

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1461	Date: FEBRUARY 22, 2008
	Change Request 5910

SUBJECT: Clarification to CR 5744 - Payment Allowance Update for the Influenza Virus Vaccine CPT 90660 and Further Instruction Regarding the Pneumococcal Vaccine CPT 90669

I. SUMMARY OF CHANGES: This clarification CR provides information related to CR 5744 including additional instruction regarding the pediatric pneumococcal vaccine CPT code 90669, and the updated payment allowance for the nasal influenza virus vaccine CPT 90660. All other instructions in CR 5744 are to remain in effect.

NEW/REVISED MATERIAL

EFFECTIVE DATE: *September 19, 2007 for BR 5910.5 only;

EFFECTIVE DATE: *January 1, 2008

IMPLEMENTATION DATE: No later than March 24, 2008

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-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
R	18/10.2.1/Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

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

SECTION B: 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.*

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

(Rev. 1461; Issued: 02-22-08; Effective: 01-01-08; Implementation: 03-24-08)

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

HCPCS	Definition
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;
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use (Discontinued December 31, 2003);
90660	Influenza virus vaccine, live, for intranasal use;
90669	<i>Pneumococcal conjugate vaccine, polyvalent, for children under 5 years, for intramuscular use</i>
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	<i>Pneumococcus</i>
V04.81**	Influenza
V06.6***	<i>Pneumococcus</i> 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, Carriers may not enter the diagnosis on the claim. Carriers 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

should follow the instructions in Pub. 100-04, 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 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 the date when Medicare will no longer accept identifiers other than NPIs, or
- The provider's own NPI to be reported in the NPI field for the attending physician on claims submitted when NPI requirements are implemented.