

Medicare Update 2008

Vaccine Reimbursement

Medicare payment allowance will be (when payment is based on 95% of the Average Wholesale Price):

Influenza	\$17.36
Influenza (Preservative-free)	\$16.10
Influenza (nasal spray)	\$21.17
Pneumococcal 23-valent	\$29.73

Vaccine Administration

Medicare will pay two administration fees if influenza and PPV are administered at the same visit.

Portland	\$20.91	(\$19.91 in 2007)
Rest of Oregon	\$19.29	(\$18.14 in 2007)

OHP/DMAP

DMAP will cover flu vaccines for all ages in the 2008-2009 season.

Billing Codes:

FACILITY	TYPE OF BILL
Hospitals, Other than Indian Health Service (IHS) Hospitals and Critical Access Hospitals (CAHs)	12x, 13x
IHS Hospitals	12x, 13x, 83x
IHS CAHs	85x
CAHs: Method I and Method II	85x
Skilled Nursing Facilities (SNFs)	22x, 23x
Home Health Agencies (HHAs)	34x
Comprehensive Outpatient Rehabilitation Facilities (CORFs)	75x
Independent and Hospital-Based Renal Dialysis Facilities	72x

Revenue Codes: 0636 - vaccine
0771 - administration

See more info from Medicare at:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5744.pdf>

Source: Centers for Medicare and Medicaid Services, Quick Reference Information: Medicare Immunization Billing. (August 2006). Retrieved from http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf

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Procedure Codes for Influenza and PPV Vaccines and their Administration

Influenza Vaccine	
Covered once per season, some repeats if medically indicated	
G0008	Administration code for influenza vaccine
V04.81	Diagnosis code for influenza vaccine
90655	Influenza vaccine, split virus, preservative-free, for children ages 6-35 months, intramuscular
90656	Influenza vaccine, split virus, preservative-free, for individuals ages 3 years and above, intramuscular
90657	Influenza vaccine, split virus, for children ages 6-35 months, intramuscular
90658	Influenza vaccine, split virus, for individuals ages 3 years and above, intramuscular
90660	Influenza vaccine, live, intranasal
Pneumococcal Polysaccharide Vaccine (PPV)	
Covered once per lifetime, some repeats if medically necessary.	
G0009	Administration code for PPV
V03.82	Diagnosis code for PPV
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for individuals 2 years and above, subcutaneous or intramuscular
90669	Pneumococcal polysaccharide vaccine, polyvalent, for children 5 years and under, intramuscular
Pneumococcal Polysaccharide Vaccine (PPV) and Influenza Vaccine Received During same Visit	
V06.6	Diagnosis code for influenza vaccine and PPV*

*Note: When using Diagnosis code V06.6, you will still use the individual administration and CPT codes for the vaccines that are given.

Remember the following regarding the influenza vaccine:

- Medicare allows one influenza (flu) vaccination per year;
- Medicare does not require for coverage purposes that a doctor of medicine or osteopathy order the influenza vaccine and its administration; and
- The beneficiary may receive the influenza vaccine upon request without a physician's order and without physician supervision.

Excerpts from:

Medicare Claims Processing Manual

(<http://www.cms.hhs.gov/transmittals/downloads/R1586CP.pdf>)

Chapter 18 - Preventive and Screening Services

10 – Pneumococcal Pneumonia and Influenza Virus Vaccines

(Rev.1586, Issued: 09-05-08, Effective: 10-06-08, Implementation: 10-06-08)

- For *Carriers/AB MACs*, Part B of Medicare pays 100 percent of the Medicare allowed amount for pneumococcal vaccines and influenza virus vaccines and their administration.
- Part B deductible and coinsurance do not apply for *pneumococcal* and influenza virus vaccine.
- State laws governing who may administer *pneumococcal* and influenza virus vaccinations and how the vaccines may be transported vary widely. *Medicare contractors* should instruct physicians, suppliers, and providers to become familiar with State regulations for all vaccines in the areas where they will be immunizing.

10.1 - Coverage Requirements

(Rev.1586, Issued: 09-05-08, Effective: 10-06-08, Implementation: 10-06-08)

- *Pneumococcal* vaccine, influenza virus vaccine, and hepatitis B vaccine and their administration are covered 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.
- See *Pub. 100-02*, Medicare Benefit Policy Manual, chapter 15, for additional coverage requirements for *pneumococcal vaccine*, hepatitis B vaccine, and influenza virus vaccine.

