

# Billing & Coding Adult Immunizations

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## **Introduction**

While preventive care, patient convenience, and even practice marketing are better reasons for providing adult immunizations, reimbursement offers an additional incentive for these services. When billed appropriately, private insurance companies generally reimburse adult immunizations, and Medicare covers routinely prescribed adult immunizations. By following some simple guidelines, administrative hassles can also be minimized.

This publication summarizes Medicare regulations in plain English and provides charts to help you properly code immunizations. It also explains how innovative billing techniques, such as roster billing, when combined with chart reminders, standing orders and other methods of standardizing your office operations, can substantially reduce the costs of administering immunizations in your office. Additional information on improving immunization rates in your practice is available at:

[http://www.acponline.org/patients\\_families/immunization/adult/](http://www.acponline.org/patients_families/immunization/adult/)

## **Billing Medicare for Immunizations**

Pneumococcal polysaccharide (PPV), hepatitis B, and influenza virus vaccines are covered services under Medicare Part B. Medicare does not cover other immunizations unless they are directly related to the treatment of an injury or direct exposure to a disease or condition such as anti-rabies treatment, tetanus antitoxin or booster vaccine, botulin antitoxin, antivenin sera, or immune globulin. In the absence of injury or direct exposure, preventive immunization (vaccination or inoculation) against such diseases as polio, diphtheria, etc., is not covered.

The administration of PPV, influenza virus, and hepatitis B vaccines, (HCPCS codes G0009, G0008, and G0010), though not reimbursed directly through the Medicare Physician Fee Schedule, is reimbursed at the same rate as HCPCS code 90782 for the year that corresponds to the date of service of the claim. *See Appendix A for a table of “Immunization Codes Used to Bill Medicare.” Appendix B lists codes for billing non-Medicare patients.*

## **Billing for Additional Services**

A provider may bill for additional reasonable and necessary services in addition to the administration of PPV, influenza, and or hepatitis B vaccines. For example, a provider can bill HCPCS G0008 to report the administration of the influenza vaccine in addition to other services performed during the same visit, including an evaluation and management (E/M) service. Each additional service should always be justified with an appropriate diagnosis code.

However, if a provider utilizes “roster billing,” (see next page), additional services should not be listed on the roster bill. All other covered services, including office visits, are subject to more comprehensive data requirements and should be billed using normal Part B claims filing procedures and forms.

## **Roster Billing (Influenza & Pneumococcal Vaccinations Only)**

The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass PPV and influenza virus vaccination programs. (Medicare has not developed roster billing for hepatitis B or other vaccinations.) Roster billing can also substantially lessen the administrative burden on physician practices by allowing them to submit one claim for all of the Medicare beneficiaries that received either the PPV or influenza vaccine on a given day. Medicare will often refer to these providers, who utilize roster billing, as “Mass Immunizers.”

For Medicare Part B submission, physician practices and other “Mass Immunizers” must submit a separate preprinted CMS-1500 for each type of vaccination (either influenza or PPV) and attach a roster list containing information for up to 99 Medicare beneficiaries. Local Medicare Carriers may offer low or no-cost software to help providers utilize roster billing electronically, however, this software is not currently available nationwide so check with your local carrier for specifics in your area.

All entities that submit claims on roster bills must accept assignment.

Roster bills submitted by providers to a Medicare carrier must contain more than one patient and the date of service for each vaccination administered must be entered. (Medicare policy was changed July 1, 1998 and the requirement that a minimum of five beneficiaries be vaccinated per day in order to roster bill was reduced to two beneficiaries per day.)

To further minimize the administrative burden of roster billing, the following blocks can be preprinted on a CMS-1500:

- Block 1: Medicare
- Block 2: See Attached Roster
- Block 11: None
- Block 20: No
- Block 21: V04.8 for influenza or V03.82 for pneumococcal
- Block 24B: ALL entities should use POS code “60” for roster billing. (POS code “60” = Mass Immunization Center).
- Block 24D: Use appropriate vaccine and administration codes (separate line items for each)
- Block 24E: Use “1” for lines 1 and 2
- Block 24F: Use the unit cost of the particular vaccine (Contractors will replicate the claim for each beneficiary listed on the roster.)
- Block 26: Yes
- Block 27: Yes
- Block 29: \$0.00

A separate CMS-1500 for each type of vaccination must have an attached roster that includes the following information:

- Patient Name and Address
- Health Insurance Claim Number
- Date of Birth
- Sex
- Date of Service
- Provider's Name and Identification Number
- Signature or stamped "Signature on File"

A signature on file stamp or notation qualifies as a signature on a roster claim form in cases where the provider has access to a signature on file in the beneficiary's record (e.g., when the vaccine is administered in a physician's office).

