



Related MLN Matters Article #: MM5511

Date Posted: July 12, 2007

Related CR #: 5511

*Update to Medicare Claims Processing Manual (Publication 100-04), Chapter 18, Section 10 for Part B Influenza Billing*

### Key Words

MM5511, CR5511, R1278CP, Jurisdiction, Diagnostic, Influenza

### Provider Types Affected

Physicians, non-physician practitioners, and providers who bill Medicare Carriers or Part A/B Medicare Administrative Contractors (A/B MACs), and use CMS-Form 1500 (08-05) for submitting vaccine and roster claims, especially those who wish to participate in the centralized billing program offered by the Centers for Medicare & Medicaid Services (CMS).

### Key Points

- The effective date of the instruction is July 1, 2007.
- The implementation dates are July 30, 2007.
- It is important that providers who want to participate in centralized billing programs understand and follow the rules governing the program. Specifically, approval to participate in the CMS centralized billing program is a two-part approval process.
- Individuals and corporations, who wish to enroll as a CMS mass immunizer centralized biller, must send their request to participate as a centralized biller in writing by June 1 of the year they wish to begin centralized billing. These written requests should be sent to the following address:

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

- The CMS central office (CO) will complete Part 1 of the approval process by reviewing preliminary demographic information included in the request for participation letter. **Completion of Part 1 is not approval to set up flu clinics, vaccinate beneficiaries, and bill Medicare for reimbursement.**
- All new participants must complete Part 2 of the approval process (Form CMS-855, Provider Enrollment Application) before they can set up flu clinics, vaccinate Medicare beneficiaries, and bill Medicare for reimbursement.
- **If an individual or entity's request is approved for centralized billing, the approval is limited to 12 months from September to August 31 of the next year. It is the responsibility of the centralized biller to reapply to CMS CO for approval each year.**
- The designated Medicare Carrier for centralized billing will provide in writing to CMS CO and to approved centralized billers notification of completion and approval of Part 2 of the approval process.
- The designated carrier may not process claims for any centralized biller who has not completed Parts 1 and 2 of the approval process.
- If claims are submitted by a provider who has not received approval of Parts 1 and 2 of the approval process to participate as a centralized biller, the carrier must return the claims to the provider to submit to the local carrier for payment.
- Before September 1 of every year, CMS CO provides the designated carrier with the names of the entities that are authorized to participate in centralized billing for the 12-month period beginning September 1 and ending August 31 of the next year.
- Though centralized billers may already have a Medicare provider number, for purposes of centralized billing, they must also obtain a provider number from the processing carrier for centralized billing through completion of the Form CMS-855 (Provider Enrollment Application).
- Providers/suppliers are encouraged to apply to enroll as a centralized biller early because the enrollment process takes 8 to 12 weeks to complete.
- Applicants who have not completed the entire enrollment process and received approval from CMS CO and the designated carrier to participate as a Medicare mass immunizer centralized biller will not be allowed to submit claims to Medicare for reimbursement.
- In addition to the centralized billing processes, the revised portions of the *Medicare Claims Processing Manual* (Chapter 18, Section 10) may be found on pages 3 and 4 of MLN Matters article MM5511 and include changes to the following:
  - Chapter 18/Section 10.2.5 - Claims Submitted to Carriers
  - Chapter 18/Section 10.3.1 - Roster Claims Submitted to Carriers for Mass Immunization
  - Chapter 18/Section 10.3.1.1 - Centralized Billing for Flu and Pneumococcal (PPV) Vaccines to Medicare Carriers
    - Format Clarifications for Roster Cover Document
    - Format Clarifications for Roster Claims
  - Chapter 18/Section 10.4.2.

- Providers should note that the practice of requiring a beneficiary to pay for the vaccination upfront and to file their own claim for reimbursement is inappropriate.
- All Medicare providers are required to file claims on behalf of the beneficiary per §1848(g)(4)(A) of the Social Security Act and centralized billers may not collect any payment upfront.

### Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5511.pdf> on the CMS website.

The official instruction (CR5511) regarding this change may be viewed at

<http://www.cms.hhs.gov/Transmittals/downloads/R1278CP.pdf> on the CMS website.

If providers have questions regarding this issue, they may contact their carrier or A/B MAC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.