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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-04 Medicare Claims Processing | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 3159 | Date: December 31, 2014 |
| | Change Request 9051 |

SUBJECT: Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations

I. SUMMARY OF CHANGES: The purpose of this CR is to inform contractors that CMS is updating the Medicare coverage requirements to align with the updated Advisory Committee on Immunization Practices (ACIP) recommendations for Coverage of Pneumococcal Vaccinations.

EFFECTIVE DATE: September 19, 2014

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: February 2, 2015

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|--------------|---|
| R | 18/10.1.1/Pneumococcal Vaccine |
| R | 18/10.3.1/Roster Claims Submitted to Carriers/AB MACs for Mass Immunization |

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

| | | | |
|-------------|-------------------|-------------------------|----------------------|
| Pub. 100-04 | Transmittal: 3159 | Date: December 31, 2014 | Change Request: 9051 |
|-------------|-------------------|-------------------------|----------------------|

SUBJECT: Modifications to Medicare Part B Coverage of Pneumococcal Vaccinations

EFFECTIVE DATE: September 19, 2014

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IMPLEMENTATION DATE: February 2, 2015

I. GENERAL INFORMATION

A. Background: Medicare Part B covers certain vaccinations including pneumococcal vaccines. Generally, pneumococcal vaccine was covered once in a beneficiary's lifetime, with revaccinations covered for those at highest risk if 5 years have passed since the last vaccination, or if the beneficiary's vaccination history was unknown.

The ACIP recently updated its guidelines regarding pneumococcal vaccines. The ACIP recommends administration of two different pneumococcal vaccinations.

B. Policy: CMS is updating the Medicare coverage requirements to align with the updated ACIP recommendations. An initial pneumococcal vaccine may be administered to all Medicare beneficiaries who have never received a pneumococcal vaccine under Medicare Part B. A different, second pneumococcal vaccine may be administered 1 year after the first vaccine was administered (i.e., 11 full months have passed following the month in which the last pneumococcal vaccine was administered).

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number | Requirement | Responsibility | | | | | | | | | |
|-------------|--|----------------|---|-------------|--------------------------------|---------------------------|-------------|-------------|-------------|-------|--|
| | | A/B MAC | | | D M E M A C | Shared-System Maintainers | | | | Other | |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | | |
| 9051 - 04.1 | Contractors shall be aware that effective for dates of service on and after September 19, 2014, contractors shall pay claims for pneumococcal vaccinations under Part B as described in Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 50.4.4.2, and Pub. 100-04, Medicare Claims Processing Manual, chapter 18, section 10.1.1. | X | X | X | | | | | | | |
| 9051 - 04.2 | Contractors shall not search for and adjust any claims for pneumococcal vaccines and their administration, with dates of service on and after September 19, 2014. However, contractors may adjust claims brought to their attention. | X | X | X | | | | | | | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|-------------|--|----------------|---|-------------|----------------------------|------------------|
| | | A/B MAC | | | D M E M A C | C E D I |
| | | A | B | H H H | | |
| 9051 - 04.3 | MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly. | X | X | X | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | |

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wanda Belle, 410-786-7491 or wanda.belle@cms.hhs.gov (Coverage) , Jamie Hermansen, 410-786-2064 or Jamie.Hermansen@cms.hhs.gov (Coverage) , Patricia Brocato-Simons, 410-786-0261 or Patricia.Brocato-Simons@cms.hhs.gov (Coverage) , Bridgette Davis-Hawkins, 410-786-4573 or Bridgette.Davishawkins@cms.hhs.gov (Practitioner Claims Processing) , William Ruiz, 410-786-9283 or William.Ruiz@cms.hhs.gov (Institutional Claims Processing)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

10.1.1 - Pneumococcal Vaccine

(Rev. 3159, Issued: 12-31-14, Effective: 09-19-14, Implementation: 02-02-15)

Section 1861(s)(10)(A) of the Social Security Act and regulations at 42 CFR 410.57 authorize Medicare coverage under Part B for pneumococcal vaccine and its administration. 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.

See Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 50.4.4.2 for *complete* coverage requirements for pneumococcal vaccine.

