Welcome and Reminders

Cailin Calonge
Event Lead/Chat Manager

• Please be prepared for sharing and open discussion
• Slides and a recording from today’s session can be found on: www.healthcarecommunities.org
Set the Tone

- Please commit to being...
  - Fully present and engaged
  - Open-minded
  - Collaborative and willing to participate
  - Willing to share successes and challenges
  - Ready to value each other’s experiences
Today’s Topics

• Coding and Billing for Vaccinations
  – Vaccines and Medicare Coverage
  – Who Can Administer/Bill Vaccines
  – Medicare Part B Billing & Claims
  – Roster Billing
  – Vaccines and IPPE & AWV
  – Top 7 Part B Claims Denial Reasons
Meet Your Speaker

Edna Noré, MPH
CMS Atlanta Regional Office
• Vaccines and Medicare Coverage
• Who Can Administer/Bill Vaccines
• Medicare Part B Billing & Claims
• Roster Billing
• Vaccines and Initial Preventative Physical Exam & Annual Wellness Visit
• Top 8 Part B Claims Denial Reasons
The Four Parts of Medicare

Part A
Hospital Insurance

Part B
Medical Insurance

Part C
Medicare Advantage Plans

Part D
Medicare Prescription Drug Coverage
**Regardless of Setting**

- Influenza Virus (flu) vaccine
- Pneumococcal (Pneumonia) vaccine
- Hepatitis B vaccine (intermediate or high risk)
- Vaccines directly related to **treatment** of an injury or direct **exposure** to a disease or condition

**Examples:**

- Immune globulin (90281, 90283, 90284)
- Botulin antitoxin (90287, 90288)
- Anti-rabies treatment (90375, 90376, 90675, 90676)
- Tetanus, diphtheria and pertussis (Tdap) (90620, 90621, 90697)
Vaccines Covered By Medicare Part D

• All commercially available vaccines that are not covered by Part B.
• Part D plans identify covered vaccines through formularies.
• Part D vaccines may only be excluded when their administration is not reasonable and necessary for the prevention of illness.
• Contact patient’s plan to find out about vaccine coverage.
Adult Vaccines Recommended By CDC

- Influenza (Flu)
- Pneumococcal
- Hepatitis B (intermediate and high risk only)
- Herpes Zoster (Shingles)
- Hepatitis A
- HPV (Human Papillomavirus)
- Meningococcal
- MMR (Measles, Mumps, Rubella)
- Varicella (Chickenpox)
- Td/Tdap (Tetanus, Diphtheria, Pertussis) – (only if injured or exposed to disease)
Influenza Virus Vaccine

Coverage

- Once per influenza season
- Additional vaccines covered, if reasonable and medically necessary.

Administration Code

- G0008

Vaccine Codes

- 90630
- 90653
- 90654
- 90655
- 90656
- 90657
- 90660
- 90661
- 90662
- 90669
- 90670
- 90672
- 90673
- 90674
- 90685
- 90686
- 90687
- 90688
- Q2035 – Q2039
Influenza Virus Vaccine

Diagnosis Code
● Z23

Reimbursement
● 100% of Medicare allowable amount for vaccine and administration.

Notes
● Physician’s order and supervision is not required.
● Part B deductible and coinsurance does not apply.
Pneumococcal Pneumonia Vaccine (PPV)

Coverage
● An initial PPV to Medicare beneficiaries who never received the vaccine under Medicare Part B
● A different, second PPV 1 year after the first vaccine was administered
● If a beneficiary is uncertain about his/her vaccination history

Administration Code
● G0009

Vaccine Codes
● 90669 ● 90670 ● 90732
Pneumococcal Pneumonia Vaccine (PPV)

Diagnosis Code
● Z23

Reimbursement
● 100% of Medicare allowable amount for vaccine and administration.

Notes
● Physician’s order and supervision is not required.
● Part B deductible and coinsurance does not apply.
Hepatitis B Vaccine

Coverage
- Certain Medicare beneficiaries at intermediate or high risk for contracting hepatitis B
- Scheduled dosages required

Administration Code
- G0010

Vaccine Codes
- 90739
- 90740
- 90743
- 90744
- 90746
- 90747
Hepatitis B Vaccine

Diagnosis Code

- Z23

Reimbursement

- 80% of Medicare allowable amount for vaccine and administration.

