CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13091	**Date: February 21, 2025**
	Change Request 13937

SUBJECT: Roster Billing for Hepatitis B - July 2025 Release

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the proper updates to ensure mass immunizers can use the roster billing process to submit Medicare Part B claims for hepatitis B vaccines and their administration.

EFFECTIVE DATE: January 1, 2025
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: July 7, 2025

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-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	18/10/10.1.3/Hepatitis B Vaccine
R	18/10/10.2.5/Claims Submitted to MACs (Part B)
R	18/10/10.3/Simplified Roster Claims for Mass Immunizers

III. FUNDING:

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-04	Transmittal: 13091	Date: February 21, 2025	Change Request: 13937

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the proper updates to ensure mass immunizers can use the roster billing process to submit Medicare Part B claims for hepatitis B vaccines and their administration.

II. GENERAL INFORMATION

A. Background: Section 2323 of the Deficit Reduction Act of 1984 (Pub. L. 98-369) amended section 1861(s)(10) of the Act by adding subparagraph (B) to provide Medicare Part B coverage for the hepatitis B vaccine and its administration for those individuals who are at high or intermediate risk of contracting hepatitis B. The statute required the Secretary to determine, by regulations, criteria for identifying individuals who are at high or intermediate risk of contracting hepatitis B**.** These regulations can be found at 42 CFR 410.63(a).

The Medicare Claims Processing Manual, Chapter 18, section 10.1.3, states that, effective for services furnished on or after September 1, 1984, the hepatitis B vaccine and its administration is covered if it is ordered by a doctor of medicine or osteopathy and is available to Medicare beneficiaries who are at high or intermediate risk of contracting hepatitis B.

Effective January 1, 2025, CMS expanded coverage of hepatitis B vaccinations by revising § 410.63(a)(2), Intermediate Risk Groups, by adding a new paragraph (a)(2)(iv) to include individuals who have not previously received a completed hepatitis B vaccination series and individuals whose previous vaccination history is unknown.

B. Policy: Under the new regulations at § 410.63(a)(2), an assessment of an individual's vaccination status can now be made without the clinical expertise of a physician. Thus, we have updated our policy in the Medicare Claims Processing Manual, Chapter 18, Section 10.1.3. A doctor's order will no longer be necessary for the administration of a hepatitis B vaccine under Part B, and therefore, mass immunizers can use the roster billing process to submit Medicare Part B claims for hepatitis B vaccines and their administration. Roster billing is now available for all Part B preventive vaccines – pneumococcal, influenza, hepatitis B and COVID-19 vaccines.

Roster bills for hepatitis B vaccine and vaccine administration claims are paid like other Part B vaccine and vaccine administration claims: hepatitis B vaccine products are paid at 95 percent of their Average Wholesale Price (AWP), and hepatitis B vaccine administration is paid according to the National Fee Schedule for Medicare Part B Vaccine Administration. The Part B vaccine administration fee schedule includes the locality-adjusted payment rate file for HCPCS code G0010, hepatitis B vaccine administration, with the annual update applied for CY 2025. This file can be found on the CMS Vaccine Pricing website *at https://www.cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/vaccine-pricing.* Payment rate files for pneumococcal, influenza, and hepatitis B vaccine administration can be found under the "Seasonal Flu Vaccine" tab, and payment rate files for COVID-19 vaccines can be found under the "COVID-19 Vaccines & Monoclonal Antibodies" tab.

More information on roster billing can be found at https://www.cms.gov/roster-billing.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13937.1	Contractors shall update their systems to allow the hepatitis B vaccines and their administration to be billed via roster billing for dates of service on or after January 1, 2025.	X	X			X				
13937.2	Contractors shall be aware of the updates to Pub 100-04: Chapter 18, section 10.1.3, 10.2.5, and 10.3 of the internet only manual.	X	X							
13937.3	Within 30 days of issuance of this change request, contractors shall update their systems to allow payment for Hepatitis B claims with Place of Service (POS) code 60-Mass Immunization Centers and with a specialty code of 73-Roster Billers.		X							

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part B

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0

10.1.3 – Hepatitis B Vaccine

(Rev. 13091; Issued:02-21-25; Effective: 01-01-25; Implementation: 07-07-25)

Effective for services furnished on or after September 1, 1984, the hepatitis B vaccine and its administration is covered if it is ordered by a doctor of medicine or osteopathy and is available to Medicare beneficiaries who are at high or intermediate risk of contracting hepatitis B, e.g., exposed to hepatitis B**.** *Effective January 1, 2025, a doctor's order will no longer be necessary for the administration of a hepatitis B vaccine under Part B. Therefore, mass immunizers can use the roster billing process to submit Medicare Part B claims for hepatitis B vaccines and their administration.*

See the Medicare Benefit Policy Manual, Chapter 15, for additional coverage requirements for hepatitis B vaccines to high risk and intermediate risk groups.

