CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 829

Department of Health & Human Services (DHHS)

Centers for Medicare & Medicaid Services (CMS)

Date: FEBRUARY 2, 2006

Change Request 4242

This instruction rescinds and replaces CR 3735, Transmittal 542 previously released on April 29, 2005. It removes the requirement for reporting the discharge date on roster billing for mass immunizers billing for inpatient Part B services.

SUBJECT: Modification of Roster Billing for Mass Immunizers Billing for Inpatient Part B Services (Type of Bills (TOB) 12X and 22X)

I. SUMMARY OF CHANGES: This instruction rescinds and replaces CR 3735 previously released on April 29, 2005. CR 3735 updated the roster billing to include additional data elements, including the discharge date, in the roster billing. This instruction removes the requirement for reporting the discharge date on roster billing for mass immunizers billing for inpatient Part B services.

NEW/REVISED MATERIAL

EFFECTIVE DATE: October 01, 2005

IMPLEMENTATION DATE: July 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	18/10/10.3.2/Claims Submitted to Intermediaries for Mass Immunizations of Influenza and PPV

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-04	Transmittal: 829	Date: February 2, 2006	Change Request 4242

This instruction rescinds and replaces CR 3735, Transmittal 542 previously released on April 29, 2005. It removes the requirement for reporting the discharge date on roster billing for mass immunizers billing for inpatient Part B services.

SUBJECT: Modification of Roster Billing for Mass Immunizers Billing for Inpatient Part B Services (Type of Bills (TOB) 12X and 22X)

I. GENERAL INFORMATION

A. Background: The current roster billing process for mass immunizers billing inpatient Part B services utilizing TOBs 12X and 22X does not require the reporting of additional data elements that are mandated by the Health Insurance Portability and Accountability Act (HIPAA). As a result this instruction updates the roster billing to include the HIPAA mandated data elements.

B. Policy: CMS is committed to implementing additional data elements to roster billing as mandated by HIPAA.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4242.1	Contractors shall edit to ensure that the following additional data elements are present on the roster when billing inpatient Part B services (TOBs 12X and 22X) effective October 1, 2005 and the Shared System Maintainers should add a new field for provider entry: • admission date • admission type • admission diagnosis • patient's status code • admission source code	X				X			X	NCH

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4242.2	FIs shall instruct providers that conduct mass immunizations to report the following additional data elements on the roster when billing for inpatient Part B services (TOBs 12X and 22X) effective October 1, 2005. • admission date • admission type • admission diagnosis • patient's status code • admission source code	X								

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
4242.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into your outreach activities, as appropriate. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2005 **Implementation Date:** July 3, 2006 **Pre-Implementation Contact(s):** William Ruiz 410-786-9283, Email: William.Ruiz@cms.hhs.gov **Post-Implementation Contact(s):** Regional Office	**No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.**

***Unless otherwise specified, the effective date is the date of service.**

10.3.2 - Claims Submitted to Intermediaries for Mass Immunizations of Influenza and PPV

(Rev. 829, Issued: 02-02-06; Effective: 10-01-0; Implementation: 07-03-06)

Some potential "mass immunizers," such as hospital outpatient departments and HHAs, have expressed concern about the complexity of billing for the influenza virus vaccine and its administration. Consequently, to increase the number of beneficiaries who obtain needed preventive immunizations, simplified (roster) billing procedures are available to mass immunizers. The simplified (roster) claims filing procedure has been expanded for PPV. A mass immunizer is defined as any entity that gives the influenza virus vaccine or PPV to a group of beneficiaries, e.g., at public health clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same date are required. (See §10.3.2.2 for an exception to this requirement for inpatient hospitals.)

The simplified (roster) claims filing procedure applies to providers other than RHCs and FQHCs that conduct mass immunizations. Since independent and provider base FQHCs and FQHCs do not submit individual Form CMS-1450s for the influenza virus vaccine, they do not utilize the simplified billing process. Instead, payment is made for the vaccine at the time of cost settlement.

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;
- Date of service;
- 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.

NOTE: A stamped "signature on file" can be used in place of the beneficiary's actual signature for all institutional providers that roster bill from an inpatient or outpatient department provided the provider has a signed authorization on file to bill Medicare for services rendered. In this situation, they are not required to obtain the patient signature on the roster. However, the provider has the option of reporting "signature on file" in lieu of obtaining the patient's actual signature on the roster.

The PPV roster must contain the following language to be used by providers as a precaution to alert beneficiaries prior to administering PPV.

Warning: Beneficiaries must be asked if they have been vaccinated with PPV.

- Rely on the patients' memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine,
- If patients are certain that they have been vaccinated within the past 5 years, **do not revaccinate**.

For providers using the simplified billing procedure, the modified Form CMS-1450 shows the following preprinted information in the specific form locators (FLs):

- The words "See Attached Roster" in FL 12, (Patient Name);
- Patient Status code 01 in FL 22 (Patient Status);
- Condition code M1 in FLs 24-30 (Condition Code) (See NOTE below);
- Condition code A6 in FLs 24-30 (Condition Code);
- Revenue code 636 in FL 42 (Revenue Code), along with the appropriate HCPCS code in FL 44 (HCPCS Code);
- Revenue code 771 in FL 42 (Revenue Code), along with the appropriate "G" HCPCS code in FL 44 (HCPCS Code);
- "Medicare" on line A of FL 50 (Payer);
- The words "See Attached Roster" on line A of FL 51 (Provider Number); and
- Diagnosis code V03.82 for PPV or V04.8 for Influenza Virus vaccine in FL 67 (Principal Diagnosis Code). **For influenza virus vaccine claims with dates of service October 1, 2003 and later, use diagnosis code V04.81.**
- Influenza virus vaccines require the UPIN SLF000 in FL 82.

Providers conducting mass immunizations are required to complete the following FLs on the preprinted Form CMS-1450:

- FL 4 (Type of Bill);
- FL 47 (Total Charges);
- FL 85 (Provider Representative); and

- FL 86 (Date).

NOTE: Medicare Secondary Payer (MSP) utilization editing is bypassed in CWF for all mass immunizer roster bills. However, if the provider knows that a particular group health plan covers the PPV 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 PPV and influenza virus vaccines.

Intermediaries use the beneficiary roster list to generate Form CMS-1450s to process PPV claims by mass immunizers indicating condition code M1 in FLs 24-30 to avoid MSP editing. Standard System Maintainers must develop the necessary software to generate Form CMS-1450 records that will process through their system.

Providers that do not mass immunize must continue to bill for PPV and influenza virus vaccines using the normal billing method, e.g., submission of a Form CMS-1450 or electronic billing for each beneficiary.