

Montana Immunizations Program

A Medicare Perspective



January 2016
Meri Harrington, CPC, CEMC
Brown Consulting Associates, Inc.

Training Objectives

Participant will;

- 1. Recognize** difference among types of Medicare coverage.
- 2. Understand** concepts, regulations and techniques related to billing for Medicare immunizations.
- 3. Identify** appropriate diagnosis codes and CPT immunization service codes & HCPCS service codes.
- 4. List** your three most beneficial resources related to Medicare immunization coding & billing by public health departments in Montana.

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Bonnie R. Hoag, RN, CCS-P, is a private practice reimbursement consultant who has served as a national physician office consultant and seminar speaker for a variety of firms, including St. Anthony Publishing and Consulting in Alexandria, Virginia and Medical Learning Inc. in Minneapolis, Minnesota. Bonnie currently presents approximately 30 seminars each year with the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, National Association of Community Health Centers and other groups. She continues to present seminars and workshops for the Northwest Regional Primary Care Association, Center for Health Training and other groups. Brown Consulting Associates, Inc. has developed and presents live, web-based certification training for the Northwest Regional Primary Care Association. Bonnie is honored to serve as a board of directors' member at the Community Health Center in her community. For eleven years, Bonnie taught a three-semester course for students aspiring to become certified coders at the College of Southern Idaho. During years 2005-2007 Bonnie also served on the AHIMA national Physician Practice Council Group. On occasion Bonnie is called upon to work with health care legal defense attorneys to assist physicians in resolving third-party-payer coding actions.

Sixteen years of clinical experience combined with twenty-one years of coding consulting and training provides an exceptional skill base for application to the challenging and changing medical coding environment. Bonnie graduated from Los Angeles County-USC Medical Center School of Nursing in 1973. Her nursing experience includes office nursing and hospital nursing in the areas of surgery, ER, ICU and home health. She served as an Air Force Flight Nurse.

Bonnie has worked in physician office nursing and management, dealing directly with reimbursement issues in Las Vegas, Nevada; Salt Lake City, Utah; and Twin Falls, Idaho. She has been teaching and consulting since 1989 and has worked in 41 states. As a physician reimbursement consultant, Bonnie visits physician offices, clinics and ERs to assess the issues that directly and indirectly affect reimbursement and CMS compliance.

Shawn R. Hafer, CCS-P, CPC, Senior consultant and co-owner of Brown Consulting with more than 20 years of physician coding and reimbursement experience in a variety of specialties. She holds coding certifications from both the American Health Information Management Association (AHIMA) and the American Academy of Professional Coders (AAPC) and is a member of both organizations. Her background provides an excellent foundation for the demanding medical coding environment.

Shawn has been with Brown Consulting for 16 years, and is uniquely qualified due to her diverse management skills and experience, as well as her coding and billing expertise. Shawn also serves as a senior auditor conducting hundreds of medical record audits each year providing both clinician and coder training in all facets of coding and documentation. She has been involved in small rural health clinic projects served by visiting providers to large inner-city clinics with more than 100 providers. Shawn has worked with healthcare defense attorneys on behalf of physicians involved in third party payer audits. Shawn authors and presents coding seminars and webinars for our many workshop/seminar partners including the Idaho Medical Association, Montana Medical Association, Iowa Medical Society, West Virginia Primary Care Association and many other regional and national groups.

For ten years, Shawn served as a coding instructor at the College of Southern Idaho and for Northwest Regional Primary Care Association, and was a long term member of the Advisory Committee for Coding Education at the College of Southern Idaho. Shawn attended the College of Southern Idaho in Twin Falls, ID and Pima College in Tucson, AZ.

Meri Harrington, CPC, CEMC, brings with her 12 years of coding and auditing experience with a multispecialty rural health clinic that led the way in the rural residency training program. Meri has audited both inpatient and outpatient clinician records and coded a wide range of surgical encounters. She was responsible for writing the E&M coding policy for the organization, as well as conducting multiple clinician and peer audits and education sessions. Meri assisted in researching denials for accuracy and rebilling when appropriate. More recently, she pioneered the organization's journey towards ICD-10 implementation.

Meri has spent multiple hours working alongside clinicians and peers on projects aimed at improving the user-friendliness of electronic medical records programs. She has also assisted with internal audits to assure Meaningful Use implementation and attestations.

Meri's education includes several years volunteering as an EMT in her local community. Meri attended the Community Colleges of Spokane – Colville IEL. She attended an HRAI Coding Boot Camp in 2002 and CPC Solution's E&M Auditing Clinic in 2006. She maintains a CPC and a CEMC credential. Meri lives in northeastern Washington with her husband, Mike, and their two small children. She enjoys outdoor activities with her family, reading, and gardening. She volunteers at her church and loves to go on field trips with her children.

