medicare
Home Health Agency Manual

Department of Health and Human Services (DHHS)

Health Care Financing Administration (HCFA)

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REFER TO CHANGE REQUEST 1103

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
473 - 473 (Cont.)	66.1 - 66.2 (2 pp.)	66.1 - 66.2 (2 pp.)

NEW/REVISED PROCEDURES--EFFECTIVE DATE: ***July 1, 2000***

Section 473, Billing For Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines, is being updated to reflect the new Medicare requirement that it is no longer necessary to have a doctor's order for receiving the PPV vaccine and its administration.

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.

473. BILLING FOR PNEUMOCOCCAL PNEUMONIA, INFLUENZA VIRUS, AND HEPATITIS B VACCINES

A. Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines.--Part B of Medicare pays 100 percent for pneumococcal pneumonia vaccines (PPV) and influenza virus vaccines and their administration. Payment is on a reasonable cost basis. Deductible and coinsurance do not apply. Part B of Medicare also covers the reasonable cost for hepatitis B vaccine and its administration. Deductible and coinsurance apply.

B. Coverage Requirements.--Effective for services furnished on or after July 1, 2000, Medicare does not require for coverage purposes, that the PPV vaccine and its administration be ordered by a doctor of medicine or osteopathic medicine. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

Effective for services furnished on or after September 1, 1984, hepatitis B vaccine and its administration is covered if it is ordered by a doctor of medicine or osteopathic medicine and is available to Medicare beneficiaries who are at high or intermediate risk of contracting hepatitis B.

Effective for services furnished on or after May 1, 1993, influenza virus vaccine and its administration is covered when furnished in compliance with any applicable State law by any provider of service or any entity or individual with a supplier number. Typically, this vaccine is administered once a year in the fall or winter. Medicare does not require for coverage purposes that the vaccine must be ordered by a doctor of medicine or osteopathic medicine. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

C. General Billing Requirements.--Follow §219 for general billing instructions.

Bill your intermediary for the vaccines on Form HCFA-1450, using bill type 34X. The vaccine and its administration may be on the same claim form. There is no requirement for a separate bill. However, you may have to submit a separate bill if your intermediary requires it.

D. HCPCS Coding.--Bill for the vaccines using the following HCPCS codes listed below:

90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use;
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use;
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use;
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use;
90744	Hepatitis B vaccine, pediatric or pediatric/adolescent dosage, for intramuscular use;
90745	Hepatitis B vaccine, adolescent/high risk infant dosage, for intramuscular use;
90746	Hepatitis B vaccine, adult dosage, for intramuscular use;
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage, for intramuscular use;
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use.

These codes are for the vaccines only. Bill for the administration of the vaccines using HCPCS code G0008 for the influenza virus vaccine, G0009 for the PPV, and G0010 for the hepatitis B vaccine.

E. Applicable Revenue Codes.--Bill for the vaccines using revenue code 636. Bill for the administration of the vaccines using revenue code 771.

F. Other Coding Requirements.--You must report a diagnosis code for each vaccine if the sole purpose for the visit is to receive the vaccines or if the vaccines are the only service billed on a claim. Report code V04.8 for the influenza virus vaccine, code V03.82 for PPV, and code V05.3 for the hepatitis B vaccine. In addition, for the influenza virus vaccine, report UPIN code SLF000 if the vaccine is not ordered by a doctor of medicine or osteopathic medicine.

G. Special Billing Instructions for Home Health Agencies (HHAs).--The following provides billing instructions for HHAs in various situations:

o Where the sole purpose for an HHA visit is to administer a vaccine (influenza, PPV, or hepatitis B), Medicare will not pay for a skilled nursing visit by you under the HHA benefit. However, the vaccine and its administration is covered under the vaccine benefit. The administration should include charges only for the supplies being used and the cost of the injection. Do not charge for travel time or other expenses (i.e., gasoline). In this situation, bill under bill type 34X and use revenue code 636 along with the appropriate HCPCS code for the vaccine and revenue code 771 along with the appropriate HCPCS code for the administration.

NOTE: A separate bill is not allowed for the visit.

o If a vaccine (influenza, PPV, or hepatitis B) is administered during the course of an otherwise covered home health visit, (e.g., to perform wound care), the visit would be covered as normal but you must not include the vaccine or its administration in your visit charge. In this case, you would still be entitled to payment for the vaccine and its administration under the vaccine benefit. In this situation, you bill under bill type 34X and use revenue code 636 along with the appropriate HCPCS code for the vaccine and revenue code 771 along with the appropriate HCPCS code for the administration.

NOTE: A separate bill is required for the visit.

o Where a beneficiary does not meet the eligibility criteria for coverage, a home health nurse may be paid for the vaccine (influenza, PPV, or hepatitis B) and its administration. No skilled nursing visit charge is billable. The administration should include charges only for the supplies being used and the cost of the injection. Do not charge for travel time or other expenses (i.e., gasoline). In this situation, you bill under bill type 34X and use revenue code 636 along with the appropriate HCPCS code for the vaccine and revenue code 771 along with the appropriate HCPCS code for the administration.

If a beneficiary meets the eligibility criteria for coverage, and their spouse does not, and the spouse wants an injection the same time as a nursing visit, bill in accordance with the above bullet point.

H. Simplified Billing of Influenza Virus Vaccine by Mass Immunizers.--Some potential "mass immunizers" have expressed concern about the complexity of billing for the influenza virus vaccine and its administration. Consequently, to increase the number of beneficiaries who obtain needed preventive immunizations, simplified (roster) billing procedures are available to mass immunizers. A mass immunizer is defined as any entity that gives the influenza virus vaccine to a group of beneficiaries, e.g., at Public Health Clinics, shopping malls, grocery stores, senior citizen homes, and health fairs. To qualify for roster billing, immunizations of at least five beneficiaries on the same date is required.

The simplified process involves use of the HCFA-1450. When conducting mass immunizations, attach a standard roster to a single pre-printed HCFA-1450 which will contain the variable claim information regarding the service provider and individual beneficiaries.

The roster must contain, at a minimum, the following information:

o Provider name and number;