

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3621	Date: October 7, 2016
	Change Request 9052

Transmittal 3540, dated June 10, 2016, is being rescinded and replaced by Transmittal 3621, dated, October 7, 2016, to correct information regarding the payment basis for the vaccines. The policy section of the business requirement form, BR 9052.3 and Pub. 100-04, chapter 18, section 10.2.2.1 are revised to indicate cost reimbursement for vaccines and fee schedule payment for administration. All other information remains the same.

SUBJECT: Billing of Vaccine Services on Hospice Claims

I. SUMMARY OF CHANGES: This Change Request makes changes to Original Medicare systems and provides billing instructions to allow hospices to submit institutional claims for vaccine services.

EFFECTIVE DATE: October 1, 2016

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

IMPLEMENTATION DATE: October 3, 2016

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

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	11/Table of Contents
N	11/30.5/Hospice Claims for Vaccine Services
R	18/10.2/Billing Requirements
R	18/10.2.2/Claims Submitted to MACs Using Institutional Formats
R	18/10.2.2.1/Payment for Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus Vaccines and Their Administration on Institutional Claims
R	18/10.2.3/Institutional Claims Submitted by Home Health Agencies and Hospices
R	18/10.2.4/Payment Procedures for Renal Dialysis Facilities (RDF)

III. FUNDING:

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:

Business Requirements

Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 3621	Date: October 7, 2016	Change Request: 9052
-------------	-------------------	-----------------------	----------------------

Transmittal 3540, dated June 10, 2016, is being rescinded and replaced by Transmittal 3621, dated, October 7, 2016, to correct information regarding the payment basis for the vaccines. The policy section of the business requirement form, BR 9052.3 and Pub. 100-04, chapter 18, section 10.2.2.1 are revised to indicate cost reimbursement for vaccines and fee schedule payment for administration. All other information remains the same.

SUBJECT: Billing of Vaccine Services on Hospice Claims

EFFECTIVE DATE: October 1, 2016

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

IMPLEMENTATION DATE: October 3, 2016

I. GENERAL INFORMATION

A. Background: Influenza virus, pneumococcal, and hepatitis B vaccines may be covered when furnished by a hospice to those beneficiaries who request them, including those who have elected the hospice benefit. Currently, hospices must obtain a supplier number in order to bill Medicare for these services and must submit the services on a professional claim. Hospice provider associations have requested that Medicare allow hospices to bill these services under their hospice enrollment, using the institutional claim format. Hospices use the institutional claim to bill all other covered services.

This proposal provides administrative simplification for both hospices and Medicare. If the services are billable on institutional claims, hospices will not need to maintain separate billing systems to create professional claim formats for vaccine services or to submit paper CMS-1500 claim forms for these services. The Medicare program will reduce the number of enrollments it must process and maintain. It will also reduce claims processing workloads for paper claim submissions.

B. Policy: Effective for dates of service on or after October 1, 2016, Medicare hospice providers may bill for vaccine services on institutional claims. These services will be paid under the Medicare Physician Fee Schedule for administration and under cost reimbursement for the vaccine itself.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC		D M E	Shared- System Maintainers				Other		
		A	B		H H H	M A C	F I S S	M C S		V M S	C W F
9052.1	The contractor shall allow revenue code 0771 (vaccine administration) on hospice claims (Type of Bill 081x or 082x).			X							
9052.2	The contractor shall return to the provider (RTP) a claim with Type of Bill 081x or 082x when revenue			X		X					

