

Wellness Wednesday: Pneumococcal Pneumonia Virus Vaccination with Roster Billing

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Today's Presenters

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Objectives

- Provide overview of Medicare preventive service: pneumococcal pneumonia vaccine
- Encourage providers to promote and educate beneficiaries in life-saving preventive services and screenings
- Assist providers in billing so claim denials may be avoided

Agenda

- Overview of Medicare's Preventive Services Program
- PPV
- Roster Billing
- References, Resources and Wrap-Up
- Questions and Answers

Preventive Services Overview

- CMS recognizes the importance of disease prevention, early detection and lifestyle modifications that support the health of Medicare beneficiaries
- Medicare pays for many preventive benefits, including educating Medicare beneficiaries about potentially life-saving services and screenings

Preventive Services Educational Tool



mln
EDUCATIONAL TOOL

KNOWLEDGE • RESOURCES • TRAINING

PRINT SERVICES

MEDICARE PREVENTIVE SERVICES

× SELECT A SERVICE

FREQUENTLY ASKED QUESTIONS

RESOURCES

Alcohol Misuse Screening & Counseling	Annual Wellness Visit	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use	Depression Screening
Diabetes Screening	Diabetes Self-Management Training	Glaucoma Screening	Hepatitis B Virus Screening	Hepatitis B Virus Vaccine & Administration	Hepatitis C Virus Screening	HIV Screening
IBT for Cardiovascular Disease	IBT for Obesity	Influenza Virus Vaccine & Administration	Initial Preventive Physical Examination	Lung Cancer Screening	Medical Nutrition Therapy	Medicare Diabetes Prevention Program
Pneumococcal Vaccine & Administration	Prolonged Preventive Services	Prostate Cancer Screening	Screening for Cervical Cancer	Screening for STIs & HIBC to Prevent STIs	Screening Mammography	Screening Pap Tests
Screening Pelvic Examinations	Ultrasound Screening for AAA					

▲ OPEN

ICN MLN006559 June 2020



Deductible and Coinsurance Waived for Certain Preventive Services

- For DOS on/after 1/1/2011
 - Medicare deductible and coinsurance waived for preventive services included in this presentation
 - [CR 7012, “Waiver of Coinsurance and Deductible for Preventive Services, Section 4104 of Patient Protection and Affordable Health Care Act, Removal of Barriers to Preventive Services in Medicare”](#)

Did You Know

- A beneficiary must be enrolled in Medicare Part B in order to be covered for any Medicare preventive services

Polling Question #1

- What is your role in the Medicare Program for your facility?
 - Biller
 - Clinician
 - Intake/admissions
 - Compliance
 - Administrator

Polling Question #2

- How many years of Medicare experience do you have?
 - I am new to Medicare
 - 1–5 years
 - 6–10 years
 - Over 10 years

Polling Question #3

- How experienced are you with performing, documenting and/or billing Medicare preventive services?
 - This is all new to me
 - I am semicomfortable but ready to learn more
 - I am pretty comfortable but will benefit from this as a refresher course

CDC

- Centers for Disease Control and Prevention
- One of major operating components of DHHS
- Nation's premier health promotion, prevention and preparedness agency
 - Supports state, local, federal health departments
 - Implements measures to decrease leading causes of death
 - Reforms health policies

ACIP

- CDC's Advisory Committee on Immunization Practices
- Develops written recommendations for routine administration of vaccines
 - Along with schedules regarding appropriate vaccine periodicity, dosage and contraindications
 - Only entity in federal government making such recommendations
- Refer to [latest ACIP recommendations](#)

Pneumococcal Pneumonia Vaccines - PPV and PCV

Pneumococcal Disease

- Infection caused by bacteria streptococcus pneumoniae
 - Also known as pneumococcus
- Most common types of infections caused by this bacterium include
 - Middle ear infections
 - Pneumonia
 - Blood stream infections (bacteremia)
 - Sinus infections
 - Meningitis

Benefits of PPV

- Prevent disease, hospitalization and death
- Prevent meningitis, bloodstream infections and pneumonia
- Vaccine does not cause serious side effects

Background

- Title XVIII of the Social Security Act amended in 1980 to include Medicare coverage of PPV
 - Coverage of PPV and administration began DOS on or after 7/1/1981
 - Coverage of PCV and administration began DOS on or after 1/1/2008

Coverage Requirements

- Per CR 9051, effective w/DOS on/after 9/19/2014
 - All Medicare beneficiaries eligible to receive initial vaccine
 - Different, second vaccine recommended one year after first vaccine
 - 11 full months have passed following month in which last pneumococcal vaccine administered

Available Vaccinations

- Pneumococcal polysaccharide vaccine (PPSV23)
 - Recommended for adults 65 and older
 - Recommended for 19–64 year-olds who smoke or have asthma
- Pneumococcal conjugate vaccine (PCV13)
 - Approved for all adults 50 and older
 - Recommended for adults with conditions that weaken immune system
 - Ex: HIV, organ transplant

Who Can Order/Perform

- No physician's order or supervision required
 - Beneficiary may receive vaccine upon request
 - **Note:** state law may require physician's presence

