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Roster Billing Guide for Influenza and Pneumonia Immunizations to Medicare Part B

Palmetto GBA
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Roster Billing Guide for Influenza and Pneumonia Immunizations

Introduction

Palmetto GBA has prepared this packet for health care providers who mass immunize their patients against influenza and pneumonia. The packet contains instructions on how to submit claims using the roster billing method. Please share this information with appropriate members of your staff.

If you have questions regarding influenza and pneumonia immunizations contact the appropriate Medicare Part B Provider Contact Center that processes your claims:

State	Toll-Free Telephone Number
JJ Part B MAC	877-567-7271 Monday – Friday, 8 a.m. until 4:30 p.m. (ET)
JM Part B MAC	855-696-0705 Monday – Friday, 8 a.m. until 4:30 p.m. (ET)
Railroad	888-355-9165 Monday – Friday, 8:30 a.m. until 4:30 p.m. (ET)

Coverage

Influenza Virus Vaccine

Influenza virus vaccine and its administration are covered when furnished in compliance with any applicable state law, by any provider of service or any entity or individual with a provider or supplier number. The patient may receive the vaccine upon request without a physician's order and without physician supervision. Generally, one influenza vaccination is allowed per flu season.

Pneumococcal Vaccine

The Advisory Committee on Immunization Practices (ACIP) updated its guidelines regarding pneumococcal vaccines; now recommending the administration of two different pneumococcal vaccinations. Medicare Part B program will now cover:

- An initial pneumococcal vaccine to all Medicare beneficiaries who have never received the vaccine under Medicare Part B; and
- A different, second pneumococcal vaccine one year after the first vaccine was administered (that is, 11 full months have passed following the month in which the last pneumococcal vaccine was administered)

Since the updated ACIP recommendations are specific to vaccine type and sequence of vaccination, prior pneumococcal vaccination history should be taken into consideration. Receiving multiple vaccinations of the same vaccine type is not generally recommended.

Medicare does not require a doctor of medicine or osteopathy to order the vaccine; therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision.

General Information

Simplified Billing for Influenza and Pneumonia Vaccinations

The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass pneumococcal and influenza virus vaccination programs offered by individuals and entities that give the vaccine to a group of beneficiaries.

Generally, providers will qualify to use the simplified process if they:

- Bill Medicare for flu and/or pneumonia vaccines for multiple beneficiaries
- Agree to accept assignment for influenza and/or pneumonia vaccination claims. (When a provider accepts assignment, he may not collect any money from the beneficiary for the vaccination.)

Note: Only the CMS-approved paper simplified forms as shown in this publication will be accepted for claims processing. All other forms will be returned.

What is a mass immunizer?

CMS defines “mass immunizer” in the following manner:

- A mass immunizer generally offers flu and/or pneumonia (PPV) vaccinations to a large number of individuals (the general public or members of a specific group, such as residents of a retirement community)
- A mass immunizer may be a traditional Medicare provider or supplier, such as a hospital outpatient department, or may be a nontraditional provider or supplier, such as a senior citizen’s center, a public health clinic, community pharmacy or supermarket
- A mass immunizer submits claims for immunizations on roster bills
- Mass immunizers **must** accept assignment

Mandatory Claims Filing Requirements

Section 1848(g)(4) of the Social Security Act **requires** that you submit claims for all your Medicare patients for services rendered on or after September 1, 1990.

This requirement applies to all physicians and suppliers who provide covered services to Medicare patients. You may not charge your patients for preparing or filing a Medicare claim. The requirement to submit Medicare claims does not mean you must accept assignment. Carriers monitor compliance with mandatory claims filing requirements. Providers that violate these requirements may be subject to a civil monetary penalty of up to \$2,000 for each violation and/or Medicare program exclusion.

NOTE: Mass immunizers are prohibited from collecting payment from patients who have “traditional” or “original” Medicare for the administration or cost of the influenza or pneumococcal vaccine.

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Enrollment Requirements

Providers and suppliers who want to mass immunize and submit claims to Medicare on roster bills must enroll in the Medicare program.

Providers and suppliers must enroll in Medicare even if mass immunizations are the only services they will provide to Medicare patients. They can enroll by filling out a CMS-855 form, the Provider/Supplier Enrollment application. Providers and suppliers who wish to roster bill for mass immunizations should contact the appropriate number below for a copy of the enrollment application and special instructions for mass immunizers.

