

**National Government Services Medicare Part B
2024 Preventive Services Virtual Conference
December 9th to 11th**

*Flu, COVID-19 and PPV
Vaccines*

12/10/2024





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Objective

After this session, attendees will be able to

- Discuss Medicare coverage guidelines for the influenza (flu), COVID-19 and pneumococcal (PPV) vaccines
- Properly bill Medicare for these covered preventive services
- Know where to find information

Today's Presenters



- Provider Outreach and Education Consultants
 - Michelle Coleman, CPC
 - Lori Langevin
 - Gail Toussaint



Agenda

- [Influenza \(Flu\) Vaccine](#)
- [Roster Billing](#)
- [Covid-19 Vaccine](#)
- [Pneumococcal \(PPV\) Vaccine](#)
- [Resources](#)

Influenza (flu) Vaccine

Coverage

- One flu vaccine per flu season for all beneficiaries
- More than one per season if reasonable and medically necessary
- Physician order/presence not required for coverage

Billing Guidelines

- Single claims must be electronically submitted unless provider approved under ASCA exception (waiver)
 - Ten ASCA exceptions, including
 - Small providers
 - Certain mass immunizers
 - Providers who submit fewer than ten claims per month on average during calendar year
- Roster claims can be submitted on paper or electronically
- Paper claims-CMS-1500 claim form (02/12) required and must be submitted on original red and white forms
- Visit our website for proper paper claims mailing address

Influenza CPT/HCPCS Codes

Medicare

Medicaid/CHIP

Medicare-Medicaid
Coordination

Private
Insurance

Innovation
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Research, Statistics,
Data & Systems

Outreach &
Education

[Home](#) > [Medicare](#) > [Preventive Services](#)

Preventive Services

Medicare covers many preventive services to keep your patients healthy. Preventive services can help find health problems early, when treatment works best, and can help keep your patients from getting certain diseases. Talk to your patients about which preventive services are right for them and how often they need them.

If you're a person with Medicare, [learn about all preventive services](#).

Learn more about billing for Medicare-covered preventive services:

> [Shots & vaccines](#)



> [Wellness visits](#)

> [Diabetes-related services](#)

Administration and Diagnosis Codes

- HCPCS code G0008 is the only influenza administration code to be included on vaccine claims
 - Paid at 100% of the fee schedule / no coinsurance responsibility
 - CPT codes 90471/90472 are not appropriate for administration of influenza vaccine
- ICD-10 diagnosis code
 - Z23
- [Seasonal Influenza Vaccines Pricing](#)
 - For pricing information

Flu Preferred Vaccines

Preventive Services

Flu Shot

Flu Shot

Get [payment allowances & effective dates](#) for the 2024–2025 season.

This content is for health care providers. If you're a person with Medicare, learn more about [flu shots](#).

What's New for the 2024-2025 Season

All U.S. [flu vaccines this season](#) are trivalent (3 virus) vaccines and were updated from last season's vaccines to provide optimal protection.

In-Home Vaccine Administration: Additional Payment

- Medicare pays an additional payment for in-home administration of these Part B preventive vaccines
 - COVID-19
 - Flu
 - Hepatitis B
 - Pneumococcal
- Use HCPCS M0201 to bill for the additional payment amount for administering the vaccine in the home (in addition to vaccine administration)
- Medicare pays the additional payment amount (approximately \$38 in CY 2024) only once per patient per date of service in that home, even if you administer other Part B preventive vaccines

Requirements for In-Home Payment

- Patient has difficulty leaving the home or faces barriers to getting a vaccine in settings other than their home
 - Practitioners don't need to certify that the Medicare patient is homebound
 - Must document in the patient's medical record their clinical status or the barriers they face to getting the vaccine outside the home

Roster Billing

What Is Roster Billing?