Ginger Avery, CPC, CPMA, brings almost 20 years of experience in medical coding and billing to the Brown Consulting team. She began her career performing home health billing for a rural county hospital and went on to work for an ASC where she became instrumental in administrative tasks that significantly improved the revenue cycle process. After obtaining her coding certification in 2005, she worked for the medical practice division of a large hospital, and while she specialized in cardiology, she also worked closely with hospitalists and family practice clinicians. She performed internal audits and provider education, and worked closely with projects aimed at improving the use of electronic medical record programs.

Ginger served as a member of the compliance committee and was responsible for writing policies and procedures related to billing, coding and auditing. Ginger obtained her Certified Professional Medical Auditor (CPMA) credential in 2014, while serving as the Vice President of her local American Academy of Professional Coders (AAPC) chapter; Ginger now serves as the chapter's 2015 President.

Our Commitment

Brown Consulting Associates, Inc. has provided national physician training services since 1989. BCA recognizes the increasing and constantly changing demands placed on the physician office by federal and state government, CMS, Medicare, the Peer Review Organization, private insurance carriers and hospitals. In addition to serving physician offices, Brown Consulting Associates provides specialized training for various third party payers, Military Treatment Facilities, and Federally Qualified Health Care Centers. Brown Consulting Associates offers physician and staff education designed and customized to enhance operations and federal compliance.

Our association with the American Health Information Management Association, American Academy of Professional Coders, Medical Group Management Association well as other groups, helps to keep us current in the field of coding, documentation and reimbursement. Our programs and services are designed to assist physicians and their staff to meet the new demands and challenges of coding, documentation, compliance and reimbursement. Customized in-office services and live web-based programs designed to educate physicians and their staff regarding coding, documentation and billing issues will continue to be our focus.

Today's Agenda

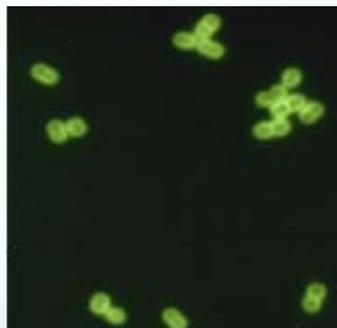
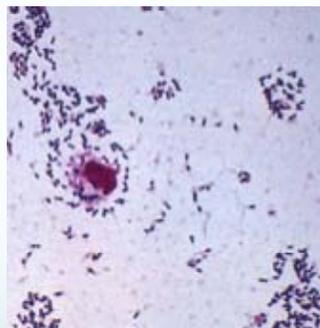
- Immunizations and Population Health
- Medicare Part B, Part C and Part D
- Roster Billing and Claims Billing
- Frequently Asked Questions
- Coding for Immunizations
 - ICD-10-CM
 - CPT/HCPCS - Billing Comments
- Coding Practice and Quiz

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The Greater Good

An International Disease Prevention Project



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Montana Health Stats

You have a chance to make a difference!

- 44th most populous state in US
- 25th healthiest state
 - Low prevalence of obesity
 - Good air quality



You will be a big-player in MT disease prevention!

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Medicare in Montana

- 180,000 Montana Medicare patients, only 18,855 eligible for both Medicare & Medicaid
- 16% of Montana population is Medicare
- Medicare Advantage (Part C) = 23,765
- Part D eligible 161,509
- Who are your Medicare patients?



MT 2014 Data

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MT Medicare Resources

Montana Medicare saving Programs:



- People with limited income or assets - help paying for some or all costs not covered by Medicare
- SHIP is free counseling and advocacy for Medicare beneficiaries and their families or caregivers. Funded by CMS.

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Medicare's Alphabet Soup

Medicare is not "free"

Part A – Inpatient facility services
Fee for Service, funding source US government

Part B – Clinic/Office/Outpatient
Fee for Service, funding source, US government

Part C – Medicare Advantage Plans
Managed Care, funding source, US government

Part D – Prescription drug coverage
Shared cost, variable, US government or Managed Care



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Medicare Part B

Medicare pays, patient does not pay



- Medicare Part B is designed to cover most medically necessary outpatient visits, ambulance services, some preventive services
- Medicare Part B provides limited immunization coverage. The limited coverage is billed to Medicare, on behalf of the patient but the patient has no out-of-pocket expense.
 1. **Influenza** vaccine (once per flu season)
 2. **Pneumonia** vaccine (CR 9051, may need 13 valent and 23 valent at separate visits)
 3. **Hepatitis B** vaccine (moderate & high risk patients)

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Part B Covered Immz

Medicare pays their portion



Medicare does reimburse for immunizations that are the direct result of:

- **Injury** (tetanus immunization)
- Direct **exposure** to disease or condition (e.g., meningococcal)
- See contractor policy (e.g., Noridian)

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Part B Non-covered

Medicare does not pay, patient pays



- Shingles vaccine
- Tetanus “booster”
- TDaP for any reason
- Travel vaccines

Reminder, Part B only pays for Flu, Pneumonia and qualifying Hep B

Immunization Diagnosis Coding

How to report diagnoses for immunizations

ICD-10-CM code to identify **reason for service**

- **Z23** Encounter for immunization
- **Z20.01-Z20.9** Contact with and (suspected) exposure to communicable diseases
 - Z20.3 Contact with and exposure to rabies
 - Z20.810 Contact with and exposure to anthrax
- **ICD-10, Chapter 19, Injuries**
 - S91.051 Open bite, right ankle, initial encounter
 - S91.032A Puncture wound without foreign body, right ankle, initial encounter

Immz Service Coding

A matter of “Parts and Labor”



“Parts” are the immunization product (vaccine)
Parts are identified, most often by **CPT** codes.
Some **HCPCS** codes have been developed by Medicare for selected products for which they will pay.

