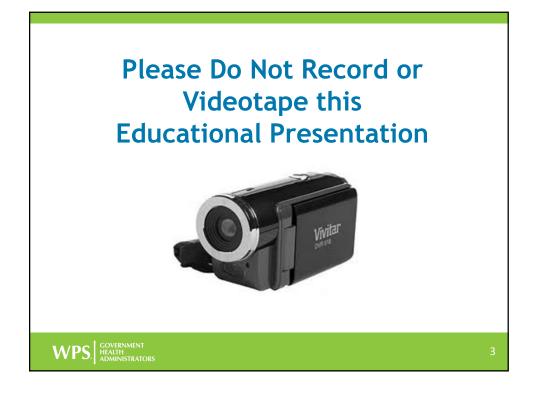
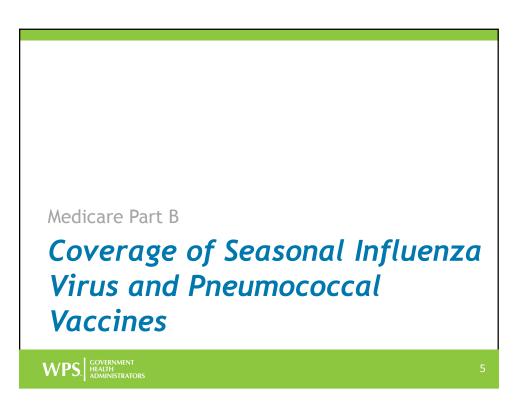
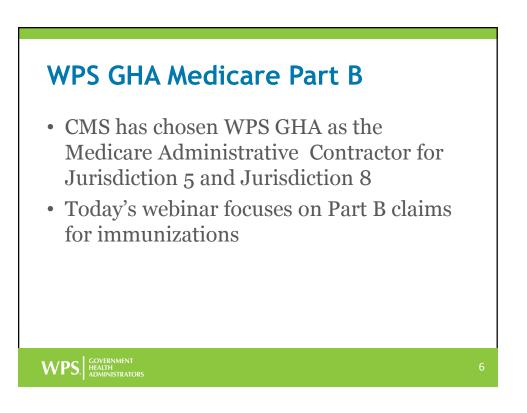


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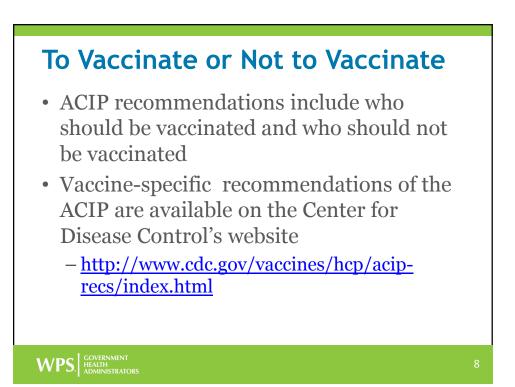


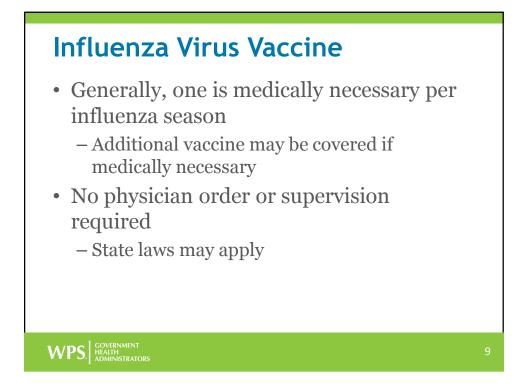


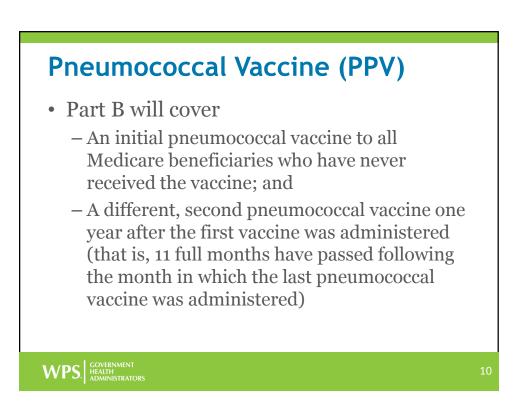




- Advisory Committee to the federal government
  - Makes written recommendation for routine administration vaccines to pediatric and adult populations
  - CMS issues coverage requirements that align with ACIP recommendations







