

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Center for Medicare & Medicaid Services



Mass Immunizers and Roster Billing

FACT SHEET

Simplified Billing for Influenza and Pneumococcal Vaccinations

The Centers for Medicare & Medicaid Services (CMS) defines a **mass immunizer** as a Medicare-enrolled provider who offers seasonal influenza and/or pneumococcal vaccinations to a large number of individuals (e.g., the general public, members of a retirement community).

A mass immunizer can be a traditional Medicare provider or supplier, such as a hospital outpatient department, or a non-traditional provider, such as a supermarket or public health clinic.

If you decide to become a mass immunizer, you may take advantage of **roster billing**, which is a streamlined process for submitting health care claims for a large group of beneficiaries for seasonal influenza and/or pneumococcal vaccinations.

Requirements for Mass Immunizers

If you want to be a mass immunizer, you must do the following:

- Bill a Carrier A/B Medicare Administrative Contractor (A/B MAC);
- Be properly licensed in the State(s) in which you plan to operate;
- Use roster bills;
- Enroll as a mass immunizer by completing one of the following forms:
 - Form CMS-855I (for individuals), or
 - Form CMS-855B (for groups);
- Use this process to bill for seasonal influenza virus and/or pneumococcal vaccines only; and
- Accept assignment on both the vaccines and their administration.

If you wish to bill as a mass immunizer, you should contact the carrier/AB MAC that services your area for a copy of the enrollment application and instructions. Refer to the lists of carriers/AB MACs at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip> on the CMS website. Refer to the enrollment applications at <http://www.cms.gov/MedicareProviderSupEnroll> on the CMS website.



Modified CMS-1500 Form

If you are going to submit paper claims under this process, you must submit a separate Form CMS-1500 for each type of vaccination with an attached roster bill that lists the beneficiaries who received that type of vaccination. You may preprint a modified CMS-1500 per the table below. This form will serve as a cover document for the roster.

Table 1-Preprinted Information on Form CMS-1500

CMS-1500 Form Field	Information to Enter
Item 1	Enter an X in the Medicare block
Item 2	Patient's Name: Enter "see attached Roster"
Item 11	Insured's Policy Group or Federal Employees' Compensation Act Number: Enter "NONE"
Item 20	Outside Lab?: Enter an "X" in the NO block
Item 21	(Diagnosis or Nature of Illness): Line 1: Choose appropriate diagnosis code (See Chapter 18, Section 10.2.1 of the "Medicare Claims Processing Manual")
Item 24B	Place of Service (POS): Line 1: Enter "60" Line 2: Enter "60": NOTE: <i>You must use POS code "60" for roster billing</i>
Item 24D	Procedures, Services or Supplies: Line 1: for the pneumococcal vaccine: enter "90732"; for the influenza Virus vaccine: enter the appropriate influenza virus vaccine code" Line 2: for the pneumococcal vaccine administration, enter "G0009"; for the influenza virus vaccine administration enter "G0008"
Item 24E	Diagnosis Code: Lines 1 and 2: "1"
Item 24F	Charges: Enter the charge for each listed service. If you are not charging for the vaccine or its administration, enter "0.00" or "NC" (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, Electronic Media Claim (EMC) billers should submit line items for free immunization services on EMC pneumococcal or seasonal influenza virus vaccine claims only if your system is able to accept them.
Item 27	Accept Assignment: Enter an "X" in the YES block.
Item 29	Amount Paid: Enter "\$0.00"
Item 31	Signature of Physician or Supplier: The entity's representative must sign the modified Form CMS-1500 (08-05).
Item 32	Enter the name, address, and ZIP Code of the location where the service was provided (including centralized billers).
Item 32a	Enter the National Provider Identifier (NPI) of the service facility as soon as it is available.
Item 33	Physician's/Supplier's Billing Name: Enter the Provider Identification Number (not the Unique Physician Identification Number) or NPI when required.
Item 33a	Enter the NPI of the billing provider or group.

