bill for the vaccines using revenue code 636. Bill for the administration of vaccines using the revenue code 771.

The following key information is needed to bill for influenza or pneumococcal vaccinations on individual or roster bills:

	HCPCS Vaccine Code and Description	Administration Code	Diagnosis Code
Influenza	90657 - Split virus, 6-35 months dosage	G0008	V04.8
	90658 - Split virus, 3 years and above dosage	G0008	V04.8
	90659 - Whole virus	G0008	V04.8
Pneumococcal	90732 - Pneumococcal Polysaccharide Vaccine (PPV), 23-valent, adult dosage	G0009	V03.82

E. Other Coding Requirements

You 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.

V04.8 Influenza virus vaccine diagnosis code

V03.82 PPV diagnosis code

In addition, for the influenza vaccine, report UPIN code SLF000 if the vaccine is not ordered by a doctor of medicine or osteopathy.

F. Simplified Billing of Influenza Virus Vaccine by Mass Immunizers (Roster Billing)

Some potential “mass immunizers” have expressed concern about the complexity of billing for the influenza virus vaccine and its administration. Consequently, to increase the number of beneficiaries who obtain needed preventive immunizations, simplified (roster) billing procedures are available to mass immunizers. A mass immunizer is defined as any entity that gives the influenza virus vaccine to a group of beneficiaries, e.g., at Public Health Clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same day is required.

The simplified process involves use of the HCFA-1450 with preprinted standardized information relative to you and the benefit. When conducting mass immunizations, attach a standard roster to a single preprinted HCFA-1450 that contains the variable claims information regarding the service provider and individual beneficiaries. The roster must contain, at a minimum, the following information:

- Provider name and number
- Date of service
- Patient name and address
- Patient date of birth
- Patient sex
- Patient health insurance claim number
- Beneficiary signature or stamped “signature on file”

NOTE: A stamped “signature on file” can be used in place of the beneficiary’s actual signature provided you have a signed authorization on file to bill Medicare for services rendered. In this situation, you are not required to obtain the patient signature on the roster. However, you have the option of reporting “signature on file” in lieu of obtaining the patient’s actual signature.

The modified HCFA-1450 shows the following preprinted information in specific form locators (FLs):

- The words “See Attached Roster” in FL 12, (Patient Name)
- Patient Status code 01 in FL 22 (Patient Status)
- Condition code M1 in FLs 24-30 (Condition Code) (See NOTE: next pg.)
- Revenue code 636 in FL 42 (Revenue Code), along with the appropriate HCPCS code in FL 44 (HCPCS Code)
- Revenue code 771 in FL 42 (Revenue Code), along with HCPCS code G0009 in FL 44 (HCPCS Code)
- “Medicare” on line A of FL 50 (Payer)
- The words “See Attached Roster” on line A of FL 51 (Provider Number)
- Diagnosis code V03.82 in FL 67 (Principal Diagnosis Code)

When conducting mass immunizations, you are required to complete the following FLs on the preprinted HCFA-1450:

- FL 4 (Type of Bill)
- FL 47 (Total Charges)
- FL 85 (Provider Representative)
- FL 86 (Date)

NOTE: Medicare Secondary Payer (MSP) utilization editing is bypassed in the Common Working File (CWF) for all mass immunizer roster bills. However, if you know that a particular group health plan covers the PPV and all other MSP requirements for the Medicare beneficiary are met, the primary payer must be billed.

If you do not mass immunize, continue to bill for PPV using the normal billing method, i.e., submission of a HCFA-1450 or electronic billing for each beneficiary.

G. Simplified Billing of Pneumococcal Pneumonia Vaccine (PPV) by Mass Immunizers (Roster Billing)

The simplified (roster) claims filing procedure has been expanded for PPV. A mass immunizer is defined as any entity that gives the PPV to a group of beneficiaries, e.g., at Public Health Clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same date is required. The simplified process involves use of the HCFA-1450 with pre-printed standardized information relative to the provider and the benefit. Mass immunizers attach a standard roster to a single pre-printed HCFA-1450 which will contain the variable claims information regarding the service provider and individual beneficiaries.

The roster must contain, at a minimum, the following information:

- Provider name and number
- Date of service
- Patient name and address
- Patient date of birth
- Patient sex
- Patient health insurance claim number
- Beneficiary signature or stamped “signature on file”

NOTE: A stamped “signature on file” can be used in place of the beneficiary’s actual signature provided you have a signed authorization on file to bill Medicare for services rendered. In this situation, you are not required to obtain the patient signature on the roster. However, you have the option of reporting “signature on file” in lieu of obtaining the patient’s actual signature.

The roster should contain the following language to be used by you as a precaution to alert beneficiaries prior to administering the PPV:

“WARNING: The beneficiary’s vaccination status must be verified before administering the PPV. It is acceptable to rely on the patient’s memory to determine prior vaccination status. If patients are uncertain whether they have been vaccinated within the past five years, administer the vaccine. If patients are certain that they have been vaccinated within the past five years, do not revaccinate.”

The modified HCFA-1450 shows the following preprinted information in specific form locators (FLs):

- The words “See Attached Roster” in FL 12, (Patient Name)
- Patient Status code 01 in FL 22 (Patient Status)
- Condition code M1 in FLs 24-30 (Condition Code)
(Condition Code)
- Condition Code A6 in FLs 24-30 (Condition Code)
- Revenue code 636 in FL 42 (Revenue Code), along with HCPCS code 90732 in FL 44 (HCPCS Code)
- Revenue code 771 in FL 42 (Revenue Code), along with HCPCS code G0009 in FL 44 (HCPCS Code)
- “Medicare” on line A of FL 50 (Payer)
- The words “See Attached Roster” on line A of FL 51 (Provider Number)
- Diagnosis code V03.82 in FL 67 (Principal Diagnosis Code)

When conducting mass immunizations, you are required to complete the following FLs on the preprinted HCFA-1450:

- FL 4 (Type of Bill)
- FL 47 (Total Charges)
- FL 85 (Provider Representative)
- FL 86 (Date)

NOTE: Medicare Secondary Payer (MSP) utilization editing is bypassed in the Common Working File (CWF) for all mass immunizer roster bills. However, if you know that a particular group health plan covers the PPV and all other MSP requirements for the Medicare beneficiary are met, the primary payer must be billed.

If you do not mass immunize, continue to bill for PPV using the normal billing method i.e., submission of a HCFA-1450 or electronic billing for each beneficiary.