CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 2337	**Date: October 28, 2011**
	Change Request 7580

SUBJECT: New Influenza Virus Vaccine Code

I. SUMMARY OF CHANGES: This change request provides instructions for payment and CWF edits to be updated to include influenza virus vaccine code 90654 for claims with dates of service on or after May 9, 2011, processed on or after April 2, 2012.

EFFECTIVE DATE: May 9, 2011
IMPLEMENTATION DATE: April 2, 2012

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	18/10/10.2.1/Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes
R	18/10/10.4.1/CWF Edits on FI/AB MAC Claims
R	18/10/10.4.2/CWF Edits on Carrier/AB MAC Claims
R	18/10/10.4.3/CWF A/B Crossover Edits for FI/AB MAC and Carrier/AB MAC Claims

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

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

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

Attachment – Business Requirements

Pub. 100-04	Transmittal: 2337	Date: October 28, 2011	Change Request: 7580

SUBJECT: New Influenza Virus Vaccine Code

Effective Date: May 9, 2011
Implementation Date: April 2, 2012

I. GENERAL INFORMATION

A. Background: This change request (CR) provides instructions for payment and CWF edits to be updated to include influenza virus vaccine code 90654 (influenza virus vaccine, split virus, preservative-free, for intradermal use, for adults ages 18 – 64) for claims with dates of service on or after May 9, 2011, processed on or after April 2, 2012. HCPCS code 90654 was added to the 2011 HCPCS file effective January 1, 2011. However, 90654 didn't become payable by Medicare until May 9, 2011. The instructions in this CR allow for updates to the standard systems that will be effective April 2, 2012. These updates will affect all claims processed on or after April 2, 2012, with dates of service on or after May 9, 2011.

NOTE: Change Request (CR) 7575, Transmittal 2329, - Influenza Vaccine Payment Allowances – Annual update for 2011-2012 Season, provides instruction regarding reimbursement rates for seasonal influenza vaccine codes for the upcoming flu season. The effective date for CR 7575 is September 1, 2011, so on September 1, 2011, Medicare has a nationally set reimbursement rate for seasonal influenza virus vaccines, including 90654.

B. Policy: Effective for claims processed with dates of service on or after May 9, 2011, influenza virus code 90654 will be payable by Medicare.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7580.1	Contractors shall accept code 90654 for dates of service on or after May 9, 2011.	X		X	X	X	X			X	IOCE
7580.2	Contractors shall pay for influenza virus vaccine code 90654 to hospitals (12X and 13X), SNFs (22X and 23X), HHA (34X), hospital-based RDFs (72X), and CAHs (85X) based on reasonable cost.	X		X		X	X				
7580.3	Contractors shall pay for influenza virus vaccine code 90654 to IHS Hospitals (12X, 13X), and IHS CAHs (85X), based on the lower of the actual charge or 95% of the Average Wholesale Price (AWP).	X		X			X				
7580.4	Contractors shall pay for influenza virus vaccine code	X		X			X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	90654 to CORFs (75X), and independent RDFs (72X), based on the lower of the actual charge or 95% of the AWP.										
7580.5	Contractors shall add influenza virus vaccine code 90654 to all CWF existing influenza virus vaccine edits.						X			X	
7580.6	Contractors shall not search their files to either retract payment for claims already paid or retroactively pay claims. However, contractors shall adjust claims brought to their attention.	X		X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7580.7	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN 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 one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X		X	X	X					

IV. 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

V. CONTACTS

Pre-Implementation Contact(s): Bridgitté Davis (410) 786-4573, bridgitte.davis@cms.hhs.gov for practitioner claims and Bill Ruiz (410) 786-9283, william.ruiz@cms.hhs.gov for institutional claims.

Post-Implementation Contact(s): Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Carriers, and Regional Home Health Intermediaries (RHHIs)*:

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

Section B: *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.

10.2.1 - Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes

(Rev. 2337, Issued: 10-28-11, Effective: 05-09-11, Implementation: 04-02-12)

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

HCPCS	Definition
90654	*Influenza virus vaccine, split virus, preservative-free, for intradermal use, for adults ages 18 – 64;*
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;
90660	Influenza virus vaccine, live, for intranasal use;
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90669	Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
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. The administration of the vaccines is billed using:

HCPCS	Definition
G0008	Administration of influenza virus vaccine;
G0009	Administration of pneumococcal vaccine; and
*G0010	Administration of hepatitis B vaccine.
*90471	Immunization administration. (For OPPS hospitals billing for the hepatitis B vaccine administration)
*90472	Each additional vaccine. (For OPPS hospitals billing for the hepatitis B vaccine administration)

*** NOTE:** For claims with dates of service prior to January 1, 2006, OPPS and non-OPPS hospitals report G0010 for hepatitis B vaccine administration. For claims with dates of service January 1, 2006 and later, OPPS hospitals report 90471 or 90472 for hepatitis B vaccine administration as appropriate in place of G0010.

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.

Diagnosis Code	Description
V03.82	Pneumococcus
V04.81**	Influenza
V06.6***	Pneumococcus and Influenza
V05.3	Hepatitis B

**Effective for influenza virus claims with dates of service October 1, 2003 and later.

***Effective October 1, 2006, providers may report diagnosis code V06.6 on claims for pneumococcus and/or influenza virus vaccines when the purpose of the visit was to receive both vaccines.