10.1.1 - *Pneumococcal Vaccine*

(Rev.1586, Issued: 09-05-08, Effective: 10-06-08, Implementation: 10-06-08)

- Effective for services furnished on or after July 1, 2000, Medicare does not require for coverage purposes, that a doctor of medicine or osteopathy order the *pneumococcal* vaccine and its administration. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.
- See *Pub. 100-02*, Medicare Benefit Policy Manual, chapter 15, *section 50.4.4.2* for additional coverage requirements for *pneumococcal vaccine*.

A. Frequency of *Pneumococcal* Vaccinations

Source: Centers for Medicare and Medicaid Services, Quick Reference Information: Medicare Immunization Billing. (August 2006). Retrieved from http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf

Typically, *the pneumococcal vaccine* is administered once in a lifetime. Claims are paid for beneficiaries who are at high risk of pneumococcal disease and have not received *the pneumococcal vaccine* within the last 5 years or are revaccinated because they are unsure of their vaccination status.

An initial *pneumococcal vaccination* may be administered only to persons at high risk (see below) of pneumococcal disease. Revaccination may be administered only to persons at highest risk of serious pneumococcal infection and those likely to have a rapid decline in pneumococcal antibody levels, provided that at least 5 years have passed since receipt of a previous dose of pneumococcal vaccine.

B. High Risk of Pneumococcal Disease

Persons at high risk for whom an initial vaccine may be administered include:

- All people age 65 and older;
- Immunocompetent adults who are at increased risk of pneumococcal disease or its complications because of chronic illness (e.g., cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, or cerebrospinal fluid leaks); and
- Individuals with compromised immune systems (e.g., splenic dysfunction or anatomic asplenia, Hodgkin's disease, lymphoma, multiple myeloma, chronic renal failure, Human Immunodeficiency Virus (HIV) infection, nephrotic syndrome, sickle cell disease, or organ transplantation).

Persons at highest risk and those most likely to have rapid declines in antibody levels are those for whom revaccination may be appropriate. This group includes persons with functional or anatomic asplenia (e.g., sickle cell disease, splenectomy), HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy chronic renal failure, nephrotic syndrome, or other conditions associated with immunosuppression such as organ or bone marrow transplantation, and those receiving immunosuppressive chemotherapy. Routine revaccinations of people age 65 or older that are not at highest risk are not appropriate.

Those administering the vaccine should not require the patient to present an immunization record prior to administering the pneumococcal vaccine, nor should they feel compelled to review the patient's complete medical record if it is not available. Instead, if the patient is competent, it is acceptable for them to rely on the patient's verbal history to determine prior vaccination status. If the patient is uncertain about their vaccination history in the past 5 years, the vaccine should be given. However, if the patient is certain he/she was vaccinated in the last 5 years, the vaccine should not be given. If the patient is certain that the vaccine was given and that more than 5 years have passed since receipt of the previous dose, revaccination is not appropriate unless the patient is at highest risk.

10.1.2 - Influenza Virus Vaccine

(Rev.1586, Issued: 09-05-08, Effective: 10-06-08, Implementation: 10-06-08)

Effective for services furnished on or after May 1, 1993, the influenza virus vaccine and its administration is 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 a doctor of medicine or osteopathy order the vaccine.

Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

Source: Centers for Medicare and Medicaid Services, Quick Reference Information: Medicare Immunization Billing. (August 2006). Retrieved from

http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf

Typically, one influenza vaccination is allowable per *influenza virus* season. Contractors 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, contractors determine whether such services are reasonable and necessary (e.g., a patient receives an influenza injection in January for the current *influenza* season and is vaccinated again in November of the same year for the next *influenza* season) and allow payment if appropriate.

See *Pub. 100-02*, Medicare Benefit Policy Manual, chapter 15, *section 50.4.4.2* for additional coverage requirements for *influenza virus* vaccines.