CPT only copyright 2011 American Medical Association. All rights reserved.

NOTE: *You must submit separate claim forms, along with separate roster bills, for seasonal influenza virus and pneumococcal vaccine roster billing.*



Roster Bills:

You must include the following information on a beneficiary roster form to attach to a preprinted Form CMS-1500 under the roster billing procedure:

- Provider name and NPI number;
- Date of Service (DOS).

NOTE: *Although physicians who provide pneumococcal or seasonal influenza virus vaccinations may roster bill if they vaccinate fewer than five beneficiaries per day, they must include the individual DOS for each beneficiary's vaccination on the roster form.*

- Control number for the contractor;
- Beneficiary's Health Insurance Claim Number (HICN);
- Beneficiary's name;
- Beneficiary's address;
- Beneficiary's date of birth;
- Beneficiary's sex, and
- Beneficiary's signature or stamped "signature on file."

Some carriers/AB MACs allow you to develop your own roster forms that contain the minimum data listed above, while others do not. Please contact the carrier/AB MAC to learn its particular practice regarding roster forms.

A stamped "signature on file" qualifies as an actual signature on a roster claim form if you have a signed authorization on file to bill Medicare for services provided. In this situation, you are not required to obtain the beneficiary signature on the roster, but instead have the option of reporting "signature on file" in lieu of obtaining the beneficiary's actual signature.

NOTE: *The roster bills for the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal rosters must contain the following language:*

WARNING: *Beneficiaries must be asked if they have received a pneumococcal vaccination.*

- Rely on patients' 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.

Additional Requirements for Institutional Claims:

If you are an institutional provider (a provider who submits your claims to Fiscal Intermediaries or A/B MACs for processing) only, you must generally vaccinate at least five beneficiaries per day to roster bill. However, CMS has waived this requirement for inpatient hospitals that mass immunize and use the roster billing method.

Medicare will pay for both the seasonal influenza and pneumococcal vaccines above the Diagnosis-Related Group (DRG) rate for beneficiaries vaccinated during hospitalization. Hospitals may roster bill for both types of vaccines using Types of Bill (TOB) 12X and 13X. If you bill a vaccine on a TOB 11X, you will not be paid. Other valid TOBs that may roster bill are:

- 22X - Skilled Nursing Facility (SNF) inpatient Part B;
- 23X - SNF outpatient;
- 34X - Home Health Agency (HHA);
- 72X - Independent and Hospital-based Renal Dialysis Facility;
- 75X - Comprehensive Outpatient Rehabilitation Facility, and
- 85X - Critical Access Hospital.

The simplified process involves use of the provider billing form (Form CMS-1450) with preprinted standardized information relative to the provider and the benefit. Mass immunizers attach a standard roster to a single pre-printed Form CMS-1450 that contains the variable claims information regarding the service provider and individual beneficiaries.

Qualifying individuals and entities must attach a roster, which contains the variable claims information regarding the supplier of the service and individual beneficiaries.

The roster must contain at a minimum the following information:

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

In addition, for inpatient Part B services (12X and 22X) the following data elements are also needed:

- Admission date;
- Admission type;
- Admission diagnosis;
- Admission source code; and
- Patient status code.

Additional Requirements for Part B Claims:

If you are a provider who will submit Part B claims to the carriers/A/B MACs for processing, you are **not** required to immunize at least five beneficiaries on the same day to qualify for roster billing. However, do not use rosters for single beneficiary bills. You must enter the DOS for each vaccination.

Centralized Billing

Centralized billing is an optional program available to mass immunization roster billers who submit claims to three or more carriers/A/B MACs. A centralized biller submits all its seasonal influenza virus and pneumococcal claims to a one MAC designated by CMS for payment, regardless of the locality where the provider administered the vaccine. This program is only available for claims for the seasonal influenza virus and pneumococcal vaccines and their administration. Currently, CMS authorizes only a limited number of providers to centrally bill.