Reminder: Report Vaccine and Administration on Same Claim

- Providers bill for vaccine and its administration on same claim
 - Separate claims for vaccines and their administration not required
 - Exception to rule occurs when vaccine administered during course of otherwise covered home health visit since vaccine or its administration not included in visit charge

Billing Requirements

- ICD-10-CM diagnosis code Z23
- Condition code A6
- Line item billing for pneumonia vaccine
 - Revenue code 0636
 - CPT code 90670 or 90732 (see descriptions on next slide)
- Line item billing for pneumonia vaccine administration
 - Revenue code 0771
 - HCPCS code G0009
- **Note:** CAHs report revenue code 096X, 097X or 098X

HCPCS/CPT Coding

HCPCS/CPT Code	Description
G0009	Administration of pneumococcal vaccine
90670	PCV 13 valent, for intramuscular use
90732	PPSV 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use

Prevent RTP 32200

- Providers should report CC A6 (special program indicator code) on claims for pneumococcal pneumonia
 - Indicates 100% reimbursement due provider
 - Not necessary for roster bills
- Prevents RTP 32200: ICD10 diagnosis Z23 present on claim without condition code A6

TOBs

TOB	Description
12X	Hospital inpatient Part B
13X	Hospital outpatient
22X	SNF inpatient Part B
23X	SNF outpatient
72X	Independent/hospital-based RDF
75X	CORF
85X	CAH
77X	FQHC

Additional Billing Instructions for FQHC

- Vaccination does not qualify as stand-alone billable encounter
 - If only service performed on DOS, do not submit claim
 - If performed on same DOS as billable encounter, report vaccination and administration on separate claim lines as incident to encounter
 - Cost report includes reimbursement for these services

Payment for Vaccine

Facility Type	Reimbursement
Hospital (IP Part B & OP)	Reasonable cost
SNF (IP Part B & OP)	Reasonable cost
Hospital-based RDF	Reasonable cost
Independent RDF	95% AWP
CORF	95% AWP
FQHC	Reasonable cost
CAH Method I	101% reasonable cost for TC
CAH Method II	Plus 115% MPFS nonfacility for PC

Payment for Administration

Facility Type	Reimbursement
Hospital (IP Part B & OP)	OPPS or reasonable cost
SNF (IP Part B & OP)	MPFS
Hospital-based RDF	Reasonable cost
Independent RDF	MPFS
CORF	MPFS
FQHC	Reasonable cost
CAH Method I	101% reasonable cost for TC
CAH Method II	Plus 115% MPFS nonfacility for PC

Beneficiary Cost-Sharing

- Deductible waived
- Coinsurance/copayment waived
- Affordable Care Act Section 4104

Roster Billing Instructions for Vaccinations



What is Roster Billing

- Streamlined way for mass immunizers to submit health care claims for vaccines for multiple patients
 - Mass immunizer: Medicare-enrolled provider that offers influenza and/or pneumococcal vaccinations to large number of individuals
- To qualify for roster billing, a minimum of five beneficiaries must be vaccinated on same DOS
 - Five-beneficiary minimum waived for inpatient hospital/SNF vaccinations
 - Up to ten beneficiaries can be reported on one roster bill

Roster Bills for Inpatient Hospital/SNF Vaccinations

- Medicare pays for pneumococcal vaccine separately from DRG/HIPPS rate for beneficiaries who get vaccine while they are inpatient
 - Hospital inpatient Part B roster bills report TOB 12X
 - DOS = discharge date or benefits exhaust date
 - SNF inpatient Part B roster bills report TOB 22X
 - DOS = date vaccine administered
- Vaccines reported with TOB 11X or 21X are not covered
- Five-beneficiary minimum waived for inpatient hospital/SNF vaccination roster bills

Did You Know

- Roster billing option does not apply to FQHC?
 - Vaccination reported as part of billable encounter and on cost report
 - Payment made via cost report

How-to Submit Roster Bills in FISS DDE

- Access FISS DDE
 - Claims/Attachments (02), Hit <ENTER>
 - Roster Bill Entry (87), Hit <ENTER>

CLAIMS ENTRY

INPATIENT	20
OUTPATIENT	22
SNF	24
HOME HEALTH	26
HOSPICE	28
NOE/NOA	49
ROSTER BILL ENTRY	87

ATTACHMENT ENTRY

HOME HEALTH	41
DME HISTORY	54
ESRD CMS-382 FORM	57

ENTER MENU SELECTION: _

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

How-to Submit Roster Bills in FISS DDE

- Input provider/vaccination details
 - DOS (date vaccine was administered)
 - First 2 digits of TOB
 - Provider identifiers (NPI, taxonomy code, ZIP)
 - For vaccine: revenue code 0636, CPT code 90670 or 90732, charges (per beneficiary)
 - For administration: revenue code 0771, HCPCS code G0009, charges (per beneficiary)
- Hit <ENTER> to save data