“Labor” is the service of injection or other form of delivering the vaccine. Immunization administration codes are identified by **CPT** and **HCPCS** codes.

CPT codes are always five numbers, e.g. 90657
HCPCS codes always start with a letter, e.g. Q0235

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CPT & HCPCS Products

How to report “parts” for immunizations

Examples of CPT codes

Covered – Approx 22 codes

Flu, Pneumonia and Hep B
90657 – trivalent flu, split, IM
90630* - quadrivalent flu, ID

Noncovered - Approx 49 codes

90736 – Zoster, live, SQ
90738 – Japanese encephalitis

HCPCS codes

Covered

Q2035 – Afluria
Q2036 - Flulaval
Q2037 - Fluvirin
Q2038 – Fluzone

Source: CR 9357, Dec. 24, 2015

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Immz Administration Codes

How to report "labor" for immunizations

HCPSC "G" codes for **covered Medicare Part B vaccine admin.**

1. G0008 Influenza
2. G0009 Pneumonia
3. G0010 Hepatitis B

CPT codes for **non-covered Medicare (and most other payer) vaccine admin.**

1. 90471 - 1st IM, ID, or SQ
2. +90472 - Each additional
3. 90473 - 1st NAS or Oral
4. +90474 - Each additional

Noridian Part B Jurisdiction F



For influenza and pneumonia vaccines,

Medicare is **ALWAYS** the primary payer.

- No Medicare Secondary Payer
- No crossover
- No waiting for denials from primary insurance

Medicare Part C *Medicare Advantage*



- Private plans run through Medicare that must offer coverage “equivalent to” Medicare Part A and Part B
- May or may not cover prescription drugs
- May vary in level of coverage for individual components:

However, each Medicare Advantage Plan can charge different [out-of-pocket costs](#) and have different rules for how you get services (like whether you need a [referral](#) to see a specialist or if you have to go to only doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year. *Source: Medicare.gov*

Medicare Part C *Medicare Advantage Plans*



Sero Group??
NPI??
Post-Exposure??
NDC??
CVX??

Help from CDC.gov Center for Disease Control

Sale NDC11	Proprietary Name	Sale Labeler	Start Date	End Date	Sale GTIN	Sale Last Update	Use NDC11	No Use NDC	Use GTIN
49281-0623-15	FLUZONE QUADRIVALENT	Sanofi Pasteur Inc.				9/22/2015	49281-0623-78	False	0034928162378
49281-0515-25	Fluzone Quadrivalent, pedis	Sanofi Pasteur Inc.				9/22/2015	49281-0515-00	False	0034928151500
49281-0415-50	Fluzone Quadrivalent PF	Sanofi Pasteur				9/22/2015	49281-0415-88	False	0034928141588
49281-0415-10	FLUZONE QUADRIVALENT PF	SANOFI PASTEUR				9/22/2015	49281-0415-58	False	0034928141558
33332	AFLURIA	CSL Limited				9/22/2015	33332	False	

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Medicare Part D Prescription Drug Plans



MA and Prescription Drug Plan Sponsors

Must have a contract with Medicare in order to sell or Medicare insurance (such as Medicare HMO or Medicare Part D Plan.)

- Not all plans are available throughout the state
- Each year plan must review with Medicare

J. Kaiser Family Foundation

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Medicare Part D

Drug coverage programs

- May select which drugs to cover
- Many use a tiered system requiring use of least expensive effective medication
- **MUST** cover all commercially available vaccines when medically necessary to prevent illness **EXCEPT** those covered under Medicare Part B

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Shingles Vaccines & Part D

You are likely “Out-of-network providers”

1. Verify whether pre-authorization is required.
2. Obtain pre-authorization.
3. Use web portal product to submit claim on behalf of patient. Include vaccine and administration costs in a single claim.
4. Collect any deductible, copayment, co-insurance or other cost-sharing amount from patient.
5. Accept assignment for any remaining balance.

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Remember...

Seasonal influenza virus and pneumococcal vaccines and their administration **are covered Part B.**



Seasonal influenza virus and pneumococcal vaccines and their administration **not covered by Part D.**



Source: FFS ICN 006799 October 2015

Roster Billing vs. Claim Billing

A Medicare Part B Only Flu Vaccine Roster form. It includes fields for Provider Number, Office Number, and Patient Information. The form is used for roster billing.

