



ROSTER BILLING FOR MASS IMMUNIZERS



The Hyperlink Table, at the end of this document, gives the complete URL for each hyperlink.

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BACKGROUND

- The Centers for Medicare & Medicaid Services (CMS) created the mass immunizers roster billing process to simplify the billing of influenza virus and pneumococcal vaccination claims. These changes increase Medicare beneficiary access to vaccinations.
- A **mass immunizer** offers influenza virus vaccinations, pneumococcal vaccinations, or both to a group of individuals.
- **Roster billing** lets mass immunizers submit one claim form with a list of several immunized beneficiaries.
- **Centralized billing** allows mass immunizers operating in at least three payment localities, served by at least three different Medicare Administrative Contractors (MACs), to send all influenza virus and pneumococcal vaccination claims to one designated MAC.

This booklet outlines mass immunizers, roster billing, and centralized billing requirements. For more information, refer to the [Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B](#) educational tool for specific information about covered vaccine codes and frequently asked vaccination questions.

MASS IMMUNIZERS

CMS defines a **mass immunizer** as a Medicare-enrolled provider offering influenza virus vaccinations, pneumococcal vaccinations, or both to a large number of individuals (for example, the general public or members of a specific group, such as a retirement community).

Mass immunizers can be one of these types:

- A traditional Medicare provider or supplier, such as a hospital outpatient department
- A non-traditional provider normally ineligible to enroll in the Medicare Program, such as a supermarket, senior citizen home, or public health clinic

CMS created the **Mass Immunization Roster Biller provider specialty type 73** solely for mass immunizers, who usually cannot enroll in Medicare.

Mass immunizers may use **roster billing**. Roster billing simplifies submitting multiple beneficiary claims for influenza virus or pneumococcal vaccination.

NOTE: Medicare disallows roster billing for hepatitis B virus vaccinations.

It's Flu season again. Use Medicare Beneficiary Identifiers (MBIs) to bill Medicare.

Starting January 1, 2020, you must use the MBI.

- CMS will reject claims you submit with Health Insurance Claim Numbers (HICNs), with a few exceptions.
- CMS will reject all eligibility transactions you submit with HICNs.

Mass Immunizers Roster Billing Requirements

Mass immunizers that roster bill must meet these requirements:

- Licensed properly in the States where they operate
- Enrolled in the Medicare Program*
- Accept assignment on the vaccinations and their administration (that is, accepts Medicare payment as payment in full). Medicare disallows collecting deductible, copayment, or coinsurance on these services.
- Use roster bills
- Bill a MAC
- Bill only influenza virus and pneumococcal vaccinations and administration using this process

* To enroll in the Medicare Program solely as a Mass Immunization Roster Biller (provider specialty type 73), individuals must complete [Form CMS-855I](#) and groups must complete [Form CMS-855B](#). [Contact your MAC](#) for a copy of the enrollment application and instructions. For more information, refer to the [Medicare Provider-Supplier Enrollment](#) webpage.

Medicare Part B Coverage of Pneumococcal Vaccinations

A beneficiary who never had a pneumococcal vaccination under Medicare Part B may get an initial pneumococcal vaccination, as well as a different, second pneumococcal vaccine administered 1 year after the first administration.

The beneficiary does not need to show an immunization record before getting the pneumococcal vaccine. If the beneficiary is competent, rely on the beneficiary's verbal history to determine prior vaccination status.

Roster Billing Requirements

You can submit roster bills electronically or via paper because Medicare exempts covered vaccinations from the Health Insurance Portability and Accountability Act (HIPAA) electronic billing requirement. This exemption applies to providers without a MAC agreement to submit electronic mass immunization claims.

Submit a **separate** roster bill claim for each type of vaccination:

- Submit the modified claim with an attached roster bill listing the beneficiaries who got that type of vaccination.
- List no other covered services with the influenza virus or pneumococcal vaccination and administration. More comprehensive data requirements apply to other covered services. Bill other services using normal claims filing procedures and forms.