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	code 0771 is present, if revenue codes other than 0771 or 0636 are present on the claim.									
9052.3	The contractor shall pay for vaccines based on cost reimbursement and for their administration based on the Medicare Physician Fee Schedule.					X				
9052.3.1	The contractor shall ensure hospice claims where 0771 or 0636 are the only revenue codes present are not sent to the hospice Pricer.					X				
9052.3.2	The contractor shall ensure hospice claims for vaccines and their administration are not subject to deductible and coinsurance.					X				
9052.4	The contractor shall report the total claim payment in value code Q2 on hospice claims when 0771 or 0636 are the only revenue codes present on the claim.					X				
9052.5	The contractor shall pay for vaccines and their administration on hospice claims from the Part B Trust Fund when value code Q2 is present on the claim.					X			HIGLAS	
9052.6	The contractor shall exclude payments for vaccines and their administration on hospice claims from the calculation of the hospice cap.			X						
9052.7	The contractor shall exclude hospice claims where 0771 or 0636 are the only revenue codes present from hospice sequential billing requirements.					X				
9052.8	The contractor shall exclude hospice claims where 0771 or 0636 are the only revenue codes present from the requirement to report occurrence code 27 on the claim.					X				
9052.9	The contractor shall exclude hospice claims where 0771 or 0636 are the only revenue codes present from the requirement that does not allow a principal diagnosis code with a first position of Z.					X				
9052.10	The contractor shall allow vaccine services on hospice types of bill to be submitted using the roster billing mechanism, using condition code M1.					X				
9052.11	The contractor shall include hospice claims for vaccine services submitted by PIP providers as part of					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F M V C	M I S S	V M W	C S F	
	the regular PIP payment.									
9052.12	The contractor shall allow a hospice claim where 0771 or 0636 are the only revenue codes present to overlap the dates of service of another monthly hospice claim.					X			X	
9052.13	The contractor shall ensure that a hospice claim where 0771 or 0636 are the only revenue codes present is not required to match to a hospice benefit period.								X	
9052.14	The contractor shall ensure that a hospice claim where 0771 or 0636 are the only revenue codes present does not update hospice benefit period information.								X	
9052.15	The contractor shall ensure that all current edits that apply to vaccines and their administration are applied to Types of Bill 081x or 082x.					X			X	
9052.16	The contractor shall update the beneficiary's master record when a PPV vaccine service is submitted on Types of Bill 081x or 082x.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
9052.17	MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			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): Wil Gehne, wilfried.gehne@cms.hhs.gov, Bill Ruiz, william.ruiz@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 0

Medicare Claims Processing Manual

Chapter 11 - Processing Hospice Claims

Table of Contents

(Rev.3621, Issued: 10-07-16)

30.5 – Hospice Claims for Vaccine Services

30.5 – Hospice Claims for Vaccine Services

(Rev.3621, Issued: 10-07-16, Effective: 10-01-16, Implementation: 10-03-16)

For dates of service on or after October 1, 2016, services for the vaccines provided by a hospice may be billed on an institutional claim to the hospice's Medicare contractor.

Since these services are not part of the Medicare hospice benefit, they must be billed on a separate claim that includes only the vaccines and their administration. For information on coding and payment of vaccine services, see chapter 18, section 10 of this manual.

Medicare Claims Processing Manual

Chapter 18 - Preventive and Screening Services

Table of Contents

(Rev.3621, Issued: 10-07-16)

10.2.2 - *Claims* Submitted to MACs *Using Institutional Formats*

10.2.2.1 - Payment for Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus Vaccines and Their Administration *on Institutional Claims*

– *Institutional Claims* Submitted *by Home Health Agencies and Hospices*

–Payment Procedures for Renal Dialysis Facilities (RDF)

10.2 - Billing Requirements

(Rev.3621, Issued: 10-07-16, Effective: 10-01-16, Implementation: 10-03-16)

A Edits Not Applicable to Pneumococcal or Influenza Virus Vaccine Bills and Their Administration

The Common Working File (CWF) and shared systems bypass all Medicare Secondary Payer (MSP) utilization edits in CWF on all claims when the only service provided is pneumococcal 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 pneumococcal or influenza virus vaccinations. If the provider knows or has reason to believe that a particular group health plan covers pneumococcal 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 pneumococcal or influenza virus vaccines. However, first claim development is performed if other services are submitted along with pneumococcal or influenza virus vaccines.

See Pub. 100-05, Medicare Secondary Payer Manual, chapters 4 and 5, for responsibilities for MSP development where applicable.

B Institutional Claims

Chapter 25 of this manual provides general billing instructions that must be followed for *institutional claims*.

