
Medicare Carriers Manual Part 3 - Claims Process

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal 1711

Date: JUNE 14, 2001

CHANGE REQUEST 1700

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
4480.6– 4480.6 (Cont.)	4-315 – 4-316 (2 pp.)	4-315 – 4-316 (2 pp.)

NEW/REVISED MATERIAL--*EFFECTIVE DATE: October 1, 2001*
IMPLEMENTATION DATE: October 1, 2001

Section 4480.6, Simplified Roster Bills, corrects Item 32. Change Request 1633, Transmittal 1700, incorrectly changed the requirement for Item 32. Item 32 will revert to a “non-applicable” entry.

Carriers should notify providers of this correction in their next regularly scheduled bulletins and on their websites.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

These instructions should be implemented within your current operating budget.

Nongovernmental entities that do not charge patients who are unable to pay or reduce their charges for patients of limited means, yet expect to be paid if the patient has health insurance coverage for the services provided, may bill Medicare and expect payment.

Governmental entities (such as public health clinics (PHCs)) may bill Medicare for PPV, hepatitis B, and influenza virus vaccine administered to Medicare beneficiaries when services are rendered free of charge to non-Medicare beneficiaries.

4480.6 Simplified Roster Bills.--The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass PPV and influenza virus vaccination programs offered by PHCs and other entities that bill the Medicare carriers. Medicare has not developed roster billing for hepatitis B vaccinations.

Properly licensed individuals and entities conducting mass immunization programs may submit claims using a simplified claims filing procedure to bill for the influenza virus vaccine benefit for multiple beneficiaries if they agree to accept assignment for these claims. They may not collect any payment from the beneficiary. Effective November 1, 1996, this simplified claims filing procedure also applies to individuals and entities billing for PPV.

Effective July 1, 1998, immunization of at least five beneficiaries on the same date is no longer required for any individual or entity to qualify for roster billing. However, the rosters should not be used for single patient bills and the date of service for each vaccination administered must be entered.

Entities which submit claims on roster bills (and therefore must accept assignment) may not collect any "donation" or other cost-sharing of any kind from Medicare beneficiaries for PPV or influenza vaccinations. However, the entity may bill Medicare for the amount which is not subsidized from its own budget. For example, an entity that incurs a cost of \$7.50 per vaccination and pays \$2.50 of the cost from its budget may bill Medicare the \$5.00 cost which is not paid out of its budget.

A. **Provider Enrollment Criteria.**--All individuals and entities that will submit PPV and influenza benefit claims to Medicare on roster bills must complete the Provider/Supplier Enrollment Application, Form HCFA-855. Specialized instructions for these individuals and entities are available in order to simplify the enrollment process. Individuals and entities that use the specialized instructions to complete the form may not bill Medicare for any services other than PPV and influenza virus vaccinations. Establish an edit to identify individuals and entities that plan to participate in the Medicare program only for the purpose of mass immunizing beneficiaries.

B. **Modified Form HCFA-1500.**--If the PHC or other individual or entity qualifies to use the simplified billing process, it may use a preprinted Form HCFA-1500 that contains standardized information about the entity and the benefit.

Entities submitting roster claims to carriers must complete the following blocks on a single modified Form HCFA-1500 which serves as the cover document for the roster.

Item 1: An X in the Medicare block

Item 2 (Patient's Name): "SEE ATTACHED ROSTER"

Item 11 (Insured's Policy Group or FECA Number): "NONE"

Item 17A (I.D. Number or Referring Physician): This number is required for PPV and hepatitis B vaccines only. Effective for claims with dates of service on or after July 1, 2000, this number will no longer be required for PPV.

Item 20 (Outside Lab?): An "X" in the NO block

Item 21 (Diagnosis or Nature of Illness):
Line 1:

PPV: "VO3.82"
Influenza Virus: "V04.8"

Item 24B (Place of Service (POS)):

Line 1: "60"
Line 2: "60"

NOTE: POS code "60" must be used for roster billing.

Item 24D (Procedures, Services, or Supplies):

Line 1:

PPV: "90732"
Influenza Virus: "90659"

Line 2:

PPV: "G0009"
Influenza Virus: "G0008"

Item 24E (Diagnosis Code):

Lines 1 and 2: "1"

Item 24F (\$ Charges): The entity must enter the charge for each listed service. If the entity is not charging for the vaccine or its administration, it should enter 0.00 or "NC" (no charge) on the appropriate line for that item. If your system is unable to 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 PPV or influenza virus vaccine claims only if your system is able to accept them.

Item 27 (Accept Assignment): An "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 HCFA-1500.

Item 32 (Name and Address of Facility): N/A

Item 33 (Physician's, Supplier's Billing Name): If the provider number is not shown on the roster billing form, the entity must complete this item to include the Provider Identification Number (not the Unique Physician Identification Number) or Group Number, as appropriate.