



## MASS IMMUNIZERS AND ROSTER BILLING FOR INFLUENZA VIRUS AND PNEUMOCOCCAL VACCINATIONS



### **Target Audience:** Medicare Fee-For-Service Providers

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

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## INTRODUCTION

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The Centers for Medicare & Medicaid Services (CMS) simplified the billing of influenza virus and pneumococcal vaccination claims by creating the mass immunizers roster billing and centralized billing processes to increase Medicare beneficiary vaccination access.

- A **mass immunizer** offers influenza virus vaccinations, pneumococcal vaccinations, or both to a group of individuals.
- **Roster billing** simplifies billing claims by allowing mass immunizers to submit one claim form with a list of several immunized beneficiaries.
- **Centralized billing** allows mass immunizers operating 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 booklet 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 vaccination questions.

## MASS IMMUNIZERS AND ROSTER BILLING

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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, the public or members of a retirement community).

Mass immunizers can be one of these types:

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

CMS created the Mass Immunization Roster Biller provider specialty type 73 solely for mass immunizers, who are normally disallowed Medicare enrollment.

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

**NOTE:** Medicare disallows roster billing for hepatitis B virus vaccinations.

## Mass Immunizers Roster Billing Requirements

Mass immunizers that roster bill must meet these requirements:

- Be properly licensed in the States where you operate
- Be enrolled in the Medicare Program\*

- Accept assignment on both the vaccinations and their administration (that is, accept Medicare payment as payment in full). Medicare disallows collecting deductible, copayment, or coinsurance on these services.
  - Use roster bills
  - Bill a MAC
  - Bill only influenza virus and pneumococcal vaccinations and administration using this process
- \* To enroll in the Medicare Program solely as a Mass Immunization Roster Biller (provider specialty type 73), individuals should complete [Form CMS-855I](#) and groups should complete [Form CMS-855B](#). [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 has 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 does not need to 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 without a MAC agreement committing them to submitting electronic mass immunization claims.

Submit a **separate** roster bill claim for each type of vaccination.

- Submit the modified claim with an attached roster bill listing the beneficiaries who got that type of vaccination.
- List **no** 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

Roster billing institutional vaccination claims requires vaccinating **at least five beneficiaries on the same date** unless you are an inpatient hospital. 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, Hospice (Non-Hospital)
- 82X, Hospice (Hospital)
- 83X, Indian Health Service (IHS) Hospital
- 85X, Critical Access Hospital

### VACCINE SERVICES ON HOSPICE CLAIMS

For information on how to bill for vaccine services on hospice claims, refer to the MLN Matters® article [Billing of Vaccine Services on Hospice Claims](#).

\* Medicare pays hospitalized beneficiaries' influenza virus and pneumococcal vaccines separately from the Diagnosis-Related Group (DRG) rate and disallows billing them on TOB 11X.

## Modified Form CMS-1450

For institutional claims, complete a modified Form CMS-1450 with all 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 (0636 for the vaccine; 0771 for administration)
- Appropriate vaccine and administration HCPCS or Current Procedural Terminology (CPT) codes
  - Line 1: Appropriate CPT or HCPCS code for the 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 the following information to the 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. [Contact the MAC](#) to learn about its roster forms practices.

**NOTE:** Roster billing the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal roster bills must contain the following language:

- 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**

### REMEMBER

You must ask beneficiaries if they have received a pneumococcal vaccination.

Additionally, enter all the following data elements for inpatient Part B services (12X and 22X):

- 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
<b>Item 1</b>	"X" in the Medicare block
<b>Item 2</b> Patient's Name	"SEE ATTACHED ROSTER"
<b>Item 11</b> Insured's Policy Group or Federal Employees' Compensation Act (FECA) Number	"NONE"
<b>Item 20</b> Outside Lab?	"X" in the NO block
<b>Item 21</b> Diagnosis or Nature of Illness or Injury	Line A: "Z23" for the pneumococcal or influenza virus vaccination <b>NOTE:</b> ICD Ind. Block: Enter "0" (zero) for International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Enter the indicator as a single digit between the vertical dotted lines.

