

Program Memorandum Carriers

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal B-01-24

Date: APRIL 5, 2001

CHANGE REQUEST 1616

SUBJECT: Notification to Providers of Centralized Influenza and Pneumococcal Vaccination Billing

In order to notify multi-state mass immunizers about the availability of the centralized billing program for the 2001-2002 flu and pneumonia season, carriers should post the following notice on their web sites. Questions from interested providers should be forwarded to the designated processing carrier or to the central office address below. The Texas site for TrailBlazer Health Enterprises is the current processing carrier.

NOTICE

Centralized billing is a process in which a provider, who is a mass immunizer for influenza and pneumococcal (PPV) immunizations, can send all claims to a single carrier for payment regardless of the geographic locality in which the vaccination was administered. This process is only available for claims for the flu and PPV vaccines and their administration. The administration of the 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).

In order to centrally bill for the 2001-2002 season which begins on October 1, 2001, multi-state mass immunizers interested in centralized billing must contact HCFA central office (CO), in writing, at the following address by June 1, 2001.

Division of Practitioner Claims Processing
Provider Billing and Education Group
Health Care Financing Administration
7500 Security Boulevard
Mail Stop C4-11-27
Baltimore, Maryland 21244

By agreeing to participate in the centralized billing program, providers agree to abide by the following criteria.

Criteria for Centralized Billing

1. To qualify for centralized billing, a mass immunizer must be operating in at least three payment localities for which there are three different carriers processing claims.
2. Individuals and entities providing the vaccine and administration must be properly licensed in the State in which the immunizations are given.
3. Multi-state mass immunizers must agree to accept assignment (i.e., they must agree to accept the amount that Medicare pays for the vaccine and the administration). Since there is no coinsurance or deductible for the flu and PPV benefit, accepting assignment means that Medicare beneficiaries can not be charged for the vaccination, i.e., beneficiaries may not incur any out-of-pocket expense. For example, a drugstore may not charge a Medicare beneficiary \$10 for an influenza vaccination and give the beneficiary a coupon for \$10 to be used in the drugstore. This practice is unacceptable.

HCFA-Pub. 60B

4. The carrier assigned to process the claims for centralized billing will be chosen at the discretion of HCFA based on such considerations as workload, user-friendly software developed by the contractor for billing claims, and overall performance.
5. The payment rates for the administration of the vaccinations will be based on the MPFS for the appropriate year. Payment made through the MPFS is based on geographic locality. Therefore, the multi-state mass immunizer must be willing to accept that payments received may vary based on the geographic locality where the service was performed.
6. The payment rates for the vaccines will be determined by 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 AWP.
7. Multi-state mass immunizers must agree to submit their claims in an electronic media claims standard format using either the National Standard Format (NSF) or American National Standards Institute (ANSI) X12.837 format. Paper claims will not be accepted.
8. In addition to the roster billing instructions found in the Medicare Carriers Manual, §4480.6, Simplified Roster Bills, multi-state mass immunizers must complete on the electronic format the area that corresponds to Item 32, (Name and Address of Facility, including zip code) on Form HCFA-1500, in order for the carrier to be able to pay correctly by geographic locality.

For electronic claims, report the name and address of the facility in:

The National Standard Format, record EA0, field 39 (facility/lab name) and record EA1, fields 6 through 10 (facility/lab address, city, state and zip code),

The ANSI X12N 837 (version 3051): Claim level loop 2310, 2-250-NM1, with a value of "61" (Performed at the Facility where work was performed) in NM101, a value of "FA" (Facility ID) or "ZZ" (NPI - when implemented) in NM108, and the Provider Number in NM109. Report the address in N3 and N4,

The HIPAA ANSI X12N 837(version 4010): Claim level loop 2310D, 2-250-NM1, with a qualifier value of "FA" (Facility) in NM101, a value of "XX" (NPI) - when implemented) in NM108, and the Provider Number ID in NM109. Prior to NPI, enter the Provider Number in loop 2310D position 2-271-REF using "1C" (Medicare Provider Number) in REF01 and the facility ID in REF02. Report the address in N3 and N4.

9. Multi-state mass immunizers must obtain certain information for each beneficiary including name, health insurance number, date of birth, sex, and signature. The assigned Medicare carrier must be contacted prior to the season for exact requirements. The responsibility lies with the multi-state mass immunizer to submit correct beneficiary Medicare information (including the beneficiary's Medicare Health Insurance Claim Number) as the carrier will not be able to process incomplete or incorrect claims.
10. Multi-state mass immunizers must obtain an address for each beneficiary so that an Explanation of Medicare Benefits (EOMB) or Medicare Summary Notice (MSN) can be sent to the beneficiary by the carrier. Beneficiaries are sometimes confused when they receive an EOMB or MSN from a carrier other than the carrier that normally processes their claims, which results in unnecessary beneficiary inquiries to the Medicare carrier. Therefore, multi-state mass immunizers must provide every beneficiary receiving an influenza or PPV vaccination with the name of the carrier selected by HCFA. This notification must be in writing, in the form of a brochure or handout, and must be provided to each beneficiary at the time he or she receives the vaccination.

11. Multi-state mass immunizers must retain roster bills with beneficiary signatures at their permanent location for a time period consistent with Medicare regulations. The Medicare carrier selected to process the claims can provide this information.
12. Though multi-state mass immunizers may already have a Medicare provider number, for purposes of centralized billing, they must also obtain a provider number from the carrier selected by HCFA to process the flu and PPV claims. This can be done by completing Form HCFA-855 (Provider Enrollment Application) which can be obtained from that carrier.
13. If a multi-state mass immunizer's request for centralized billing is approved, the approval is limited to the upcoming flu season. It is the responsibility of the multi-state mass immunizers to reapply to HCFA CO for approval each year by June 1 for the year prior to the beginning of the flu season for which they wish to bill. Claims submitted without approval will be denied.
14. Each year the multi-state mass immunizers must contact the assigned carrier to verify understanding of the coverage policy for the administration of the PPV vaccine, and for a copy of the warning language that is required on the roster bill.
15. The multi-state mass immunizer will be responsible for providing the beneficiary with a record of the PPV vaccination.

The information requested in items 1 through 6 below must be included with the multi-state mass immunizer's annual request to participate in centralized billing:

1. Estimates for the number of beneficiaries who will receive influenza virus vaccinations;
2. Estimates for the number of beneficiaries who will receive PPV vaccinations;
3. The approximate dates for when the vaccinations will be given;
4. A list of the states in which flu and PPV clinics will be held;
5. The type of services generally provided by your corporation (e.g., ambulance, home health, or visiting nurse); and
6. Whether the nurses who will administer the flu and PPV vaccinations are employees of your corporation or will be hired by your corporation specifically for the purpose of administering flu and PPV vaccinations.

The *effective date* for this Program Memorandum (PM) is April 15, 2001.

The *implementation date* for this PM is April 15, 2001.

These instructions should be implemented within your current operating budget.

This PM may be discarded after January 1, 2002.

If you have any questions, please contact the appropriate regional office.