- Streamlined process for submitting vaccination claims for large groups of individuals
 - Both “regular” provider/suppliers and mass immunizers
 - Cannot use for single patient bills
 - Cannot bill other services on roster bills

Roster Billing Guidelines

- Mass immunization roster billers (specialty provider type 73) and centralized billers
 - Must accept assignment on vaccine and administration
 - Can only bill for influenza, pneumococcal (PPV) and/or COVID-19 vaccines
 - Must submit claims using roster billing process
 - Separate roster bills must be submitted for influenza, PPV and COVID-19 vaccines

Roster Billing Guidelines

- Mass Immunizers
 - Offer vaccines to large number of individuals
 - Must be properly licensed in state(s) in which they plan to operate clinics
 - Enrollment is ongoing and completed through local A/B MAC
 - Must submit roster bills to local contractor

Roster Billing Guidelines

- Centralized Billing
 - Mass immunizers who operate in at least three payment localities for which there are three different Medicare A/B MACs
 - Centralized billers submit an electronic professional roster claim to [Novitas Solutions](#), regardless of where the shots are administered
 - Approval is ongoing after your initial approval for centralized billing

Centralized Billing Enrollment

- Send your applications for centralized billing to
Novitas Solutions, Inc.
Provider Enrollment Services
Attn: Centralized Billing Program
P.O. Box 3095
Mechanicsburg, PA 17055-1813
- Include [Centralized Billing Request for Approval form](#)

Roster Billing Guidelines

- Patient roster form with
 - Patient name, address, MBI, date of birth and gender
 - Date of service
 - Beneficiary signature or stamped “Signature on File”
 - Provider’s name and identification number
- Single modified CMS-1500 claim form as roster cover document for each facility where services rendered

Vaccine Roster Form



Vaccine Roster Form

Provider Name	National Provider Identifier (NPI)	Date of Service
---------------	------------------------------------	-----------------

Patient Information (Please PRINT all elements clearly except the signature)

00

Medicare Beneficiary Identifier (MBI)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

01

Medicare Beneficiary Identifier (MBI)		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	Last Name		MI
Address	City	State	Zip
Signed Authorization			

CMS-1500 Form Instructions

CMS-1500 Item #	Completion Instructions
Item 1	An "X" in the Medicare block
Item 2 (Patient's Name)	"SEE ATTACHED ROSTER"
Item 11 (Insured's Policy Group or FECA #)	"NONE"
Item 20 (Outside Lab?)	An "X" in the NO block
Item 21 (Diagnosis or Nature of Illness)	ICD Ind. Block: 0 for ICD-10-CM Enter the indicator as a single digit between the vertical dotted lines.

CMS-1500 Form Instructions

CMS-1500 Item #	Completion Instructions
Item 24B (Place of Service)	Line 1: "60" Line 2: "60"
Item 24D (Procedures, Services or Supplies)	Line 1: list one appropriate CPT code for Influenza Virus vaccine Line 2: "G0008" (Influenza Virus administration)
Item 24E (Diagnosis Pointer)	Lines 1 and 2: "A"
Item 24F (\$ Charges)	Enter the charge for each listed service.
Item 27 (Accept Assignment)	An "X" in the YES block
Item 29 (Amount Paid)	"\$0.00"
Item 31 (Signature of Physician or Supplier)	The entity's representative must sign the modified Form CMS-1500

CMS-1500 Form Instructions

CMS-1500 Item #	Completion Instructions
Item 32 (Service Facility Location Information)	Enter name, address and ZIP code of the location where the service was provided
Item 32a	Enter the NPI of the service facility, if it is available
Item 33 (Physician's/Supplier's Billing Name)	Enter the name, address and ZIP code of the billing provider
Item 33a	Enter the individual or group NPI, as applicable

CMS-1500 Form Instructions

- Electronic submission of roster claims
 - Loop and segment information contained in [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
 - NGS Medicare.com > Resources > Claims and Appeals > CMS 1500 Claim Form
 - Mass immunizers required to use HIPAA-adopted ASC X12N 837 claim standard
 - We offer low or no-cost software for providers to use
 - Contact EDI department for more information
 - Monday–Friday, 8:00 a.m.–5:00 p.m. ET
 - Closed for training on the 2nd and 4th Friday of the month from 12:00–4:00 p.m. ET
 - Jurisdiction 6: 877-273-4334
 - Jurisdiction K: 888-379-9132

Cost-Sharing and Assignment

- No Part B deductible or coinsurance applied
- Assignment
 - All physicians and suppliers must accept assignment of vaccine payment rate
 - Nonparticipating providers can choose not to accept assignment of administration
 - Must submit an unassigned claim on beneficiary's behalf
 - May collect his/her usual charge for administration but cannot collect any fee upfront for vaccine

