



MASS IMMUNIZERS AND ROSTER BILLING: SIMPLIFIED BILLING FOR INFLUENZA VIRUS AND PNEUMOCOCCAL VACCINATIONS

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Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

Table 4. Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Introduction

To increase vaccination availability to Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) simplified the influenza virus and pneumococcal vaccination claims process by creating roster billing and centralized billing for mass immunizers.

- A **mass immunizer** offers influenza virus vaccinations, pneumococcal vaccinations, or both to a group of individuals
- **Roster billing** is a simplified billing process that allows mass immunizers to submit one claim form with a list of several immunized beneficiaries
- **Centralized billing** allows mass immunizers who operate in at least three payment localities served by at least three different Medicare Administrative Contractors (MACs) to send all influenza virus and pneumococcal vaccination claims to a designated MAC

This educational product outlines the requirements for mass immunizers, roster billing, and centralized billing. Review the [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#) educational tool for specific information about covered vaccine codes and frequently asked questions related to vaccinations.

Mass Immunizers and Roster Billing

CMS defines a **mass immunizer** as a Medicare-enrolled provider offering influenza virus vaccinations, pneumococcal vaccinations, or both to a group of individuals (for example, those from the public or those who are members of a retirement community).

A mass immunizer can be either:

- A traditional Medicare provider or supplier, such as a hospital outpatient department
- A nontraditional provider, such as a supermarket, senior citizen home, or public health clinic, that is usually ineligible to enroll in the Medicare Program

CMS created the Mass Immunization Roster Biller provider specialty type 73 solely for mass immunizers that would not otherwise qualify for Medicare enrollment.

Mass immunizers may use **roster billing**. Roster billing streamlines the process for submitting health care claims for a group of beneficiaries for influenza virus or pneumococcal vaccinations.

NOTE: Medicare does not allow roster billing for hepatitis B virus vaccinations.

Requirements for Mass Immunizers that Roster Bill

As a mass immunizer that roster bills, you must meet these requirements:

- Be properly licensed in the States where you operate
- Be enrolled in the Medicare Program (if not already enrolled, individuals should complete [Form CMS-855I](#) and groups should complete [Form CMS-855B](#) to enroll solely as a “Mass Immunization Roster Biller” [provider specialty type 73])

- Accept assignment on both the vaccinations and their administration (that is, accept the amount Medicare pays as payment in full, and because there is no deductible, copayment, or coinsurance on these services, do not charge Medicare beneficiaries)
- Use roster bills
- Bill a MAC
- Use this process to bill for influenza virus and pneumococcal vaccinations and administration only

To enroll as a Mass Immunization Roster Biller, [contact the MAC](#) that serves your area for a copy of the enrollment application and instructions. Find information about enrollment applications on the [Medicare Provider-Supplier Enrollment](#) webpage.

Medicare Part B Coverage of Pneumococcal Vaccinations

A beneficiary who never received a pneumococcal vaccination under Medicare Part B may receive an initial pneumococcal vaccination, as well as a different, second pneumococcal vaccine administered 1 year after the first administration.

The beneficiary need not present an immunization record prior to administering the pneumococcal vaccine. If the patient is competent, rely on the patient's verbal history to determine prior vaccination status.

Roster Billing Requirements

You can submit roster bills electronically or via paper because Medicare-covered vaccinations are exempt from the Health Insurance Portability and Accountability Act (HIPAA) electronic billing requirement. This exemption applies to providers who do not have an agreement in place with a MAC that commits them to electronic submission of mass immunization claims.

If you want to submit claims for both influenza virus and pneumococcal vaccinations, you must submit a **separate** claim with a roster bill for each type of vaccination.

- Submit the modified claim with an attached roster bill that lists the beneficiaries who got that type of vaccination.
- Do not list other covered services with the influenza virus or pneumococcal vaccination and administration. More comprehensive data requirements apply to other covered services. The roster billing process cannot accommodate these requirements. Bill other services using normal claims filing procedures and forms.

