

Preventive Services: Flu and PPV Vaccines

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Today's Presenters

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Objectives

- After this session, attendees will be able to
 - Discuss Medicare coverage guidelines for the influenza (flu) shot and PPV vaccine
 - Properly bill Medicare for these covered preventive services
 - Know where to find more information

Agenda

- Influenza Virus Vaccine
- Roster Billing
- Pneumococcal Virus Vaccine
- Resources

Influenza (Flu) Vaccine

Coverage

- One flu vaccine per flu season for all beneficiaries
- More than one per season if reasonable and medically necessary
- Physician order/presence not required for coverage


Billing Guidelines

- Single claims must be electronically submitted unless provider approved under ASCA exception (waiver)
 - Ten ASCA exceptions, including
 - Small providers
 - Certain mass immunizers
 - Providers who submit fewer than ten claims per month on average during calendar year
- Roster claims can be submitted on paper or electronically

Billing Guidelines

- Paper claims
 - CMS-1500 claim form (02/12) required and must be submitted on original red and white forms
 - Visit our website for proper paper claims mailing address

Influenza CPT/HCPCS Codes 2022-2023

 An official website of the United States government [Here's how you know](#) ▼

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Preventive Services

Medicare covers many preventive services to keep your patients healthy. Preventive services can help find health problems early, when treatment works best, and can help keep your patients from getting certain diseases. Talk to your patients about which preventive services are right for them and how often they need them.

If you're a person with Medicare, [learn about all preventive services](#).

Learn more about billing for Medicare-covered preventive services:

- > [Shots & vaccines](#)
- > [Wellness visits](#)
- > [Diabetes-related services](#)
- > [Tests & screenings](#)



Administration and Diagnosis Codes

- HCPCS code G0008 is the only influenza administration code to be included on vaccine claims
 - Paid at 100% of the fee schedule / no coinsurance responsibility
 - CPT codes 90471/90472 are not appropriate for administration of influenza vaccine
- ICD-10 diagnosis code
 - Z23
- [Seasonal Influenza Vaccines Pricing](#)
 - For pricing information

What Is Roster Billing?

- Streamlined process for submitting vaccination claims for large groups of individuals
 - Both “regular” provider/suppliers and mass immunizers
 - Cannot use for single patient bills
 - Cannot bill other services on roster bills

Roster Billing Guidelines

- Mass immunization roster billers (specialty provider type 73) and centralized billers
 - Must accept assignment on vaccine and administration
 - Can only bill for influenza, pneumococcal (PPV) and/or COVID-19 vaccines
 - Must submit claims using roster billing process
 - Separate roster bills must be submitted for influenza, PPV and COVID-19 vaccines

Roster Billing Guidelines

- Mass Immunizers
 - Offer vaccines to large number of individuals
 - Must be properly licensed in state(s) in which they plan to operate flu clinics
 - Enrollment is ongoing and completed through local A/B MAC
 - Must submit roster bills to local contractor

Roster Billing Guidelines

- Centralized Billing
 - Mass immunizers who operate in at least three payment localities for which there are three different Medicare contractors or A/B MACs
 - Participation is limited to one year and must be renewed annually
 - Contact CMS Central Office by June 1 to request
 - Claims submitted to and processed by specialty contractor
 - Must submit electronic roster claims

Roster Billing Guidelines

- Patient roster form with
 - Patient name, address, MBI, date of birth and gender
 - Date of service
 - Beneficiary signature or stamped "Signature on File"
 - Provider's name and identification number
 - Control number for contractor
- Single modified CMS-1500 claim form as roster cover document for each facility where services rendered

Vaccine Roster Form



Vaccine Roster Form

Provider Name	National Provider Identifier (NPI)	Date of Service
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Patient Information (Please PRINT all elements clearly except the signature)

00

Medicare Beneficiary Identifier (MBI)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

01

Medicare Beneficiary Identifier (MBI)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

Roster Billing Guidelines

CMS-1500 Item #	Completion Instructions
Item 1	An "X" in the Medicare block
Item 2 (Patient's Name)	"SEE ATTACHED ROSTER"
Item 11 (Insured's Policy Group or FECA #)	"NONE"
Item 20 (Outside Lab?)	An "X" in the NO block
Item 21 (Diagnosis or Nature of Illness)	ICD Ind. Block: 0 for ICD-10-CM Enter the indicator as a single digit between the vertical dotted lines.

Roster Billing Guidelines

CMS-1500 Item #	Completion Instructions
Item 24B (Place of Service)	Line 1: "60" Line 2: "60"
Item 24D (Procedures, Services or Supplies)	Line 1: list one appropriate CPT code for Influenza Virus vaccine Line 2: "G0008" (Influenza Virus administration)
Item 24E (Diagnosis Pointer)	Lines 1 and 2: "A"

Roster Billing Guidelines

CMS-1500 Item #	Completion Instructions
Item 24F (\$ Charges)	Enter the charge for each listed service.
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 Form CMS-1500

Roster Billing Guidelines

CMS-1500 Item #	Completion Instructions
Item 32 (Service Facility Location Information)	Enter name, address and ZIP code of the location where the service was provided
Item 32a	Enter the NPI of the service facility, if it is available
Item 33 (Physician's/Supplier's Billing Name)	Enter the name, address and ZIP code of the billing provider
Item 33a	Enter the individual or group NPI, as applicable