Medicare Payment

- Medicare pays for vaccine and administration
 - Vaccine reimbursed at nationally established rate
 - 95% of AWP
 - Updated quarterly, posted on CMS website [Seasonal Influenza Vaccines Pricing](#) page
 - Rate effective August 1–July 31 each year
 - Administration payment rate adjusted for each payment locality
 - Rate effective January 1–December 31 each year

Flu Billing Reminder

- The 2024–2025 influenza season for Medicare billing purposes, lasts from 8/1/2024 through 7/31/2025
- We continue to see multiple influenza vaccinations given to the same beneficiary more than once per flu season
 - If the frequency is exceeded, the second flu claim received will be denied for medical necessity

Flu Billing Reminder

- If you bill the incorrect flu code, do not bill another claim
- You must initiate a reopening of the claim to fix the billing error
 - Billing the service again causes the influenza vaccine and administration code to suspend for review and will be denied as not medically necessary

COVID-19 Vaccine

COVID-19 Vaccine Toolkit

Home > Medicare > Payment > Covid-19 Vaccine Toolkit

Covid-19 Vaccine Toolkit

[COVID-19 Monoclonal Antibodies](#)

[Medicare COVID-19 Vaccine Shot Payment](#)

[Medicare Billing for COVID-19 Vaccine Shot Administration](#)

[Coding for COVID-19 Vaccine Shots](#)

[New COVID-19 Treatments Add-On Payment \(NCTAP\)](#)

[SNF: Enforcement Discretion Relating to Certain Pharmacy Billing](#)

COVID-19 Vaccine Toolkit

The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. View [infectious diseases](#) for a list of waivers and flexibilities that were in place during the PHE.

This toolkit is for health care providers. If you're a person with Medicare, learn more about your [Medicare coverage for COVID-19 vaccines](#).

This COVID-19 Vaccine Provider Toolkit includes information on:

- [Coding structure](#)
- [Medicare payment rates for administering vaccines](#)
- [How to bill correctly for administering vaccines, including roster and centralized billing](#)
- [Monoclonal antibodies for treating COVID-19](#)

If you have questions about billing or payment for patients covered by private insurance or Medicaid, contact their health plan or [state Medicaid agency](#).

Note:

Patients who are moderately or severely immunocompromised (have a weakened immune system) are at increased risk of severe COVID-19 illness and death. Their immune response following COVID-19 vaccination may differ for these patients. Learn about [COVID-19 vaccine guidance for moderately or severely immunocompromised patients](#).

No Out-of-Pocket Cost for Your Patients

- Patients can get the COVID-19 vaccine, including additional doses and booster doses, without a physician's order or supervision
- They pay nothing for the vaccine and its administration
- You cannot
 - Charge your patients a copay, coinsurance, or deductible for the vaccine or administration of the vaccine
 - Balance bill for COVID-19 vaccinations
 - Charge your patients for an office visit or other fee if COVID-19 vaccination is the only medical service given
 - Require additional medical or other services during the visit as a condition for getting a COVID-19 vaccination

Billing

- Claim should include the proper billing of the ICD-10 code
 - Z23 – Encounter for immunization
 - Report the proper date of service
 - Report the proper place of service
- You must be a Medicare-enrolled provider to bill Medicare for administering COVID-19 vaccines to Medicare patients
- You can bill on single claims for administering the COVID-19 vaccine or submit claims on a [roster bill](#) for multiple patients at a time
- When you choose the place of service (POS) code for your Part B claims, carefully consider where you provided the vaccine
 - Roster billers should use POS code 60 regardless of your provider type, even if you're not a mass immunization roster biller (provider specialty type 73)

Centralized Billing

- Centralized Billing Enrollment
 - Mass immunizers can roster bill Novitas with a single enrollment regardless of the geographic location
 - You must operate in at least three MAC Jurisdictions and get prior approval from Novitas to centralize bill
 - Contact Novitas 855-247-8428
- [CMS Definitions](#): Mass Immunizer and Centralized Biller