Roster

A Medicare Part B '1500' claim form, which is a standard CMS form used for submitting claims for services covered under Part B.

Part B "1500"

A Medicare Part A 'UB' claim form, which is a standard CMS form used for submitting claims for services covered under Part A.

Part A "UB"

Roster Billing



<https://med.noridianmedicare.com/documents/10542/2840524/Influenza+%26+Pneumonia+Roster+Billing+Presentation>

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Roster Billing

- Providers may roster bill for influenza and pneumonia vaccines only. Hepatitis B vaccines may not be billed in this manner.
- Must enroll as a Mass Immunization Provider before flu season.
- Must accept assignment (no out-of-pocket cost to beneficiary).
- Don't bill influenza and pneumonia vaccines on the same roster.

<https://med.noridianmedicare.com/documents/10542/2840524/Influenza+%26+Pneumonia+Roster+Billing+Presentation>

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Roster Billing

- Use specialty code 73
- Use Place of Service (POS) 60
- Forms available at link below

<https://med.noridianmedicare.com/web/jfb/forms>

Roster Billing

Additional Comments

- 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 and pneumococcal vaccines and their administration are covered Part B benefits and are **not** covered Part D benefits.

Favorite Resources



[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass Immunize Roster Bill faclsheet_ICN907275.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Mass_Immunize_Roster_Bill_faclsheet_ICN907275.pdf)

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Favorite Resources



<https://med.noridianmedicare.com/web/jfb/article-detail/-/view/10542/new-influenza-virus-vaccine-code-revised>

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Favorite Resources



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Medicare Immz FAQs

1. Q: Does the Medicare Part B deductible or coinsurance/copayment apply for Part B-covered immunizations?

Answer: No, neither the Part B deductible nor coinsurance or copayment applies to the vaccines or their administration from physicians or suppliers that agree to accept assignment.

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

Answer: Yes, if a beneficiary is uncertain about his or her vaccination history, provide the vaccine and Medicare will cover the revaccination.

Source: CMS ICD006799 October 2015

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Medicare Immz FAQs

3. Q: If a beneficiary gets a seasonal influenza virus vaccine more than once in a 12-month period, will Medicare still pay for it?

Answer: Yes, Medicare pays for one seasonal influenza virus vaccination per influenza season; however, a beneficiary could get the seasonal influenza virus vaccine twice in a calendar year for two different influenza seasons, and Medicare would pay the provider for each. For example, a beneficiary could get a seasonal influenza virus vaccination in January 2014 for the 2013–2014 influenza season and another seasonal influenza virus vaccination in November 2014 for the 2014–2015 influenza season, and Medicare would pay for both vaccinations.

Source: CMS ICD006799 Oct. 2015

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Medicare Immz FAQs

4. Q: Does Medicare cover the hepatitis B for all Medicare beneficiaries?

Answer: No, Medicare covers the hepatitis B vaccine for certain beneficiaries who are at intermediate to high risk for the hepatitis B virus (HBV). These individuals include health care professionals who have frequent contact with blood or blood-derived body fluids during routine work, those with End-Stage Renal Disease (ESRD), persons who live in the same household as an HBV carrier, and persons diagnosed with diabetes mellitus. Other situations could qualify a beneficiary as being at intermediate or high risk of contracting HBV.

Source: CMS ICD006799 Oct. 2015

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Medicare Immz FAQs

5. Q: When a beneficiary gets both the seasonal influenza virus and pneumococcal vaccines on the same visit, do I continue to report separate administration codes for each type of vaccine?

Answer: Yes, www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html for individual Change Requests (CRs) and coding translations for ICD-10. Use separate administration codes for the seasonal influenza virus (G0008) and pneumococcal (G0009) vaccines. Medicare pays both administration fees if a beneficiary gets both the seasonal influenza virus and the pneumococcal vaccines on the same day.

6. Q: Can I roster bill the seasonal influenza virus, pneumococcal, and hepatitis B vaccines?

No, you may roster bill only the seasonal influenza virus and pneumococcal vaccines. You cannot roster bill the hepatitis B vaccine.

Source: CMS ICD006799 October 2015

Medicare Immz FAQs

7. Q: What is a mass immunizer?

Answer: Mass immunizer offers seasonal influenza virus and/or pneumococcal vaccinations to a large number of individuals. A mass immunizer may be a traditional Medicare provider or supplier or a non-traditional 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 accept assignment on both the vaccine and its administration. A mass immunizer should enroll with the Medicare Administrative Contractor (MAC) prior to each influenza season. Please see the next question for more enrollment information.

Source: CMS ICD006799 October 2015

Medicare Immz FAQs

8. Q: Do providers that only provide immunizations need to enroll in the Medicare Program?

Answer: 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.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/> on the CMS website. You must have an NPI number.

Source: CMS ICD006799 October 2015

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Medicare Immz FAQs

9. Q: May I submit a single roster claim containing information for both influenza & pneumococcal vaccines when administered at the same visit?

