

CMS Manual System

Department of Health &
Human Services (DHHS)

Pub 100-04 Medicare Claims Processing

Center for Medicare &
Medicaid Services (CMS)

Transmittal 681

Date: SEPTEMBER 16,
2005

Change Request 3967

NOTE: Transmittal 633 dated August 3, 2005 is rescinded and replaced with Transmittal 681, dated September 16, 2005. There were changes on the business requirements: Type of Bill 85X was added to business requirements 3967.1 and 3967.2, Reasonable cost was changed to MPFS on BRs 3967.3 and 3967.4, contact name and information was changed from Cindy Murphy to Susan Guerin and Reasonable cost was changed to MPFS under Summary of Changes on the transmittal sheet. All other information remained the same.

SUBJECT: Guidelines For Payment of Vaccines (Pneumococcal Pneumonia Virus (PPV), Influenza Virus, And Hepatitis B Virus) and Their Administration Provided by Indian Health Service (IHS)/Tribally Owned and/or Operated Hospitals and Hospital Based Facilities.

I. SUMMARY OF CHANGES: Guidelines for payment of vaccines (Pneumococcal Pneumonia Virus, Influenza Virus and Hepatitis B Virus) and their administration provided by IHS/Tribally owned and/or operated hospitals and hospital based facilities. Payment shall be made based on the Medicare Physician Fee Schedule (MPFS).

NEW/REVISED MATERIAL :

EFFECTIVE DATE : Claims received on or after January 1, 2006

IMPLEMENTATION DATE : January 3, 2006

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
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R	18/10.2/Billing Requirements
R	18/10.2.2/Bills Submitted to FIs
R	19/Table of Contents
N	19/50.1.2.9/Vaccines and Vaccine Administration

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 681	Date: September 16, 2005	Change Request 3967
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SUBJECT: Guidelines For Payment of Vaccines (Pneumococcal Pneumonia Virus (PPV), Influenza Virus, And Hepatitis B Virus) and Their Administration Provided by Indian Health Service (IHS)/Tribally Owned and/or Operated Hospitals and Hospital Based Facilities.

I. GENERAL INFORMATION

A. Background: It has been brought to CMS’ attention that vaccines provided as the only service in IHS/Tribally owned and/or operated hospitals and hospital-based facilities have not been billed as a service due to the All Inclusive Rate (AIR) payment methodology. The vaccines covered under Medicare Part B are considered to be a separate benefit and should not be included in the AIR. Payment for vaccines (PPV, Influenza Virus, and Hepatitis B Virus) and their administration provided by IHS/Tribal facilities should be billed separately from the AIR effective January 1, 2006. This instruction provides guidelines for the payment of these vaccines and their administration by IHS/Tribal hospital and Hospital based facilities. See Internet-Only-Manual Pub. 100-04, Chapter 18, §10.2.1 for appropriate HCPCS coding and §10.2.2 for appropriate revenue coding. Chapter 18, §10.2 explains when MSP edits are bypassed by CWF and FISS for PPV or Influenza Virus vaccine bills. Chapter 25 of the Internet-Only-Manual Pub. 100-04 provides general billing instructions for vaccines.

