



2009 Reminder for Roster Billing and Centralized Billing for Influenza and Pneumococcal Vaccinations – JA6539

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Key Words	MM6539, CR6539, R515OTN, Roster, Centralized, Influenza, Pneumococcal, Vaccinations, Flu
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Fiscal Intermediaries (FIs) • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Physicians, providers, and suppliers submitting claims to Medicare Carriers, FIs, and/or A/B MACs for influenza (flu) and pneumococcal vaccinations provided to Medicare beneficiaries



- Change Request (CR) 6539 reminds the Medicare physician community of the requirements to correctly enroll to conduct Mass Immunization Roster Billing and Centralized Billing for flu and pneumococcal immunizations. Centralized billers participation is limited to one year and such billers must reapply each year they wish to be a centralized biller. The yearly reapplication process is not required for Mass Immunizer Roster Billers.
- **Providers Take Note:** A vaccine is being developed for the H1N1 virus. The development of the H1N1 vaccine could result in beneficiaries being eligible to receive more than one flu vaccine during the upcoming flu season. CMS will release more information regarding the development of the H1N1 vaccine and any coding updates in future CRs as necessary.

Provider Needs to Know...

- All providers, except Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, already enrolled in the Medicare program may render and bill for providing flu and/or pneumococcal vaccinations.
- DMEPOS suppliers must enroll as a mass immunization roster biller (specialty provider type 73) with a carrier or A/B MAC to render flu vaccination services to Medicare beneficiaries.
- Providers and suppliers who will only render flu and/or pneumococcal vaccination services must enroll as one of two types of providers including a mass immunization roster biller (specialty provider type 73), or a Centralized Biller. They must:
 - Accept assignment on both the vaccine and its administration;
 - Bill only for flu and/or pneumococcal vaccinations; and
 - Submit claims using the roster billing process.
- Participation as a centralized biller is limited to one year.
 - It must be renewed annually by contacting the CMS central office by June 1 to request participation for the upcoming year.
 - Claims for centralized billers are processed by one Medicare specialty contractor, regardless of the locality where the service was rendered.
 - Centralized billers submit their claims to the designated specialty contractor.
- Providers and suppliers must enroll using the appropriate CMS 855 provider enrollment form. Information on provider enrollment forms can be found at http://www.cms.hhs.gov/MedicareProviderSupEnroll/02_EnrollmentApplications.asp on the CMS website.
- Providers and suppliers may also refer to the *Medicare Claims Processing Manual* Chapter 18, Sections 10-10.5 for more information on billing requirements. This manual is available at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> on the CMS website.
- Free educational products are available on the MLN Preventive Services Educational Products web page located at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage on the CMS website.

Note: Medicare Part B pays 100 percent for pneumococcal vaccines, influenza virus vaccines, and their administration. The Part B deductible and coinsurance do not apply for influenza virus and pneumococcal vaccine.

Points To Remember (Flu Vaccine)

- Providers and suppliers should remember the following, regarding the flu vaccine:
 - Medicare allows one flu vaccination per year.
 - Medicare does not require for coverage purposes that a doctor of medicine or osteopathy order the flu vaccine and its administration.
 - The beneficiary may receive the flu vaccine upon request without a physician's
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order and without physician supervision.

Points To Remember (Pneumococcal Vaccine)

- Providers and suppliers should remember the following, regarding the pneumococcal vaccine, 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; and
 - The beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.
- Typically, the pneumococcal vaccine is administered once in a lifetime. Claims for pneumococcal vaccines are paid for beneficiaries who:
 - Are at high risk of pneumococcal disease; and
 - Have not received a pneumococcal vaccine within the last five years; or
 - Are revaccinated because they are unsure of their vaccination status.

Background

- **Mass immunizers** are providers and suppliers who enroll in the Medicare program to offer the flu and/or pneumococcal vaccinations to a large number of individuals.
- They must be properly licensed in the states in which they plan to operate flu clinics.
- Enrollment for mass immunizers is ongoing and must be completed through the local A/B MAC or carrier.
- Mass immunizers submit their claims to the local Medicare contractor.
- **Centralized billers** are mass immunizers who have applied to become centralized billers when they operate in at least three payment localities for which there are three different Medicare contractors or A/B MACs processing claims.
- Individuals and entities must be properly licensed in the states in which they plan to operate flu and/or pneumococcal clinics.

Operational Impact N/A

Reference Materials The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6539.pdf> on the CMS website.

The official instruction (CR6539) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R5150TN.pdf> on the CMS website.