Answer: No, separate roster claims for each, however, you may file an individual claim containing information for both.

Source: CMS ICD006799 October 2015

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BCA Coding Scenario

1. **A Medicare Part B patient presents in January of 2016 for an influenza vaccine. She returns in November for another influenza vaccine.**
 - A. Will this claim be denied due to frequency?
 - B. Can these services be roster billed?
 - C. What diagnosis code should I use?
 - D. Should I collect a copayment?

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BCA Coding Scenario

2. **A Medicare Part B patient requests an influenza vaccine today. He also would like to get a Hepatitis B vaccine and qualifies as a high risk patient by Medicare guidelines.**
 - A. Can I roster bill for both vaccines?
Same roster?
 - B. What diagnosis code do I report for each?
 - C. What administration code(s) do I report?
 - D. POS code?

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BCA Coding Scenario

3. **A patient presents with a type of Medicare Advantage Plan that I am unfamiliar with. She will be traveling outside the US and would like to receive the necessary vaccines.**
 - A. Can I roster bill for some or all vaccines?
 - B. Should the patient pay cash and bill their own insurance?
 - C. Do I need a preauthorization?

Important Resources

1. 2015-2016 Influenza (Flu) Resources for Health Care Professionals,” Medicare Learning Network® (MLN) Matters® Article SE1523 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1523.pdf>
1. Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations www.cdc.gov/vaccines
1. CMS Immunization Web Page www.cdc.gov/vaccines
4. “Mass Immunizers and Roster Billing” Fact Sheet - CMS <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1254400.html>

Important Resources

5. Preventive Services MLN Web Page
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>
6. Vaccine & Administration Payments Under Medicare Part D Fact Sheet <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908764.htm>
6. Payment amounts some 2015, some 2016.
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html>

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Thank you for all that you do!



Do you have coding questions? We will help with any questions, any time!

codingquestions@codinghelp.com

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BCA Disclaimer

- “CPT” is a registered trademark of the American Medical Association. Their codes, descriptions and manual content are copyright by the AMA. All rights are reserved by the AMA.
- The content of this presentation has been abbreviated for a focused presentation for a specific audience. Verify all codes and information in a current CPT book.
- This information is considered valid at the time of presentation but changes may occur through the year.
- Information presented is not to be considered legal advice or payment advice.
- Brown Consulting does not provide legal advice or billing advice.
- Third-party payment guidelines vary. Confirm payment guidelines with your payers of interest.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



MLN Matters® Number: MM9357 **Revised** Related Change Request (CR) #: CR 9357

Related CR Release Date: December 22, 2015 Effective Date: August 1, 2015

Related CR Transmittal #: R3429CP Implementation Date: April 4, 2016

New Influenza Virus Vaccine Code

Note: This article was revised on December 24, 2015, to reflect the revised CR9357 issued on December 22. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians and other providers submitting claims to Medicare Administrative Contractors (MACs) for certain influenza vaccine services provided to Medicare beneficiaries.

Provider Action Needed

Change Request (CR) 9357 provides instructions for Medicare systems to be updated to include influenza virus vaccine code 90630 (Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use) for claims with dates of service on or after August 1, 2015. Make sure your billing staffs are aware of this code change.

Background

CR9357 provides that (effective for claims with dates of service on or after August 1, 2015, processed on or after April 4, 2016) Medicare will pay for vaccine Current Procedural Terminology (CPT) code 90630 (Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use).

Your MAC will add influenza virus vaccine CPT code 90630 to existing influenza virus vaccine edits and accept it for claims with dates of service on or after August 1, 2015.

Disclaimer

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Effective for dates of service on and after August 1, 2015, MACs will:

- Pay for vaccine code 90630 on institutional claims as follows:
 - Hospitals – Types of Bill (TOB) 12X and 13X, Skilled Nursing Facilities (SNFs) – TOB 22X and 23X, Home Health Agencies (HHAs) – TOB 34X, hospital-based Renal Dialysis Facilities (RDFs) – TOB 72X, and Critical Access Hospitals (CAHs) – TOB 85X, based on reasonable cost;
 - Indian Health Service (IHS) Hospitals – TOB 12X, and 13X and IHS CAHs – TOB 85X, based on the lower of the actual charge or 95 percent of the Average Wholesale Price (AWP); and
 - Comprehensive Outpatient Rehabilitation Facility (CORF) – TOB 75X, and independent RDFs – TOB 72X, based on the lower of actual charge or 95 percent of the AWP.
- Pay for code 90630 on professional claims using the CMS Seasonal Influenza Vaccines Pricing webpage at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html> to determine the payment rate for influenza virus vaccine code 90630.

Note: In all of the above instances, annual Part B deductible and coinsurance do not apply.

In addition, until Medicare systems changes are implemented, **MACs will hold institutional claims** containing influenza virus vaccine CPT codes 90630 (with dates of service on or after August 1, 2015) that they receive before April 4, 2016. Once the system changes described in CR9357 are implemented, these institutional claims will be processed and paid.

