

Immunization Procedure Codes & Descriptors

ADMINISTRATION & DIAGNOSIS CODES	VACCINE CODES & DESCRIPTORS	FREQUENCY OF ADMINISTRATION
Seasonal Influenza Virus Vaccine Administration Code: G0008 Diagnosis Code: V04.81	90655 – Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use 90656 – Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use 90657 – Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use 90658 until 12/31/2010 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use Q2035 beginning 1/1/2011 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) Q2036 beginning 1/1/2011 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) Q2037 beginning 1/1/2011 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) Q2038 beginning 1/1/2011 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) Q2039 beginning 1/1/2011 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified) 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	Once per influenza season in the fall or winter Medicare may cover additional seasonal influenza virus vaccinations if medically necessary
Pneumococcal Vaccine Administration Code: G0009 Diagnosis Code: V03.82	90669 – Pneumococcal conjugate vaccine, polyvalent, when administered to children younger than 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, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Once in a lifetime/ Medicare may cover additional vaccinations based on risk
Pneumococcal and Seasonal Influenza Virus Vaccines received during the same visit Administration Codes: G0008: Influenza Virus G0009: Pneumococcal Diagnosis Code: V06.6	Use seasonal influenza virus and pneumococcal vaccine codes	Follow administration guidelines for seasonal influenza virus and pneumococcal vaccines
Hepatitis B Vaccine Administration Codes: G0010 for other than OPPS hospitals For OPPS hospitals billing for the hepatitis B vaccine administration: 90471 - Immunization administration 90472 - Each additional vaccine Diagnosis Code: V05.3	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 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	Scheduled doses required

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What's New?

Effective for dates of service on or after October 1, 2010, Healthcare Common Procedure Coding System (HCPCS) codes Q2035, Q2036, Q2037, Q2038, and Q2039 will replace the Current Procedural Terminology (CPT) code 90658 (influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use) 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. Specifically for roster claims, Medicare systems are unable to process roster claims until February 7, 2011. Providers may submit their roster claims on an individual claim basis or hold their roster claims until February 7, 2011, and then submit as a roster bill at that time.

Since Medicare reimbursement rates change periodically, providers are encouraged to enroll in a relevant CMS electronic mailing list at http://www.cms.gov/AboutWebsite/20_EmailUpdates.asp for the latest updates.

Institutional Providers: Additional Billing Information

FACILITY	TYPE OF BILL
Hospitals, other than Indian Health Service (IHS) Hospitals and Critical Access Hospitals (CAHs)	12X, 13X
CAHs: Method I and II and IHS CAHs	85X
IHS Hospitals	12X, 13X
Skilled Nursing Facilities (SNFs)	22X, 23X
Home Health Agencies (HHAs)	34X
Comprehensive Outpatient Rehabilitation Facilities (CORFs)	75X
Independent and Hospital-Based Renal Dialysis Facilities	72X

Revenue Codes: 0636 – vaccine
 0771 – administration

Special Information for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)*

FACILITY	TYPE OF BILL
Rural Health Clinics (RHCs)	71X
Federally Qualified Health Centers (FQHCs)	73X (for dates of service prior to April 1, 2010) 77X (for dates of service on or after April 1, 2010)

*Seasonal influenza virus, pneumococcal, and hepatitis B vaccines are covered when given by RHCs and FQHCs when they meet all program requirements, but no line items specifically for vaccines are billed on Type of Bill (TOB) 71X and 73X/77X claims. Beginning with dates of service on or after January 1, 2011, when billing for the pneumococcal, seasonal influenza virus, and hepatitis B vaccine and their administration on TOB 77X, the services should be reported separately with the appropriate HCPCS code and revenue codes. The cost of the seasonal influenza virus and pneumococcal vaccines and the vaccine administration is reported separately on the RHC's and FQHC's cost report for reimbursement purposes.

Frequently Asked Questions



Does a Part B deductible or coinsurance apply to adult immunizations covered by Medicare?

Neither a Part B deductible nor coinsurance applies to the seasonal influenza virus or pneumococcal vaccines and their administration. The Part B deductible, plus the 20 percent Medicare coinsurance amount, applies to the hepatitis B vaccine for all dates of service prior to January 1, 2011, but will not apply for services on or after January 1, 2011.

If a beneficiary receives a seasonal influenza virus vaccination more than once in a 12-month period, will Medicare still pay for it?

Yes. Medicare pays for one seasonal influenza virus vaccination per influenza season; however, a beneficiary could receive the seasonal influenza virus vaccine twice in a calendar year for two different influenza seasons and the provider would be reimbursed for each. For example, a beneficiary could receive a seasonal influenza virus vaccination in January 2011 for the 2010-2011 influenza season and another seasonal influenza virus vaccination in November 2011 for the 2011-2012 influenza season and Medicare would pay for both vaccinations.

