

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 515	Date: JULY 10, 2009
	Change Request 6539

Subject: 2009 Reminder for Roster Billing and Centralized Billing for Influenza and Pneumococcal Vaccinations

I. SUMMARY OF CHANGES: This CR serves to remind the Medicare Physician Community of the requirements to correctly complete roster billing and centralized billing for influenza and pneumococcal immunizations.

New / Revised Material

Effective Date: August 10, 2009

Implementation Date: August 10, 2009

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-*Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

SECTION B: 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:

One-Time Notification

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

Attachment – One-Time Notification

Pub. 100-20	Transmittal: 515	Date: July 10, 2009	Change Request: 6539
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SUBJECT: 2009 Reminder For Roster Billing and Centralized Billing For Influenza and Pneumococcal Vaccinations

Effective Date: August 10, 2009

Implementation Date: August 10, 2009

I. GENERAL INFORMATION

A. Background: Part B of Medicare pays 100 percent for pneumococcal vaccines and influenza virus vaccines and their administration. The Part B deductible and coinsurance do not apply for pneumococcal and influenza virus vaccine.

Effective for services furnished on or after July 1, 2000, 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. Typically, the pneumococcal vaccine is administered once in a lifetime. Claims are paid for beneficiaries who are at high risk of pneumococcal disease and have not received a pneumococcal vaccine within the last five years or are revaccinated because they are unsure of their vaccination status.

Medicare allows one flu shot per year. Medicare does not require for coverage purposes that a doctor of medicine or osteopathy order the vaccine. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

Contractors should be aware that a vaccine is being developed for the H1N1 virus. Additionally, contractors should be aware that the development of the H1N1 virus vaccine could result in beneficiaries receiving more than one influenza vaccine during the upcoming influenza season. CMS will release more information regarding the development of the H1N1 virus vaccine and any coding updates in future change request(s) as necessary.

B. Policy:

All providers except Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) suppliers, already enrolled in the Medicare program may render and bill for providing influenza and/or pneumococcal vaccinations. DMEPOS suppliers must enroll as a Mass Immunization Roster Biller (specialty provider type 73) with a local A/B MAC or legacy carrier to render and bill for influenza and/or pneumococcal vaccinations services to Medicare beneficiaries.

Providers who only render influenza and/or pneumococcal vaccination services must enroll as one of two types of providers. Such providers may enroll as a Mass Immunization Roster Biller (specialty 73) or a Centralized Biller. These provider types must accept assignment on both the vaccine and the administration; bill only for influenza and/or pneumococcal vaccinations; and submit claims using the roster billing process.

Mass immunizers are providers who enroll in the Medicare program to offer the influenza and/or pneumococcal vaccinations to multiple beneficiaries. This provider type (specialty 73) may not bill Medicare for any services other than pneumococcal and/or influenza virus vaccines and their administration. The providers must be properly licensed in the States in which they plan to operate flu clinics. Enrollment for mass immunizers is ongoing and must be completed through the local A/B MAC, or carrier. Mass immunizers must submit their

claims to their local Medicare contractor for processing. These providers must attach to the CMS-1500 (08-05) paper claim form, a roster which contains the variable claims information regarding the supplier of the service and the individual beneficiaries. Mass immunizers should obtain guidance from their local contractor on how to complete the Form CMS-1500 paper claim and the roster. Mass immunizers should also check with their local contractor on the availability of electronic software for filing influenza and pneumococcal roster claims electronically.

Centralized Billers are mass immunizers who have applied to become centralized billers when they operate in at least three payment localities for which there are three different carriers or A/B MACs processing claims. Individuals and entities must be properly licensed in the States in which they plan to operate flu and/or pneumococcal clinics. Participation as a centralized biller is limited to one year and must be renewed annually by contacting the CMS central office by June 1 to request participation for the upcoming year. Centralized billers must agree to submit their roster bill claims electronically to the designated specialty contractor. The specialty contractor will provide instructions on acceptable roster billing formats to the approved centralized billers. Paper claims will not be accepted. Claims for centralized billers are processed by the specialty contractor regardless of the locality where the service was rendered. Payment is made based on the payment locality where the service was provided.

Providers and suppliers must enroll using the appropriate CMS 855 provider enrollment form. Information on provider enrollment forms can be found on the CMS website at http://www.cms.hhs.gov/MedicareProviderSupEnroll/02_EnrollmentApplications.asp. Refer to the Internet Only Manual (IOM) Publication 100-04, Chapter 18, Sections 10-10.5 for more information on billing requirements.

The Centers for Medicare & Medicaid Services offers a number of free educational products on its Medicare Learning Network (MLN). These products are available on the MLN Preventive Services Educational Products web page located at http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp#TopOfPage

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E C	C A R I E R	R H I I E R	Shared-System Maintainers				OTH ER
						F I S S	M C S	V M S	C W F		
6539.1	Contractors shall comply with the policy described in the instruction and use the information for educational purposes.	X		X	X						

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I	Shared-System Maintainers				OTH ER
							F I S S	M C S	V M S	C W F	
6539.2	<p>A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site 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 your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community.</p>	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): Bridgitté M. Davis, (410) 786-4573

Post-Implementation Contact(s): Appropriate Project Officer or Contractor Manager

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:*

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs):*

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