Medicare Coverage & Payment for Immunizations

Barbie Robinson, MPP, Esq.
Associate Regional Administrator
Atlanta Division of Financial Management & Fee for Service Operations

May 14, 2015

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

(CPT only, copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.)
History of Coverage of Preventive Services including Immunizations

- Medicare program established in 1965
- Coverage for individual preventive services specified in statute, including certain immunizations, began in the 1980s. Additional prevention coverage may now be added through the National Coverage Determination (NCD) process.

Medicare Part B Coverage of Preventive Services -- What is Covered?

- "Welcome To Medicare" visit (Initial Preventive Physical Examination or "IPPE")
- Annual Wellness Visit (or "AWV")
- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease (CVD) Risk Reduction Visit
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
  - Screening fecal occult blood test
  - Multi-target stool DNA screening test (Cologuard)
  - Screening flexible sigmoidoscopy
  - Screening colonoscopy
  - Screening barium enema
- Depression screening
- Diabetes screenings
- Diabetes self-management training
- Flu shots (Vaccine)
- Glaucoma tests
- Hepatitis B shots (Vaccine)
- Hepatitis C Virus Screening
- HIV screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Pneumococcal shot (Vaccine)
- Prostate cancer screening
- Sexually transmitted infections screening and counseling
- Tobacco use cessation counseling
“Welcome to Medicare” Visit (Initial Preventive Physical Exam)

“IPPE”
• One-time preventive visit within the first 12 months of Part B enrollment, which includes:
  – a review of the patient’s medical and social history
  – education and counseling on recommended preventive services
  – additional preventive tests or services, or referrals for such tests or services, depending on the patient’s general health and medical history.

Billing and Coding for IPPE
• Medicare covers an IPPE when performed by a:
  – Physician (a doctor of medicine or osteopathy); or
  – Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist).

• When you furnish a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service in addition to the IPPE, Medicare may pay separately for the additional service.
Medicare covers an Annual Wellness Visit (AWV) providing Personalized Prevention Plan Services (PPPS) for beneficiaries who:

– Are not within the first 12 months of Part B enrollment and
– Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months.

The AWV includes a Health Risk Assessment (HRA).

Medicare Part B covers an AWV if performed by a:

– Physician (a doctor of medicine or osteopathy);
– Qualified non-physician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist); or
– Medical professional (including a health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals who are working under the direct supervision of a physician (doctor of medicine or osteopathy).

When you provide a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service in addition to the AWV, Medicare may separately pay for the additional service.
### Immunization Coverage
#### Medicare Part B vs. Part D

<table>
<thead>
<tr>
<th>Part B covers...</th>
<th>Part D may cover...</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hepatitis B</td>
<td>• Vaccines not covered by Part B</td>
</tr>
<tr>
<td>• Seasonal Influenza</td>
<td>• Drug and Vaccine on Plan Formulary</td>
</tr>
<tr>
<td>• Pneumococcal</td>
<td>• New preventive vaccines</td>
</tr>
</tbody>
</table>

Both Medicare Part B and Part D cover the administration **and** the vaccine.

---

### Payment for Immunizations under Medicare Part B

Total payment = Cost of Vaccine + Compensation for Vaccine Administration

<table>
<thead>
<tr>
<th>Payment for Vaccine</th>
<th>Payment for Administration of Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>• National payment allowance for vaccines is based on Average Wholesale Price (AWP)</td>
<td>• Linked to payment for services under the Medicare Physician Fee Schedule</td>
</tr>
<tr>
<td>• Flu amount updated annually</td>
<td>• Allowed amount varies based on Medicare payment locality</td>
</tr>
<tr>
<td>• Hepatitis B and pneumococcal amounts updated quarterly</td>
<td></td>
</tr>
</tbody>
</table>

---
Seasonal Influenza Vaccines Payment and Pricing

- Medicare Part B payment allowance for seasonal influenza and pneumococcal vaccines is 95% of the Average Wholesale Price (AWP) as reflected in published compendia, except when the vaccine is furnished in a hospital outpatient department.

- When the vaccine is furnished in a hospital outpatient department, payment for the vaccine is based on reasonable cost. Payment for administering the vaccine is made under the hospital outpatient prospective payment system (OPPS).

- Payment allowances and effective dates for the 2014-2015 flu season can be found at: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html

Seasonal Influenza Vaccines Payment and Pricing

- Medicare typically pays for one seasonal influenza virus vaccination per influenza season.

- A beneficiary could receive the seasonal influenza virus vaccine twice in a calendar year for two different influenza seasons and the provider would be paid for each.
  - For example, a beneficiary could receive a seasonal influenza virus vaccination in January 2011 for the 2010-2011 influenza season and another seasonal influenza virus vaccination in November 2011 for the 2011-2012 influenza season and Medicare would pay for both vaccinations.
Medicare Part B Billing Requirements
Provider Enrollment

• Providers must enroll in the Medicare program even if immunizations are the only service they will provide to beneficiaries.

• For Influenza and PPV: Mass immunization roster billers should enroll as provider specialty type 73 by completing Form CMS-855I for individuals or Form CMS-855B for a group.

Medicare Part B Billing Requirements
Who Can Bill

– Physicians
– Suppliers
– Hospices
– Public Health Clinics
– Self-Employed Nurses
– Non-Skilled Nursing Homes
– Assisted Living Facilities
– Mass Immunization Providers
– Hospitals (including Critical Access Hospitals (CAHs), Indian Health Service (IHS) hospitals, and IHS CAHs)

– Federally Qualified Health Centers (FQHCs)
– Rural Health Clinics (RHCs)
– Skilled Nursing Facilities (SNFs)
– Certified Home Health Agencies (HHAs)
– Comprehensive Outpatient Rehabilitation Facilities (CORFs)
– Independent and Hospital-Based Renal Dialysis Facilities
Medicare Part B Billing Requirements
Filing Part B Claims

• All physicians, non-physician practitioners and suppliers must accept assignment on the claim for the vaccine.

• All data fields that are required for any Part A or Part B claim are required for vaccines and their administration.

• Billers have 12 months from the date of service to file claims to the Medicare program; otherwise claims will be denied.

• Immunization Procedure Codes & Descriptors can be found at: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/qr_immun_bill.pdf

Medicare Part D Coverage for Immunizations

• The Part D program covers vaccine administration costs as a component of the negotiated price for a Part D vaccine, which includes:
  – Dispensing fee (if applicable)
  – Sales tax
  – Vaccine administration fee and
  – Vaccine ingredient cost

• Part D plans should not charge separate coinsurance or copayments for the vaccine and its administration. If coinsurance or a copayment applies, it should apply to the entire price of both components.
Medicare Part D Billing for Immunizations

- May bill Part D vaccines and associated administration costs as a single claim to the Part D plan.
- Call the patient’s Part D plan to discuss cost-sharing and allowable charges for the vaccine.

Resources

- CMS website:
  - http://www.cms.gov/Immunizations/ (for access to English/Spanish articles, mini-posters and other documents of use with patients).
- CMS Internet Only Manuals:
  - Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services
  - Medicare Claims Processing Manual, Chapter 18 – Preventive and Screening Services
Additional Resources

- **Medicare Learning Network:**
  - “Quick Reference Information: Preventive Services” Educational Tool

- **Additional Resources**
Contact Information

Barbie Robinson, MPP, Esq.
Associate Regional Administrator
CMS Atlanta Regional Office Division of Financial Management and Fee for Service Operations

Sam Nunn Federal Center  Phone: 404-562-7356
61 Forsyth Street, SW, 4T20 PartABInquiriesRO4@cms.hhs.gov
Atlanta, GA 30303