The format of the beneficiary roster can be modified to meet the needs of individual providers. It is the responsibility of the carrier to develop suitable roster formats that meet provider and carrier needs and contain the minimum data necessary to satisfy claims processing requirements for these claims.

Since a standing order is required for PPV, the following reminder to providers must also be printed on the PPV roster bill:

**WARNING: Ask beneficiaries if they have been vaccinated with PPV.**

- **Rely on patients= memory to determine prior vaccination status.**
- **If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.**
- **If patients are certain they have been vaccinated within the past 5 years, do not revaccinate.**

### **Sample Rosters used for Roster Billing**

On the following two pages are samples of rosters that can be attached to a CMS-1500 form to utilize Medicare's roster billing process. (As mentioned previously, you can attach information for up to 99 Medicare beneficiaries to each CMS-1500, so these samples could be the first page of an attached roster.) Also be sure to verify with your local Medicare Carrier that these samples, "Influenza Virus Vaccine Roster" and "Pneumococcal Pneumonia Virus Vaccine Roster," meet their requirements.

# Influenza Virus Vaccine Roster

Provider Payee Name \_\_\_\_\_

Date of Service \_\_\_\_\_

Provider Number \_\_\_\_\_

Number	Insured's I.D. Number	Patient's Name (Last, First, Middle Initial)	Patient's Address (Number, street, city, Zip code)	Patient's Date of Birth	Patient's Sex	Patient's signature or "signature on file"
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						

# Pneumococcal Pneumonia Virus Vaccine Roster

Provider Payee Name \_\_\_\_\_

Date of Service \_\_\_\_\_

Provider Number \_\_\_\_\_

Number	Insured's I.D. Number	Patient's Name (Last, First, Middle Initial)	Patient's Address (Number, street, city, Zip code)	Patient's Date of Birth	Patient's Sex	Patient's signature or "signature on file"
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

**WARNING: Ask beneficiaries if they have been vaccinated with PPV.**

- Rely on patients= memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.
- If patients are certain they have been vaccinated within the past 5 years, do not revaccinate.

## **Providing Free Immunizations**

The majority of immunizations administered to Medicare beneficiaries in private practice will be documented and a bill submitted for payment. However, practices sometimes waive part or all of their fees due to a patients' inability to pay or for other reasons. Also, some practices may sponsor health fairs as part of their marketing efforts to attract new patients, where they provide free immunizations to the public. If vaccines are given to Medicare beneficiaries free of charge, providers must adhere to the following:

- If you supply or administer immunizations free of charge to non-Medicare patients, regardless of their ability to pay, you may not bill Medicare beneficiaries.
- You may not charge Medicare beneficiaries more for the vaccine, or the administration, than non-Medicare patients.
- If you do not charge or reduce your charges for patients of limited means, yet expect to be paid if the patient's health insurance covers the immunizations, you may bill Medicare and expect payment.

For government providers in a facility operated by a federal, state, or local health department, such as a public health clinic, or for private providers administering vaccine provided by a federal, state, or local government, there is a separate set of requirements that must be followed: You may bill Medicare for vaccines administered to Medicare beneficiaries even if you render services free of charge to non-Medicare beneficiaries.

You may bill and expect payment from Medicare for the vaccine and administration if:

-You purchase the vaccine off a local or state contract.

-The state provides vaccine to you free of charge or at a reduced cost, unless the state purchased the vaccine from a CDC vaccine purchase contract. (You are not required to reimburse the state.)

For vaccines purchased from a CDC vaccine purchase contract, regardless of whether federal, state, or local funds are being used, you may bill and expect payment from Medicare for the administration cost ONLY.

## **Centralized Billing**

The Centralized Billing process was developed to ease the administrative burden for very large institutions with mass immunization sites scattered throughout the country (e.g., large healthcare networks covering multiple states, and national pharmacy chains). Centralized billing is a process in which a provider, who is a Mass Immunizer for influenza and PPV immunizations, can send all claims to a single carrier for payment, regardless of the geographic locality in which the vaccination was administered. The administration of the flu and PPV vaccinations will be reimbursed per the Medicare Physician Fee Schedule (MPFS) for the appropriate locality. The vaccines will be reimbursed at the standard method used by Medicare for reimbursement of drugs and biologicals, which is based on the lower of cost or 95 percent of the Average Wholesale Price (AWP). (For more specifics about Centralized Billing, contact your local Medicare Carrier.)

