

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 634

Department of Health &
Human Services

Centers for Medicare & Medicaid
Services

Date: AUGUST 3, 2005

Change Request 3936

Transmittal 610, CR 3936, dated July 22, 2005 is rescinded and replaced with Transmittal 634, CR 3936. The second date in Business Requirement 3936.3 was changed to March 1, 2003. All other information remains the same.

SUBJECT: Guidelines for Payment of Vaccines (Pneumococcal Pneumonia Virus (PPV), Influenza Virus, and Hepatitis B Virus) and Their Administration at Renal Dialysis Facilities (RDFs)

I. SUMMARY OF CHANGES: This instruction provides guidelines for the payment of vaccines (PPV, Influenza Virus, and Hepatitis B Virus) and their administration at RDFs.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : January 01, 2006

IMPLEMENTATION DATE : January 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	8/Table of Contents
R	8/60.6/Vaccines Furnished to ESRD Patients
R	18/10.2.2.1/FI Payment for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccine
R	18/10.2.4/Bills Submitted by Hospices and Payment for Renal Dialysis Facilities (RDF)

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Business Requirements

Pub. 100-04	Transmittal: 634	Date: August 3, 2005	Change Request 3936
-------------	------------------	----------------------	---------------------

Transmittal 610, CR 3936, dated July 22, 2005 is rescinded and replaced with Transmittal 634, CR 3936. The second date in Business Requirement 3936.3 was changed to March 1, 2003. All other information remains the same.

SUBJECT: Guidelines for Payment of Vaccines (Pneumococcal Pneumonia Virus (PPV), Influenza Virus, and Hepatitis B Virus) and Their Administration at Renal Dialysis Facilities (RDFs)

I. GENERAL INFORMATION

A. Background: It has been brought to CMS’ attention that there is confusion among contractors regarding the payment for vaccine (PPV, Influenza Virus, and Hepatitis B Virus) and its administration provided by RDFs (Type of bill 72X). This instruction provides guidelines for the payment of these vaccines and their administration at RDFs. See Pub. 100-04, Medicare Claims Processing Manual Chapter 18, §10.2.1 for appropriate HCPCS coding and §10.2.2 for appropriate revenue coding.

B. Policy: See Pub. 100-04, Medicare Claims Processing Manual Chapter 18, §10

II. BUSINESS REQUIREMENTS

“Shall” denotes a mandatory requirement

“Should” denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I S S	R H I	C H I r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3936.1	Contractors shall pay for vaccines (PPV, Influenza Virus, and Hepatitis B Virus) to freestanding RDFs based on the lower actual charge or 95% of the Average Wholesale Price.	X				X				
3936.2	Contractors shall pay for vaccines (PPV, Influenza Virus, and Hepatitis B Virus) to provider-based RDFs based on reasonable cost basis.	X				X				
3936.3	Contractors shall pay for vaccine administration (PPV, Influenza Virus, and Hepatitis B Virus) to freestanding RDFs based on the Medicare Physician Fee Schedule (MPFS) according to	X				X				

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	the rate in the MPFS associated with code 90782 for services provided prior to March 1, 2003 and code 90471 for services provided March 1, 2003 and later and on reasonable cost for provider-based RDFs.									
3936.4	Contractors shall pay claims according to this instruction for claims received on or after January 1, 2006 during the timely filing period.	X				X				
3936.5	Contractors shall permit providers to submit adjustment claims within the timely filing period to correct reimbursement.	X								

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3936.6	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in	X								

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	billing and administering the Medicare program correctly.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: Claims received on or after January 1, 2006</p> <p>Implementation Date: January 3, 2006</p> <p>Pre-Implementation Contact(s): Bill Ruiz 410-786-9283 william.ruiz@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
--	--

***Unless otherwise specified, the effective date is the date of service.**

Medicare Claims Processing Manual

Chapter 8 - Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims

Table of Contents

(Rev. 634, 08-03-05)

