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.

Pneumococcal hepatitis B, and influenza virus vaccines are covered services under Medicare Part B. Medicare Part B 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 under Medicare Part B. These vaccines and other commercially-available vaccines (such as herpes zoster) are typically covered by Medicare Part D drug plans when medically necessary to prevent illness. Billing for Part D vaccines goes directly to the third-party drug plan.

This publication summarizes Medicare Part B 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://immunization.acponline.org/

Billing Medicare for Immunizations

Medicare does not require for coverage purposes that a doctor of medicine or osteopathy order the pneumococcal or influenza virus vaccine. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

The administration of influenza virus, pneumococcal, 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 CPT 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.*
Payment allowances for codes for products that have not yet been approved will be provided when the products have been approved and pricing information becomes available to CMS.
The payment allowances for pneumococcal vaccines are based on 95 percent of the AWP and are updated on a quarterly basis via the Quarterly Average Sales Price (ASP) Drug Pricing Files.
The Medicare Part B payment allowance limits for influenza and pneumococcal vaccines are 95 percent of the AWP as reflected in the published compendia except where the vaccine is furnished in a hospital outpatient department, Rural Health Clinic (RHC), or Federally Qualified Health Center

(FQHC). Where the vaccine is furnished in the hospital outpatient department, RHC, or FQHC, payment for the vaccine is based on reasonable cost.
Annual Part B deductible and coinsurance amounts do not apply. All physicians, non-physician practitioners, and suppliers who administer the influenza virus vaccination and the pneumococcal vaccination must take assignment on the claim for the vaccine.

Pneumococcal Vaccine
The ACIP recently updated its guidelines regarding pneumococcal vaccines to recommend administration of two different pneumococcal vaccinations.
Effective February 2, 2015, CMS is updating the Medicare coverage requirements to align with the updated ACIP recommendations. An initial pneumococcal vaccine may be administered to all Medicare beneficiaries who have never received a pneumococcal vaccine under Medicare Part B. A different, second pneumococcal vaccine may be administered 1 year after the first vaccine was administered (i.e., 11 full months have passed following the month in which the last pneumococcal vaccine was administered).

Hepatitis B Vaccine
Effective for services furnished on or after September 1, 1984, P.L. 98-369 provides coverage under Part B for hepatitis B vaccine and its administration, furnished to a Medicare beneficiary who is at high or intermediate risk of contracting hepatitis B. High-risk groups currently identified include (see exception below):
• 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 Hepatitis B Virus (HBV) carrier;
• Homosexual men;
• Illicit injectable drug abusers; and
• Persons diagnosed with diabetes mellitus.

Intermediate risk groups currently identified include:
• 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.

EXCEPTION: Persons in both of the above-listed groups in paragraph B, would not be considered at high or intermediate risk of contracting hepatitis B, however, if there were laboratory evidence positive for antibodies to hepatitis B. (ESRD patients are routinely tested for hepatitis B antibodies as part of their continuing monitoring and therapy.)
For Medicare program purposes, the vaccine may be administered upon the order of a doctor of medicine or osteopathy, by a doctor of medicine or osteopathy, or by home health agencies, skilled nursing facilities, ESRD facilities, hospital outpatient departments, and persons recognized under the incident to physicians' services provision of law.
A charge separate from the ESRD composite rate will be recognized and paid for administration of the vaccine to ESRD patients.

Billing for Additional Services

A provider may bill for additional reasonable and necessary services in addition to the administration of pneumococcal, 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 pneumococcal 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 pneumococcal 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 paper claim form or bill electronically for each type of vaccination (either influenza or pneumococcal) and attach a roster list containing information for 2 or more Medicare beneficiaries. When "mass immunizers" choose to conduct roster billing electronically, they are required to use the HIPAA-adopted ASC X12N 837 claim standard. Local Medicare Administrative Contractors (MACs): 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 MAC for specifics in your area.

