



2011 Immunization Reimbursement Workshop

Provider Outreach & Education
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Important References

Publication 100-04

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

<http://www.cms.gov/manuals/downloads/clm104c18.pdf>

Adult Immunization

<http://www.cms.gov/AdultImmunizations/>

Influenza Vaccine Codes & Medicare Allowable Amounts

- Part B of Medicare pays 100% for the vaccine
- Deductible and coinsurance do not apply
- Fees subject to change per CMS quarterly drug updates
- Current fees effective until 9/30/11
- Visit our website for updates to the allowance limits
http://www.medicarenhic.com/ne_prov/fee_sched.shtml

Seasonal Influenza Virus Vaccine

- 90655 - Split Virus, preservative free, 3-35 months - **\$14.858**
- 90656 - Split Virus, preservative free, 3years and older - **\$12.375**
- 90657 - Split Virus - 6-35 months old - **\$6.296**
- 90660 - FluMist, a nasal influenza vaccine - **\$22.316**
- 90662 - Fluzone High-Dose - **\$29.213**
- Q-codes replace 90658
 - Q2035 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) – **No national payment limit – NHIC will price per AWP**
 - Q2036 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) - **\$8.784**
 - Q2037 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) - **\$13.253**
 - Q2038 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) - **\$12.593**
 - Q2039 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified) - **No national payment limit – NHIC will price per AWP**

Influenza Vaccine Diagnosis & Administration Codes

Report one of the following ICD-9 codes:

- V04.81
- V06.6 – When the purpose of the visit was to receive both Flu and PPV vaccines

Administration Code

- G0008
- Medicare Allowable = **\$24.43**
 - Effective 1/1/11
 - Fee will vary per state
 - Fee listed is for RI providers
 - Fee subject to change 1/1/2012
 - Visit our website for updates

Part B of Medicare pays 100%

Deductible and coinsurance do not apply

Pneumococcal Vaccine Codes & Medicare Allowable Amounts

- Part B of Medicare pays 100% for the vaccine
- Deductible and coinsurance do not apply
- Fees subject to change per CMS quarterly drug updates
- Current fees effective until 9/30/11
- Visit our website for updates to the allowance limits
http://www.medicarenhic.com/ne_prov/fee_sched.shtml

Pneumococcal Vaccine

- 90669 – Pneumococcal Conjugate Vaccine, administered to children younger than 5yrs - \$95.481
- 90670 – Pneumococcal Conjugate Vaccine, 13 valent, for intramuscular use - \$123.833
- 90732 – Pneumococcal Polysaccharide Vaccine - \$57.194

Pneumococcal Vaccine Diagnosis & Administration Codes

ICD-9-CM

- V03.82 – PPV vaccination
- V06.6 – When the purpose of the visit was to receive both PPV and Flu vaccines

Administration Code

- G0009
- Medicare Allowable = \$24.43
 - Effective 1/1/11
 - Fee will vary per state
 - Fee listed is for RI providers
 - Fee subject to change 1/1/2012
 - Visit our website for updates
- Part B of Medicare pays 100%
- Deductible and coinsurance do not apply

Roster Billing Process

Developed to enable Medicare beneficiaries to participate in mass pneumococcal and influenza virus vaccination programs offered by Public Health Service Clinics (PHCs) and other individuals and entities that give the vaccine to a group of beneficiaries, e.g. at PHCs, shopping malls, grocery stores, senior citizen homes, and health fairs. Roster billing is not available for hepatitis B vaccinations.

- All providers, except Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, already enrolled in the Medicare program may render and bill for providing influenza and/or Pneumococcal vaccinations may roster bill.
- Those entities and individuals that desire to provide mass immunization services, but may not otherwise be able to qualify as a Medicare provider, may be eligible to enroll as a provider type “Mass Immunization Roster Biller.”

Enrollment Requirements

Those entities and individuals that desire to provide mass immunization services, but may not otherwise be able to qualify as a Medicare provider, may be eligible to enroll as a provider type “Mass Immunization Roster Biller.”

- These individuals and entities must enroll by completing the Provider/Supplier Enrollment Application, Form CMS-855B
- Individuals and entities that enroll as this provider type may not bill Medicare for any services other than pneumococcal and/or influenza virus vaccines and their administration
- Claims submitted by the provider type “Mass Immunization Roster Biller” are always reimbursed at the assigned payment rate

NHIC Contact Information

When submitting the completed application, please make sure that you include all the supporting documentation with your CMS-855B in one envelope and mail to:

NHIC, Corp.