Institutional Claims

Roster billing institutional vaccination claims requires vaccinating **at least five beneficiaries on the same date**, unless you are an inpatient hospital. Valid Types of Bills (TOBs) for roster billing are:

- 12X, Hospital Inpatient**
- 13X, Hospital Outpatient**
- 22X, Skilled Nursing Facility (SNF) Inpatient Part B
- 23X, SNF Outpatient
- 34X, Home Health (Part B Only)
- 72X, Independent and Hospital-Based Renal Dialysis Facility
- 75X, Comprehensive Outpatient Rehabilitation Facility
- 81X, Hospice (Non-Hospital)
- 82X, Hospice (Hospital)
- 83X, Indian Health Service (IHS) Hospital
- 85X, Critical Access Hospital

Vaccine Services on Hospice Claims

For information on how to bill for vaccine services on hospice claims, refer to the MLN Matters® article, [Billing of Vaccine Services on Hospice Claims – October 2016, MLN Matters Article 9052](#).

** Medicare pays hospitalized beneficiaries' influenza virus and pneumococcal vaccines separately from the Diagnosis-Related Group (DRG) rate and disallows billing them on TOB 11X.

Modified Form CMS-1450

For institutional claims, complete a modified Form CMS-1450 with all the following information:

- The words “See Attached Roster” (Patient Name)
- Patient status code 01 (Patient Status)
- Condition Code M1 (Condition Code)
- Condition Code A6 (Condition Code)
- Appropriate revenue codes (0636 for the vaccine; 0771 for administration)
- Appropriate vaccine and administration HCPCS or Current Procedural Terminology (CPT) codes
 - Line 1: Appropriate CPT or HCPCS code for the pneumococcal vaccination or influenza virus vaccination
 - Line 2: G0008 for the influenza virus vaccination administration **or** G0009 for the pneumococcal vaccination administration
- The word “Medicare” (Payer, line A)
- The words “See Attached Roster” (Provider Number, line A)
- Diagnosis code Z23 for the pneumococcal or influenza virus vaccination
- Provider’s National Provider Identifier (NPI) (for influenza virus vaccinations)

- TOB
- Total charges
- Provider representative
- Date

Attached Roster Bill

Attach a beneficiary roster form with all the following information to the modified claim:

- Provider name and NPI number
- Date of service
- Beneficiary name and address
- Beneficiary date of birth
- Beneficiary sex
- Beneficiary HICN or the [New Medicare Beneficiary Identifier \(MBI\) – August 2019, MLN Matters SE18006](#). Beginning January 1, 2020, you **must** use the MBI on all claims.
- Beneficiary signature or stamped “signature on file”

NOTE: If you cannot get an actual beneficiary signature on the roster claim form, you may use “signature on file.” A stamped “signature on file” qualifies as a signature on a roster claim form if you have an actual signed beneficiary authorization on file.

Some MACs let you develop your own roster forms that contain the minimum data but others do not. If you have questions, your MACs may have more information: <http://go.cms.gov/MAC-website-list>.

Roster billing the influenza virus and pneumococcal vaccinations are not identical processes. Pneumococcal roster bills must contain the following language:

- Rely on beneficiaries’ memory to determine prior vaccination status
- If beneficiaries are uncertain whether they got vaccinated within the past 5 years, administer the vaccine
- If beneficiaries are certain they got vaccinated within the past 5 years, **do not revaccinate**

REMEMBER

You must ask beneficiaries if they got a pneumococcal vaccination.

Additionally, enter all the following data elements for inpatient Part B services (TOBs 12X and 22X):

- Admission date
- Admission type
- Admission diagnosis
- Admission source code
- Patient status code

Professional Claims

If you submit Medicare Part B claims to MACs, you **do not** need to immunize at least five beneficiaries on the same date to qualify for roster billing, but do not use roster bills for single beneficiary bills.

Modified Form CMS-1500

Complete a modified Form CMS-1500 only using the information in Table 1 to serve as a cover document to the roster bill.

Table 1. Modified Information from Form CMS-1500

Form CMS-1500 Field	Information to Enter
Item 1	"X" in the Medicare block
Item 2 Patient's Name	"SEE ATTACHED ROSTER"
Item 11 Insured's Policy Group or Federal Employees' Compensation Act (FECA) Number	"NONE"
Item 20 Outside Lab?	"X" in the NO block
Item 21 Diagnosis or Nature of Illness or Injury	Line A: "Z23" for the pneumococcal or influenza virus vaccination NOTE: ICD Ind. Block: Enter "0" (zero) for International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Enter the indicator as a single digit between the vertical dotted lines.
Item 24B Place of Service (POS)	Line 1: "60" Line 2: "60" NOTE: You must use POS code "60" for roster billing.
Item 24D Procedures, Services, or Supplies	Line 1: Appropriate influenza virus vaccination or pneumococcal vaccination CPT or HCPCS code Line 2: "G0008" for the influenza virus vaccination administration or "G0009" for the pneumococcal vaccination administration

Table 1. Modified Information from Form CMS-1500 (cont.)