Billing When the Government Provides COVID-19 Vaccines At No Cost

- Only bill for the vaccine administration, don't include the vaccine codes on the claim when the vaccines are free
- You must administer the vaccine with no out-of-pocket cost to your patients for the vaccine or administration of the vaccine
- If you want to administer the vaccine for free, you don't have to submit a claim to Medicare, Medicaid, or another insurer, but you cannot charge your patients or ask them to submit a claim to Medicare or another insurer
- If you get government funding to help pay for administering the COVID-19 vaccine (like a federal or state grant), you can still submit a claim to Medicare for administering the vaccine

Hospice Patients

- How do I bill for hospice patients
 - For hospice patients under Part B only, you must include the GW modifier on COVID-19 vaccine administration claims if either of these apply
 - The vaccine isn't related to your patient's terminal condition
 - The attending physician administered the vaccine

Medicare Advantage Patients

- How do I bill for Medicare Advantage patients
 - Submit COVID-19 vaccine administration claims to the Medicare Advantage Plan. Original Medicare won't pay these claims.

Additional Payment for Administering the Vaccine in the Patient's Home

- Both codes must be billed
 - CPT code for the COVID-19 vaccine administration (90480)
 - HCPCS Level II code M0201 to bill for the additional payment amount for administering the COVID-19 vaccine in the home
- Only bill for the additional in-home payment amount if the sole purpose of the visit is to administer a COVID-19 vaccine
- Don't bill for the additional amount if you provide and bill Medicare for another service in the same home on the same date
- For dates of service starting **1/1/2024**, you should bill for the additional payment amount (approximately \$38 in CY 2024) only once per patient per date of service in that home, even if you administer other Part B preventive vaccines (flu, hepatitis B, or pneumococcal)
 - For example, if you give a COVID-19 shot and a flu shot to a patient in one home visit, we only pay one in-home additional payment
 - Medicare will still pay the administration fee (approximately \$40 for the COVID-19 vaccine in CY 2024) for every vaccine dose you give

Medicare Payment Rates

- COVID-19 vaccine administration – 90480
- Rates reflect updated information about the costs involved in administering the COVID-19 vaccine for different types of providers and the additional resources you need to safely and appropriately administer the vaccine
- Rates are geographically adjusted based on where you administer the vaccine
- Annually updated to reflect changes in costs related to administering preventive vaccines

Vaccines and Administration Codes for COVID-19

- Vaccine Pricing

Home > Medicare > Payment > Medicare Part B Drug Average Sales Price > Vaccine Pricing

Medicare Part B Drug Average Sales Price

ASP Reporting

ASP Pricing Files

ASP Billing Resources

Vaccine Pricing

ASP Regulations & Policy

Vaccine Pricing

- > Seasonal Flu Vaccines
- ▼ COVID-19 Vaccines & Monoclonal Antibodies

The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. View [Infectious diseases](#) for a list of waivers and flexibilities that were in place during the PHE.

Review this page for information about Medicare payment for administering COVID-19 vaccines and monoclonal antibodies during and after the PHE.

Medicare Part B Payment for COVID-19 Vaccines & Certain Monoclonal Antibodies

2024-2025 COVID-19 Vaccine Administration Payment

CPT Code or HCPCS Code	CPT or HCPCS Short Descriptor	Labeler Name	Vaccine/Procedure Name	National Payment Allowance Effective for Claims with DOS on or after 03/15/2021
90480	ADMN SARSCOV2 VACC 1 DOSE	N/A	N/A	\$40.000 ^[2]
M0201	Covid-19 vaccine home admin	Home vaccine admin	Covid-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only covid-19 vaccine administration is performed at the patient's home	\$35.50 ^[2]

2024 Geographically-adjusted Payment Rates

- Jan 1 – Dec 2024 Geographically-adjusted Payment Rates for **COVID-19 Vaccine Administration** & In-Home Additional Payment (ZIP) [For claims with dates of service 1/1/2024-12/31/2024]
- Jan 1 – Dec 2024 Geographically-adjusted Payment Rates for **Monoclonal Antibody Administration** (ZIP) [For claims with dates of service 1/1/2024-12/31/2024]