MAP1681

NATIONAL GOVERNMENT SERVICES, #13001 UAT

ACMFA561 08/21/19

MXG9282

SC

VACCINE ROSTER FOR MASS IMMUNIZERS

A20193DP 13:52:24

RECEIPT DATE: 082119

OSCAR:

DATE OF SERV:

082119

TYPE-OF-BILL: 13

NPI:

TAXO.CD:

FAC.ZIP

REVENUE CODE

HCPC

CHARGES PER BENEFICIARY

0636

90670

15.00

0771

G0009

10.00

PATIENT INFORMATION

MID NUMBER

LAST NAME

FIRST NAME

INIT

BIRTH DATE

SEX

ADMIT DATE

ADMIT TYPE

ADMIT DIAG

PAT STATUS

ADMIT SRCE

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF6-SCROLL FWD PF9-UPDT ENTER-CONTINUE



How-to Submit Roster Bills in FISS DDE

- Input beneficiary information
 - Patient MID
 - Patient name
 - Patient date of birth
 - Patient sex
- Hit <ENTER> to save beneficiary information
 - Hit <F6> to scroll to new page for additional beneficiaries
 - Minimum 5, maximum 10
- Hit <F9/PF9> to submit roster bill

MAP1681
MXG9282

SC

NATIONAL GOVERNMENT SERVICES, #13001 UAT
VACCINE ROSTER FOR MASS IMMUNIZERS

ACMFA561 08/21/19
A20193DP 13:52:24

RECEIPT DATE: 082119

OSCAR: DATE OF SERV: 082119 TYPE-OF-BILL: 13

NPI: TAXO.CD: FAC.ZIP

REVENUE CODE HCPC CHARGES PER BENEFICIARY

0636 90670 15.00

0771 G0009 10.00

PATIENT INFORMATION

MID NUMBER	LAST NAME	FIRST NAME	INIT	BIRTH DATE	SEX
ADMIT DATE	ADMIT TYPE	ADMIT DIAG	PAT STATUS	ADMIT SRCE	
999000000A	PERSON	A		07111940	M
999000001A	HUMAN	I		05151947	F
999000002A	HOMOSAPIAN	U		06271943	M
999000003A	ADULT	F		07151944	F

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF6-SCROLL FWD PF9-UPDT ENTER-CONTINUE



How-to Submit Roster Bills in FISS DDE

- For inpatient beneficiaries, also report
 - Admission date
 - Admission type
 - Admission diagnosis
 - Admission source code
 - Patient status code
- Hit <ENTER> to save beneficiary information
- Hit <F9/PF9> to submit roster bill

MAP1681

NATIONAL GOVERNMENT SERVICES,#13001 UAT

ACMFA561 08/21/19

MXG9282

SC

VACCINE ROSTER FOR MASS IMMUNIZERS

A20193DP 14:00:29

RECEIPT DATE: 082119

OSCAR:

DATE OF SERV:

082119

TYPE-OF-BILL: 12

NPI:

TAXO.CD:

FAC.ZIP

REVENUE CODE

HCPC

CHARGES PER BENEFICIARY

0636

90670

15.00

0771

G0009

10.00

PATIENT INFORMATION

MID NUMBER

LAST NAME

FIRST NAME

INIT

BIRTH DATE

SEX

ADMIT DATE

ADMIT TYPE

ADMIT DIAG

PAT STATUS

ADMIT SRCE

999000000A

PERSON

A

07111940

M

081119

2

7852

30

1

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF6-SCROLL FWD PF9-UPDT ENTER-CONTINUE



Verify Roster Bill Submission

- Claim available for viewing on day after submitting roster
- Access FISS Inquiries submenu (Option 01)
Claims Summary option (Menu 12)
 - Key patient's MID and roster bill from and through dates
 - Claim will appear in "S" Location

Roster Billing Tips

- System automatically generates UB04 claim format
- Roster billing through FISS DDE is considered electronic billing
- Timely filing guidelines apply to roster billing

References, Resources, Wrap Up



What You Should Do Now

- Share this presentation with internal staff members
- Talk to your patients about the importance of taking advantage of Medicare preventive services
- Update system with correct coding information
- Update any internal procedure to avoid costly, time-consuming claim errors

CMS Resources

- [CMS IOMs](#)
 - 100-02, *Medicare Benefit Policy Manual*, Chapter 15
 - Section 50.4.4.2 – Immunizations
 - 100-04, *Medicare Claims Processing Manual*, Chapter 18
 - Section 10 – Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines
- [CMS Preventive Services web page](#)

CMS Resources

■ [MLN Matters® Articles](#)

- *MM9051: Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations*
- *SE1039: Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) Billing Guide*
- *SE1142 (Revised): Preventive Services Educational Resource for Health Care Professionals*
- *MM11335: Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS*

■ [MLN Publications & Multimedia](#)

Additional CMS Resources

- [CMS web page on Seasonal Influenza Vaccines Pricing](#)
- [CMS web page on National Correct Coding Initiative Edits](#)

Additional Resources

- [Center for Disease Control](#)
 - Seasonal Influenza (Flu) > Health Professionals > Vaccination

Thank You!

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

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