Multi-state Mass Immunizers interested in centralized billing should contact the CMS Central Office, in writing, at the following address by the first of June each year:

Division of Practitioner Claims Processing  
Provider Billing and Education Group

Center for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop C4-11-27  
Baltimore, Maryland 21244

### **Additional Medicare Information**

Additional information on Medicare coverage, payment, billing, claims processing, edits, mass immunization, and more is available directly from CMS at the following website:

**[www.cms.hhs.gov/home/medicare.asp](http://www.cms.hhs.gov/home/medicare.asp)**

Medicare also offers an “Adult Immunization Computer Based Training Course” that covers many Medicare coverage issues while also providing Continuing Medical Education (CME) credits after successful course completion. This computer program can be downloaded from the following website:

**[www.cms.hhs.gov/MLNProducts/03\\_webbasedtraining.asp](http://www.cms.hhs.gov/MLNProducts/03_webbasedtraining.asp)**

## Appendix A – Immunization Codes Used to Bill Medicare

Listed below are the codes required to properly bill Medicare beneficiaries for immunizations:

	<b>Vaccine Code &amp; Description</b>	<b>Administration Code</b>	<b>Diagnosis Code</b>
<b>Influenza</b>	<b>90658</b> – Split virus, 3 years and above dosage, for intramuscular or jet injection use	G0008	V04.8
<b>Pneumococcal</b>	<b>90732</b> – Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use	G0009	V03.82
<b>Hepatitis B</b>	<b>90746</b> – Hep. B vaccine, adult dosage, for intramuscular use  <b>90740</b> – Hep. B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use  <b>90747</b> – Hep. B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) for intramuscular use	G0010	V05.3
<b>Other Medically Necessary Immunizations*</b>	Use Appropriate Vaccine Code	90471 or 90472	Use Proper Diagnosis Code(s)

\* Below is a “medically necessary” immunization example provided by CMS:

A diabetic woman working in her barn steps on a rusty nail, which causes a jagged open wound in her foot. An internist examines her and determines that, since she has not had a tetanus shot in 20 years, he should administer a booster. Assuming the physician has never seen this patient before, the correct coding for this service is:

**Vaccine Code:** 90703 (Tetanus toxoid absorbed)

**Administration Code:** 90471 (Immunization Administration)

**Diagnosis code:** 892.10 (complicated open wound on foot)  
E920.8 (puncture wound by nail)

## Appendix B – Third-Party Payer Coding

Below is a table that can be used as a guide for billing insurance companies, other than Medicare, for adult immunizations. Third-Party payers have varying payment policies, so check with your local payer for specifics in your area.

Some insurance companies will accept the same G codes for the administration of influenza, pneumococcal polysaccharide, and hepatitis B vaccines that are required by Medicare. However, most insurers use the “Administration Codes” listed below:

**90471** Immunization administration (includes percutaneous, intradermal, subcutaneous, intramuscular and jet injections); one vaccine (single or combination vaccine/toxoid)

**90472** each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

	<b>Vaccine Code &amp; Description</b>	<b>Administration Code</b>	<b>Diagnosis Code</b>
<b>Hepatitis A</b>	<b>90632</b> – Hepatitis A vaccine, adult dosage, for intramuscular use	90471 or 90472	V05.3
<b>Hepatitis A and Hepatitis B</b>	<b>90636</b> – Hepatitis A and hepatitis B vaccine, adult dosage, for intramuscular use	90471 or 90472	V05.3
<b>Hepatitis B</b>	<b>90746</b> – Hep. B vaccine, adult dosage, for intramuscular use  <b>90740</b> – Hep. B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use  <b>90747</b> – Hep. B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) for intramuscular use	90471 or 90472	V05.3
<b>Influenza</b>	<b>90658</b> – Split virus, 3 years and above dosage, for intramuscular or jet injection use	90471 or 90472	V04.8

	<b>Vaccine Code &amp; Description</b>	<b>Administration Code</b>	<b>Diagnosis Code</b>
<b>Measles, Mumps and Rubella</b>	<b>90707</b> – Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection	90471 or 90472	V06.4
<b>Meningococcal</b>	<b>90733</b> – Meningococcal polysaccharide vaccine, for subcutaneous or jet injection	90471 or 90472	V02.59
<b>Pneumococcal</b>	<b>90732</b> – Pneumococcal polysaccharide vaccine, 23-valent, adult dosage, for subcutaneous or intramuscular use	90471 or 90472	V03.82
<b>Tetanus</b>	<b>90703</b> – Tetanus toxoid absorbed, for intramuscular or jet injection use	90471 or 90472	V03.7
<b>Tetanus &amp; Diphtheria</b>	<b>90718</b> – Tetanus and diphtheria toxoids (Td) absorbed for use in individuals seven years or older, for intramuscular or jet injection	90471 or 90472	V06.5
<b>Varicella</b>	<b>90716</b> – Varicella virus vaccine, live, for subcutaneous use	90471 or 90472	V05.4