Additional Information

The official instruction, CR9357, issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3429CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations

To increase vaccination availability to Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) simplified the submission of influenza virus and pneumococcal vaccination claims by creating mass immunizers roster billing and centralized billing:

Please note: The information in this publication applies only to the Fee-For-Service Program (also known as Original Medicare).

- ▶ A **mass immunizer** offers influenza virus and/or pneumococcal vaccinations to a large number of individuals;
- ▶ **Roster billing** is a simplified billing process that allows mass immunizers to submit one claim form with a list of several immunized beneficiaries; and
- ▶ **Centralized billing** allows mass immunizers to send all influenza virus and/or pneumococcal vaccination claims to one Medicare Administrative Contractor (MAC).

This fact sheet outlines the requirements for mass immunizers, roster billing, and centralized billing.

Mass Immunizers and Roster Billing

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

A mass immunizer can be:

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

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CMS created the Mass Immunization Roster Biller provider specialty type solely for mass immunizers that would not otherwise qualify for enrollment.

Mass immunizers may use **roster billing**. Roster billing streamlines the process for submitting health care claims for a large group of beneficiaries for influenza virus or pneumococcal vaccinations.

NOTE: Medicare does not allow roster billing for hepatitis B virus vaccinations.

Requirements for Mass Immunizers That Roster Bill

As a mass immunizer that roster bills, you must:

- ▶ Be properly licensed in the States where you operate;
- ▶ Be enrolled in the Medicare Program. If not already enrolled, complete one of the following forms to enroll solely as a “Mass Immunization Roster Biller” (provider specialty type 73):
 - ▷ Form CMS-855I (for individuals); or
 - ▷ Form CMS-855B (for groups);
- ▶ Accept assignment on both the vaccinations and their administration (that is, accept the amount Medicare pays as payment in full, and because there is no deductible, copayment, or coinsurance on these services, do not charge Medicare beneficiaries);
- ▶ Use roster bills;
- ▶ Bill a MAC; and
- ▶ Use this process to bill for influenza virus and/or pneumococcal vaccinations and administration only.

To enroll as a Mass Immunization Roster Biller, contact the MAC that serves your area for a copy of the enrollment application and instructions. To find your local MAC, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map> on the CMS website.

For information about enrollment applications, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications.html> on the CMS website.

Medicare Part B Coverage of Pneumococcal Vaccinations

Effective September 19, 2014, a beneficiary who never received a pneumococcal vaccination under Medicare Part B may receive an initial pneumococcal vaccination, as well as a different, second pneumococcal vaccine administered 1 year after the first administration.

Do not require the beneficiary to present an immunization record prior to administering the pneumococcal vaccine. If the patient is competent, rely on the patient’s verbal history to determine prior vaccination status.

For more information, refer to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html> on the CMS website.

Roster Billing Requirements

You can submit roster bills electronically or via paper because Medicare-covered vaccinations are exempt from the Health Insurance Portability and Accountability Act (HIPAA) electronic billing requirement. This exemption applies to providers who do not have an agreement in place with a MAC that commits them to electronic submission of mass immunization claims.

If you want to submit claims for both influenza virus and pneumococcal vaccinations, you must submit a **separate** claim with a roster bill for each type of vaccination.

- ▶ Submit the modified claim with an attached roster bill that lists the beneficiaries who got that type of vaccination.
- ▶ Do not list other covered services with the influenza virus or pneumococcal vaccination and administration. More comprehensive data requirements apply to other covered services. The roster billing process cannot accommodate these requirements. Bill other services using normal claims filing procedures and forms.

Institutional Claims

For institutional claims only, you must vaccinate at least five beneficiaries per day to roster bill. However, this requirement does not apply to inpatient hospitals that mass immunize and use the roster billing method.

Medicare pays for both the influenza virus and pneumococcal vaccines separately from the Diagnosis-Related Group (DRG) rate for beneficiaries who get their vaccine while hospitalized. Hospitals may roster bill for both vaccines using Type of Bill (TOB) 12X and 13X. Medicare will not pay for vaccines billed on TOB 11X. Other valid TOBs for a roster bill are:

- ▶ 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; and
- ▶ 85X, Critical Access Hospital.

Modified Form CMS-1450

For institutional claims, complete a modified Form CMS-1450 with 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;
- ▶ Appropriate vaccine and administration codes:
 - ▷ Line 1: Appropriate pneumococcal vaccination or influenza virus vaccination; and
 - ▷ Line 2: “G0009” for the pneumococcal vaccination administration **or** “G0008” for the influenza virus vaccination administration;
- ▶ The word “Medicare” (Payer, line A);
- ▶ The words “See Attached Roster” (Provider Number, line A);
- ▶ Appropriate diagnosis code:
 - ▷ “V03.82” for the pneumococcal vaccination; or
 - ▷ “V04.81” for the influenza virus vaccination;
- ▶ Provider’s National Provider Identifier (NPI) (for influenza virus vaccinations);
- ▶ TOB;
- ▶ Total charges;
- ▶ Provider representative; and
- ▶ Date.