Requirements for Centralized Billers:

The following requirements apply to centralized billers:

- You must be operating in at least three payment localities for which there are three different carrier/A/B MACs responsible for processing your claims;
- You must roster bill;
- You must accept assignment for both the vaccine and its administration (i.e., you must accept the amount Medicare pays as payment in full, and since there is no deductible, copayment or coinsurance on these services, you cannot charge Medicare beneficiaries);
- You must submit your claims electronically;
- You must enroll as a mass immunizer roster biller; and
- You must request to participate in the program on an annual basis.



Enrolling as a Centralized Biller:

Although you may already have a Medicare provider number, you must obtain a provider number from the processing carrier/A/B MAC for centralized billing. You must complete a Form CMS-855 Medicare Enrollment Application.

If you are interested in becoming a centralized biller, you must contact CMS Central Office (CO) in writing, at the following address:

**The Centers for Medicare and Medicaid Services
Division of Practitioner Claims Processing
Provider Billing Group
7500 Security Boulevard
Mail Stop C4-10-07
Baltimore, Maryland 21244**

We encourage you to apply to enroll as a centralized biller early, as the enrollment process takes 8 to 12 weeks to complete. If you do not complete the entire enrollment process and receive approval from CMS CO and the designated carrier/AB MAC to participate, you cannot bill as a centralized biller.

Required Information:

You must include the information below in your written request to participate in centralized billing:

- Estimates for the number of beneficiaries who will receive seasonal influenza virus vaccinations;
- Estimates for the number of beneficiaries who will receive pneumococcal vaccinations;
- The approximate dates for when you will give the vaccines;
- A list of the states in which you will hold your seasonal influenza virus and pneumococcal vaccination clinics;
- The type of services you generally provide (e.g., ambulance, home health, or visiting nurse);
- Whether the nurses who will administer the seasonal influenza virus and pneumococcal vaccinations are your employees or if you will hire them specifically for the purpose of administering seasonal influenza virus and pneumococcal vaccinations;
- Names and addresses of all entities operating under the your application; and
- Contact information for the designated contact person for the centralized billing program.

NOTE: Approval for centralized billing is limited to the 12-month period from August 1 through July 31 of the following year. It is the responsibility of centralized billers to reapply to CMS CO for approval each year by June 1.





Resources

For more information on Medicare coverage of the seasonal influenza and pneumococcal virus vaccines, as well as other Medicare-covered preventive services, refer to the following resources:

- “The Guide to Medicare Preventive Services”: Provides coverage, coding, and claims submission information for a variety of Medicare-covered preventive services. You can view it at http://www.cms.gov/MLNProducts/downloads/mps_guide_web-061305.pdf on the Internet.
- “Quick Reference Information: Medicare Immunization Billing”: Provides coverage, coding, and billing information on the seasonal influenza, pneumococcal, and hepatitis B vaccines. You can view it at <https://www.cms.gov/MLNProducts/35/PreventiveServices.asp> on the Internet.

For more information visit the Preventive Services MLN page at <https://www.cms.gov/MLNProducts/35/PreventiveServices.asp> on the Internet.

Please refer beneficiary questions to **1-800-MEDICARE** or <http://www.medicare.gov> on the Internet.



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

CPT only copyright 2011 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS\DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official CMS educational products and information for Medicare Fee-For-Service Providers. For additional information, visit the MLN's web page at <http://www.cms.gov/MLNGenInfo> on the CMS website.

Your feedback is important to us and we use your suggestions to help us improve our educational products, services and activities and to develop products, services and activities that better meet your educational needs. To evaluate Medicare Learning Network®(MLN) products, services and activities you have participated in, received, or downloaded, please go to <http://www.cms.gov/MLNProducts> and click on the link called 'MLN Opinion Page' in the left-hand menu and follow the instructions.

Please send your suggestions related to MLN product topics or formats to MLN@cms.hhs.gov via e-mail.

