



Coding and Billing for Vaccinations



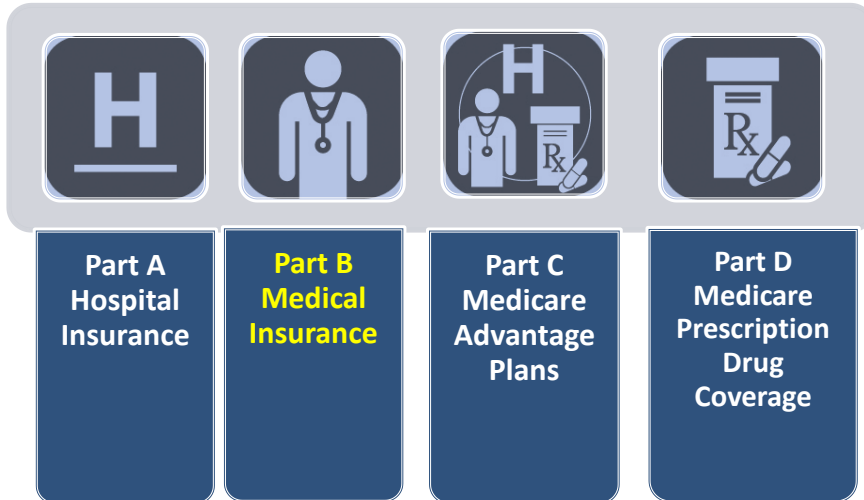
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Atlanta Regional Office

AGENDA

- Vaccines and Medicare Coverage
- Who Can Administer/Bill Vaccines
- Medicare Part B Billing & Claims
- Roster Billing
- Vaccines and IPPE & AWW
- Top 7 Part B Claims Denial Reasons

The Four Parts of Medicare



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Which Vaccines Are Covered By Medicare?

Medicare Part B*

- Influenza Virus (flu) vaccine
- Pneumococcal (Pneumonia) vaccine
- Hepatitis B vaccine**
- Vaccines directly related to **treatment** of an injury or direct **exposure** to a disease or condition
 - ✓ Anti-rabies treatment
 - ✓ Tetanus antitoxin or booster vaccine (Tdap)
 - ✓ Botulin antitoxin
 - ✓ Antivenin sera
 - ✓ Immune globulin
 - ✓ Tetanus, diphtheria and pertussis (Tdap)

* - covered only by Part B regardless of setting

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Which Vaccines Are Covered By Medicare?

Medicare Part D

- All other commercially available vaccines that are not covered by Part B.
- Part D plans identify covered vaccines through formularies.
- Contact your patient's plan to find out about coverage.

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Adult Vaccines

- ✓ **Influenza (Flu)**
- ✓ **Pneumococcal**
- ✓ ***Hepatitis B**

* - maybe covered under Part D

*** - may be covered under Part B

- ✓ Herpes Zoster (Shingles)
- ✓ Hepatitis A
- ✓ HPV (Human Papillomavirus)
- ✓ Meningococcal
- ✓ MMR (Measles, Mumps, Rubella)
- ✓ ***Td/Tdap (Tetanus, Diphtheria, Pertussis)
- ✓ Varicella (Chickenpox)

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Influenza Virus Vaccine

Coverage:

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

Administration Code:

- G0008

Vaccine Codes:

- | | | | |
|-----------------|---------|---------|---------|
| ● 90630 | ● 90656 | ● 90662 | ● 90685 |
| ● 90653 | ● 90657 | ● 90672 | ● 90686 |
| ● 90654 | ● 90660 | ● 90673 | ● 90687 |
| ● 90655 | ● 90661 | ● 90674 | ● 90688 |
| ● Q2035 – Q2039 | | | |

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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.

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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

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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.

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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

Diagnosis Code:

- Z23

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Hepatitis B Vaccine

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.

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Who Can Administer/Bill Vaccines?

- 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)
- Physicians
- Nurse Practitioners
- Physicians Assistants
- Clinical Nurse Specialist
- Pharmacists
- Pharmacy

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Medicare Billing & Claims

- **NPI:**
 - ✓ A National Provider Identifier (NPI) is required for Part B vaccine billing
- **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
 - ✓ Use only ICD-10 codes
 - ✓ Bill vaccines and administration on the same claim.
(*Exceptions: RHC, FQHCs, and covered home health visits*)

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Medicare Billing & Claims

➤ Institutional Medicare Providers:

- ✓ Submit 837I or Form CMS-1450 (UB-04) to bill for influenza and pneumococcal vaccines. (Exception: RHCs and FQHCs)
- ✓ Submit 837I or Form CMS-1450 (UB-04) to bill for hepatitis B vaccine (No exceptions)

➤ Non-Institutional Medicare Providers:

- ✓ Submit Form CMS-1500 to bill for influenza, pneumonia, and hepatitis B

➤ NPI:

- ✓ 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

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Part B Vaccines & Modifier 25

➤ 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

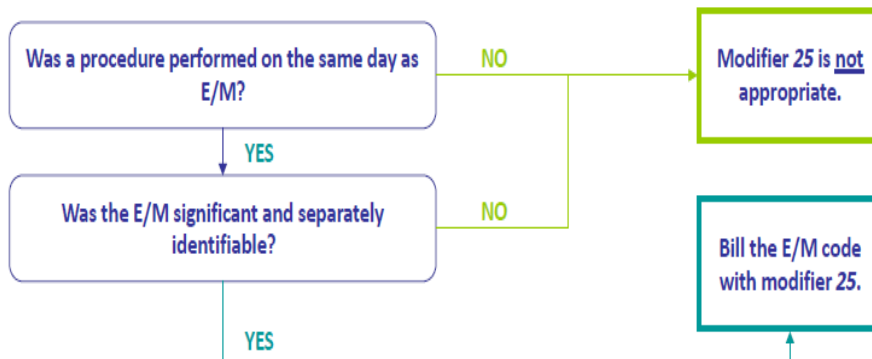
➤ When to Use:

- ✓ 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

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Part B Vaccines & Modifier 25

Modifier 25



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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.

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Roster Billing

➤ **Mass Immunizer:**

- ✓ A Medicare-enrolled provider offering influenza virus vaccinations, pneumococcal vaccinations, or both to a group of individuals
- ✓ May use roster billing

➤ **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

➤ **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

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Roster Billing

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 bills
 - Separate roster bills must be submitted for influenza and pneumococcal vaccines and administrations.
- Bill a Medicare Administrative Contractor
- Use this process to bill only for influenza virus and pneumococcal vaccinations and administration

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Vaccines & IPPE

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.

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Vaccines & AWV

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.

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Top 7 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. Appropriate documentation missing

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Resources

- **CMS website (www.CMS.gov)**
 - CMS Manuals ★
 - Medicare Learning Network (MLN) ★ ★
 - Interactive Medicare Contractor Directory ★
- **Medicare Administrative Contractors (MACs)**
 - Provider Education ★

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MLN Product of the Month

Medicare Preventive Services: Learn about codes; who is covered; frequency; and what the beneficiary pays.

Medicare Preventive Services Crossword Puzzle [Crossword Puzzle \[ZIP, 182KB\]](#)

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