State	Toll-Free Telephone Number
JJ Part B MAC	855-696-0705 Monday – Friday, 8 a.m. until 4:30 p.m. (ET)
JM Part B MAC	855-696-0705 Monday – Friday, 8 a.m. until 4:30 p.m. (ET)
Railroad	888-355-9165 Monday – Friday, 8:30 a.m. until 4:30 p.m. (ET)

Providers and suppliers that do not provide other covered services to Medicare patients need only to complete the portion of the enrollment form that applies to mass immunizers.

- For more information, please visit one of the following websites:
- CMS Internet Only Manual (IOM): <http://tinyurl.com/h4ru6t6>
 - Information on the appropriate procedure code to use for the influenza and pneumococcal vaccines
 - Information regarding reimbursement for the influenza and pneumococcal vaccines
- MLN Publications Webpage: <http://tinyurl.com/zsbpkhw>

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Coding & Reimbursement

CPT / HCPC Codes	Description
90630	Influenza vaccine, quadrivalent
90637	Influenza virus vaccine, quadrivalent (qirv), mrna; 30 mcg/0.5 ml dosage, for intramuscular use
90638	Influenza virus vaccine, quadrivalent (qirv), mrna; 60 mcg/0.5 ml dosage, for intramuscular use
90653	Influenza vaccine, inactivated
90654	Influenza vaccine, trivalent, split virus, preservative-free
90655	Influenza vaccine, trivalent, split virus, preservative-free, 0.25 mL dosage
90656	Influenza vaccine, trivalent, split virus, preservative-free, 0.5 mL dosage
90657	Influenza vaccine, trivalent, 0.25 mL dosage
90658	Influenza vaccine, trivalent, 0.5 mL dosage (Note: Covered by Medicare for dates of service 08/01/2024 and after)
90660	Influenza vaccine, trivalent for nasal administration
90661	Influenza vaccine, trivalent derived from cell cultures
90662	Influenza vaccine split virus, preservative free
90670	Pneumococcal vaccine, 13-valent
90672	Influenza vaccine, quadrivalent for nasal administration
90673	Influenza vaccine, trivalent derived from recombinant DNA
90674	Influenza vaccine, quadrivalent derived from cell cultures, preservative and antibiotic free
90682	Influenza vaccine, quadrivalent derived from recombinant DNA
90684	Pneumococcal conjugate vaccine, 21 valent (pcv21), for intramuscular use
90685	Influenza vaccine, quadrivalent, preservative free, 0.25 mL dosage
90686	Influenza vaccine, quadrivalent, preservative free, 0.5 mL dosage
90687	Influenza vaccine, quadrivalent, 0.25 mL dosage
90688	Influenza vaccine, quadrivalent, 0.5 mL dosage
90694	Influenza virus vaccine, quadrivalent (aIV4), inactivated, adjuvanted, preservative free, for injection into muscle, 0.5 ml dosage (Payable by Medicare for dates of service 07/01/20 & after)
90732	Pneumococcal vaccine, 23-valent
90756	Influenza vaccine, quadrivalent derived from cell cultures
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)

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The following codes must be used appropriately when submitting claims for influenza and pneumococcal vaccines and their administration.

Q2039*	Influenza virus vaccine, not otherwise specified
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NOTE: HCPCS code Q2039 is a “Not Otherwise Specified (NOS)” code for the flu vaccines. It should only be billed when CMS has added a new FDA covered flu vaccine that is effective prior to establishing a CPT/HCPCS code for the vaccine. HCPCS code Q2039 should not be billed for vaccines which CMS has already established a CPT/HCPCS code.

Admin Codes	Description
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine

Invoice Requirement

In order to identify the specific flu vaccine administered along with the cost associated with the vaccine, Palmetto GBA requires an invoice to be submitted when HCPCS code Q2039 is billed. Vaccines for which CMS has established a CPT/HCPCS code, but no price has been established by either CMS or by Palmetto GBA, may require an invoice as well.

ICD-10 Diagnosis Code

- A valid diagnosis is required on **all** influenza and pneumococcal claims.
- Claims submitted with an invalid or incomplete diagnosis code will be rejected and must be resubmitted with corrected information as new claims.

Pneumonia ICD-10-CM Code

- Z23 – Encounter for immunization

Influenza ICD-10-CM Codes

- Z23 – Encounter for immunization

Important Information

- Medicare will pay 100 percent of the allowed amount for the influenza and pneumococcal vaccines and their administration.
- The Part B deductible and 20 percent coinsurance do not apply.
- If a patient receives both the influenza and the pneumococcal vaccine on the same day, Medicare will pay an administration fee for each.
- Roster bills are considered paper claims and are not paid as quickly as claims submitted electronically.

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- The payment floor for paper claims is 28 days; payment will not be made before the 29th day after the date of receipt.
- The payment floor for electronic claims is 13 days; payment will not be made before the 14th day after the date of receipt.