10.2.5 - Claims Submitted to MACs (Part B)

(Rev. 13091; Issued:02-21-25; Effective: 01-01-25; Implementation: 07-07-25)

Medicare does not require that the influenza virus, pneumococcal, *hepatitis B,* or COVID-19 vaccine be administered under a physician's order or supervision.

A. Reporting Specialty Code/Place of Service (POS) to CWF Specialty

MACs (Part B) use specialty code 60 (Public Health or Welfare Agencies (Federal, State, and Local)) for Public Health Service Clinics (PHCs).
MACs (Part B) use specialty code 73 (Mass Immunization Roster Billers) for specialty code C1 centralized billers and specialty code A5 for pharmacies (all other suppliers (drug stores, department stores)).
Entities and individuals other than PHCs and pharmacies use the CMS specialty code that best defines their provider type. A list of specialty codes can be found in Pub. 100-04, Chapter 26. The CMS specialty code 99 (Unknown Physician Specialty) is acceptable where no other code fits.

Place of Service (POS)
State or local PHCs use POS code 71 (State or Local Public Health Clinic). POS 71 is not used for individual offices/entities other than PHCs (e.g., a mobile unit that is non-PHC affiliated should use POS 99). Preprinted Form CMS-1500s (08-05) used for simplified roster billing should show POS 60 (Mass Immunization Center) regardless of the site where vaccines are given (e.g., a PHC or physician's office that roster claims should use POS 60).
Individuals/entities administering influenza virus, pneumococcal, *hepatitis B,* and COVID-19 vaccinations in a mass immunization setting (including centralized billers), regardless of the site where vaccines are given, should use POS 60 for roster claims, paper claims, and electronically filed claims.
Normal POS codes should be used in other situations.
Providers use POS 99 (Other Unlisted Facility) if no other POS code applies.

10.3 - Simplified Roster Claims for Mass Immunizers

(Rev. 13091; Issued:02-21-25; Effective: 01-01-25; Implementation: 07-07-25)

The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass pneumococcal and influenza vaccination programs offered by PHCs and other individuals and entities that give the vaccine to a group of beneficiaries, e.g. at PHCs, shopping malls, grocery stores, senior citizen homes, and health fairs. Effective December 11, 2020, roster billing is also available for billing COVID-19 vaccinations.
*Effective January 1, 2025, r*oster billing is available for hepatitis B vaccinations.
If they agree to accept assignment for these claims, properly licensed individuals and entities conducting mass immunization programs may submit claims using a simplified claim's filing procedure known as roster billing to bill for influenza virus, *hepatitis B,* pneumococcal or COVID-19 vaccinations for multiple beneficiaries. They may not collect any payment from the beneficiary.
Entities that submit claims on roster claims must accept assignment and may not collect any "donation" or other cost sharing of any kind from Medicare beneficiaries for pneumococcal, influenza virus, *hepatitis B,* or COVID-19 vaccinations. However, the entity may bill Medicare for the amount, which is not subsidized from its own budget. For example, an entity that incurs a cost of $7.50 per vaccination and pays $2.50 of the cost from its budget may bill Medicare the $5.00 cost which is not paid out of its budget.

A. Provider Enrollment Criteria for Mass Immunizers

Those entities and individuals that desire to provide mass immunization services, but may not otherwise be able to qualify as a Medicare provider, may be eligible to enroll as a provider type "Mass Immunization Roster Biller." In addition, claims submitted by the provider type "Mass Immunization Roster Biller" are always reimbursed at the assigned payment rate. These individuals and entities must enroll by completing the Provider/Supplier Enrollment Application, Form CMS-855. Individuals and entities that enroll as this provider type may not bill Medicare for any services other than pneumococcal, influenza virus, *hepatitis B,* and/or COVID-19 vaccines and their administration.

B. Payment Floor for Roster Claims

Roster claims are considered paper claims and are not paid as quickly as electronic media claims (EMC). If available, offer electronic billing software free or at-cost to PHCs and other properly licensed individuals and entities. MACs (Part B) must ensure that the software is as user friendly as possible for the pneumococcal, influenza virus*, hepatitis B,* and COVID-19 vaccination billing.