Institutional Claims

For institutional claims only, you must vaccinate **at least five beneficiaries on the same date** to roster bill. However, this requirement does not apply to inpatient hospitals that mass immunize and use the roster billing method. Valid Types of Bills (TOBs) for roster billing are:

- 12X, Hospital Inpatient*
- 13X, Hospital Outpatient*
- 22X, Skilled Nursing Facility (SNF) Inpatient Part B
- 23X, SNF Outpatient
- 34X, Home Health (Part B Only)
- 72X, Independent and Hospital-Based Renal Dialysis Facility
- 75X, Comprehensive Outpatient Rehabilitation Facility
- 81X, Nonhospital Based Hospice
- 82X, Hospital Based Hospice
- 83X, Indian Health Service (IHS) Hospitals
- 85X, Critical Access Hospital

* Medicare pays for both the influenza virus and pneumococcal vaccines separately from the Diagnosis-Related Group (DRG) rate for beneficiaries who get their vaccine while hospitalized. Medicare will not pay for vaccines billed on TOB 11X.

Vaccine Services on Hospice Claims

For information on how to bill for vaccine services on hospice claims, refer to MLN Matters® Article [MM9052](#).

Modified Form CMS-1450

For institutional claims, complete a modified Form CMS-1450 with all of the following information:

- The words “See Attached Roster” (Patient Name)
- Patient status code 01 (Patient Status)
- Condition code M1 (Condition Code)
- Condition code A6 (Condition Code)
- Appropriate revenue codes (636 for the vaccine; 771 for administration)

- Appropriate vaccine and administration codes
 - Line 1: Appropriate pneumococcal vaccination or influenza virus vaccination
 - Line 2: “G0009” for the pneumococcal vaccination administration **or** “G0008” for the influenza virus vaccination administration
- The word “Medicare” (Payer, line A)
- The words “See Attached Roster” (Provider Number, line A)
- Diagnosis code “Z23” for the pneumococcal or influenza virus vaccination
- Provider’s National Provider Identifier (NPI) (for influenza virus vaccinations)
- TOB
- Total charges
- Provider representative
- Date

Attached Roster Bill

Attach a beneficiary roster form with all of the following information to a modified claim:

- Provider name and NPI number
- Date of service
- Beneficiary name and address
- Beneficiary date of birth
- Beneficiary sex
- Beneficiary Health Insurance Claim Number (HICN)
- Beneficiary signature or stamped “signature on file”

NOTE: If you are unable to obtain an actual beneficiary signature on the roster claim form then you may use “signature on file.” A stamped “signature on file” qualifies as an actual signature on a roster claim form if you have a signed authorization on file from the beneficiary to bill Medicare for your services.

Some MACs let you develop your own roster forms that contain the minimum data, but others do not. Please [contact the MAC](#) to learn its particular practice about roster forms.

NOTE: The roster bills for the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal roster bills must contain the following language:

WARNING: Beneficiaries must be asked if they have received a pneumococcal vaccination.

- Rely on patients’ memory to determine prior vaccination status

- If patients are uncertain whether they were vaccinated within the past 5 years, administer the vaccine
- If patients are certain they were vaccinated within the past 5 years, **do not revaccinate**

In addition, for inpatient Part B services (12X and 22X), you must **also** enter all of the following data elements:

- Admission date
- Admission type
- Admission diagnosis
- Admission source code
- Patient status code

Professional Claims

If submitting Medicare Part B claims to MACs, you are **not** required to immunize at least five beneficiaries on the same date to qualify for roster billing. However, do not use roster bills for single beneficiary bills.

Modified Form CMS-1500

Complete a modified Form CMS-1500 with only the information in Table 1 to serve as a cover document to the roster bill.