Notes

- Physician’s order and supervision is required.
- Part B deductible and coinsurance does not apply.
Hepatitis B Vaccine

Immediate Risk Groups Currently Identified
● Staff in institutions for the mentally retarded, and
● Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work

High Risk Group Currently Identified
● ESRD patients
● Hemophiliacs who receive Factor VIII or IX concentrates
● Clients of institutions for the mentally retarded
● Persons who live in the same household as a Hep B Virus carrier
● Homosexual men
● Illicit injectable drug abusers
● Persons diagnosed with diabetes mellitus
Who Can Administer/Bill Vaccines?

**Institutional Providers**
- Hospitals
- Critical Access Hospitals (CAHs)
- Skilled Nursing Facilities (SNFs)
- Home Health Agencies (HHAs)
- Hospices
- Comprehensive Outpatient Rehab Facilities (CORFs)
- Indian Health Service (IHS) facilities
- Independent Renal Dialysis Facilities (RDFs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

**Non-Institutional Providers**
- Physicians
- Nurse Practitioners
- Physicians Assistants
- Clinical Nurse Specialist
- Pharmacists
- Pharmacy
Institutional Medicare Providers

- Submit 837I or Form CMS-1450 (UB-04) to bill for influenza and pneumococcal vaccines. (*Exception: RHCs and FQHCs*)
- Submit 8371 or Form CMS-1450 (UB-04) to bill for hepatitis B vaccine. (*No exceptions*)
- Bill vaccines and their administration on the same bill. (*Exception: RHCs, FQHCs, and covered home health visits*)

Non-Institutional Medicare Providers

- Submit Form CMS-1500 (or its electronic equivalent) to bill for influenza, pneumonia, and hepatitis B vaccines.
- If the vaccine and its administration are furnished by two different entities, the entities should submit separate claims.
  - Example: Billing vaccine administration only, list only vaccine administration HCPCS code in block 24D of Form CMS 1500. Billing vaccine only, list only vaccine HCPCS code in block 24D.
NPI

- A National Provider Identifier (NPI) is required for Part B vaccine billing.
- Entities, such as local health facilities, that have never submitted Medicare claims must obtain a NPI for Part B billing purposes.
- The NPI of the ordering and/or referring physician must be entered on the claim for the hepatitis B vaccine.
- The NPI must be included for the influenza and pneumococcal vaccines.

Enrollment & Assignment

- All providers and suppliers must be enrolled in Medicare and must accept assignment on the claim.

Claims

- Claims must include both the procedure and diagnosis codes, and modifier when appropriate.
- Use only ICD-10 codes.
 Modifier 25

- Indicates a significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service occurred.
- Documentation in the patient's medical record must support the use of this modifier.

When Not to Use

- If the sole purpose of the patient’s visit is for administering the vaccine, then modifier 25 is not applicable.

When to Use

- If the purpose of the patient’s visit is for a separate, unrelated service or procedure, then modifier 25 is applicable.
- Should be appended to the E/M service.
Part B Vaccines & Modifier 25

Modifier 25

Did a procedure performed on the same day as E/M?

- **NO**: Modifier 25 is not appropriate.

- **YES**: Was the E/M significant and separately identifiable?
  
  - **NO**: Bill the E/M code with modifier 25.
  
  - **YES**:
Examples

- **Appropriate Use**
  - A patient is seen in the office for a sprained ankle. During the visit, she receives the flu vaccine.
  - In this case the sprained ankle is considered to be a separate and significant service.

- **Inappropriate Use**
  - A patient is seen in the office for simple repair of a laceration of the right finger. It is determined that it has been longer than ten years since his last Td vaccine. After the repair, the wound is dressed, wound care instructions are given and a Td booster is administered. An E&M component is included in the pre and post-work for the laceration.
  - The work done is considered part of the typical care associated with this type of injury.
Roster Billing & Mass Immunizers

Roster Billing
- A simplified billing process that allows mass immunizers to submit one claim form with a list of several immunized beneficiaries
- Roster billing is not available for hepatitis B vaccinations; available only for influenza virus and pneumococcal vaccinations

Mass Immunizer
- A Medicare-enrolled provider offering influenza virus vaccinations, pneumococcal vaccinations, or both to a group of individuals
- Can be either
  - A traditional Medicare provider or supplier
  - A nontraditional provider
- May use roster billing
Roster Billing

- Applies to providers (institutional and non-institutional) other than RHCs and FQHCs that conduct mass immunizations.

- **Institutional Medicare Providers:** Must vaccinate at least five beneficiaries on the same date to roster bill.

- **Non-Institutional Medicare Providers:** Not required to vaccinate at least five beneficiaries on the same date to roster bill.

- Providers submit roster bills via paper, and if available, electronically.

- Providers submit separate CMS-1450/1500 claim forms, along with separate roster bills, for pneumococcal and influenza roster billing.

