Hospice Vaccine Billing for Influenza, Pneumococcal and Hepatitis B Vaccines

Medicare covers influenza virus, pneumococcal and hepatitis B vaccines in accordance to coverage requirements when furnished by a hospice to those beneficiaries who request them, including those who have elected the hospice benefit. As of October 1, 2016 per change request (CR) 9052 for claims with an effective date of service on or after October 1, 2016, Medicare hospice providers may bill for vaccine services on institutional claims.

Change request (CR) 7012, as of January 1, 2011 waived all coinsurance and deductibles for certain preventative services; this would include the influenza, pneumococcal and hepatitis B vaccines. The administration of these is not subject to deductibles and coinsurance.

Coverage Requirements for Influenza Virus Vaccine

In order for Medicare to cover the flu vaccine the vaccine must be administered in compliance with any state and local laws, and be administered at the request of the beneficiary. Medicare does not require a physician order to administer the influenza vaccine to a beneficiary. Typically Medicare coverage of the influenza vaccine is one per flu season.

Coverage Requirements for Pneumococcal Vaccine

Medicare will cover the pneumococcal vaccine when it’s furnished in compliance with any applicable state laws, and is requested by a beneficiary. Medicare does not require a physician order for pneumococcal vaccine. An initial Pneumococcal Vaccine may be administered to beneficiaries who have never received a pneumococcal vaccine. A different, second pneumococcal vaccine may be administered 1 year after the first vaccine.

Coverage Requirements for Hepatitis B Vaccine

For Medicare coverage of the hepatitis B Vaccine, the vaccine must be ordered by a doctor of medicine or osteopathy, or by home health agencies, skilled nursing facilities, end stage renal disease facilities, hospital outpatient departments and persons recognized under the incident to physicians’ services provision of law. The beneficiary must also meet one of the criteria in the Intermediate or high risk categories for Medicare coverage of the vaccine.

Intermediate Risk Group

- Staff in institutions for the mentally disabled; and
- Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work.

High Risk Group

- End Stage Renal Disease (ESRD) patients
- Hemophiliacs who receive Factor VIII or IX concentrates
- Patients of institutions for the mentally disabled
• Persons who live in the same household as a Hepatitis B Virus (HBV) carrier
• Homosexual men
• Illicit injectable drug abusers
• Persons diagnosed with diabetes mellitus

Below are frequently asked questions regarding billing for Influenza, and Pneumococcal Vaccine and Roster billing.

**Vaccine Billing**

**Q1. Can we bill a vaccine for a patient on Medicare Care Choice Program?**

**A1.** Hospices are permitted to bill for vaccines to all Medicare eligible beneficiaries whether or not the beneficiary has elected the hospice benefit. Beneficiaries who have currently not elected the hospice benefit and are enrolled in the Medicare Care Choice Program may receive a vaccine from the hospice provider, and the hospice provider can bill Medicare for the vaccine and its administration.

**Q2. Please verify that we can use our hospice NPI when billing claims, and this will not interfere with our regular hospice billing?**

**A2.** Correct, billing a hospice vaccine claim should not interfere with the normal hospice claim submission. Keep in mind that for a hospice vaccine claim you can only report revenue code 0771 and/or 0636 or the claim will be returned to the provider.

**Q3. Can we bill for a vaccine for a hospice patient that is not admitted to our hospice?**

**Q3.** Hospices are permitted to bill for vaccines to all eligible beneficiaries whether or not the beneficiary has elected the hospice benefit.

**Q4. If we provide a flu vaccine and bill on a separate claim for the vaccine and the administration, can we bill for a nurse visit on our routine level of care hospice claim?**

**A4.** When providing a flu vaccine during a routine nurse visit, the hospice will report the nurse visit on their routine hospice claim as instructed per the discipline visit reporting. To constitute a visit, the discipline (as defined by the HCPCS code) must have provided care to the beneficiary. In addition the visit must be reasonable and necessary for the palliation and management of the terminal illness and related conditions described in the patient’s plan of care.

**Q5. Can we bill for a vaccine if the beneficiary is a Medicare beneficiary but has not elected hospice?**

**A5.** Yes. Hospices are permitted to bill for vaccines to all eligible beneficiaries whether or not the beneficiary has elected the hospice benefit.