**Table 1. Modified Information from Form CMS-150 (cont.)**

Form CMS-1500 Field	Information to Enter
<b>Item 24B</b> Place of Service (POS)	Line 1: "60" Line 2: "60" <b>NOTE:</b> You must use POS code "60" for roster billing.
<b>Item 24D</b> Procedures, Services, or Supplies	Line 1: Appropriate pneumococcal vaccination or influenza virus vaccination CPT or HCPCS code Line 2: "G0009" for the pneumococcal vaccination administration <b>or</b> "G0008" for the influenza virus vaccination administration
<b>Item 24E</b> Diagnosis Pointer (Code)	Line 1: "A" Line 2: "A"
<b>Item 24F</b> Charges	The charge for each listed service, <b>not</b> the total for all patients <b>NOTE:</b> 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.
<b>Item 27</b> Accept Assignment?	"X" in the YES block
<b>Item 29</b> Amount Paid	"\$0.00"
<b>Item 31</b> Signature of Physician or Supplier	The entity's representative must sign the modified Form CMS-1500 (02-12).
<b>Item 32</b> Service Facility Location Information	Name, address, and ZIP Code of the service location (including Centralized Billers)
<b>Item 32a</b>	NPI of the service facility
<b>Item 33</b> Billing Provider Info & Phone Number	Billing provider information and phone number <b>NOTE:</b> You must include the Provider Identification Number (PIN) or NPI when required.
<b>Item 33a</b>	NPI of the billing provider or group



## Attached Roster Bill

Attach a beneficiary roster form with all the following information to the 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. [Contact the MAC](#) to learn about its particular roster forms practices.

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

- 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**

### REMEMBER

You must ask beneficiaries if they have received a pneumococcal vaccination.

## CENTRALIZED BILLING

Centralized billing is an option allowing mass immunizers to send all 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 provide the service.

The Railroad Retirement Board, United Mine Workers, or Indian Health Service claims are not included. 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. Ensure only properly licensed individuals and entities are providing vaccines and administration in the States where they give them.

## Centralized Biller Requirements

Centralized Billers must:

- Operate in at least three payment localities where three different MACs are responsible for processing their claims
- Be enrolled in Medicare as a Mass Immunization Roster Biller or other provider
- Accept assignment on the vaccinations and their administration (that is, accept the Medicare payment as payment in full). Medicare disallows collecting deductible, copayment, or coinsurance on these services.
- 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 MAC processing the claims

## Centralized Biller Enrollment

You must obtain a provider number from the processing MAC for centralized billing. 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](mailto:Dennis.Savedge@cms.hhs.gov)) at 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

Enrolling as a Centralized Biller takes 8 to 12 weeks to complete. Apply early. You must complete the entire enrollment process and get approval from the CMS CO and the designated MAC to participate.

## Required Information

Include all 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 next 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
Medicare Claims Processing Manual, Chapter 18, Section 10.3	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</a>
Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B Educational Tool	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html</a>
MLN Matters® Articles on Medicare-covered Preventive Services	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf</a>
Quarterly Influenza Virus Vaccine Code Update – January 2018, MLN Matters Article MM10196	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10196.pdf">CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10196.pdf</a>
Seasonal Influenza Vaccines Pricing	<a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html">CMS.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html</a>

**Table 3. Beneficiary Resources**

Resource	Website/Contact Information
Medicare & You: Medicare’s Preventive Benefits Video	<a href="https://www.youtube.com/watch?v=3ljyLlaDUEU">Youtube.com/watch?v=3ljyLlaDUEU</a>
Medicare Beneficiary Help Line and Website	Telephone: Toll-Free: 1-800-MEDICARE (1-800-633-4227) TTY Toll-Free: 1-877-486-2048 Website: <a href="https://www.Medicare.gov/coverage/preventive-and-screening-services.html">Medicare.gov/coverage/preventive-and-screening-services.html</a>

**Table 4. Hyperlink Table**

Embedded Hyperlink	Complete URL
Billing of Vaccine Services on Hospice Claims	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9052.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9052.pdf</a>
Contact the MAC	<a href="http://go.cms.gov/MAC-website-list">http://go.cms.gov/MAC-website-list</a>
Form CMS-855B	<a href="https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf">https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf</a>
Form CMS-855I	<a href="https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf">https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf</a>
Medicare Enrollment Application Form CMS-855	<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html</a>
Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html</a>
Medicare Preventive Services	<a href="https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo">https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo</a>
Medicare Provider-Supplier Enrollment	<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html</a>

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