



News Flash – The Centers for Medicare & Medicaid Services (CMS) is pleased to announce a new section on "How to Get Started" in participating with the Physicians Quality Reporting Initiative (PQRI) program, which is available on the PQRI webpage. The new section page can be found on the PQRI webpage at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html> on the CMS website.

MLN Matters® Number: MM7124 **Revised**

Related Change Request (CR) #: 7124

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Implementation Date: October 25, 2010

Note: This article was updated on December 10, 2012, to reflect current Web addresses. This article was previously revised on October 27, 2010, to add a reference to MLN Matters® article SE1026, which is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1026.pdf>, which alert providers that Medicare will pay for more than one influenza vaccine in one year if a physician documents in the patient's medical record that the second vaccination is reasonable and necessary

2010 Reminder For Roster Billing and Centralized Billing For Influenza and Pneumococcal Vaccinations

Provider Types Affected

This article affects physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for influenza and pneumococcal immunization services provided to Medicare beneficiaries.

Provider Action Needed

This article is for informational purposes and is based on Change Request (CR) 7124 which serves to remind the Medicare provider community of the requirements to correctly complete roster billing and centralized billing for influenza and pneumococcal immunizations. Be sure billing staffs know of these requirements.

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Background

According to the Centers for Disease Control and Prevention, the seasonal vaccine for the 2010 – 2011 influenza season will protect against the 2009 H1N1 and two other influenza viruses (See <http://www.cdc.gov/flu/protect/keyfacts.htm> on the Internet.) Medicare allows one flu shot per year, and Part B of Medicare pays 100 percent for pneumococcal vaccines and influenza virus vaccines and their administration.

Note: The Part B deductible and coinsurance do not apply for pneumococcal and influenza virus vaccine.

Medicare does not require, for coverage purposes, that a doctor of medicine or osteopathy order the pneumococcal vaccine and its administration. Therefore, 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 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.

When completing a claim for reimbursement, providers are reminded to use the appropriate influenza and pneumococcal (PPV) Current Procedural Terminology (CPT) codes for the vaccine and the appropriate Healthcare Common Procedure Coding System (HCPCS) codes for the administration as follows:

- G0008 for Administration of the seasonal influenza virus vaccine; and
- G0009 for Administration of PPV.

Please see Medicare Claims Processing Manual (Chapter 18, Section 10) at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1026.pdf> on the CMS website) for any additional information regarding reimbursement of influenza and PPV claims.

Providers who only render influenza services may enroll as one of two types of providers:

1. A Mass Immunization Roster Biller (specialty provider type 73), or
2. A Centralized Biller.

Other facilities that bill Part B of Medicare, including outpatient or inpatient, but do not qualify as type 73, may continue to roster bill.

Providers are responsible for meeting the guidelines for being either a Mass Immunizer or Centralized Biller. Additionally, providers (except suppliers) already

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enrolled in the Medicare program may use their National Provider Identifier (NPI) to provide influenza vaccinations.

Mass Immunization Roster Billers and Centralized Billers must enroll in the Medicare program even if mass influenza and/or pneumococcal immunizations are the only service being provided. They must accept assignment on both the vaccine and its administration, bill only for influenza and/or PPV vaccinations, and submit claims using the roster billing process.

Mass immunizers are providers and suppliers who enroll in the Medicare program to offer the influenza 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 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 processing claims. Individuals and entities must be properly licensed in the States in which they plan to operate flu and/or pneumococcal clinics. Participation as a centralized biller is limited to one year and 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 specialty contractor regardless of the locality where the service was rendered. Centralized billers submit their claims to the designated specialty contractor.

Suppliers must enroll as a Mass Immunization Roster Biller (specialty provider type 73) with a carrier to render influenza vaccination services to Medicare beneficiaries.

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.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html> on the CMS website. Refer to the Medicare Claims Processing Manual, Chapter 18, Sections 10 - 10.5 at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c18.pdf> on the CMS website for more information on billing requirements.

Additional Information

The official instruction, CR 7124, issued to your carriers, FIs, and A/B MACs regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R7740TN.pdf> on the CMS

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website. If you have any questions, please contact your carriers, FIs, or A/B MACs at their toll-free number, which may be found 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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