2024-2025 COVID-19 Vaccine Codes

- CMS ASP Pricing Files

91304	SARSCOV2 VAC 5MCG/0.5ML IM	Novavax	Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older) 2024-2025 Formula	\$ 161.538	08/30/2024 - TBD
91318	SARSCOV2 VAC 3MCG TRS-SUC	Pfizer- BioNTech	Pfizer-BioNTech COVID- 19 Vaccine 2024-2025 Formula (Yellow Cap)	\$65.550	08/22/2024 - TBD
91319	SARSCV2 VAC 10MCG TRS-SUC IM	Pfizer- BioNTech	Pfizer-BioNTech COVID- 19 Vaccine 2024-2025 Formula (Blue Cap)	\$87.780	08/22/2024 - TBD
91320	SARSCV2 VAC 30MCG TRS-SUC IM	Pfizer- BioNTech	COMIRNATY (COVID-19 Vaccine, mRNA) 2024- 2025 Formula	\$155.895	08/22/2024 - TBD
91321	SARSCOV2 VAC 25 MCG/.25ML IM	Moderna	Moderna COVID-19 Vaccine 2024-2025 Formula	\$147.060	08/22/2024 - TBD
91322	SARSCOV2 VAC 50 MCG/0.5ML IM	Moderna	SPIKEVAX 2024-2025 Formula	\$161.652	08/22/2024 - TBD

Pneumococcal (PPV) Vaccine



PPV Vaccines



Did You Know?

Pneumococcal pneumonia causes an estimated 150,000 hospitalizations each year in the U.S.



Fatality Rate

Pneumococcal pneumonia fatality rate is five to seven percent and may be much higher in older adults



Resistance

An estimated 30% of pneumococcal bacteria were resistant to one or more antibiotics

PPV Coverage Frequency

- CMS recommends visiting the CDC's website
 - [CDC Pneumococcal Vaccine Timing for Adults](#)





PPV Vaccine Billing

CPT Code	Description
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent, for intramuscular use
90684	Pneumococcal conjugate vaccine, 21 valent, for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23 valent, adult or immunosuppressed patient dosage, when administered to individuals two years or older, for subcutaneous or intramuscular use

Administration and Diagnosis Code

- Administration HCPCS code
 - G0009 for PPV administration
- ICD-10-CM diagnosis code
 - Z23
 - Additional ICD-10 codes may apply. See the [CMS ICD-10 web page](#) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service

Other Billing Guidelines

- Physician order/presence not required by Medicare for coverage
- Roster billing allowed, using appropriate PPV codes
 - Must roster bill flu and PPV separately
- Medicare does not pay solely for counseling and education for PPV vaccines

Cost-Sharing and Assignment

- Mass immunization roster billers
 - Must accept assignment for vaccine and administration
- Participating providers
 - No Part B deductible or coinsurance applied
 - Must accept assignment for vaccine and administration
 - May not collect payment from beneficiary
 - Must submit claim on beneficiary's behalf

Cost-Sharing and Assignment

- Nonparticipating providers
 - Vaccine
 - Must accept assignment
 - No Part B deductible or coinsurance applied
 - Administration
 - Can choose not to accept assignment
 - May collect usual charge
 - Limiting charge provision does not apply
 - Must submit unassigned claim on beneficiary's behalf

PPV Reimbursement

- Two administration fees paid if patient receives flu and PPV on same day
 - G0008: Influenza administration code
 - G0009: Pneumococcal administration code
- Office visit paid for in addition to PPV if reasonable and medically necessary

Medicare Payment

- Medicare pays for vaccine and administration
 - Vaccine reimbursed at nationally established rate
 - Administration payment rate found for MPFS codes can be found in the [Fee Schedule Lookup](#) tool
 - Payment adjusted for each payment locality
 - Do not use code 90471 as administration code for flu or PPV