10.2 - Billing Requirements

(Rev.1586, Issued: 09-05-08, Effective: 10-06-08, Implementation: 10-06-08)

A. Edits Not Applicable to *Pneumococcal* or Influenza Virus Vaccine Bills and Their Administration

The *Common Working File (CWF)* and shared systems bypass all Medicare Secondary Payer (MSP) utilization edits in CWF on all claims when the only service provided is *pneumococcal* 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 *pneumococcal* or influenza virus vaccinations. If the provider knows or has reason to believe that a particular group health plan covers *pneumococcal* 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 *pneumococcal* or influenza virus vaccines. However, first claim development is performed if other services are submitted along with *pneumococcal* or development is performed if other services are submitted along with *pneumococcal* or influenza virus vaccines.

See *Pub. 100-05*, Medicare Secondary Payer Manual, chapters 4 and 5, for responsibilities for MSP development where applicable.

B. Fiscal Intermediary (FI)/AB MAC Bills

Chapter 25 of this manual provides general billing instructions that must be followed for bills submitted to FIs/AB MACs.

The following “providers of services” may administer and bill the FI/AB MACs for these vaccines:

- Hospitals;
- Critical Access Hospitals (CAHs);
- Skilled Nursing Facilities (SNFs);
- Home Health Agencies (HHAs);
- Comprehensive Outpatient Rehabilitation Facilities (CORFs); and
- Indian Health Service (IHS)/Tribally owned and/or operated hospitals and hospital-based facilities.
- Independent Renal Dialysis Facilities (RDFs).

Source: Centers for Medicare and Medicaid Services, Quick Reference Information: Medicare Immunization Billing. (August 2006). Retrieved from http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf

Providers other than independent RHCs and freestanding FQHCs bill the FIs/*AB MACs* for influenza *virus* and *pneumococcal vaccinations* on Form CMS-1450. (See §10.2.2.2 of this chapter for special instructions for independent RHCs and freestanding FQHCs and §10.2.4 of this chapter for hospice instruction.)

FIs/*AB MACs* instruct providers, other than independent RHCs and freestanding FQHCs, to bill for the vaccines and their administration on the same bill. Separate bills for vaccines and their administration are not required. The only exceptions to this rule occur when the vaccine is administered during the course of an otherwise covered home health visit since the vaccine or its administration is not included in the visit charge. (See §10.2.3 of this chapter).

C Carrier/*AB MAC* Claims

1. Billing for Additional Services

If a physician sees a beneficiary for the sole purpose of administering the influenza virus vaccine, the pneumococcal vaccine, and/or the hepatitis B vaccine, they may not routinely bill for an office visit. However, if the beneficiary actually receives other services constituting an “office visit” level of service, the physician may bill for a visit in addition to the vaccines and their administration, and Medicare will pay for the visit in addition to the vaccines and their administration if it is reasonable and medically necessary.

2 Nonparticipating Physicians and Suppliers

Nonparticipating physicians and suppliers (including local health facilities) that do not accept assignment may collect payment from the beneficiary for the administration of the vaccines, but must submit an unassigned claim on the beneficiary’s behalf. Effective for claims with dates of service on or after February 1, 2001, per §114 of the Benefits Improvement and Protection Act of 2000, all drugs and biologicals must be paid based on mandatory assignment. Therefore, regardless of whether the physician and supplier usually accept assignment, they must accept assignment for the vaccines, may not collect any fee up front, and must submit the claim for the beneficiary. Entities, such as local health facilities, that have never submitted Medicare claims must obtain a *National Provider Identifier (NPI)* for Part B billing purposes.

3 Separate Claims for Vaccine 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 Healthcare Common Procedural Coding System (HCPCS) code for the vaccine, and the physician or supplier (e.g., a drugstore) who actually administers the vaccine may bill separately for the administration, using the HCPCS code for the administration. This procedure results in *contractors* receiving two claims, one for the vaccine and one for its administration.

For example, when billing for influenza *virus* vaccine administration only, billers should list only HCPCS code G0008 in block 24D of the Form CMS-1500. When billing for the influenza *virus* vaccine only, billers should list only HCPCS code 90658 in block 24D of the Form CMS-1500. The same applies for *pneumococcal* and hepatitis B billing using *pneumococcal* and hepatitis B HCPCS codes.

Source: Centers for Medicare and Medicaid Services, Quick Reference Information: Medicare Immunization Billing. (August 2006). Retrieved from http://www.cms.hhs.gov/MLNProducts/downloads/qr_immun_bill.pdf