

Flu Shot Reminder

It's Not Too Late to Give and Get the Flu Shot!



The peak of flu season typically occurs between late December and March; however, flu season can last until May. **Protect yourself, your patients, and your family and friends by getting and giving the flu shot.** Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a lifetime pneumococcal vaccination. Remember - influenza and pneumococcal vaccination and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. For more information about Medicare's coverage of adult immunizations and educational resources, go to CMS' website: <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0667.pdf> on the CMS website

MLN Matters Number: MM5221 **Revised**

Related Change Request (CR) #: 5221

Related CR Release Date: January 26, 2007

Effective Date: April 26, 2007

Related CR Transmittal #: R1168CP

Implementation Date: April 26, 2007

Note: This article was updated on August 24, 2012, to reflect current Web addresses. All other information is the same.

Direct Billing and Payment for Non-Physician Practitioner (NPP) Services Furnished to Hospital Inpatients and Outpatients

Provider Types Affected

All hospitals, clinical nurse specialists (CNSs), nurse practitioners (NPs), and the employers of physician assistants (PAs) who bill Medicare for hospital inpatient and outpatient services.

Background

Section 4511(a)(2)(B) of the Balanced Budget Act of 1997 amended section 1861(b)(4) of the Social Security Act to **exclude the professional services of NPs, CNSs and PAs from hospital inpatient services.** Accordingly, upon the effective date of Change Request (CR) 5221, NPs and CNSs are authorized to bill

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Medicare carriers directly for their professional services when furnished to hospital patients, both inpatients and outpatients. The **employer of a PA**, rather than the hospital, **must bill the carrier for their professional services when furnished to hospital patients. Hospitals should not bill for the professional services of a PA, unless the PA is employed by the hospital.**

Key Points

This article and Change Request (CR) 5221 describe the removal of the paragraph in the *Medicare Claims Processing Manual*, Chapter 12 section 120.1 that contains outdated policy on payment for NP and CNS services furnished in a hospital setting. The changes are as follows:

- The professional services of NPs and CNSs furnished to hospital inpatients and outpatients may be billed directly by the NP or CNS to the carrier under their respective Medicare billing number or their National Provider Identifier (NPI), once the NPI is effective.
- The employer of a PA may bill the carrier directly for the professional services of the PA furnished to hospital inpatients and outpatients under the PA's Medicare billing number or the PA's NPI, once the NPI is effective.
- Hospitals may bill the carrier for the professional services of an NP or a CNS furnished to hospital inpatients and outpatients when payment for the NP and CNS services has been reassigned to the hospital and when the hospital bills for these services under the NP's or CNS's Universal Provider Identifier Number (UPIN).
- Your Medicare carrier will identify and reprocess any claims submitted by NPs, CNSs, or the employer of a PA that have been denied since January 1, 2006, because the claim listed a hospital inpatient or outpatient setting place of service.

For claims for dates of service prior to January 1, 2006, the carrier will reopen claims that were denied because they listed a hospital inpatient or outpatient place of service. However, the carrier will only reopen these claims if the NP, CNS, or employer of the PA brings the claim to the attention of the carrier and the carrier will pay these claims for dates of services on or after the January 1, 1998, effective date retroactive to the actual date that the services were rendered.

Additional Information

The official instructions, CR5221, issued to your Medicare carrier regarding this change can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1168CP.pdf> on the CMS website. A revised Chapter 12, Section 120.1—Direct Billing and Payment—of the *Medicare Claims Processing Manual* is attached to CR 5221.

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If you have questions, please contact your Medicare carrier at their toll-free number which may be found on the CMS website at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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