10.3.1 - Roster Claims Submitted to A/B MACs for Mass Immunization

(Rev. 3159, Issued: 12-31-14, Effective: 09-19-14, Implementation: 02-02-15)

If the PHC or other individual or entity qualifies to submit roster claims, it may use a preprinted Form CMS-1500 that contains standardized information about the entity and the benefit. Key information from the beneficiary roster list and the abbreviated Form CMS-1500 is used to process pneumococcal and influenza virus vaccination claims.

Separate Form CMS-1500 claim forms, along with separate roster bills, must be submitted for pneumococcal and influenza roster billing.

If other services are furnished to a beneficiary along with pneumococcal or influenza virus vaccine, individuals and entities must submit claims using normal billing procedures, e.g., submission of a Form CMS-1500 or electronic billing for each beneficiary.

Contractors must create and count one claim per beneficiary from roster bills. They must split claims for each beneficiary if there are multiple beneficiaries included in a roster bill. Providers must show the unit cost for one service on the claim. The contractor must replicate the claim for each beneficiary listed on the roster.

Contractors must provide Palmetto-Railroad Retirement Board (RRB) with local pricing files for pneumococcal and influenza virus vaccine and their administration. If PHCs or other individuals or entities inappropriately bill pneumococcal or influenza virus vaccinations using the roster billing method, contractors return the claim to the provider with a cover letter explaining why it is being returned and the criteria for the roster billing process. Contractors may not deny these claims.

Providers must retain roster bills with beneficiaries' signatures at their permanent location for a time period consistent with Medicare regulations.

A. Modified Form CMS-1500 for Cover Document

Entities submitting roster claims to A/B MACs must complete the following blocks on a single modified Form CMS-1500, which serves as the cover document for the roster for each facility where services are furnished. In order for A/B MACs to reimburse by correct payment locality, a separate Form CMS-1500 must be used for each different facility or physical location where services are furnished.

- 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 20: (Outside Lab?): An "X" in the NO block
- Item 21: (Diagnosis or Nature of Illness):
Line 1: Choose appropriate diagnosis code from §10.2.1
- 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: Pneumococcal vaccine: "90732"

or

Influenza Virus vaccine: "Select appropriate influenza virus vaccine code"

Line 2: Pneumococcal vaccine Administration: "G0009"

or

Influenza Virus Vaccine Administration: "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 pneumococcal 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 Form CMS-1500.

Item 32: Enter the name, address, and ZIP Code of the location where the service was provided (including centralized billers).

Item 32a: Enter the NPI of the service facility as soon as it is available. The NPI may be reported on the Form CMS-1500 as early as October 1, 2006.

Item 33: (Physician's, Supplier's Billing Name): The entity must complete this item to include the Provider Identification Number (not the Unique Physician Identification Number) or NPI when required.

Item 33a: Effective May 23, 2007, and later, enter the NPI of the billing provider or group. (The NPI may be reported on the Form CMS-1500 as early as October 1, 2006.)

B. Format of Roster Claims

Qualifying individuals and entities must attach to the Form CMS-1500 claim form, a roster which contains the variable claims information regarding the supplier of the service and individual beneficiaries. While qualifying entities must use the modified Form CMS-1500 without deviation, contractors must work with these entities to develop a mutually suitable roster that contains the minimum data necessary to satisfy claims processing requirements for these claims. Contractors must key information from the beneficiary roster list and abbreviated Form CMS-1500 to process pneumococcal and influenza virus vaccination claims.

The roster must contain at a minimum the following information:

- Provider name and number;
- Date of service;

NOTE: Although physicians who provide pneumococcal or influenza virus vaccinations may roster bill if they vaccinate fewer than five beneficiaries per day, they must include the individual date of service for each beneficiary's vaccination on the roster form.

- Control number for contractor;
- Patient's health insurance claim number;
- Patient's name;
- Patient's address;
- Date of birth;
- Patient's sex; and
- Beneficiary's signature or stamped "signature on file".

NOTE: A stamped "signature on file" qualifies as an actual signature on a roster claim form if the provider has a signed authorization on file to bill Medicare for services rendered. In this situation, the provider is not required to obtain the patient signature on the roster, but instead has the option of reporting signature on file in lieu of obtaining the patient's actual signature.

The pneumococcal roster must contain the following language to be used by providers as a precaution to alert beneficiaries prior to administering the pneumococcal vaccination.

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

- Rely on patients' memory to determine prior vaccination status.