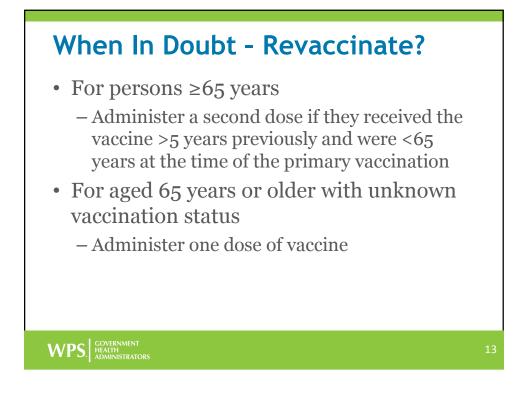
### Vaccination History in Past Five Years

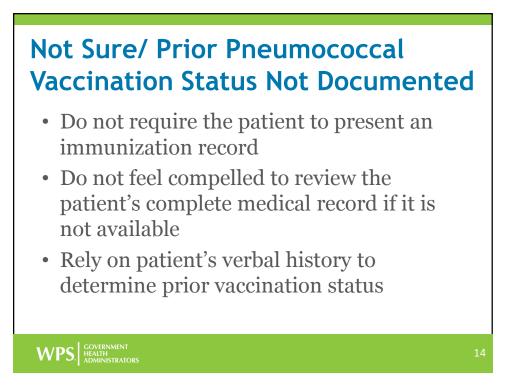
- If patient is uncertain about vaccination history, the vaccine should be given
- If patient is certain s/he was vaccinated in the last five years, do not give vaccine
- If patient is certain vaccine was given and >5 years has passed since previous dose, revaccination is not appropriate unless the patient is at highest risk

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### Revaccination - Patient Not at Higher Risk

• If an individual, not at higher risk, is revaccinated because of uncertainty about vaccination status, Medicare will cover the revaccination







- If a beneficiary receives an influenza virus vaccination more than once in a 12-month period, will Medicare still pay for it?
  - Yes, generally Medicare pays for one influenza virus vaccination per influenza season

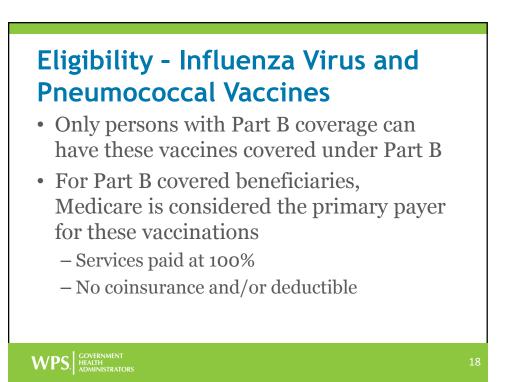


- What if a beneficiary needs more than one influenza virus vaccine in an influenza season?
  - Medicare will pay for more than one influenza virus vaccination per influenza season if a physician determines and documents that the vaccination is reasonable and medically necessary
  - The administering provider should maintain documentation

# Frequency Question #3

• Will Medicare cover more than one pneumococcal vaccine in a patient's lifetime?

- Yes
  - In accordance with ACIP all persons should receive a dose of pneumococcal vaccine when or after they reach age 65
  - Persons who receive a dose before age 65 are recommended to receive another dose after they turn age 65, once 5 years have elapsed since their prior dose
  - This vaccine is generally a once-in-a-lifetime after age 65 vaccination that can be given at any time during the year
  - All persons who have unknown vaccination status should receive one dose of vaccine



### Physician Presence/Order -Influenza Virus/Pneumococcal Vaccine

- No Medicare requirement for physician to be present
  - Laws in individual states may require this
- When allowable under state law, Medicare requires no physician order, or any other type of physician involvement

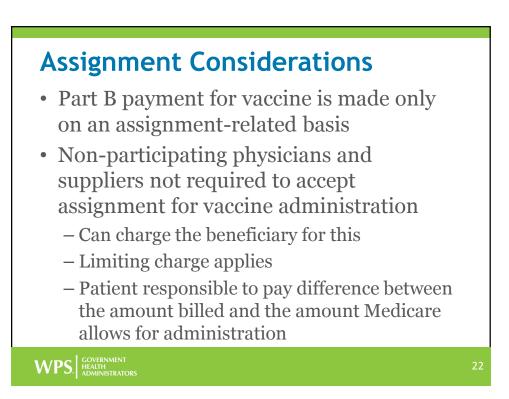
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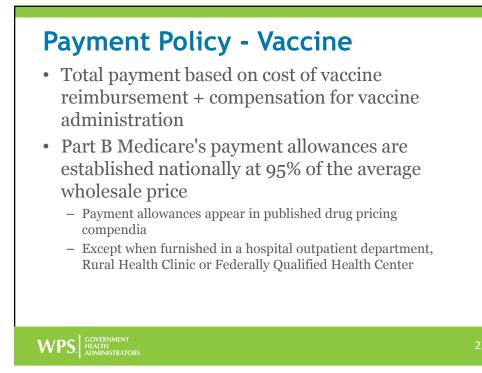
### Can the influenza virus vaccine and the pneumococcal vaccine be administered at the same time?

