

Immunization Procedure Codes & Descriptors

ADMINISTRATION & DIAGNOSIS CODES	VACCINE CODES & DESCRIPTORS	FREQUENCY OF ADMINISTRATION
<p>Seasonal Influenza Virus Vaccine Administration Code: G0008 Diagnosis Code: V04.81</p>	<p>90654 – Influenza virus vaccine, split virus, preservative-free, for intradermal use, for adults ages 18 – 64 90655 – Influenza virus vaccine, split virus, preservative free, when administered to children 6 – 35 months of age, for intramuscular use 90656 – Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use 90657 – Influenza virus vaccine, split virus, when administered to children 6 – 35 months of age, for intramuscular use Q2034 – Influenza virus vaccine, split virus, for intramuscular use (Agriflu) (effective for dates of service on or after 07/01/12, and claims processed on or after 10/01/12) 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 – Influenza virus vaccine, live, for intranasal use 90662 – Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</p>	<p>Once per influenza season Medicare may cover additional seasonal influenza virus vaccinations if medically necessary</p>
<p>Pneumococcal Vaccine Administration Code: G0009 Diagnosis Code: V03.82</p>	<p>90669 – Pneumococcal conjugate vaccine, 7 valent, for intramuscular use 90670 – Pneumococcal conjugate vaccine, 13 valent, for intramuscular use 90732 – Pneumococcal polysaccharide vaccine, 23 valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use</p>	<p>Once in a lifetime Medicare may cover additional vaccinations based on risk</p>
<p>Pneumococcal and Seasonal Influenza Virus Vaccines received during the same visit Administration Codes: G0008: Influenza Virus G0009: Pneumococcal Diagnosis Code: V06.6</p>	<p>Use seasonal influenza virus and pneumococcal vaccine codes</p>	<p>Follow administration guidelines for seasonal influenza virus and pneumococcal vaccines</p>
<p>Hepatitis B Vaccine Administration Code: G0010 (Outpatient Prospective Payment System [OPPS] hospitals report 90471 or 90472, as appropriate, instead of G0010) Diagnosis Code: V05.3</p>	<p>90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use 90743 – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use 90746 – Hepatitis B vaccine, adult dosage, for intramuscular use 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use</p>	<p>Scheduled doses required</p>

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What's New?

Effective for dates of service on or after May 9, 2011, for claims processed on or after April 2, 2012, Medicare will recognize Current Procedural Terminology (CPT) code 90654.

Effective for dates of service on or after July 1, 2012, for claims processed on or after October 1, 2012, Medicare will recognize Healthcare Common Procedure Coding System (HCPCS) code Q2034.

Since Medicare reimbursement rates change periodically, you can stay informed by enrolling in a relevant Centers for Medicare & Medicaid Services (CMS) electronic mailing list. For more information, refer to http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf on the CMS website.

Institutional Providers: Additional Billing Information

FACILITY	TYPE OF BILL
Hospitals, other than Critical Access Hospitals (CAHs) and Indian Health Service (IHS) CAHs	12X, 13X
CAHs: Method I and II and IHS CAHs	85X
Skilled Nursing Facilities (SNFs)	22X, 23X
Home Health Agencies (HHAs)	34X
Rural Health Clinics (RHCs)*	71X
Independent and Hospital-Based Renal Dialysis Facilities	72X
Comprehensive Outpatient Rehabilitation Facilities (CORFs)	75X
Federally Qualified Health Centers (FQHCs)**	77X

Revenue Codes: 0636 – vaccine
0771 – administration

*Special Information for RHCs

For the seasonal influenza virus or pneumococcal vaccines, RHCs need not report separate revenue lines. The cost report includes the costs for these services (not in the encounter). Do not bill line items. The encounter rate includes the hepatitis B vaccine. The charges for the vaccine and its administration are carved out of the office visit and reported on a separate claim line. Do not bill an encounter if vaccine administration was the only service you provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

**Special Information for FQHCs

For the seasonal influenza virus or pneumococcal vaccines, FQHCs must report separate revenue lines. The charges of these vaccines and their administration are carved out of the office visit and reported on a separate claim line. CMS reimburses the costs for these services through cost reporting. The encounter rate includes the hepatitis B vaccine. The charges for the vaccine and its administration are carved out of the office visit and reported on a separate claim line. Do not bill an encounter if vaccine administration was the only service you provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

Frequently Asked Questions

If a beneficiary receives a Medicare-covered adult immunization from a physician or supplier that agrees to accept assignment, does a Part B deductible or coinsurance/copayment apply?

No, neither a Part B deductible nor coinsurance or copayment applies to the vaccines or their administration from physicians or suppliers that agree to accept assignment.

If a beneficiary receives a seasonal influenza virus vaccine more than once in a 12-month period, will Medicare still pay for it?

