

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



MLN Matters® Number: MM9052 **Revised** Related Change Request (CR) #: CR 9052
Related CR Release Date: October 7, 2016 Effective Date: October 1, 2016
Related CR Transmittal #: R3621CP Implementation Date: October 3, 2016

Billing of Vaccine Services on Hospice Claims

Note: This article was revised on October 11, 2016, due to an updated Change Request (CR). The revised CR9052 to correct information regarding the payment basis for the vaccines. The CR release date, transmittal number and link to the CR also changed. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for hospices submitting claims to Medicare Administrative Contractors (MACs) for influenza, pneumococcal, and hepatitis B vaccine services provided to Medicare beneficiaries.

Provider Action Needed

CR 9052 informs MACs about the changes to Original Medicare systems and provides billing instructions to allow hospices to submit institutional claims for influenza, pneumococcal, and hepatitis B vaccine services. Make sure that your billing staffs are aware of these changes.

Background

Influenza virus, pneumococcal, and hepatitis B vaccines may be covered when furnished by a hospice to those beneficiaries who request them, including those who have elected the hospice benefit. Currently, hospices must obtain a supplier number in order to bill Medicare for these services and must submit the services on a professional claim. Hospice provider associations have requested that Medicare allow hospices to bill these services under their hospice enrollment, using the institutional claim format. Hospices use the institutional claim to bill all other covered services.

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Effective for dates of service on or after October 1, 2016, Medicare hospice providers may bill for vaccine services on institutional claims. Payment for the vaccines is based on cost reimbursement, while the administration of the vaccines is based on the Medicare Physician Fee Schedule (MPFS). These vaccines and their administration are not subject to deductible and coinsurance.

Since these services are not part of the Medicare hospice benefit, they must be billed on a separate claim that includes only the vaccines and their administration. Specifically, when submitted on an institutional claim (Type of Bill 081x or 082x) for services on or after October 1, 2016, the claim must show revenue code 0771 (and may also show revenue code 0636). No other revenue codes may be on the claim for a vaccine. If other codes are on the claim, the claim will be returned to the provider.

For more payment information, see the updated “Medicare Claims Processing Manual,” Chapter 18, Preventive and Screening Services, Section 10.2.3, Institutional Claims Submitted to Home Health and Hospice (HH&H) MACs. This updated manual section is attached to CR9052.

Additional Information

The official instruction, CR 9052 issued to your MAC regarding this change is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3621CP.pdf>.

If you have questions, please contact your MAC at their toll-free number. The number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work?

Document History

Date of Change	Description
October 11, 2016	The article was revised based on a revised CR9052, which corrected information regarding the payment basis for the vaccines. The CR release date, transmittal number and link to the CR also changed.
June 13, 2016	The article was revised due to an updated Change Request (CR). That update removed reference to Chapter 1, Section 190, which was revised in CR9623. The CR release date, transmittal number and link to the CR also changed.
April 29, 2016	Initial Post

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