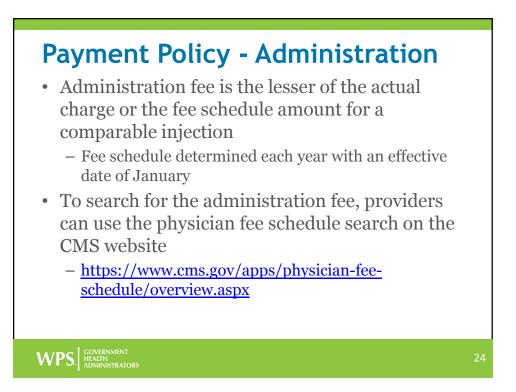
- Yes
  - By separate injection in the opposite arm

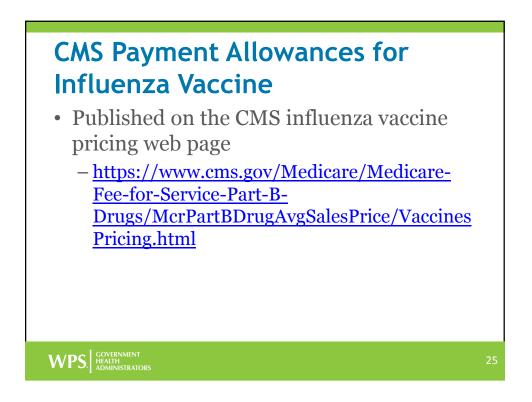
### **Billing Part B**

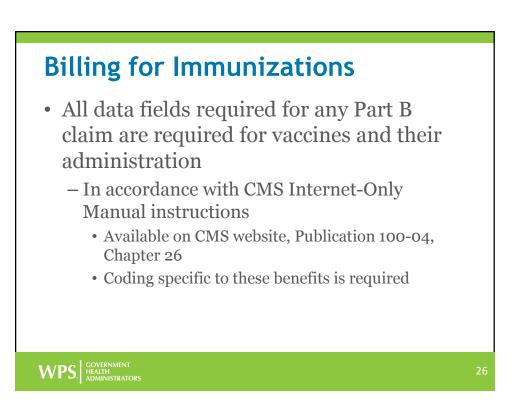
- Claim must be assigned
- Eligible providers must be enrolled with Medicare in order to bill
- Certain types of providers/suppliers are locations where a mass immunization provider may provide vaccination services
  - Senior centers, shopping malls, non-certified Home Health Agencies, etc.











# Health Insurance Claim Number (HICN)

- Providers/suppliers responsible for providing required items on claim
  - Enter valid HICN on claim
- MAC will not contact provider/supplier to resolve incorrect HICNs

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### **Other Billing Tips**

- When Medicare is known to be the secondary payer, for all influenza vaccination claims, enter NONE in item 11 of the CMS-1500 claim form
- When beneficiary receives both an influenza virus vaccine and pneumococcal vaccine on the same day, providers not roster billing may put both vaccines and their administration on the same claim

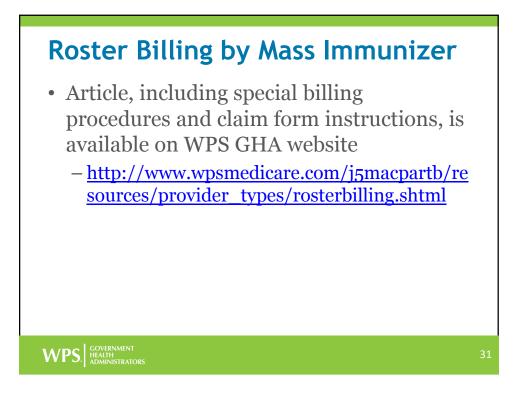
# **Mass Immunizers**

- Entities/individuals that provide mass immunization services, but may not otherwise be able to qualify as a Medicare Mass Immunizer provider
- Must meet certain criteria in order to bill
  - Must be eligible to enroll with Medicare
  - Must use Roster billing and accept assignment
  - May not submit claims for any services or items other than for influenza and PPV vaccines and their administration

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### **Roster Billing**

- Developed to provide Medicare beneficiaries greater access to the pneumococcal (PPV) and influenza virus vaccines
- Special billing procedures are applicable