- 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.**
Requirements for Mass Immunizers that Roster Bill

- Be properly licensed in the States where you operate
- Be enrolled in the Medicare Program
- Accept assignment on both the vaccinations and their administration
- Use roster billing only
- Bill a Medicare Administrative Contractor
- Use this process to bill only for influenza virus and pneumococcal vaccinations and administration
Q1: Are vaccines included in the initial preventative physical examination (IPPE)?
A1: No. Vaccine codes are not bundled with IPPE codes.

Q2: Can providers bill vaccines during the IPPE?
A2: Yes. Providers can bill vaccines during the IPPE. Providers must bill for the vaccine and its administration on the claim using the appropriate codes.
Q1: Are vaccines included in the AWV (annual wellness visit)?

A1: No. Vaccines are not included in the AWV.

Q2: Can providers bill vaccines during the AWV?

A2: Yes. Providers may provide other medically necessary services on the same date as an AWV. Providers must include the vaccine and its administration on the claim using the appropriate codes.
Top 8 Claims Denial Reasons for Vaccinations

1. Beneficiary is enrolled in a MA plan.
2. Duplicate claim.
3. Diagnosis code not reported on claim.
4. Incorrect HCPCS code reported on claim.
5. Missing or invalid SSN/HICN/NPI on claim.
6. Modifier 25 is inappropriately used.
7. Documentation is incomplete/insufficient.
8. Incorrect use of roster billing.
<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
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<tbody>
<tr>
<td>Medicare Claims Processing Manual (Publication 100-04), Chapter 18, Section 10.3</td>
<td>CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf</td>
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<tr>
<td>Seasonal Influenza Vaccines Pricing</td>
<td>CMS.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html</td>
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<td><strong>RESOURCES</strong></td>
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<td><strong>Contact the MAC</strong></td>
<td><a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map">https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map</a></td>
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<tr>
<td><strong>Medicare Enrollment Application Form CMS-855</strong></td>
<td><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html</a></td>
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<tr>
<td><strong>Medicare Preventive Services</strong></td>
<td><a href="https://www.cms.gov/Medicare/Prevention/PreventionGenInfo">https://www.cms.gov/Medicare/Prevention/PreventionGenInfo</a></td>
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<tr>
<td><strong>Medicare Provider-Supplier Enrollment</strong></td>
<td><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html</a></td>
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RESOURCES Example

CMS.gov
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | FAQs | Archive | + Share ? Help Print

Learn about your health care options

Home > Outreach and Education > MLN Homepage > MLN Homepage

MLN Homepage | Publications & Multimedia | Newsletters & Social Media | Events & Training | Continuing Education Credits | Provider Compliance

What’s New?
The MLN has a new look and now offers:
- Enhanced navigation
- Improved categorization
- Streamlined content

Share your thoughts.

Did You Know?
National provider associations can partner with CMS to share the latest news with their members.

The Medicare Learning Network®

Free educational materials for health care professionals on CMS programs, policies, and initiatives. Get quick access to the information you need.

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- Publications
- MLN Matters Articles
- Multimedia

Events & Training
- National Provider Calls & Events
- Web-Based Training

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- MLN Connects

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- Earn continuing education credit

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This educational tool provides the following information on Medicare preventive services: Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes; International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes; coverage requirements; frequency requirements; and Medicare beneficiary liability for each Medicare preventive service.

**Please note:** The information in this educational product applies only to the Medicare Fee-For-Service Program (also known as Original Medicare). For additional guidance on using diagnosis codes, go to the Medicare Claims Processing Manual, Chapter 13 on the Centers for Medicare & Medicaid Services (CMS) website.

Watch the CMS Provider Minute: Preventive Services video for pointers to help you submit sufficient documentation when billing for certain preventive services.

**NOTE:** When you request Medicare eligibility, CMS provides the dates a beneficiary may receive many of these preventive services. If you do not currently get this data, contact your eligibility service provider to determine availability. Refer to the Frequently Asked Questions section of this document for information on how to request the next eligible date.
Questions?

Please send questions to:
CMS Atlanta Regional Office (RO4)
PartABInquiriesRO4@cms.hhs.gov
Questions & Sharing
Next Upcoming Events

7/12 Medication Safety LAN Event – What Can Chronic Care Management Do For You?

8/09 National LAN Event – Managing Hypertension to Achieve Heart Health

*For a more complete and up-to-date list of calls, please visit the Healthcare Communities Calendar.*
Thank you for participating!

- **QIN NCC email** - QINNCC@area-d.hcqis.org

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