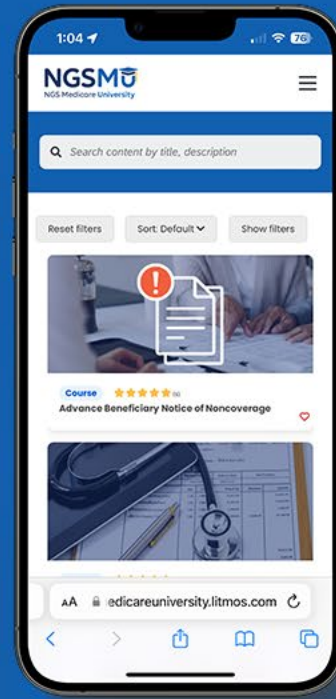
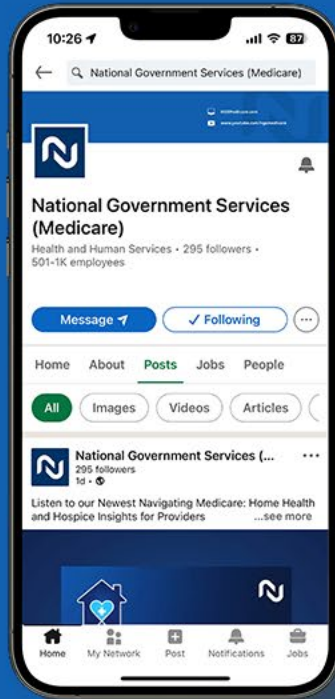
Resources

Resources

- [CMS Internet-Only Manuals \(IOMs\)](#)
- Coverage of immunizations
 - [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 50.4.4.2](#)
- Billing for immunizations
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 10](#)
- CMS-1500 (08/05) claim completion requirements
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 26](#)

Resources

- [Seasonal Influenza Vaccines Pricing page](#)
- [Roster Billing for Mass Immunizers](#)
- [COVID-19 Vaccine Toolkit](#)
- MLN Matters® [MM11335 Revised: Add Dates of Service \(DOS\) for Pneumococcal Pneumonia Vaccination \(PPV\) HCPCS Codes and Remove Next Eligible Dates for PPV HCPCS](#)
- MLN® Educational Tool [Medicare Preventive Services Quick Reference Chart](#)
- [Pneumococcal Vaccine Timing for Adults](#)



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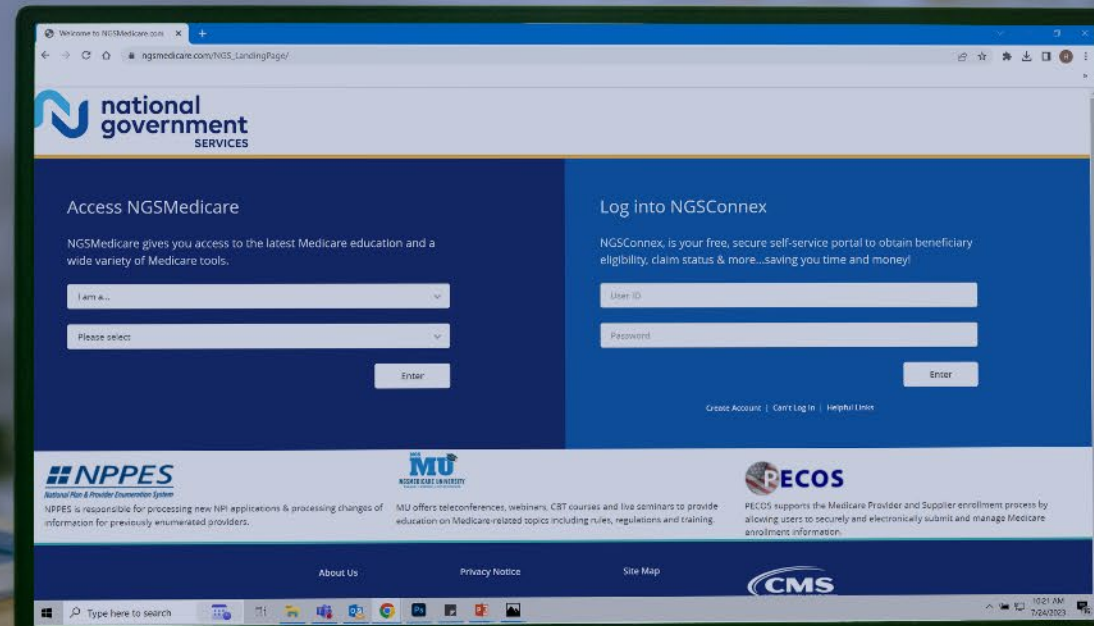


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Questions?

Thank you!