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

Roster bills submitted by providers to a MAC must contain more than one patient and the date of service for each vaccination administered must be the same. (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: X in "Medicare" block
Block 2: "See Attached Roster"

Block 11: "None"
Block 20: X in "No" block
Block 21: V03.82 for pneumococcal, V04.81 for influenza or
V06.6 for the pneumococcal and the influenza virus vaccination
Block 24B: ALL entities should use POS code "60" for roster billing. (POS code "60" = Mass Immunization Center.)
Block 24D: Line 1: Select appropriate vaccine
Line 2 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.) NOTE: If you are not charging for the vaccination or its administration, enter "0.00" or "NC" (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, Electronic Media Claim (EMC) billers should submit line items for free immunization services on EMC pneumococcal or influenza virus vaccination claims only if their system is able to accept them.
Block 27: X in "Yes" block
Block 29: "$0.00"
Block 31: Signature of Physician or entity's representative
Block 32: Enter the name, address and zip code of the location where service was provided
Block 32a: NPI of the service facility
Block 33: Provider Identification Number or NPI when required
Block 33a: NPI of the billing provider or group

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

- Provider's Name and Identification Number (NPI)
- Date of Service
- Control number for the MAC
- Beneficiary's Health Insurance Claim Number (HICN)
- Beneficiary's Name and Address
- Beneficiary's Date of Birth
- Beneficiary's Sex
- Beneficiary's 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 a signed authorization to bill Medicare for services 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 MAC to develop suitable roster formats that meet provider and MAC needs and contain the minimum data necessary to satisfy claims processing requirements for these claims.

The roster bills for the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal rosters must contain the following language:

WARNING: Beneficiaries must be asked if they have received a pneumococcal vaccination.

- 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; and
- If patients are certain that 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 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 Administrative Contractors (MACs): that these samples, "Influenza Virus Vaccine Roster" and "Pneumococcal Vaccine Roster," meet their requirements.

Influenza Virus Vaccine Roster

Provider Payee Name_____ **Date of Service**_____

Provider Number_____ **Control number for the MAC**_____

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_____ **Control number for the MAC**_____

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: Beneficiaries must be asked if they received a pneumococcal vaccination.

- 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 pneumococcal immunizations, can send all claims to a single MAC for payment, regardless of the geographic locality in which the vaccination was administered. The administration of the influenza and pneumococcal 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 Part B for reimbursement of drugs and biologicals, which is based on the lower of charges or 95 percent of

the Average Wholesale Price (AWP). (For more specifics about Centralized Billing, contact your local MAC.)
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:

Center for Medicare and Medicaid Services
Division of Practitioner Claims Processing
Provider Billing Group7500 Security Boulevard
Mail Stop C4-1-07
Baltimore, Maryland 21244

Enrollment process takes 8 to 12 weeks with approval limited to the 12-month period from September 1 through August 31 of the following year**.**

Additional Medicare Information

Medicare Enrollment
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/

Additional information on Medicare coverage, payment, billing, claims processing, edits, mass immunization, and more is available directly from CMS at the following website:
http://www.cms.gov/Medicare/Prevention/Immunizations/index.html?redirect=/immunizations/

Current provider information can be found on this CMS site by selecting current year for the MLN Matters Articles and enter "immunization" in the filter.
http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/

Seasonal Influenza Vaccines Pricing
http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html

ACP Resources
http://www.acponline.org/running_practice/payment_coding/coding/

Appendix A – Immunization Codes Used to Bill Medicare

Listed below are the codes required to properly bill Medicare beneficiaries for immunizations:
Payment allowances for seasonal influenza virus vaccines are updated on an annual basis effective August 1st of each year

Vaccine	Vaccine Code & Description	**Administration Code**	**Diagnosis Code**
Influenza	90654 – Influenza vaccine, inactivated, subunit, adjuvanted for intramuscular use 90655 – Influenza virus vaccine, trivalent split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use 90656 – Influenza virus vaccine, trivalent split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use 90657 – Influenza virus vaccine, trivalent split virus, when administered to children 6-35 months of age, for intramuscular use 90661 – Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use 90685 – Influenza virus vaccine, quadravalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use 90686 – Influenza virus vaccine, quadravalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use 90687 – Influenza virus vaccine, quadravalent, split virus, when administered to children 6-35 months of age, for intramuscular use 90688 – Influenza virus vaccine, quadravalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use HCPCS Q2034 - Influenza virus vaccine, split virus, for intramuscular use (Agriflu) HCPCS Q2035 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Afluria) HCPCS Q2036 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Flulaval) HCPCS Q2037 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Fluvirun) HCPCS Q2038 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Fluzone)	G0008	V04.81 V06.6 (Influenza & pneumococcal during same visit)

	Payment for the following CPT or HCPCS codes may be made if your MAC determines its use is reasonable and necessary for the beneficiary 90654 – Influenza virus vaccine, split virus, preservative free, for intradermal use 90662 – Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use 90672 – Influenza virus vaccine, quadrivalent, live, for intranasal use 90673 – Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free for intramuscular use HCPCS Q2039 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Not otherwise specified)		

