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New HCPCS 'Q' Codes for 2010-2011 Seasonal Influenza Vaccines

MLN Matters® Number: MM7234 Revised

Related Change Request (CR): 7234

Related CR Release Date: April 22, 2011

Effective Date: October 1, 2010 unless otherwise specified

Related CR Transmittal #: R884OTN

Implementation Date: January 3, 2011

Note: This article was revised on April 25, 2011, to reflect a revised CR 7234 issued on April 22. The CR 7234 was revised to update the price of Healthcare Common Procedure Coding System (HCPCS) code Q2036 to \$8.784 retroactive to October 1, 2010. This article was revised accordingly.

Provider Types Affected

This article is for physicians and providers submitting claims to Medicare Contractors (Carriers, Fiscal Intermediaries (FIs) and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for influenza vaccines provided to Medicare beneficiaries.

Provider Action Needed

The article is based on Change Request (CR) 7234, which establishes separate billing codes for each brand-name influenza vaccine product under Common Procedure Terminology (CPT) code 90658 and describes the process for updating the new specific HCPCS codes and their payment allowances for Medicare during the 2010–2011 influenza season.

Background

CMS has created specific HCPCS codes and payment allowances to replace CPT code 90658 for Medicare billing purposes for the 2010–2011 influenza season.

Key Points of CR 7234

The following describes the process for updating these specific HCPCS codes for Medicare payment effective for dates of service (DOS) on or after October 1, 2010.

Effective for claims with DOS on or after January 1, 2011, the following CPT Code will no longer be payable for Medicare:

CPT Code	Short Description	Long Description
90658	Flu vaccine, 3 yrs & >, im	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use

Effective for claims with DOS on or after October 1, 2010, the following HCPCS codes will be payable for Medicare:

HCPCS Code	Short Description	Long Description
Q2035	Afluria vacc, 3 yrs & >, im	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
Q2036	Flulaval vacc, 3 yrs & >, im	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
Q2037	Fluvirin vacc, 3 yrs & >, im	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
Q2038	Fluzone vacc, 3 yrs & >, im	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)
Q2039	NOS flu vacc, 3 yrs & >, im	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified)

Take Note: CPT code 90658 describes the regular dose vaccine that is supplied in a multi-dose vial for use in patients over three years of age. For dates of service on or after October 1, 2010, HCPCS codes Q2035, Q2036, Q2037, Q2038 and Q2039 (as listed in the table above) will replace the CPT code 90658 for Medicare payment purposes during the 2010–2011 influenza season. However, these HCPCS codes will not be recognized by the Medicare claims processing systems until January 1, 2011, when CPT code 90658 will no longer be recognized.

This instruction does not affect any other CPT codes. It is very important to distinguish between the various CPT and HCPCS codes which describe the different formulations of the influenza vaccines (e.g. pediatric dose, regular dose, high dose, preservative free, etc.). As a reference, the quarterly Part B drug pricing files includes a set of National Drug Code (NDC) to HCPCS crosswalks available online at www.cms.gov/McrPartBDrugAvgSalesPrice/ on the Centers for Medicare & Medicaid Services (CMS) Web site.

Billing

In general, it is inappropriate for a provider to submit two claims for the same service on the same date. For DOS between October 1, 2010, and December 31, 2010, the CPT code 90658 and the 'Q' codes will be valid for billing; however, providers may not bill Medicare for both the CPT code 90658 and any of the 'Q' codes for the same patient for the same DOS. Thus, if a provider vaccinates a beneficiary on any date between October 1, 2010, and December 31, 2010, the provider may either bill Medicare immediately using CPT code 90658, or hold the claim and wait until January 1, 2011, to bill Medicare using the most appropriate 'Q' code. If a claim has already been submitted and processed using CPT code 90658, then there is no need to use the 'Q' code for that same service.

For DOS on or after January 1, 2011, providers may only bill Medicare for one of the HCPCS codes that appropriately describes the specific vaccine product administered.

Payment

The Medicare Part B payment limits for influenza vaccines are 95 percent of the Average Wholesale Price (AWP) except where the vaccine is furnished in a setting that follows a cost-based or prospective payment system under Medicare. For example, where the vaccine is furnished in the hospital outpatient department, Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC), payment for the vaccine is based on reasonable cost.

For DOS on or after October 1, 2010, the Medicare Part B payment allowances in other situations are:

HCPCS Code	Allowance
Q2036	\$8.784
Q2037	\$13.253
Q2038	\$12.593

No national payment limits are available for Q2035 and Q2039. The payment limits for these two codes will be determined by the local claims processing contractor.

For DOS on or after September 1, 2010, the corrected Medicare Part B payment allowance for CPT code 90655 is \$14.858.

Important Notes

Annual Part B deductible and coinsurance amounts do not apply to these vaccines. All physicians, non-physician practitioners and suppliers who administer the influenza virus vaccination and the pneumococcal vaccination must take assignment on the claim for the vaccine.

Be aware that Medicare Contractors will not search their files to adjust payment on claims paid incorrectly prior to implementing CR 7324. However, they will adjust such claims that you bring to their attention.

Additional Information

If you have any questions, please contact our toll-free J1 Provider Contact Center. For Part A call (866) 931-3906 or for Part B call (866) 931-3901.

For complete details regarding this CR, please see the official instruction (CR 7234) issued to your Medicare A/B MAC, Carrier or FI. That instruction may be viewed by going to www.cms.gov/Transmittals/downloads/R884OTN.pdf on the CMS Web site.

CMS would like providers to be aware that educational products are available through the MLN Catalogue free of charge. The MLN Catalogue is available at www.cms.gov/MLNProducts/downloads/MLNCatalog.pdf on the CMS Web site. The specific products that may be of interest to providers who use the information in MM 7234 are as follows:

1. The Medicare Preventive Services Quick Reference Information Chart: Medicare Part B Immunization Billing (Influenza, Pneumococcal and Hepatitis B) is available at www.cms.gov/MLNProducts/downloads/qr_immun_bill.pdf on the CMS Web site
2. The Adult Immunizations brochure provides a basic overview of Medicare's influenza, pneumococcal and hepatitis B vaccine benefits and is available at www.cms.gov/MLNProducts/downloads/Adult_Immunization.pdf on the CMS Web site