Form CMS-1500 Field	Information to Enter
Item 24E Diagnosis Pointer (Code)	Line 1: "A" Line 2: "A"
Item 24F Charges	The charge for each listed service, not the total for all patients NOTE: If you do not charge for the vaccination or its administration, enter "0.00" or "NC" (no charge) on the appropriate line. If your system cannot accept a line item charge of "0.00" for an immunization service, do not key-in the line item. Electronic Media Claim (EMC) billers should only submit line items for free immunization services on EMC influenza virus or pneumococcal vaccination claims if their system accepts them.
Item 27 Accept Assignment?	"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 (02-12).
Item 32 Service Facility Location Information	Name, address, and ZIP Code of the service location (including Centralized Billers)
Item 32a	NPI of the service facility
Item 33 Billing Provider Info & Phone Number	Billing provider information and phone number NOTE: You must include the Provider Identification Number (PIN) or NPI when required.
Item 33a	NPI of the billing provider or group

Attached Roster Bill

Attach a beneficiary roster form with all the following information to the modified claim:

- Provider's name and NPI number
- Date of service
- MAC's control number
- Beneficiary HICN or MBI

- Beneficiary name
- Beneficiary address
- Beneficiary date of birth
- Beneficiary sex
- Beneficiary signature or stamped “signature on file”

NOTE: If you cannot get an actual beneficiary signature on the roster claim form, you may use “signature on file.” A stamped “signature on file” qualifies as a signature on a roster claim form if you have an actual signed beneficiary authorization on file.

Some MACs let you develop your own roster forms that contain the minimum data, but others do not. [Contact your MAC](#) to learn about its roster forms practices.

Roster billing for the influenza virus and pneumococcal vaccinations are not identical processes. Pneumococcal rosters must contain the following language:

- Rely on beneficiaries’ memory to determine prior vaccination status
- If beneficiaries are uncertain whether they got vaccinated within the past 5 years, administer the vaccine
- If beneficiaries are certain they got vaccinated within the past 5 years, **do not revaccinate**

REMEMBER

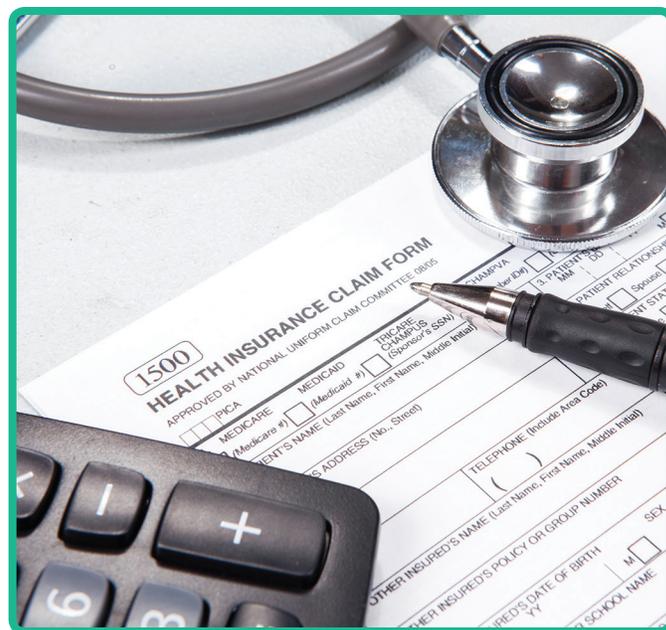
You must ask beneficiaries if they got a pneumococcal vaccination.

CENTRALIZED BILLING

The Centralized billing option lets mass immunizers send all influenza virus and pneumococcal vaccination claims to a single, CMS-designated MAC for payment, regardless of where you administered the vaccination. Medicare pays based on where you provide the service.

Medicare does not include Railroad Retirement Board, United Mine Workers, or Indian Health Service claims. These claims must go to the appropriate processing entity identified by CMS when you officially become a Centralized Biller.