Yes, Medicare pays for one seasonal influenza virus vaccination per influenza season; however, a beneficiary could receive the seasonal influenza virus vaccine twice in a calendar year for two different influenza seasons and Medicare would reimburse the provider for each. For example, a beneficiary could receive a seasonal influenza virus vaccination in January 2012 for the 2011 – 2012 influenza season and another seasonal influenza virus vaccination in November 2012 for the 2012 – 2013 influenza season and Medicare would pay for both vaccinations.

Will Medicare pay for the pneumococcal vaccination if a beneficiary is uncertain of his or her vaccination history?

Yes, if a beneficiary is uncertain about his or her vaccination history in the past 5 years, provide the vaccine and Medicare will cover the revaccination. If a beneficiary is certain that more than 5 years have passed, revaccination is not appropriate unless the beneficiary is at highest risk.

Does Medicare cover the hepatitis B vaccine for all Medicare beneficiaries?

No, Medicare covers certain beneficiaries at intermediate to high risk for the hepatitis B virus (HBV). These individuals include workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work, those with End-Stage Renal Disease (ESRD), and persons who live in the same household as an HBV carrier. There are other situations that could qualify a beneficiary as being at intermediate or high risk of contracting HBV.

When a beneficiary receives both the seasonal influenza virus and pneumococcal vaccines on the same visit, do I continue to report separate administration codes for each type of vaccine?

Yes, use diagnosis code V06.6 and separate administration codes for the seasonal influenza virus (G0008) and pneumococcal (G0009) vaccines. Medicare pays both administration fees if a beneficiary receives both the seasonal influenza virus and the pneumococcal vaccines on the same day.

Can I roster bill the seasonal influenza virus, pneumococcal, and hepatitis B vaccines?

No, you may roster bill only the seasonal influenza virus and pneumococcal vaccines. Hepatitis B vaccine may not be roster billed.

What is a mass immunizer?

A mass immunizer offers seasonal influenza virus and/or pneumococcal vaccinations to a large number of individuals. A mass immunizer may be a traditional Medicare provider or supplier or a nontraditional provider or supplier (such as a senior citizens' center, a public health clinic, or a community pharmacy). Mass immunizers must submit claims for immunizations on roster bills and must take assignment on both the vaccine and its administration. A mass immunizer should enroll with the Medicare Contractor prior to influenza season. Please see the next question for more enrollment information.

Do providers that only provide immunizations need to enroll in the Medicare Program?

Yes, providers must enroll in the Medicare Program even if immunizations are the only service they will provide to beneficiaries. They should enroll as provider specialty type 73, Mass Immunization Roster Biller, by completing Form CMS-855I for individuals or Form CMS-855B for a group. Visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> to locate these forms. New providers must also first receive a National Provider Identifier (NPI) prior to enrollment. Visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do> for NPI enrollment information.

May I submit a single roster claim containing information for both the seasonal influenza virus and pneumococcal vaccines when the vaccines are administered on the same visit?

No, you must prepare a separate roster claim for the seasonal influenza virus vaccine and the pneumococcal vaccine. However, you may file an individual claim containing information for both types of vaccines.

Quick Facts!

- Enrolled providers may roster bill for seasonal influenza virus and pneumococcal vaccinations even if they are not a mass immunizer.
- All physicians, non-physician practitioners, and suppliers who administer the seasonal influenza virus and the pneumococcal vaccines must accept assignment on the claims for the vaccines.
- Seasonal influenza virus, pneumococcal, and hepatitis B vaccines and their administration are covered Part B benefits and are **not** covered Part D benefits.

Resources

RESOURCE	WEBSITE
Influenza (Flu) Season Educational Products and Resources	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Flu_Products.pdf
“2011-2012 Immunizers’ Question & Answer Guide to Medicare Part B & Medicaid Coverage of Seasonal Influenza and Pneumococcal Vaccinations”	http://www.cms.gov/Medicare/Prevention/Immunizations/Downloads/20112012ImmunizersGuide.pdf
CMS Immunization Web Page	http://www.cms.gov/Medicare/Prevention/Immunizations
Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations	http://www.cdc.gov/vaccines
Food and Drug Administration (FDA) Vaccines, Blood & Biologics	http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm262681.htm
“Mass Immunizers and Roster Billing”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf
Medicare Learning Network® (MLN) Guided Pathways to Medicare Resources	The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about preventive services, refer to the “Coverage of Preventive Services” section in the “MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers” booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf on the CMS website. For all other “Guided Pathways” resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.
MLN Matters® Article SE1136, “2011-2012 Seasonal Influenza (Flu) Resources for Health Care Professionals”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/dwnlds/SE1136.pdf
Preventive Services MLN page	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html



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The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is published by the United States Government. A CD-ROM, which may be purchased through the Government Printing Office, is the only official Federal government version of the ICD-9-CM. ICD-9-CM is an official Health Insurance Portability and Accountability Act standard.

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