B. Policy: See Internet-Only Manual Publication 100-04, Chapter 18, §10.2.

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
		I	H	a	M	F	M	V	C	
			H	r	E	I	C	M	W	
			I	r	R	S	S	S	F	
			e	i	C					
			r	e						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3967.1	Effective January 1, 2006, the FISS shall accept and process Type of Bill (TOB) 12X, 13X, 83X and 85X claims for vaccines (PPV, Influenza Virus, and Hepatitis B Virus) and their administration that are submitted by IHS/Tribal facilities. The payment for these vaccines and their administration shall be calculated separate from the AIR.					X				
3967.2	FISS shall accept and process TOBs 12X, 13X, 83X and 85X for these vaccines and their administration based on the applicable Revenue Codes (RCs) and the appropriate HCPCS codes listed in Chapter 18 §10.2 of the Claims Processing Manual.					X				
3967.3	TrailBlazer Health shall pay for vaccines (PPV, Influenza Virus, and Hepatitis B Virus) to these hospital and hospital-based facilities based on the MPFS. This payment will be separate from the AIR.	X								
3967.4	TrailBlazer Health shall pay for vaccine administration (PPV, Influenza Virus, and Hepatitis B Virus) to these hospital and hospital-based facilities based on the MPFS. This payment will be separate from the AIR.	X								
3967.5	TrailBlazer Health shall calculate and apply the appropriate coinsurance and Medicare deductible amounts to claims for Hepatitis B Virus vaccine and its administration. Note: Coinsurance and Medicare deductibles do not apply to PPV and Influenza Virus vaccines.	X								
3967.6	TrailBlazer Health shall pay claims according to this instruction for claims received on or after January 1, 2006.	X								
3967.7	FISS shall accept and process roster claims for vaccines (PPV and Influenza Virus) based on the instructions in Chapter 18 §10.3.2 of the Claims Processing Manual.	X				X				

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2006 Implementation Date: January 3, 2006 Pre-Implementation Contact(s): Susan Guerin 410-786-6138 Susan.Guerin@cms.hhs.gov Post-Implementation Contact(s): Appropriate RO	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
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Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

10.2 - Billing Requirements

(Rev.681, Issued: 09-16-05, Effective: 01-01-06, Implementation: 01-03-06)

A - Edits Not Applicable to PPV or Influenza Virus Vaccine Bills and Their Administration The CWF and shared systems bypass all Medicare Secondary Payer (MSP) utilization edits in Common Working File (CWF) on all claims when the only service provided is PPV or influenza virus vaccine and/or their administration. This waiver does not apply when other services (e.g., office visits) are billed on the same claim as PPV or influenza vaccinations. If the provider knows or has reason to believe that a particular group health plan covers PPV or influenza virus vaccine and their administration, and all other MSP requirements for the Medicare beneficiary are met, the primary payer must be billed.

First claim development alerts from CWF are not generated for PPV or influenza virus vaccines. However, first claim development is performed if other services are submitted along with PPV or development is performed if other services are submitted along with PPV or influenza virus vaccines.

See the Medicare Secondary Payer Manual, Chapters 4 and 5, for responsibilities for MSP development where applicable.

B – Intermediary (FI) Bills

Chapter 25 of this manual provides general billing instructions that must be followed for bills submitted to FIs.

The following “providers of services” may administer and bill the FI for these vaccines:

- Hospitals;
- Critical Access Hospitals (CAHs);
- Skilled Nursing Facilities (SNFs);
- Home Health Agencies (HHAs);
- Comprehensive Outpatient Rehabilitation Facilities (CORFs); and
- *Indian Health Service (IHS)/Tribally owned and/or operated hospitals and hospital-based facilities.*

Other billing entities that may bill the FI are:

- Independent Renal Dialysis Facilities (RDFs).

All providers bill the FI for hepatitis B on Form CMS-1450. Providers other than independent RHCs and freestanding FQHCs bill the FI for influenza and PPV on Form CMS-1450. (See §10.2.2.2 of this chapter for special instructions for independent RHCs and freestanding FQHCs and §10.2.4 of this chapter for hospice instruction.)

FIs instruct providers, other than independent RHCs and freestanding FQHCs, to bill for the vaccines and their administration on the same bill. Separate bills for vaccines and their administration are not required. The only exceptions to this rule occur when the vaccine is administered during the course of an otherwise covered home health visit since the vaccine or its administration is not included in the visit charge. (See §10.2.3 of this chapter).

C - Carrier Claims

1 - Billing for Additional Services

When a physician/supplier administers PPV, influenza virus, or hepatitis B vaccines without providing any other additional services during the visit, the provider may only bill for the vaccine and its administration. These services are always separately payable, whether or not other services are also provided during the same encounter. The physician/supplier may bill for additional reasonable and necessary services in addition to the administration of PPV, influenza virus, and/or hepatitis B vaccines.