Roster Billing Guidelines

- Electronic submission of roster claims
 - Loop and segment information contained in [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
 - NGS Medicare.com > Resources > Claims and Appeals > CMS 1500 Claim Form
 - Mass immunizers required to use HIPAA-adopted ASC X12N 837 claim standard
 - We offer low or no-cost software for providers to use
 - Contact EDI department for more information
 - Monday–Friday, 8:00 a.m.–4:00 p.m. ET
 - Closed for training on the 2nd and 4th Friday of the month from 12:00–4:00 p.m. ET
 - Jurisdiction 6: 877-273-4334
 - Jurisdiction K: 888-379-9132

Cost-Sharing and Assignment

- No Part B deductible or coinsurance applied
- Assignment
 - All physicians and suppliers must accept assignment of vaccine payment rate
 - Nonparticipating providers can choose not to accept assignment of administration
 - Must submit an unassigned claim on beneficiary's behalf
 - May collect his/her usual charge for administration but cannot collect any fee upfront for vaccine

Medicare Payment

- Medicare pays for vaccine and administration
 - Vaccine reimbursed at nationally established rate
 - 95% of AWP
 - Updated quarterly, posted on CMS website [Seasonal Influenza Vaccines Pricing](#) page
 - Rate effective August 1–July 31 each year
 - Administration payment rate adjusted for each payment locality
 - Rate effective January 1–December 31 each year

Flu Billing Reminder

- The 2022–2023 influenza season for Medicare billing purposes, lasts from 8/1/2022 through 7/31/2023
- We continue to see multiple influenza vaccinations given to the same beneficiary more than once per flu season, if the frequency is exceeded, the second flu claim received will be denied for medical necessity

Flu Billing Reminder

- If you bill the incorrect flu code, do not bill another claim
- You must initiate a reopening of the claim in order to fix the billing error
 - Billing the service again causes the influenza vaccine and administration code to suspend for review and will be denied as not medically necessary

Pneumococcal Vaccine

Did You Know?

- Pneumococcal pneumonia causes an estimated 150,000 hospitalizations each year in the U.S.
- Pneumococcal pneumonia fatality rate is five to seven percent and may be much higher in older adults
- An estimated 30% of pneumococcal bacteria were resistant to one or more antibiotics
 - The increased difficulty of treating this infection makes vaccination much more important

PPV Coverage - Frequency

- CMS recommends visiting the CDC's website
 - [CDC Pneumococcal Vaccine timing for Adults](#)

Pneumococcal Vaccine Billing

CPT Code	Description
90670	Pneumococcal conjugate vaccine, 13-valent, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20-valent, for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals two years or older, for subcutaneous or intramuscular use

Administration and Diagnosis Code

- Administration HCPCS code
 - G0009 for PPV administration
- ICD-10-CM Diagnosis code
 - Z23
 - Additional ICD-10 codes may apply. See the [CMS ICD-10 web page](#) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service

Other Billing Guidelines

- Physician order/presence not required by Medicare for coverage
- Roster billing allowed, using appropriate PPV codes
 - Must roster bill flu and PPV separately
- Medicare does not pay solely for counseling and education for PPV vaccines

Cost-Sharing and Assignment

- Mass immunization roster billers
 - Must accept assignment for vaccine and administration
- Participating providers
 - No Part B deductible or coinsurance applied
 - Must accept assignment for vaccine and administration
 - May not collect payment from beneficiary
 - Must submit claim on beneficiary's behalf

Cost-Sharing and Assignment

- Nonparticipating providers
 - Vaccine
 - Must accept assignment
 - No Part B deductible or coinsurance applied
 - Administration
 - Can choose not to accept assignment
 - May collect usual charge
 - Limiting charge provision does not apply
- Must submit unassigned claim on beneficiary's behalf

PPV Reimbursement

- Two administration fees paid if patient receives flu and PPV on same day
 - G0008: Influenza administration code
 - G0009: Pneumococcal administration code
- Office visit paid for in addition to PPV if reasonable and medically necessary

Medicare Payment

- Medicare pays for vaccine and administration
 - Vaccine reimbursed at nationally established rate
 - Administration payment rate found for MPFS codes can be found in the [Fee Schedule Lookup](#) tool
 - Payment adjusted for each payment locality
 - Do not use code 90471 as administration code for flu or PPV

Resources

CMS References

- CMS Internet-Only Manuals (IOMs)
 - Coverage of immunizations
 - [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 50.4.4.2](#)
 - Billing for immunizations
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 10](#)
 - CMS-1500 (08/05) claim completion requirements
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 26](#)

CMS Website Resources

- [Seasonal Influenza Vaccines Pricing page](#)
- [Roster Billing for Mass Immunizers](#)

CMS Website Resources

- MLN Matters® [*MM11335 Revised: Add Dates of Service \(DOS\) for Pneumococcal Pneumonia Vaccination \(PPV\) HCPCS Codes and Remove Next Eligible Dates for PPV HCPCS*](#)
- MLN® Educational Tool [*Medicare Preventive Services Quick Reference Chart*](#)
- [*Pneumococcal Vaccine Timing for Adults*](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