If a diagnosis code for pneumococcus, hepatitis B, or influenza virus vaccination is not reported on a claim, contractors may not enter the diagnosis on the claim. Contractors must follow current resolution processes for claims with missing diagnosis codes.

If the diagnosis code and the narrative description are correct, but the HCPCS code is incorrect, the carrier or intermediary may correct the HCPCS code and pay the claim. For example, if the reported diagnosis code is V04.81 and the narrative description (if annotated on the claim) says "flu shot" but the HCPCS code is incorrect, contractors may change the HCPCS code and pay for the flu vaccine. Effective October 1, 2006, carriers/AB MACs should follow the instructions in Pub. 100-04, Chapter 1, Section 80.3.2.1.1 (Carrier Data Element Requirements) for claims submitted without a HCPCS code.

Claims for hepatitis B vaccinations must report the I.D. Number of the referring physician. In addition, if a doctor of medicine or osteopathy does not order the influenza virus vaccine, the intermediary claims require:

- UPIN code SLF000 to be reported on claims submitted prior to May 23, 2008, when Medicare began accepting NPIs, only

- The provider's own NPI to be reported in the NPI field for the attending physician on claims submitted on or after May 23, 2008, when NPI requirements were implemented.

10.4.1 - CWF Edits on FI/AB MAC Claims

(Rev. 2337, Issued: 10-28-11, Effective: 05-09-11, Implementation: 04-02-12)

In order to prevent duplicate payment by the same FI/AB MAC, CWF edits by line item on the FI/AB MAC number, the beneficiary Health Insurance Claim (HIC) number, and the date of service, the influenza virus procedure codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662 and the pneumococcal procedure codes 90669, 90670, or 90732, and the administration codes G0008 or G0009.

If CWF receives a claim with either HCPCS codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662 and it already has on record a claim with the same HIC number, same FI/AB MAC number, same date of service, and any one of those HCPCS codes, the second claim submitted to CWF rejects.

If CWF receives a claim with HCPCS codes 90669, 90670, or 90732 and it already has on record a claim with the same HIC number, same FI/AB MAC number, same date of service, and the same HCPCS code, the second claim submitted to CWF rejects when all four items match.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with the same HIC number, same FI/AB MAC number, same date of service, and same procedure code, CWF rejects the second claim submitted when all four items match.

CWF returns to the FI/AB MAC a reject code "7262" for this edit. FIs/AB MACs must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

10.4.2 - CWF Edits on Carrier/AB MAC Claims

(Rev. 2337, Issued: 10-28-11, Effective: 05-09-11, Implementation: 04-02-12)

In order to prevent duplicate payment by the same carrier/AB MAC, CWF will edit by line item on the carrier/AB MAC number, the HIC number, the date of service, the influenza virus procedure codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662; the pneumococcal procedure codes 90669, 90670, or 90732; and the administration code G0008 or G0009.

If CWF receives a claim with either HCPCS codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662 and it already has on record a claim with the same HIC number, same carrier/AB MAC number, same date of service, and any one of those HCPCS codes, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS codes 90669, 90670, or 90732 and it already has on record a claim with the same HIC number, same carrier/AB MAC number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject when all four items match.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with the same HIC number, same carrier/AB MAC number, same date of service, and same procedure code, CWF will reject the second claim submitted.

CWF will return to the carrier/AB MAC a specific reject code for this edit. Carriers/AB MACs must deny the second claim and use the same messages they currently use for the denial of duplicate claims.

In order to prevent duplicate payment by the centralized billing contractor and local carrier/AB MAC, CWF will edit by line item for carrier number, same HIC number, same date of service, the influenza virus procedure codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662; the pneumococcal procedure codes 90669, 90670, or 90732; and the administration code G0008 or G0009.

If CWF receives a claim with either HCPCS codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662 and it already has on record a claim with a **different** carrier/AB MAC number, but same HIC number, same date of service, and any one of those same HCPCS codes, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS codes 90669, 90670, or 90732 and it already has on record a claim with the same HIC number, different carrier/AB MAC number, same date of service, and the same HCPCS code, the second claim submitted to CWF will reject.

If CWF receives a claim with HCPCS administration codes G0008 or G0009 and it already has on record a claim with a different carrier/AB MAC number, but the same HIC number, same date of service, and same procedure code, CWF will reject the second claim submitted.

CWF will return a specific reject code for this edit. Carriers/AB MACs must deny the second claim. For the second edit, the reject code should automatically trigger the following Medicare Summary Notice (MSN) and Remittance Advice (RA) messages.

MSN: 7.2 – “This is a duplicate of a claim processed by another contractor. You should receive a Medicare Summary Notice from them.”

Claim adjustment reason code 18 – duplicate claim or service

10.4.3 - CWF A/B Crossover Edits for FI/AB MAC and Carrier/AB MAC Claims

(Rev. 2337, Issued: 10-28-11, Effective: 05-09-11, Implementation: 04-02-12)

When CWF receives a claim from the carrier/AB MAC, it will review Part B outpatient claims history to verify that a duplicate claim has not already been posted.

CWF will edit on the beneficiary HIC number; the date of service; the influenza virus procedure codes *90654*, 90655, 90656, 90657, 90658, 90660, or 90662; the pneumococcal procedure codes 90669, 90670, or 90732; and the administration code G0008 or G0009.

CWF will return a specific reject code for this edit. Contractors must deny the second claim and use the same messages they currently use for the denial of duplicate claims.