Crosswalk to Source Material

60.6 - Vaccines Furnished to ESRD Patients

60.6 - Vaccines Furnished to ESRD Patients

(Rev. 634, Issued: 08-03-05; Effective: 01-01-06; Implementation: 01-03-06)

The Medicare program covers hepatitis B, *influenza virus and Pneumococcal pneumonia virus (PPV)* vaccines and *their* administration when furnished to eligible beneficiaries in accordance with coverage rules. Payment may be made for both the vaccine and *the administration*. *The costs associated with the syringe and supplies are included in the administration fee: HCPCS code A4657 should not be billed for these vaccines.*

Vaccines and their administration are reported using separate codes. The following codes are for reporting the vaccines only:

HCPCS Definition

- 90655 *Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use;*
- 90656 *Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use;*
- 90657 *Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use;*
- 90658 *Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use;*
- 90659 *Influenza virus vaccine, whole virus, for intramuscular or jet injection use (Discontinued December 31, 2003);*
- 90732 *Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or 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;*
- 90744 *Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use;*
- 90746 *Hepatitis B vaccine, adult dosage, for intramuscular use; and*
- 90747 *Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use.*

The following codes are for reporting administration of the vaccines only:

HCPCS Definition

G0008 Administration of influenza virus vaccine;

G0009 Administration of pneumococcal vaccine; and

G0010 Administration of hepatitis B vaccine.

One of the following diagnosis codes must be reported as appropriate. If the sole purpose for the visit is to receive a vaccine or if a vaccine is the only service billed on a claim the applicable following diagnosis code may be used.

<i>Diagnosis Code</i>	<i>Description</i>
<i>V03.82</i>	<i>PPV</i>
<i>V04.8*</i>	<i>Influenza</i>
<i>V04.81**</i>	<i>Influenza</i>
<i>V05.3</i>	<i>Hepatitis B</i>

Payment for vaccine administration (PPV, Influenza Virus, and Hepatitis B Virus) to freestanding RDFs is based on the Medicare Physician Fee Schedule (MPFS) according to the rate in the MPFS associated with code 90782 for services provided prior to March 1, 2003 and code 90471 for services provided March 1, 2005 and later and on reasonable cost for provider-based RDFs.

10.2.2.1 - FI Payment for Pneumococcal Pneumonia, Influenza Virus, and Hepatitis B Vaccines

(Rev. 634, Issued: 08-03-05; Effective: 01-01-06; Implementation: 01-03-06)

Payment for all of these vaccines is on a reasonable cost basis for hospitals, home health agencies (HHAs), skilled nursing facilities (SNFs), critical access hospitals (CAHs) *and provider-based renal dialysis facilities (RDFs)*. Comprehensive outpatient rehabilitation facilities (CORFs) and *freestanding RDFs* are paid based on the lower of actual charge or 95 percent of the average wholesale price (AWP). Section 10.2.4 of this chapter contains information on payment of these vaccines when provided by *RDFs or* hospice.

10.2.4 - Bills Submitted by Hospices and Payment Procedures for Renal Dialysis Facilities (RDF)

(Rev. 634, Issued: 08-03-05; Effective: 01-01-06; Implementation: 01-03-06)

Hospices can provide the influenza virus, PPV, and hepatitis B vaccines to those beneficiaries who request them including those who have elected the hospice benefit. These services may be covered when furnished by the hospice. Services for the vaccines should be billed to the local carrier on the Form CMS-1500. Payment is made using the same methodology as if they were a supplier. Hospices that do not have a supplier number should contact their local carrier to obtain one in order to bill for these benefits.

FIs pay for PPV, influenza, *and Hepatitis B virus* vaccines for *freestanding* Renal Dialysis facilities (RDFs) based on the lower of the actual charge or 95 percent of the average wholesale price (AWP) *and based on reasonable cost for provider-based RDFs*. Deductible and coinsurance do not apply *for influenza and PPV vaccines*. FIs must contact their carrier to obtain information in order to make payment for the administration of these vaccines.

Deductible and coinsurance apply *for Hepatitis B vaccine*.