Attn: Provider Enrollment

PO Box 3434

Hingham, MA 02044

Provider Enrollment Help Line **888-300-9612**

Forms for Roster Billing

Part B paper 1500 form version 08-05

- Must be an original Red Ink form
- Roster Form with required information
 - Downloadable forms are available on our website
 - Excel version
 - PDF version

http://www.medicarenhic.com/providers/pubs/rosterbilling_0710.pdf

Roster Form Requirements for Billing

The roster must contain at a minimum the following information:

- ✓ Provider name and number
- ✓ Date of service
- ✓ Patient's Health Insurance Claim Number
- ✓ Patient's name
- ✓ Patient's address
- ✓ Date of birth
- ✓ Patient's sex
- ✓ Beneficiary's signature or stamped "signature on file"

1500 Form

Think of it as a cover sheet

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)	
TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID#)	
GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK/LUNG <input type="checkbox"/> (SSN)	
OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
X PATIENT'S NAME (Last Name, First Name, Middle Initial) SEE ATTACHED ROSTER		3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>)	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>)	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		7. INSURED'S ADDRESS (No., Street)	
CITY STATE		CITY STATE	
ZIP CODE TELEPHONE (Include Area Code) ()		ZIP CODE TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>)		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
11. INSURED'S POLICY GROUP OR FECA NUMBER		a. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>)	
b. EMPLOYER'S NAME OR SCHOOL NAME		b. EMPLOYER'S NAME OR SCHOOL NAME	
c. INSURANCE PLAN NAME OR PROGRAM NAME		c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED _____		SIGNED _____	
DATE _____		DATE _____	

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. _____ 17b. NPI _____			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY								
19. RESERVED FOR LOCAL USE						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. VO4.81 2. _____ 3. _____ 4. _____						22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER								
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPSS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #			
1 DOS of roster		60	90656			1				NPI				
2 DOS of roster		60	G0008			1				NPI				
3										NPI				
4										NPI				
5										NPI				
6										NPI				
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Authorized or delegated official _____ SIGNED _____ DATE _____			32. SERVICE FACILITY LOCATION INFORMATION Complete name and address and phone number a. NPI number			33. BILLING PROVIDER INFORMATION Complete name and address and phone number a. NPI b.								

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Document Name:	Flu/Pneumonia Roster Bill	Document Number:	TMP-EDO-0006
Effective Date:	01/01/2009	Version:	4.0

Fill in the Blank _____ Influenza or Pneumococcal or H1N1 Vaccine Roster

PROVIDER PAYEE NAME: _____

NPI Number: _____

DATE OF SERVICE: _____

	Insureds Number	Print Clearly - Patient Name (Last, First, Middle Initial)	Sex	Date of Birth	Patient Address (Street No., City, State, Zip Code)	Patient Signature
ex	123456789A	Doe, John L.	M	10/12/1922	123 Main St., Town, State, Zip	<i>John L. Doe</i>
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

PPV: Important: Ask beneficiaries if they have been vaccinated with PPV. Rely on the patients' memory to determine prior vaccination status. If patients are uncertain about vaccination within the past 5 years, administer the vaccine. If the patient is certain of vaccine in the past 5 years, do not vaccinate.
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General Part A Billing Requirements

UB-04 CMS-1450 or Electronic

- Use types of bill 13x, 22x, 23x, 34x, 72x, 75x, 83X & 85x
- Use revenue code 636 for the vaccines
- Use revenue code 771 for the administration
- Use appropriate HCPCS coding and diagnosis codes

Influenza Vaccine Codes

- 90655 (Split Virus – preservative free, 3-35 months)
- 90656 (Split Virus – preservative free, 3years and older)
- 90657 (Split Virus - 6-35 months old)
- Q-codes replace 90658
 - Q2035 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
 - Q2036 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
 - Q2037 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
 - Q2038 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
 - Q2039 - Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified)

90660 (Intranasal)

90662 (Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use)

Influenza Vaccine Diagnosis & Administration Codes

ICD-9-CM

- V04.81
- V06.6 – When the purpose of the visit was to receive both Flu and PPV vaccines

Administration Code

- G0008
- Use Revenue Code 771

Pneumococcal (PPV) Vaccine

Vaccine codes: 90732, 90669 & 90670

- Use revenue code 636

Administration code: G0009

- Use revenue code 771

ICD-9-CM

- V03.82 – PPV vaccination
- V06.6 – When the purpose of the visit was to receive both PPV and Flu vaccines

Reminders

Roster Billing

- Electronically
- Direct Data Entry on FISS (Fiscal Intermediary Standard System)

Payment for these vaccines

- Reasonable cost basis
 - For hospitals, home health agencies (HHAs), skilled nursing facilities (SNFs), critical access hospitals (CAHs), and hospital-based renal dialysis facilities (RDF's)
 - Payment for comprehensive outpatient rehabilitation facilities (CORFs) and independent RDF's is based on 95 percent of the average wholesale price (AWP)

Contact Information

Medicare Part B Provider Inquiries

1-866-801-5304

Medicare Part A Provider Inquiries

1-877- 757-7783

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**MEDICARE ADMINISTRATIVE CONTRACTOR
JURISDICTION 14 A/B/MAC**

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