Attached Roster Bill

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

- ▶ Provider name and NPI number;
- ▶ Date of service;
- ▶ Beneficiary name and address;
- ▶ Beneficiary date of birth;
- ▶ Beneficiary sex;
- ▶ Beneficiary Health Insurance Claim Number (HICN); and
- ▶ Beneficiary signature or stamped “signature on file.”

NOTE: A stamped “signature on file” qualifies as an actual signature on a roster claim form if you have a signed authorization on file to bill Medicare for your services. In this situation, you may report “signature on file” instead of obtaining the beneficiary’s actual signature.

Some MACs allow you to develop your own roster forms that contain the minimum data, but others do not. Please contact your MAC to learn its particular practice about roster forms.

NOTE: The roster bills for the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal roster bills must contain the following language:

WARNING: Beneficiaries must be asked if they have received a pneumococcal vaccination.

- ▷ Rely on patients’ memory to determine prior vaccination status.

In addition, for inpatient Part B services (12X and 22X), you must **also** enter the following data elements:

- ▶ Admission date;
- ▶ Admission type;
- ▶ Admission diagnosis;
- ▶ Admission source code; and
- ▶ Patient status code.

Professional Claims

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

Modified Form CMS-1500

Complete a modified Form CMS-1500 with only 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: “V03.82” for the pneumococcal vaccination; or “V04.81” for the influenza virus vaccination
Item 24B Place of Services (POS)	Line 1: “60” Line 2: “60” NOTE: You must use POS code “60” for roster billing.

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

Form CMS-1500 Field	Information to Enter
Item 24D Procedures, Services, or Supplies	Line 1: Appropriate pneumococcal vaccination or influenza virus vaccination; and Line 2: "G0009" for the pneumococcal vaccination administration or "G0008" for the influenza virus vaccination administration
Item 24E Diagnosis Pointer (Code)	Lines 1 and 2: "1"
Item 24F Charges	The charge for each listed service, not the total for all patients. NOTE: If you are not charging for the vaccination or its administration, enter "0.00" or "NC" (no charge) on the appropriate line for that item. If your system cannot 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 pneumococcal or influenza virus vaccination claims only 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
Item 33a	NPI of the billing provider or group

Attached Roster Bill

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

- ▶ Provider name and NPI number;
- ▶ Date of service;
- ▶ MAC control number;
- ▶ Beneficiary Health Insurance Claim Number (HICN);
- ▶ Beneficiary name;
- ▶ Beneficiary address;
- ▶ Beneficiary date of birth;
- ▶ Beneficiary sex; and
- ▶ Beneficiary signature or stamped “signature on file.”

NOTE: A stamped “signature on file” qualifies as an actual signature on a roster claim form if you have a signed authorization on file to bill Medicare for your services. In this situation, you may report “signature on file” instead of obtaining the beneficiary’s actual signature.

Some MACs allow you to develop your own roster forms that contain the minimum data, but others do not. Please contact your MAC to learn its particular practice about roster forms.

NOTE: The roster bills for the influenza virus and pneumococcal vaccinations are not identical. Pneumococcal rosters must contain the following language:

WARNING: Beneficiaries must be asked if they have received a pneumococcal vaccination.

▷ Rely on patients’ memory to determine prior vaccination status.



Centralized Billing

Centralized billing is an option where a mass immunizer can send all its influenza and pneumococcal vaccination claims to a single MAC for payment, regardless of where you administered the vaccination. Medicare makes payment based on the payment locality where you provided the service. This does not include claims for the Railroad Retirement Board, United Mine Workers, or Indian Health Service. These claims must go to the appropriate processing entity identified by CMS when you receive notification of enrollment as a centralized biller.

To qualify for centralized billing, you must operate in at least three payment localities where three different MACs process claims. Individuals and entities providing vaccines and their administration must be properly licensed in the State(s) where they give them.

Requirements for Centralized Billers

Centralized Billers must:

- ▶ Operate in at least three payment localities where there are three different MACs responsible for processing their claims;
- ▶ Be enrolled in Medicare as a Mass Immunization Roster Biller or other provider;
- ▶ Accept assignment on both the vaccinations and their administration (that is, accept the amount Medicare pays as payment in full, and because there is no deductible, copayment, or coinsurance on these services, do not charge Medicare beneficiaries);
- ▶ Request to participate in the program on an annual basis;
- ▶ Use roster bills;
- ▶ Submit claims electronically; and
- ▶ Provide beneficiary with a record of the pneumococcal vaccination.

Enrolling as a Centralized Biller

Although you already may have a Medicare provider number, you must obtain a provider number from the processing MAC for centralized billing. You must complete a Form CMS-855 Medicare Enrollment Application.