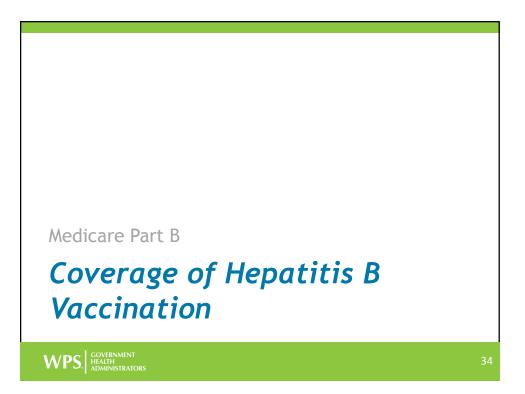


### **Centralized Billing**

- Allows mass immunizers to send all influenza virus and/or pneumococcal vaccination claims to one Medicare Administrative Contractor (MAC) regardless of where the vaccination was administered
  - To qualify, the provider must operate in at least three payment localities where 3 different MACs process claims



- CMS Publication Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations – ICN 907275 March 2015
  - <u>https://www.cms.gov/Outreach-and-</u>
    <u>Education/Medicare-Learning-Network-</u>
    <u>MLN/MLNProducts/downloads/Mass\_Immu</u>
    nize\_Roster\_Bill\_factsheet\_ICN907275.pdf



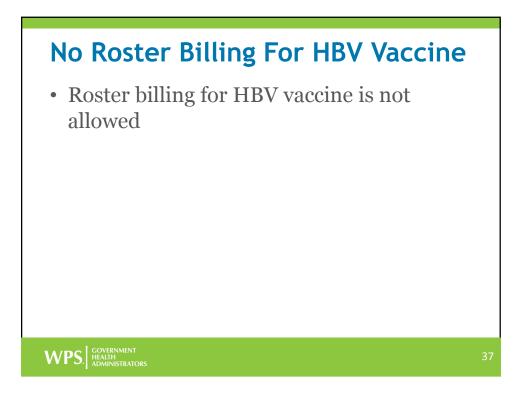
# Hepatitis B Vaccine

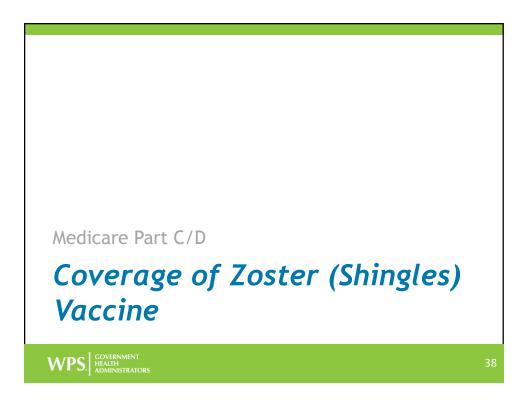
• Covered for beneficiaries at intermediate to high risk for the hepatitis B virus (HBV)

- Health care professionals who have frequent contact with blood or blood-derived body fluids during routine work
- Those with End-Stage-Renal Disease (ESRD)
- Persons who live in the same household as an HBV carrier
- Persons diagnosed with diabetes mellitus
- Other situations could qualify

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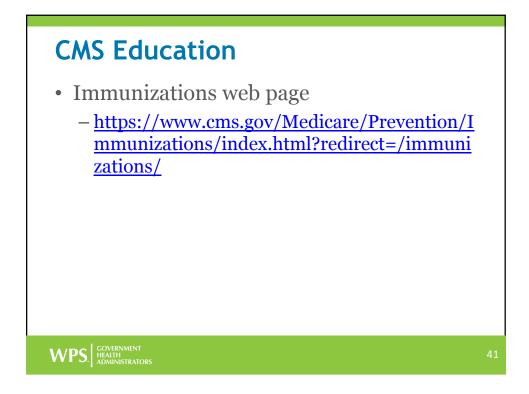


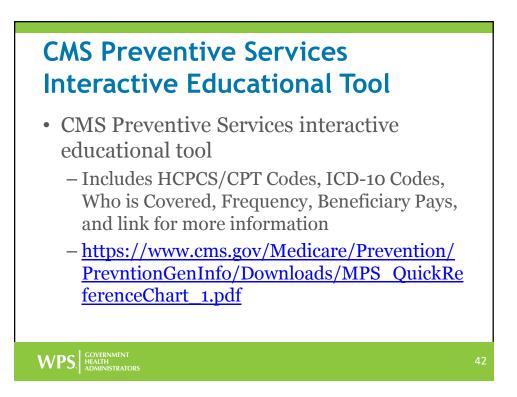




- Vaccine not covered by Part B, nor is the administration
- May be covered for beneficiaries in a stand-alone Medicare Prescription Drug Plan (PDP or Part D) or for beneficiaries enrolled in a Part C Medicare Advantage plan that includes prescription drug coverage
  - Also known as Medicare Advantage Prescription Drug plan
- Contact plan with any questions







### Centers for Disease Control and Prevention (CDC)

• CDC vaccines web page includes immunizations schedules, ACIP recommendations, education & training, and more

- http://www.cdc.gov/vaccines/