Table 1. Modified Information from Form CMS-1500

Form CMS-1500 Field	Information to Enter
Item 1	“X” in the Medicare block
Item 2 Patient’s Name	“SEE ATTACHED ROSTER”
Item 11 Insured’s Policy Group or Federal Employees’ Compensation Act (FECA) Number	“NONE”
Item 20 Outside Lab?	“X” in the “NO” block

Table 1. Modified Information from Form CMS-1500 (cont.)

Form CMS-1500 Field	Information to Enter
Item 21 Diagnosis or Nature of Illness or Injury	Line A: "Z23" for the pneumococcal or influenza virus vaccination NOTE: ICD Ind. Block: Enter 0 for International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Enter the indicator as a single digit between the vertical dotted lines.
Item 24B Place of Services (POS)	Line 1: "60" Line 2: "60" NOTE: You must use POS code "60" for roster billing.
Item 24D Procedures, Services, or Supplies	Line 1: Appropriate pneumococcal vaccination or influenza virus vaccination code Line 2: "G0009" for the pneumococcal vaccination administration or "G0008" for the influenza virus vaccination administration
Item 24E Diagnosis Pointer (Code)	Line 1: "A" Line 2: "A"
Item 24F Charges	The charge for each listed service, not the total for all patients. NOTE: If you are not charging for the vaccination or its administration, enter "0.00" or "NC" (no charge) on the appropriate line for that item. If your system cannot accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, Electronic Media Claim (EMC) billers should submit line items for free immunization services on EMC pneumococcal or influenza virus vaccination claims only if their system accepts them.
Item 27 Accept Assignment?	"X" in the "YES" block
Item 29 Amount Paid	"\$0.00"
Item 31 Signature of Physician or Supplier	The entity's representative must sign the modified Form CMS-1500 (02-12)

Table 1. Modified Information from Form CMS-1500 (cont.)

Form CMS-1500 Field	Information to Enter
Item 32 Service Facility Location Information	Name, address, and ZIP Code of the service location (including Centralized Billers)
Item 32a	NPI of the service facility
Item 33 Billing Provider Info & Phone Number	Billing provider information and phone number NOTE: You must complete this item to include the Provider Identification Number (PIN) or NPI when required.
Item 33a	NPI of the billing provider or group

Attached Roster Bill

Attach a beneficiary roster form with all of the following information to a modified claim:

- Provider’s name and NPI number
- Date of service
- MAC’s control number
- Beneficiary HICN
- Beneficiary name
- Beneficiary address
- Beneficiary date of birth
- Beneficiary sex
- Beneficiary signature or stamped “signature on file”

NOTE: If you are unable to obtain an actual beneficiary signature on the roster claim form, then you may use “signature on file.” A stamped “signature on file” qualifies as an actual signature on a roster claim form if you have a signed authorization on file from the beneficiary to bill Medicare for your services.

Some MACs let you develop your own roster forms that contain the minimum data, but others do not. Please [contact the MAC](#) to learn its particular practice about roster forms.

NOTE: The roster bills for the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal rosters must contain the following language:

WARNING: Beneficiaries must be asked if they have received a pneumococcal vaccination.

- Rely on patients’ memory to determine prior vaccination status

- If patients are uncertain whether they were vaccinated within the past 5 years, administer the vaccine
- If patients are certain they were vaccinated within the past 5 years, **do not revaccinate**

Centralized Billing

Centralized billing is an option that allows a mass immunizer to send all its influenza virus and pneumococcal vaccination claims to a single, CMS-designated MAC for payment, regardless of where you administered the vaccination. Medicare pays based on the payment locality where you provided the service. This does not include claims for the Railroad Retirement Board, United Mine Workers, or Indian Health Service. These claims must go to the appropriate processing entity identified by CMS when you receive notification of enrollment as a Centralized Biller.

To qualify for centralized billing, you must operate in at least three payment localities where three different MACs process claims. Individuals and entities providing vaccines and their administration must be properly licensed in the State(s) where they give them.