Are HCPCS codes Q2035 and Q2039 payable by Medicare?

Effective for claims with dates of service on or after October 1, 2010, Q2035 and Q2039 are payable by Medicare. However, the codes will not be recognized by the Medicare claims processing systems until January 1, 2011. Since no national payment limits are available for Q2035 or Q2039, payment limits will be determined by the local claims processing contractor.

Will Medicare pay for the pneumococcal vaccination if a beneficiary is uncertain of his or her vaccination history?

Yes. If a beneficiary is uncertain about his or her vaccination history in the past five years, the vaccine should be given and Medicare will cover the revaccination. If a beneficiary is certain that more than five years have passed, revaccination is not appropriate unless the beneficiary is at highest risk.

Does Medicare cover the hepatitis B vaccine for all Medicare beneficiaries?

No. Medicare provides coverage for certain beneficiaries at intermediate to high risk for the hepatitis B virus (HBV). These individuals include workers in health care professions who have

frequent contact with blood or blood-derived body fluids during routine work, those with End-Stage Renal Disease (ESRD), and persons who live in the same household as an HBV carrier. There are other situations which could qualify a beneficiary as being at intermediate or high risk of contracting HBV.

When a beneficiary receives both the seasonal influenza virus and pneumococcal vaccines on the same visit, would a provider continue to report separate administration codes for each type of vaccine?

Yes. Although the provider would use diagnosis code V06.6 when an individual receives both vaccines, separate administration codes for the seasonal influenza virus (G0008) and pneumococcal (G0009) vaccines should be reported. Medicare will pay both administration fees if a beneficiary receives both the seasonal influenza virus and the pneumococcal vaccines on the same day.

Can the seasonal influenza virus, pneumococcal, and hepatitis B vaccines all be roster billed?

No. Only the seasonal influenza virus and pneumococcal vaccines are eligible for roster billing. Roster billing does not apply to the hepatitis B vaccine.

What is a mass immunizer?

A mass immunizer offers seasonal influenza virus and/or pneumococcal vaccinations to a large number of individuals and may be a traditional Medicare provider or supplier or a nontraditional provider or supplier (such as a senior citizens' center, a public health clinic, or a community pharmacy). Mass immunizers must submit claims for immunizations on roster bills and must take assignment on both the vaccine and its administration. A mass immunizer should enroll with the Medicare Contractor prior to influenza season. Please see the next question for more enrollment information.

Do providers that only provide immunizations need to enroll in the Medicare Program?

Yes. Providers must enroll in the Medicare Program even if immunizations are the only service they will provide to beneficiaries. They should enroll as provider specialty type 73, Mass Immunization Roster Biller, by completing Form CMS-855I for individuals or Form CMS-855B for a group. Visit <http://www.cms.gov/MedicareProviderSupEnroll> to locate these forms. New providers must also first receive a National Provider Identifier (NPI) prior to enrollment. Visit <https://nppes.cms.hhs.gov> for NPI enrollment information.

May a single roster claim be submitted containing information for both the pneumococcal and seasonal influenza virus vaccines when the vaccines are administered on the same visit?

No. A separate roster claim needs to be prepared for the pneumococcal vaccine and the seasonal influenza virus vaccine. However, a provider may file an individual claim containing information for both types of vaccines.

Quick Facts!

- Enrolled providers may roster bill for seasonal influenza virus and pneumococcal vaccinations even if they are not a mass immunizer.
- All physicians, non-physician practitioners, and suppliers who administer the seasonal influenza virus and the pneumococcal vaccines must accept assignment on the claims for the vaccines.
- Seasonal influenza virus, pneumococcal, and hepatitis B vaccines and their administration are covered Part B benefits and are NOT covered Part D benefits.

Resources

Influenza (Flu) Season Educational Products and Resources

http://www.cms.gov/MLNProducts/Downloads/flu_products.pdf

2010-2011 Immunizers' Question & Answer Guide to Medicare Part B & Medicaid Coverage of Seasonal Influenza and Pneumococcal Vaccinations

<http://www.cms.gov/AdultImmunizations/Downloads/20102011ImmunizersGuide.pdf>

CMS Website Adult Immunization Web Page
<http://www.cms.gov/AdultImmunizations>

Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations
<http://www.cdc.gov/vaccines/default.htm>

Food and Drug Administration (FDA) 2010-2011 Influenza Season Vaccine Questions and Answers
<http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm220649.htm>

For beneficiary-related information
<http://www.medicare.gov>

1-800-MEDICARE (1-800-633-4227)
TTY users (1-800-486-2048)

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