2 - Nonparticipating Physicians and Suppliers

Nonparticipating physicians and suppliers (including local health facilities) that do not accept assignment may collect payment from the beneficiary for the administration of the vaccines, but must submit an unassigned claim on the beneficiary's behalf. Effective for claims with dates of service on or after February 1, 2001, per §114 of the Benefits Improvement and Protection Act of 2000, all drugs and biologicals must be paid based on mandatory assignment. Therefore, regardless of whether the physician and supplier usually accept assignment, they must accept assignment for the vaccines, may not collect any fee up front, and must submit the claim for the beneficiary.

Entities, such as local health facilities, that have never submitted Medicare claims must obtain a provider identification number for Part B billing purposes.

3 - Beneficiary Submitted Claims

Carriers process beneficiary-submitted claims under procedures that are applied in other situations in which unassigned claims (e.g., Form CMS-1490s) are received from beneficiaries. The carrier sends an enrollment application to the physician or

supplier shown on the beneficiary's receipt. Carriers must assign a provider number upon receipt of the application. (See the Program Integrity Manual, Chapter 10 for detailed instructions).

4 - Separate Claims for Vaccine and Their Administration

In situations in which the vaccine and the administration are furnished by two different entities, the entities should submit separate claims. For example, a supplier (e.g., a pharmacist) may bill separately for the vaccine, using the Healthcare Common Procedural Coding System (HCPCS) code for the vaccine, and the physician or supplier (e.g., a drugstore) who actually administers the vaccine may bill separately for the administration, using the HCPCS code for the administration. This procedure results in carriers receiving two claims, one for the vaccine and one for its administration.

For example, when billing for influenza vaccine administration only, billers should list only HCPCS code G0008 in block 24D of the Form CMS-1500. When billing for the influenza vaccine only, billers should list only HCPCS code **90658** in block 24D of the Form CMS -1500. The same applies for PPV and hepatitis B billing using PPV and hepatitis B HCPCS codes.

10.2.2 - Bills Submitted to FIs

(Rev.681, Issued: 09-16-05, Effective: 01-01-06, Implementation: 01-03-06)

The applicable types of bills acceptable when billing for influenza and PPV are 12X, 13X, 22X, 23X, 34X, 72X, 75X, **83X** and 85X.

The following revenue codes are used for reporting vaccines and administration of the vaccines for all providers except RHCs and FQHCs. Independent and Provider Based RHCs and FQHCs follow §10.2.2.2 below when billing for influenza, PPV and hepatitis B vaccines.

Units and HCPCS codes are required with revenue code 0636:

Revenue Code	Description
0636	Pharmacy, Drugs requiring detailed coding (a)
0771	Preventive Care Services, Vaccine Administration

In addition, for the influenza virus vaccine, providers report condition code M1 in Form Locator (FLs) 24-30 when roster billing. See roster billing instructions in §10.3 of this chapter.

When vaccines are provided to inpatients of a hospital or SNF, they are covered under the vaccine benefit. However, the hospital bills the FI on bill type 12X using the discharge date of the hospital stay or the date benefits are exhausted. A SNF submits type of bill 22X for its Part A inpatients.

Medicare Claims Processing Manual

Chapter 19 – Indian Health Services

Table of Contents

(Rev. 681, 09-16-05)

50.1.2.9 - Vaccines and Vaccine Administration

50.1.2.9 – Vaccines and Vaccine Administration

(Rev.681, Issued: 09-16-05, Effective: 01-01-06, Implementation: 01-03-06)

Part B payment may be made to Indian Health Service (IHS), tribe and tribal organization facilities that furnish vaccines including Pneumococcal Pneumonia Virus (PPV), Influenza Virus and Hepatitis B Virus. Part B payment may be made to IHS, tribe and tribal organization facilities for the administration of these vaccines. See Chapter 18 of the Claims Processing Manual for more information on this benefit.