To qualify for centralized billing, you must operate in at least three payment localities where three different MACs process claims. Ensure only properly licensed individuals and entities provide vaccines and administration in the States where they give them.



Centralized Biller Requirements

Centralized Billers must:

- Operate in at least three payment localities where three different MACs process their claims.
- Enroll as a Medicare Mass Immunization Roster Biller (specialty type 73) or another provider type.
- Accept vaccinations and their administration assignment (that is, accept the Medicare payment as payment in full). Medicare disallows collecting deductible, copayment, or coinsurance on these services.
- Request to participate in the program annually.
- Use roster bills.
- Submit claims electronically.
- Give beneficiaries their pneumococcal vaccination record.
- Give beneficiaries written notification of the MAC processing the claims.

Centralized Biller Enrollment

You must get a provider number from the processing MAC for centralized billing. Complete the appropriate [Medicare Enrollment Application Form CMS-855](#).

To become a Centralized Biller, contact the CMS Central Office (CO) in writing by June 1 of the year you plan to begin centralized billing. Send requests for enrollment or renewal as a Centralized Biller to the attention of Bridgitte Davis-Hawkins (Bridgitte.Davis-Hawkins@cms.hhs.gov) at the following address:

Centers for Medicare & Medicaid Services
Division of Practitioner Claims Processing
Provider Billing Group
7500 Security Boulevard
Mail Stop C4-10-07
Baltimore, MD 21244

Enrolling as a Centralized Biller takes 8 to 12 weeks to complete. Apply early. You must complete the entire enrollment process and get participation approval from the CMS CO and the designated MAC.

Required Information

Include all the information below in your written request to participate in centralized billing:

- Estimates of how many beneficiaries will get influenza virus vaccinations
- Estimates of how many beneficiaries will get pneumococcal vaccinations
- The approximate dates you will give the vaccinations

- A list of the States where you will hold influenza virus and pneumococcal vaccination clinics
- The type of services you generally provide (for example, ambulance, home health, or visiting nurse)
- Whether the nurses who will administer the influenza virus and pneumococcal vaccinations are your employees or if you hire them specifically to administer these vaccinations
- Names and addresses of all entities operating under your application
- Contact information for the designated contact person for the centralized billing program

NOTE: Approval for centralized billing is limited to the 12-month period from September 1 through August 31 of the next year. You must reapply to the CMS CO for approval **each year** by June 1.

RESOURCES

For more information about preventive immunizations, refer to the resources listed in Tables 2 and 3. The [Medicare Preventive Services](#) webpage lists educational products for Medicare Fee-For-Service providers and their staff about preventive services, coverage, coding, billing, payment, and claim filing procedures.

Table 2. Provider Resources

Resource	Website
Medicare Claims Processing Manual, Chapter 18, Section 10.3	CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B Educational Tool	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html
Medicare Diabetes Prevention Program (MDPP) Expanded Model	Go.CMS.gov/MDPP
MLN Matters® Articles on Medicare-covered Preventive Services	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
Quarterly Influenza Virus Vaccine Code Update – January 2019, MLN Matters Article MM10871	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10871.pdf
Seasonal Influenza Vaccines Pricing	CMS.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html

Table 3. Beneficiary Resources

Resource	Website/Contact Information
Medicare & You: Medicare's Preventive Benefits Video	Youtube.com/watch?v=3ljyLlaDUEU
Medicare Beneficiary Help Line and Website	1-800-MEDICARE (1-800-633-4227) TTY: 1-877-486-2048 Medicare.gov/coverage/preventive-screening-services
New Medicare Beneficiary Identifier – Get It, Use It – August 2019, MLN Matters SE18006	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf

Table 4. Hyperlink Table

Embedded Hyperlink	Complete URL
Billing of Vaccine Services on Hospice Claims – October 2016, MLN Matters Article 9052	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9052.pdf
Contact Your MAC	http://go.cms.gov/MAC-website-list
Deductible, Copayment, or Coinsurance	https://www.medicare.gov/your-medicare-costs
Form CMS-855B	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855b.pdf
Form CMS-855I	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855i.pdf
Medicare Enrollment Application Form CMS-855	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html

Table 4. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html
Medicare Preventive Services	https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
Medicare Provider-Supplier Enrollment	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html
New Medicare Beneficiary Identifier (MBI) – August 2019, MLN Matters SE18006	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE18006.pdf

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