The following “providers of services” may administer and *submit institutional claims to the* MACs for these vaccines:

Hospitals;

Critical Access Hospitals (CAHs);

Skilled Nursing Facilities (SNFs);

Home Health Agencies (HHAs);

Hospices;

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 *submit institutional claims* are:

Independent Renal Dialysis Facilities (RDFs).

All providers *submit institutional claims* for hepatitis B. Providers other than independent RHCs and freestanding FQHCs *submit institutional claims* for influenza virus and pneumococcal vaccinations. (See §10.2.2.2 of this chapter for special instructions for independent RHCs and freestanding FQHCs.)

Institutional providers, other than independent RHCs and freestanding FQHCs, *should* 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 Professional Claims

Billing for Additional Services

If a physician sees a beneficiary for the sole purpose of administering the influenza virus vaccine, the pneumococcal vaccine, and/or the hepatitis B vaccine, they may not routinely bill for an office visit. However, if the beneficiary actually receives other services constituting an “office visit” level of service, the physician may bill for a visit in addition to the vaccines and their administration, and Medicare will pay for the visit in addition to the vaccines and their administration if it is reasonable and medically necessary.

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 National Provider Identifier (NPI) for Part B billing purposes.

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 Procedure 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 contractors receiving two claims, one for the vaccine and one for its administration.

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

10.2.2 - *Claims Submitted to MACs Using Institutional Formats* ***(Rev.3621, Issued: 10-07-16, Effective: 10-01-16, Implementation: 10-03-16)***

The applicable types of bill acceptable when billing for influenza virus and pneumococcal vaccines are 012x, 013x, 022x, 023x, 034x, 072x, 075x, **081x, 082x**, 083x and 085x.

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 virus, pneumococcal 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 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 on type *of bill 012x* using the discharge date of the hospital stay or the date benefits are exhausted. A SNF submits type of bill *022x* for its Part A inpatients.

10.2.2.1 - Payment for Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus Vaccines and Their Administration *on Institutional Claims* *(Rev.3621, Issued: 10-07-16, Effective: 10-01-16, Implementation: 10-03-16)*

Payment for Vaccines

Payment for these vaccines is as follows:

Facility	Type of Bill	Payment
Hospitals, other than Indian Health Service (IHS) Hospitals and Critical Access Hospitals (CAHs)	<i>012x, 013x</i>	Reasonable cost
IHS Hospitals	<i>012x, 013x, 083x</i>	95% of AWP
IHS CAHs	<i>085x</i>	95% of AWP
CAHs	<i>085x</i>	Reasonable cost
Method I and Method II Skilled Nursing Facilities	<i>022x, 023x</i>	Reasonable cost
Home Health Agencies	<i>034x</i>	Reasonable cost
<i>Hospices</i>	<i>081x, 082x</i>	<i>Reasonable cost</i>
Comprehensive Outpatient Rehabilitation Facilities	<i>075x</i>	95% of the AWP
Independent Renal Dialysis Facilities	<i>072x</i>	95% of the AWP
Hospital-based Renal Dialysis Facilities	<i>072x</i>	Reasonable cost

Payment for Vaccine Administration

Payment for the administration of influenza virus and pneumococcal vaccines is as follows:

Facility	Type of Bill	Payment
Hospitals, other than IHS Hospitals and CAHs	<i>012x, 013x</i>	Outpatient Prospective Payment System (OPPS) for hospitals subject to OPPS Reasonable cost for hospitals not subject to OPPS
IHS Hospitals	<i>012x, 013x, 083x</i>	MPFS
IHS CAHs	<i>085x</i>	MPFS
CAHs	<i>085x</i>	Reasonable cost
Method I and II Skilled Nursing Facilities	<i>022x, 023x</i>	MPFS
Home Health Agencies	<i>034x</i>	OPPS
<i>Hospices</i>	<i>081x, 082x</i>	<i>MPFS</i>
Comprehensive Outpatient Rehabilitation Facilities	<i>075x</i>	MPFS

Independent RDFs	072x	MPFS
Hospital-based RDFs	072x	Reasonable cost

Payment for the administration of hepatitis B vaccine is as follows:

Facility	Type of Bill	Payment
Hospitals other than IHS hospitals and CAHs	012x, 013x	Outpatient Prospective Payment System (OPPS) for hospitals subject to OPPS Reasonable cost for hospitals not subject to OPPS
IHS Hospitals CAHs	012x, 013x, 083x 085x	MPFS Reasonable cost
Method I and II IHS CAHs	085x	MPFS
Skilled Nursing Facilities	022x, 023x	MPFS
Home Health Agencies	034x	OPPS
<i>Hospices</i>	<i>081x, 082x</i>	<i>MPFS</i>
Comprehensive Outpatient Rehabilitation Facilities	075x	MPFS
Independent RDFs	072x	MPFS
Hospital-based RDFs	072x	Reasonable cost

10.2.3 – *Institutional Claims Submitted by Home Health Agencies and Hospices (Rev.3621, Issued: 10-07-16, Effective: 10-01-16, Implementation: 10-03-16)*

The following provides billing instructions for Home Health *Agencies* (HHAs) in various situations:

Where the sole purpose for an HHA visit is to administer a vaccine (influenza virus, pneumococcal, or hepatitis B), Medicare will not pay for a skilled nursing visit by an HHA nurse under the HHA benefit. However, the vaccine and its administration are covered under the vaccine benefit. The administration should include charges only for the supplies being used and the cost of the injection. *Medicare does* not allow HHAs to charge for travel time or other expenses (e.g., gasoline). In this situation, the HHA bills under bill type *034x* and reports revenue code 0636 along with the appropriate HCPCS code for the vaccine and revenue code 0771 along with the appropriate HCPCS code for the administration.

NOTE: A separate bill is not allowed for the visit

If a vaccine (influenza virus, pneumococcal, or hepatitis B) is administered during the course of an otherwise covered home health visit (e.g., to perform wound care), the visit would be covered as normal but the HHA must not include the vaccine or its administration in their visit charge. In this case, the HHA is entitled to payment for the vaccine and its administration under the vaccine benefit. In this situation, the HHA bills under bill type *034x* and reports revenue code 0636 along with the appropriate HCPCS code for the vaccine and revenue code 0771 along with the appropriate HCPCS code for the administration.

NOTE: A separate bill is required for the visit

Where a beneficiary does **not** meet the eligibility criteria for home health coverage, a home health nurse may be paid for the vaccine (influenza virus, pneumococcal, or hepatitis B) and its administration. No skilled nursing visit charge is billable. Administration of the services should include charges only for the supplies being used and the cost of the injection. *Medicare does* not pay for travel time or other expenses (e.g., gasoline). In this situation, the HHA bills under bill type *034x* and reports revenue code 0636 along with the

appropriate HCPCS code for the vaccine and revenue code 0771 along with the appropriate HCPCS code for the administration.

If a beneficiary meets the eligibility criteria for coverage, but his or her spouse does not, and the spouse wants an injection the same time as a nursing visit, HHAs bill in accordance with the *last* bullet point above.

The following provides billing instructions for hospices:

Hospices can provide the influenza virus, pneumococcal, and hepatitis B vaccines to those beneficiaries who request them including those who have elected the hospice benefit. These services may be covered when furnished by the hospice.

For dates of service before October 1, 2016, services for vaccines and their administration provided by a hospice should be billed on a professional claim to the local MAC. Payment is made using the same methodology as if they were a supplier. Hospices that do not have a supplier number should contact their MAC to obtain one in order to bill for these benefits.

For dates of service on or after October 1, 2016, services for vaccines and their administration provided by a hospice may be billed on an institutional claim.

10.2.4 – Payment Procedures for Renal Dialysis Facilities (RDF)

(Rev.3621, Issued: 10-07-16, Effective: 10-01-16, Implementation: 10-03-16)

MACs *processing institutional claims* pay for pneumococcal, influenza virus, and hepatitis B virus vaccines for freestanding RDFs based on the lower of the actual charge or 95 percent of the average wholesale price and based on reasonable cost for provider-based RDFs. Deductible and coinsurance do not apply for influenza virus and pneumococcal vaccines. MACs must *contact their professional claims processing staff* to obtain information in order to make payment for the administration of these vaccines.