Vaccine	Vaccine Code & Description	**Administration Code**	**Diagnosis Code**
Pneumococcal	90670 – Pneumococcal conjugate vaccine, 13 valent, for intramuscular use 90732 – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	G0009	V03.82 V06.6 (Influenza & pneumococcal during same visit)

Vaccine	Vaccine Code & Description	Administration Code	Diagnosis Code
Hepatitis B	90739 – Hepatitis vaccine, adult dosage (2 doseschedule), for intramuscular use 90743 – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use 90746 – Hepatitis. B vaccine, adult dosage (3 dose schedule), for intramuscular use 90740 – Hepatitis. B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use 90747 – Hepatitis. B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule) for intramuscular use	G0010	V05.3

Vaccine	Vaccine Code & Description	Administration Code	Diagnosis Code
Other Medically Necessary Immunizations*	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); 1 vaccine (single or combination vaccine/toxoid)

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

90743 Immunization administration by intranasal or oral route: 1 vaccine (single or combination vaccine/toxoid). (Do not report 90743 in conjunction with 90471.)

	Vaccine Code & Description	Administration Code	Diagnosis Code
Hepatitis A	**90632** – Hepatitis A vaccine, adult dosage, for intramuscular use **90633** – Hepatitis A vaccine, pediatric/adolescent dosage-2dose schedule, for intramuscular use **90634 –** Hepatitis A vaccine, pediatric/adolescent dosage-3dose schedule, for intramuscular use	90471 or 90472	V05.3
Hepatitis A and Hepatitis B	**90636** – Hepatitis A and hepatitis B vaccine, adult dosage, for intramuscular use	90471 or 90472	V05.3
Hepatitis B	**90739 –** Hepatitis vaccine, adult dosage (2 dose schedule), for intramuscular use **90740 –** Hepatitis. B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use 90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use **90743 –** Hepatitis B vaccine, adolescent (2 dose schedule) for intramuscular use **90744 –** Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use **90746 –** Hepatitis. B vaccine, adult dosage (3 dose schedule), for intramuscular use **90747 –** Hepatitis. B vaccine, dialysis or immunosuppressed patient dosage (4 dose)	90471 or 90472	V05.3

	Vaccine Code & Description	Administration Code	Diagnosis Code
Influenza	**90654 –** Influenza vaccine, inactivated, subunit, adjuvanted for intramuscular use **90655 –** Influenza virus vaccine, trivalent split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use **90656 –** Influenza virus vaccine, trivalent split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use **90657 –** Influenza virus vaccine, trivalent split virus, when administered to children 6-35 months of age, for intramuscular use **90661 –** Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use **90662 –** Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use **90672 –** Influenza virus vaccine, quadrivalent, live, for intranasal use **90673 –** Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free for intramuscular use **90685 –** Influenza virus vaccine, quadravalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use **90686 –** Influenza virus vaccine, quadravalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use **90687 –** Influenza virus vaccine, quadravalent, split virus, when administered to children 6-35 months of age, for intramuscular use **90688 –** Influenza virus vaccine, quadravalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	90471 or 90472	V04.8

	Vaccine Code & Description	Administration Code	Diagnosis Code
Measles, Mumps and Rubella	**90707** – Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	90471 or 90472	V06.4
Measles, Mumps and Rubella and Varicella	**90710 –** Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	90471 or 90472	V06.4 V05.4
Meningococcal	**90733** – Meningococcal polysaccharide vaccine, for subcutaneous use **90734** – Meningococal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent, for intramuscular use	90471 or 90472	V02.59
Pneumococcal	**90670 –** Pneumococcal conjugate vaccine, 13 valent, for intramuscular use **90732 –** Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	90471 or 90472	V03.82
Tetanus	**90703** – Tetanus toxoid absorbed, for intramuscular use	90471 or 90472	V03.7
Tetanus & Diphtheria	**90714** – Tetanus and diphtheria toxoids (Td) absorbed, preservative free, for use in individuals seven years or older, for intramuscular use	90471 or 90472	V06.5
Tetanus, Diphtheria, and Pertussis	**90715** – Tetanus, diphtheria, and pertussis toxoids (Tdap) absorbed for use in individuals 7 years or older, for intramuscular use	90471 or 90472	V06.1
Varicella	**90716** – Varicella virus vaccine, live, for subcutaneous use	90471 or 90472	V05.4
Zoster	**90736 –** Zoster (shingles) vaccine, live, for subcutaneous injection	90471 or 90472	V04.89 or V05.8