**Q6. When billing for a vaccine should we include all hospice diagnosis on the claim form or only use Z23 to indicate encounter for immunizations?**
A6. You are not required to enter hospice diagnosis on the claim that is billed for vaccines only. You are required to enter the ICD-10 in the primary position that reflects the reason/diagnosis for the administration of vaccine.

Q7. Should we use a condition code 07 on the hospice vaccine claim to indicate this service is not related to the hospice diagnosis?

A7. No. For hospice vaccine billing claims you do not report a condition code 07 on the claim.

Q8. We bill our regular hospice claims with a TOB 823. Is it preferred that we bill our vaccine claims with a TOB 821?

A8. Correct, for billing a hospice vaccine code the preferred frequency code is “1” – admit through discharge, since this claim will be for a service provided during a single month. However, the Medicare system will allow frequency codes 1, 2, 3, 4.

Q9. Will an NPI for referring or attending physician be required on the claim if the beneficiary is on hospice services?

A9. According to CMS IOM PUB 100-04 Chapter 25- Completing and Processing the Form CMS-1450 Data Set, Section 75.7 FL76- Attending Provider Name and Identifiers states, “this field is required when claim/encounter contains any services other than nonscheduled transportation services.” Therefore, if the beneficiary has an attending physician the NPI number of the attending physician should be put in FL 76. If the beneficiary does not have an attending physician the hospice may use the Medical Director’s NPI in this field.

Q10. What patient status code should be reported on a vaccine claim?

A10. The type of bill (TOB) should be an 8X1 and the patient status code should be “01”.

Q11. Are NDC numbers required on the vaccine claim billed?

A11. No. The National Drug Codes (NCD) is not required on the claim for vaccine billing.

Q12. Do we need to put an occurrence code 27 on when billing a vaccine claim?

A12. No, an occurrence code 27 should not be reported on the vaccine claim. The occurrence code 27 is only for routine hospice claims to report the physician certification.

**Roster Billing**

Q1. When roster billing can you enter the vaccine and administration billing together on the roster bill, or do you have to submit separate roster bills for each revenue code and CPT/HCPC code?

A1. Yes. The appropriate vaccine and administration codes can be entered on the roster bill. For example line 1 – the revenue code 0771 (Preventative Care Services-Vaccine Administration) with the appropriate HCPCs code of G0008 – Influenza Vaccine Administration or G0009- Pneumococcal Vaccine
Administration. Line 2- revenue code 0636 (Pharmacy-Drugs Requiring Detailed coding) with the appropriate HCPCS code for the vaccine that was administered.

Q2. When roster billing, does every beneficiary listed on the roster bill have to receive the same drug?
A2. Yes. Roster billing is designed for mass immunizers who immunize multiply beneficiaries on the same day with the same vaccine to bill Medicare more efficiently.

Q3. Can roster bills be entered electronically?
A3. Providers may submit roster bills via hardcopy or submitted via direct data entry (DDE) option 87.

Q4. When roster billing does all entries need to be administered on the same day?
A4. Yes.

Q5. Are there a minimum numbers of beneficiaries that must be entered on a roster bill?
A5. Yes. For institutional claims only, you must vaccinate at least five beneficiaries on the same date to roster bill.

Reimbursement

Q1. Where can we find the reimbursement rate for vaccines?
A2. Payment allowances will be published in the Centers for Medicare & Medicaid Services (CMS) influenza vaccine pricing webpage at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html.

Q2. How much do we enter in the charge amount for the vaccine and the administration?
A2. The Medicare Administrative Contractors cannot instruct providers on the amount to charge for the vaccines or their services. The agency will need to look at their cost for administering the medication and enter a charge amount based on the cost you would charge a beneficiary for this service.

Resources

MLN Matters Number: MM9052

Mass Immunizer and Roster Billing: Simplified Billing for Influenza virus and Pneumococcal Vaccinations

CMS IOM PUB 100-04 Medicare Claims Processing Manual Chapter 18 – Preventative and Screening Services section 10.1.1- Pneumococcal Vaccine and 10.1.2 Influenza Virus Vaccine

Season Influenza Vaccine Pricing on the CMS Website at www.cms.gov