Requirements for Centralized Billers

Centralized Billers must meet these requirements:

- Operate in at least three payment localities where there are three different MACs responsible for processing their claims
- Be enrolled in Medicare as a Mass Immunization Roster Biller or other provider
- Accept assignment on both the vaccinations and their administration (that is, accept the amount Medicare pays as payment in full, and because there is no deductible, copayment, or coinsurance on these services, do not charge Medicare beneficiaries)
- Request to participate in the program on an annual basis
- Use roster bills
- Submit claims electronically
- Provide beneficiaries with a record of the pneumococcal vaccination
- Provide beneficiaries written notification of the name of the MAC processing the claims

Enrolling as a Centralized Biller

Although you already may have a Medicare provider number, you must obtain a provider number from the processing MAC for centralized billing. You must complete the appropriate [Medicare Enrollment Application Form CMS-855](#).

To become a Centralized Biller, contact the CMS Central Office (CO) in writing by June 1 of the year you plan to begin centralized billing. Send requests for enrollment or renewal as a Centralized Biller to the attention of Dennis Savedge (Dennis.Savedge@cms.hhs.gov) to the following address:

Centers for Medicare & Medicaid Services
Division of Practitioner Claims Processing
Provider Billing Group
7500 Security Boulevard
Mail Stop C4-10-07
Baltimore, MD 21244

Apply early to enroll as a Centralized Biller, as the enrollment process takes 8 to 12 weeks to complete. If you do not complete the entire enrollment process and get approval from the CMS CO and the designated MAC to participate, you cannot bill as a Centralized Biller.

Required Information

Include all of the information below in your written request to participate in centralized billing:

- Estimates for the number of beneficiaries who will get influenza virus vaccinations
- Estimates for the number of beneficiaries who will get pneumococcal vaccinations
- The approximate dates you will give the vaccinations
- A list of the States where you will hold influenza virus and pneumococcal vaccination clinics
- The type of services you generally provide (for example, ambulance, home health, or visiting nurse)
- Whether the nurses who will administer the influenza virus and pneumococcal vaccinations are your employees or if you hire them specifically to administer these vaccinations
- Names and addresses of all entities operating under your application
- Contact information for the designated contact person for the centralized billing program

NOTE: Approval for centralized billing is limited to the 12-month period from September 1 through August 31 of the following year. You must reapply to the CMS CO for approval each year by June 1.

Resources

For more information about preventive immunizations, refer to the resources listed in Tables 2 and 3. The [Medicare Preventive Services](#) webpage lists educational products for Medicare Fee-For-Service providers and their staff about preventive services, coverage, coding, billing, payment, and claim filing procedures.

Table 2. Provider Resources

Resource	Website
“2012–2013 Immunizers’ Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations: Steps to Promoting Wellness Immunizations”	CMS.gov/Medicare/Prevention/Immunizations/Downloads/2012-2013_Flu_Guide.pdf
Medicare Claims Processing Manual (Publication 100-04), Chapter 18, Section 10.3	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Learning Network® (MLN) Guided Pathways	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf
Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B Educational Tool	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html
MLN Matters Articles on Medicare-covered Preventive Benefits	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
Seasonal Influenza Vaccines Pricing	CMS.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html

Table 3. Beneficiary Resources

Resource	Website/Contact Information
Medicare & You: Medicare’s Preventive Benefits Video	Youtube.com/watch?v=3ljyLlaDUEU

Table 3. Beneficiary Resources (cont.)

Resource	Website/Contact Information
Medicare Beneficiary Help Line and Website	<p>Telephone: Toll-Free: 1-800-MEDICARE (1-800-633-4227) TTY Toll-Free: 1-877-486-2048</p> <p>Website: Medicare.gov/coverage/preventive-and-screening-services.html</p>

Table 4. Hyperlink Table

Embedded Hyperlink	Complete URL
Contact the MAC	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
Form CMS-855B	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf
Form CMS-855I	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf
Medicare Enrollment Application Form CMS-855	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html
Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html
Medicare Preventive Services	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
Medicare Provider-Supplier Enrollment	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html
MM9052	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9052.pdf

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