

Roster Billing

Medicare developed roster billing to provide Medicare beneficiaries greater access to the pneumococcal (PPV) and influenza virus vaccines.

Important facts to know

1. Roster billing does not apply to hepatitis B vaccinations.
2. Properly licensed individuals and entities conducting mass immunization programs may submit claims using a simplified claim filing procedure known as roster billing for the PPV and influenza virus vaccine benefit for multiple beneficiaries.
3. A mass immunizer is defined as any entity that provides the influenza and/or pneumococcal vaccine to a group of beneficiaries, e.g., at public health clinics, shopping malls, grocery stores, senior centers and health fairs.
4. Health Maintenance Organization's (HMOs) providing these vaccines may roster bill fee-for-service Medicare for the vaccine provided to non-HMO members, if this is the only service provided. HMOs must use Place of Service (POS) code 60 when roster billing.
5. Roster billing is only used when billing multiple patients. Immunization of at least five beneficiaries on the same date is no longer required.
6. Entities that submit claims on roster bills must accept assignment and may not collect any "donation" or other cost sharing of any kind from Medicare beneficiaries. However, they may bill Medicare for the amount not subsidized from their own budget. For example, they incur a cost of \$7.50 per vaccination and pay \$2.50 of the cost from their budget. They may bill Medicare the remaining \$5.00.

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 Immunizer." Medicare has certain criteria they must meet to roster bill. This criterion includes:

1. They must enroll with Medicare by completing the Provider/ Supplier Enrollment Application, Form CMS-855.
2. They must use roster bill and accept assignment.
3. They may not submit claims for any services or items other than for influenza and PPV vaccines and their administration.

Criteria for Submitting Roster Billed Claims to Medicare

Although we encourage electronic claims submission, mass immunizers may use the preprinted Form CMS-1500 (08-05) to submit their claims. Key information from the beneficiary roster list and the abbreviated Form CMS-1500 (08-05) is used to process PPV and influenza virus vaccination claims.

Separate Form CMS-1500 (08-05) claim forms, along with separate roster bills, must be submitted for PPV and influenza roster billing.

If other services are furnished to a beneficiary along with PPV or influenza virus vaccine, mass immunizers must submit claims using normal billing procedures: i.e., submission of a Form CMS-1500 (08-05) or electronic billing for each beneficiary.

Mass immunizers must retain roster bills with beneficiaries' signatures at their permanent location for a time period consistent with Medicare regulations.

Providers submitting electronic roster bills must submit their claims in a National Standard Format (NSF) or the American National Standards Institute Accredited Standards Committee X12 837 Health Care Claim (ANSI ASC X12 837).

Mass immunizers submitting roster claims to carriers must complete the following blocks on a modified Form CMS-1500 (08-05), which serves as the cover document for the roster for each facility where services are furnished. In order for carriers to reimburse by correct payment locality, a separate Form CMS-1500 (08-05) must be used for each different facility where services are furnished.

- Item 1: An "X" in the Medicare block
- Item 2: (Patient's Name): "SEE ATTACHED ROSTER"
- Item 11: (Insured's Policy Group or FECA Number): "NONE"
- Item 20: (Outside Lab?): An "X" in the NO block
- Item 21: (Diagnosis or Nature of Illness): Line 1: PPV: "V03.82", Influenza Virus: "V04.81", *PPV and Influenza: V06.6
- Item 24B: (Place of Service [POS]): Line 1: "60," Line 2: "60." NOTE: POS code "60" must be used for roster billing.
- Item 24D: (Procedures, Services, or Supplies): *Line 1: PPV: "90732," or Influenza Virus vaccine: "Select appropriate influenza vaccine code." Line 2: PPV Administration "G0009," or Influenza Virus Administration: "G0008"
- Item 24E: (Diagnosis Code): Lines 1 and 2: "1"
- Item 24 F: (\$ charges): The entity must enter the charge for each listed service. If the entity is not charging for the vaccine or its administration, it should enter 0.00 or "NC" (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, electronic media claim (EMC) billers should submit line items for free immunization services on EMC PPV or influenza virus vaccine claims only if your system is able to accept them.
- 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 (08-05).
- Item 32: Enter the name, address, and ZIP Code of the location where the service was provided (including centralized billers).
- Item 32a: Enter the NPI of the service facility (e.g., Hospitals) if it is available. The NPI may be reported on the Form CMS-1500 (08-05) as early as January 1, 2007.
- Item 33: (Physician's, Supplier's Billing Name): The entity must complete this item to include the Provider Identification Number (not the Unique Physician Identification Number) or NPI when required.
- Item 33a: Enter the NPI of the billing provider or group when NPI requirements are implemented. (The NPI may be reported on the Form CMS-1500 (08-05) as early as January 1, 2007).

The roster must contain at a minimum the following information:

- Provider name and number;
- Date of service;

NOTE: Although physicians who provide PPV or influenza virus vaccinations may roster bill if they vaccinate fewer than five beneficiaries per day, they must include the individual date of service for each beneficiary's vaccination on the roster form.

- Control number for contractor;
- Patient's health insurance claim number;
- Patient's name;
- Patient's address;
- Date of birth;
- Patient's sex; and
- Beneficiary's signature or stamped "signature on file."

NOTE: A stamped "signature on file" qualifies as an actual signature on a roster claim form if the provider has a signed authorization on file to bill Medicare for services rendered. In this situation, the provider is not required to obtain the patient signature on the roster, but instead has the option of reporting signature on file in lieu of obtaining the patient's actual signature.

The PPV roster must contain the following language to be used by providers as a precaution to alert beneficiaries prior to administering PPV.

WARNING: Beneficiaries must be asked if they have been vaccinated with a PPV.

- Rely on patients' memory to determine prior vaccination status.
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine.
- If patients are certain that they have been vaccinated within the past 5 years, **do not revaccinate.**

You can find rosters for these vaccines on our Website at:

http://www.wpsmedicare.com/mac/education/b_types.shtml