

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



**News Flash** – Medicare is denying an increasing number of claims, because providers are not identifying the correct primary payer prior to claims submission. Medicare would like to remind providers, physicians, and suppliers that they have the responsibility to bill correctly and to ensure claims are submitted to the appropriate primary payer. Please refer to the [“Medicare Secondary Payer \(MSP\) Manual,” Chapter 3](#), and [MLN Matters® Article SE1217](#) for additional guidance.

MLN Matters® Number: MM7692 **Revised**

Related Change Request (CR) #: 7692

Related CR Release Date: April 4, 2012

Effective Date: January 1, 2011

Related CR Transmittal #: R2438CP

Implementation Date: July 2, 2012

## Revised Editing for Hepatitis B Administration Code G0010

**Note:** This article was revised on April 30, 2012, to reflect the revised CR7692 issued on April 4, 2012. The article was revised to reflect a revised CR release date, transmittal number, and Web address for accessing CR7692. All other information is the same.

### Provider Types Affected

All providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), and A/B Medicare Administrative Contractors (MACs) for services paid under the Outpatient Prospective Payment System (OPPS) are affected.

### Provider Action Needed

This article is based on Change Request (CR) 7692 which informs Medicare contractors that effective for claims processed with dates of service on or after January 1, 2011, OPPS providers should report code G0010 for the administration of hepatitis B vaccine rather than 90471 or 90472 to ensure the correct waiver of coinsurance and deductible for the administration of hepatitis B vaccine. If any claims containing this code were processed incorrectly prior to the implementation of CR7692, you should bring them to the attention of your contractor on or after July 2,

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2012, for adjustment. Please make sure your billing and coding staffs are aware of these changes.

## Background

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In CR7342, Transmittal 2174, dated March 18, 2011, the Centers for Medicare & Medicaid Services (CMS) retroactively assigned HCPCS code G0010 to APC 0436, Level I, Drug Administration, and changed the status indicator for HCPCS code G0010 from status indicator "B" to status indicator "S" effective January 1, 2011.

At the time of the release of CR7342, the "Medicare Claims Processing Manual" was not updated to reflect this revised billing guidance. In CR7692, CMS is updating the "Medicare Claims Processing Manual", Chapter 18, Section 10.2.1, to reflect the current billing instructions

## Additional Information

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CR7692, the official instruction issued to your FI and A/B MAC regarding this change, may be viewed at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2438CP.pdf> on the CMS website.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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