



Fact Sheet for Medicare Fee-For-Service Providers, Suppliers and Practitioners Billing for Influenza A (H1N1) Flu Vaccine and its Administration

- Medicare Part B will cover the H1N1 influenza vaccine and its administration (but since the vaccine will be furnished to healthcare providers free of charge, Medicare will only pay for its administration).
- The Part B deductible and coinsurance do not apply to the H1N1 vaccine or its administration.
- Medicare will pay for the administration of multiple doses of the H1N1 vaccine if multiple doses are medically necessary.
- Billers must report HCPCS code G9141, *Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family)* to bill for the administration of the vaccine, using diagnosis code V04.81 (influenza). Institutional providers, depending on the provider type, should also use revenue code 771.
- Payment for the administration of the H1N1 vaccine is the same as the payment established for HCPCS codes G0008 and G0009, the codes used for reporting the administration of the influenza or pneumococcal vaccine. For additional information, see CMS' Medicare Claims Processing Manual (Publication 100-04), Chapter 18, Section 10, et seq. @ <http://www.cms.hhs.gov/manuals/dodwnloads/clm104c18.pdf>.
- Billers should report one unit of HCPCS code G9141 for each administration of the H1N1 vaccine.
- Billers may, at their discretion, include a claim line for the H1N1 vaccine itself by reporting HCPCS code G9142 (*Influenza A (H1N1) vaccine, any route of administration*), but no payment will be made if the vaccine is supplied to healthcare providers free of charge.
- Medicare beneficiaries may not be charged any amount for either the administration of the H1N1 vaccine or the vaccine itself (except that the relatively few physicians that do not accept Medicare assignment may charge the beneficiary up to 9.25% over the Medicare allowed amount for the administration of the vaccine.)
- A separate payment for a visit will not be made to providers when the only purpose of the visit was to administer either the seasonal and/or the H1N1 vaccine(s).
- Medicare can make a separate Part B payment to a hospital or skilled nursing facility (SNF) for covered preventive services (such as influenza vaccinations, including H1N1 vaccinations) when



furnished during the course of a patient's/resident's Medicare-covered stay, for Medicare beneficiaries who have Part B coverage. SNF consolidated billing rules require that the Part B billing for this service must be done by the SNF itself for a beneficiary in a Medicare Part A-covered stay. Medicare can also pay for covered preventive services (such as influenza vaccinations, including H1N1 vaccinations) when furnished to a Medicare beneficiary who is a SNF resident in a non-Medicare-covered stay, provided the beneficiary has Part B coverage. In this scenario, consolidated billing rules do not apply to billing for the administration of the H1N1 vaccine, for which either the SNF or the entity that actually administers the vaccine can submit the Part B bill.

- Under Part B, Medicare will cover diagnostic tests as set forth in 42 CFR § 410.32 and other existing policies. Note, however, that if such diagnostic testing is being provided free of charge to the public, then Medicare will not pay for such service and neither Medicare nor Medicare beneficiaries may be billed for such services.
- Medicare does not cover surgical masks intended to prevent the spread of infection from the H1N1 influenza, even if such a mask were prescribed by a physician (as there is no Medicare benefit category for such an item).
- In addition to paying for the administration of the H1N1 vaccine, Medicare Part B will continue to provide coverage for the seasonal influenza virus vaccine and its administration as it normally does each year. The Part B deductible and coinsurance do not apply. Although seasonal influenza vaccine is typically administered only once a year, Medicare covers and pays for additional doses of the seasonal influenza vaccine when medically necessary.
- Seasonal influenza mass immunizers and roster billers may submit H1N1 administration claims using the roster billing format. The same information must be captured for the H1N1 administration roster claims as it is for the seasonal influenza roster claims. Roster bills must contain the following information:
 - Provider name and number;
 - Date of service;
 - Control number for contractor;
 - Patient's name, address, date of birth, sex, and health insurance claim number;
 - Beneficiary's signature or stamped "signature on file".
- Medicare Part B does not cover oral anti-viral medications (e.g., Tamiflu and Relenza). However, a beneficiary enrolled in a prescription drug plan under Medicare Part D may be covered for one or more anti-viral medications under the plan's formulary.

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