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Guidelines for Payment of Vaccine (Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus) Administration

This article was revised on September 5, 2007 to refer providers to CR5037 (<http://www.cms.hhs.gov/Transmittals/downloads/R921CP.pdf>). CR5037 allows the reporting of diagnosis code V06.6 in place of V03.82 and V04.81 when reporting Influenza Virus and/or PPV vaccines when the purpose of the visit was to receive both vaccines. In addition, CR5037 requires Medicare carriers/FIs to accept claims containing CPT code 90660 for the Influenza Virus vaccine (live for intranasal usage). The related MLN Matters article may be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5037.pdf> on the CMS website.

Provider Types Affected

Hospitals, home health agencies (HHAs), skilled nursing facilities (SNFs), critical access hospitals (CAHs), provider-based renal dialysis facilities (RDFs), comprehensive outpatient rehabilitation facilities (CORFs), and freestanding RDFs that bill Medicare fiscal intermediaries (FIs) for vaccine administration

Provider Action Needed



STOP – Impact to You

CR4240 clarifies and provides guidelines for Medicare FIs payment of vaccine administration and payment for these vaccines.

Special note: For claims with dates of service prior to January 1, 2006, Outpatient Prospective Payment System (OPPS) and non-OPPS hospitals report G0010 for Hepatitis B vaccine administration. For claims with dates of service January 1, 2006, and later, OPPS hospitals report 90471 or 90472 for Hepatitis B vaccine administration as appropriate in place of G0010.

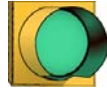


CAUTION – What You Need to Know

Recognize the type of bill (TOB) and payment method, HCPCS codes, and their definitions for vaccine administration.

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GO – What You Need to Do

Use the appropriate TOB and HCPCS codes when billing for the vaccines using the information listed within this article.

Background

The Centers for Medicare & Medicaid Services (CMS) is clarifying its policy regarding payment for vaccine administration. This instruction clarifies and provides guidelines for the payment of vaccine administration in various institutional provider settings. In addition, CMS is updating payment for vaccines (Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus) provided in comprehensive outpatient rehabilitation facilities (CORFs) and renal dialysis facilities (RDFs).

Section 10.2.2.1 of the *Medicare Claims Processing Manual*: “FI Payment for Pneumococcal Pneumonia Virus, Influenza Virus, and Hepatitis B Virus Vaccines and Their Administration” has been updated and payment for the vaccines is as follows:

Payment for the Influenza Virus and PPV Vaccines

Facility	Type of Bill	Payment Method
Hospitals, other than Indian Health Service (IHS) Hospitals and critical access hospitals (CAHs)	12x, 13x	Reasonable cost
IHS Hospitals	12x, 13x, 83x	Medicare Physician Fee Schedule (MPFS) as indicated in guidelines below
IHS CAHs	85x	Medicare Physician Fee Schedule (MPFS) as indicated in guidelines below
CAHs Method I and Method II	85x	Reasonable cost
Skilled Nursing Facilities	22x, 23x	Reasonable cost
Home Health Agencies	34x	Reasonable cost
Comprehensive Outpatient Rehabilitation Facilities	75x	Lower actual charge or 95% of the AWP
Independent Renal Dialysis Facilities	72x	Lower actual charge or 95% of the AWP
Hospital-based Renal Dialysis Facilities	72x	Reasonable cost

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Payment for the Administration of Influenza Virus and PPV Vaccines

Facility	Type of Bill	Payment Method
Hospitals, other than Indian Health Service (IHS) Hospitals and critical access hospitals (CAHs)	12x, 13x	Outpatient Prospective Payment System (OPPS) for hospitals subject to OPPS Reasonable cost for hospitals not subject to OPPS
IHS Hospitals	12x, 13x, 83x	MPFS as indicated in guidelines below
IHS CAHs	85x	MPFS as indicated in guidelines below
CAHs Method I and Method II	85x	Reasonable cost
Skilled Nursing Facilities	22x, 23x	MPFS as indicated in the guidelines below
Home Health Agencies	34x	OPPS
Comprehensive Outpatient Rehabilitation Facilities	75x	*See note and chart below
Independent RDFs	72x	MPFS as indicated in the guidelines below
Hospital-based RDFs	72x	Reasonable cost

*** Note:** If the vaccine is provided by a physician, the service is billed to the carrier using CPT codes indicated in the chart below. Payment is under the MPFS. If the vaccine is provided by a nurse, the service is billed to the FI using HCPCS code G0128. Payment is made under the MPFS.

Guidelines for Pricing PPV and Influenza Virus Vaccine Administration Under the MPFS

FIs make reimbursement based on the rate in the MPFS associated with the CPT code 90782 or 90471 as follows:

HCPCS code	Effective prior to March 1, 2003	Effective on and after March 1, 2003
G0008	90782	90471
G0009	90782	90471

See the *Medicare Claims Processing Manual*, Chapter 18, Section 10.2.2.2, for information on payment to independent and provider based rural health centers (RHCs) and Federally Qualified Health Clinics (FQHCs). That manual may be found at <http://www.cms.hhs.gov/Manuals/> on the CMS website.

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Payment for the administration of Hepatitis B Virus vaccine is as follows:

Facility	Type of Bill	Payment Method
Hospitals, other than IHS hospitals and CAHs	12x, 13x	OPPS for hospitals subject to OPPS Reasonable cost for hospitals not subject to OPPS
IHS Hospitals	12x, 13x, 83x	MPFS as indicated in guidelines below
IHS CAHs	85x	MPFS as indicated in guidelines below
CAHs Method I and Method II	85x	Reasonable cost
Skilled Nursing Facilities	22x, 23x	MPFS as indicated in the guidelines below
Home Health Agencies	34x	Reasonable cost
Comprehensive Outpatient Rehabilitation Facilities	75x	*See note and chart below
Independent RDFs	72x	MPFS as indicated in the guidelines below
Hospital-based RDFs	72x	Reasonable cost

***Note:** If the vaccine is provided by a physician, the service is billed to the carrier using CPT codes indicated in the chart below. Payment is under the MPFS. If the vaccine is provided by a nurse, the service is billed to the fiscal intermediary using HCPCS code G0128. Payment is made under the MPFS.

Guidelines for Pricing Hepatitis B Virus Vaccine Administration under the MPFS

FIs will make reimbursement based on the rate in the MPFS associated with the CPT code 90782 or 90471 as follows:

HCPCS code	Effective prior to March 1, 2003	Effective on and after March 1, 2003
G0010	90782	90471

See the *Medicare Claims Processing Manual* Chapter 18, section 10.2.2.2 for payment to independent and provider based RHCs and FQHCs. That manual may be found at <http://www.cms.hhs.gov/Manuals/> on the CMS website.

Implementation

The implementation date for this instruction is July 3, 2006.

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Additional Information

The revised portions of the *Medicare Claims Processing Manual* are attached to CR4240, which is the official instruction issued to your intermediary regarding this change. That instruction can be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R890CP.pdf> on the CMS website.

If you have questions, please contact your intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website

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