To become a Centralized Biller, contact the CMS Central Office (CO) in writing by June 1 of the year you want to participate in the influenza virus season 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

Apply early to enroll as a Centralized Biller, as the enrollment process takes 8 to 12 weeks to complete. If you do not complete the entire enrollment process and get approval from the CMS CO and the designated MAC to participate, you cannot bill as a Centralized Biller.

Required Information

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

- ▶ Estimates for the number of beneficiaries who will get influenza virus vaccinations;
- ▶ Estimates for the number of beneficiaries who 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; and
- ▶ 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 following 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. For educational products for Medicare Fee-For-Service providers and their staff about preventive services, information on coverage, coding, billing, payment, and claim filing procedures, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the CMS website, or scan the Quick Response (QR) code on the right with your mobile device.



Table 2. Provider Resources

Resource	Website
“2012-2013 Immunizers’ Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations: Steps to Promoting Wellness Immunizations”	http://www.cms.gov/Medicare/Prevention/Immunizations/Downloads/2012-2013_Flu_Guide.pdf
“Medicare Claims Processing Manual” (Publication 100-04), Chapter 18, Section 10.3	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
“Medicare Learning Network® (MLN) Guided Pathways: Basic Medicare Resources for Health Care Professionals, Suppliers, and Providers”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf
MLN Matters® Articles Related to Medicare-covered Preventive Benefits	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
“Medicare Immunization Billing” Educational Tool	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243321.html

Table 3. Beneficiary Resources

Resource	Website/Contact Information
“Medicare & You: Medicare’s Preventive Benefits” Video	https://www.youtube.com/watch?v=3ljyLlaDUEU
Medicare Beneficiary Help Line and Website	Telephone: Toll-Free: 1-800-MEDICARE (1-800-633-4227) TTY Toll-Free: 1-877-486-2048 Website: http://www.medicare.gov/coverage/preventive-and-screening-services.html



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Check out CMS on:





Influenza (FLU) Vaccine Roster Form

Control Number:

(Contractor Use only)

Provider Name: _____ Date of Service: _____ (One date per roster)

National Provider Identifier (NPI): _____

PATIENT INFORMATION *(Please PRINT all elements clearly except the beneficiary's signature)*

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____



Pneumococcal (PPV) Vaccine Roster Form

Control Number:

(Contractor Use only)

Provider Name: _____ Date of Service: _____ (One date per roster)

National Provider Identifier (NPI): _____

PATIENT INFORMATION *(Please PRINT all elements clearly except the beneficiary's signature)*

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Medicare Number: _____ Date of Birth ____/____/____ (mm/dd/yyyy) Sex: Male Female

First Name: _____ Last Name _____ MI _____

Address: _____ City _____ State _____ Zip _____

Patient Signature: _____

Montana Immunizations Program Post-training Review

1. Match the Medicare product to the type of coverage it provides.

Part A	1. Must cover "equivalent" to A&B
Part B	2. Traditional Medicare – Outpatient and Clinic services
Part C	3. Prescription drug coverage
Part D	4. Inpatient facility services

Diagnosis coding exercises: Fill in the blank.

2. John presents requesting an influenza vaccine. _____
3. Susan presents saying her granddaughter visited her last week. Two days after returning to college, her granddaughter was diagnosed with a meningococcal illness. She has been advised to get vaccinated. _____
4. Emily stepped on "something in the barn," creating a small puncture wound in her right heel. She is overdue for a tetanus booster. _____
5. Robin will receive both an influenza and pneumonia vaccine today. _____
6. Steve's nephrologist advised him to get a Hepatitis B vaccine. The doctor explained that Steve's stage 3 chronic kidney disease puts him at high risk for contracting hepatitis. _____

Code options for above questions:

Z23 Encounter for immunizations
N18.3 Stage 3 chronic kidney disease
E11.9 Type 2 diabetes
Z20.1 Contact with and (suspected) exposure to tuberculosis
Z72.52 High risk homosexual behavior
Z20.811 Contact with and exposure to meningococcus
B18.1 Chronic viral hepatitis B without delta agent
Z87.828 Personal history of other (healed) physical injury and trauma
S91.331A Puncture wound without foreign body, right foot, initial encounter

7. What immunizations does Medicare Part B pay for?
8. What immunizations does Medicare Part D pay for?

Brown Consulting Training Evaluation

Please scan & email to kerrirobbins@codinghelp.com or fax to 208-736-1946

Session: Immunization Saves Lives
Sponsor: Montana Immunization Program
Trainer: Meri Harrington, CPC, CEMC
Date: January 12, 2016

Rate your coding skill level prior to this training?	Excellent	Good	Minimal		
Will your coding techniques improve as a result of today's session?				Yes	No
If applicable, will your documentation change as a result of this training?				Yes	No
How well did this training meet your expectations?	Excellent	Good	Poor		
Rate the speaker's ability	Excellent	Good	Poor		
Rate the course material	Excellent	Good	Poor		

What was the most valuable thing you learned today?

How would you improve today's training?

What type of follow-up training do you think would be helpful?

Thank you for your feedback!

Brown Consulting Associates, Inc., 2016