Reimbursement

Reimbursement amounts for flu and pneumonia vaccines and their administration are updated quarterly by the Centers for Medicare & Medicaid Services (CMS). To access the reimbursement amounts for flu and pneumonia vaccines go to: <https://www.cms.gov/medicare/payment/part-b-drugs/asp-pricing-files>

Under **Medicare Part B Drug Average Sales Price** listing (left side of page), select “**Seasonal Influenza Vaccines Pricing**”.

This provides current and past flu season payment allowances for the listed CPT codes and Q-codes when furnished outside the hospital outpatient department.

Required Documentation

There must be documentation to support each service billed. Illegible documentation is of no value in verifying medical necessity or coding accuracy for services billed. Lack of documentation could be considered fraud or abuse, which is subject to monetary penalties, imprisonment and/or exclusion from participation in the Medicare program.

Patient Signature

The patient or authorized representative must sign the roster unless the **signature is on file**. The patient's signature authorizes release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider, when the provider accepts assignment on the claim.

In lieu of signing the roster, a patient may sign a form that is retained in the provider's file and is available for audit by the Medicare carrier. The **HEA 3314** form was designed by the Centers for Disease Control and Prevention and modified for use with roster bills. A completed form meets Medicare's documentation and signature requirements.

If the patient is physically or mentally unable to sign, a representative may sign on the patient's behalf. In this event, the signature line on the statement must indicate the patient's name followed by the representative's name, address, relationship to the patient, and the reason the patient cannot sign. When a physically handicapped patient signs by mark, e.g., "X," a witness must enter his/her name and address next to the mark.

Roster Billing Instructions

The Social Security Act, Section 1848(g)(4)(A), requires that providers bill Medicare for covered Part B services rendered to eligible Medicare patients. This includes mass immunizers who provide influenza and pneumococcal vaccines and their administration to Medicare patients.

Roster billing is a simplified process used by mass immunizers. Two requirements must be met in order to use this simplified process:

1. The only services that may be billed on a roster are the vaccine and/or administration; and
 2. The provider agrees to accept assignment, i.e., agrees to accept Medicare payment as payment in full, for influenza and pneumococcal vaccine claims. Providers who do not accept assignment must complete the standard CMS-1500 claim form or submit claims electronically for each Medicare patient receiving the vaccines. **Mass immunizers MUST accept assignment.**
- A copy of the **Pre-Printed CMS-1500 claim form** for the influenza and pneumococcal immunizations are included at the end of this packet.
 - A copy of the **Pre-Printed CMS-1500 claim form** for the influenza and pneumococcal immunizations are available on the Palmetto GBA website at:

State	Website
JJ Part B MAC	http://tinyurl.com/y8bmq44c
JM Part B MAC	http://tinyurl.com/hgmngm3
Railroad	http://tinyurl.com/jfwu9vf

- **DO NOT SUBMIT** flu services on the pneumococcal roster — this will result in a delay in the processing of your claims.
- **DO NOT SUBMIT** pneumococcal services on the flu roster — this will result in a delay in the processing of your claims.
- Enter the appropriate CPT/HCPCS code(s) for the vaccine used when completing the pre-printed CMS-1500 claim form.
- A maximum of **ten (10)** rosters may be attached to a single pre-printed CMS-1500 claim form
- The pre-printed CMS-1500 claim forms serve as cover documents for the rosters.
 - The claim forms and the rosters may be duplicated for future claims submission.

Alternatives to Paper Claim Submission:

eServices Portal:

Palmetto GBA's eServices is an Internet-based, provider self-service secure application that allows the submission of Part B claims via eClaim submission. Visit the eServices section of PalmettoGBA.com for more information on this service. You can participate in eServices if you have a signed Electronic Data Interchange (EDI) Enrollment Agreement on file with Palmetto GBA and have payment amounts on file. To find instructions on how to get one, go to the EDI section of PalmettoGBA.com.

Electronic Roster Billing

PC-ACE Pro32 Software: Palmetto GBA offers PC-ACE Pro32, a claims-entry software that allows suppliers to enter their claims in the HIPAA-compliant ASC X12 837 v5010 format. Pro32 does not integrate into office systems such as accounts receivable, inventory or billing. For more information on the PC-ACE software visit the EDI section of the PalmettoGBA.com.

Claims Filing Information

Optical Character Recognition (OCR)

Using an OCR system, claim information from the Pre-Printed CMS-1500 Claim Form will be entered into the processing system more rapidly. Successful scanning begins with the proper submission of claim data. It is important that claims be submitted with proper and legible coding. Claims that are not legible or properly coded may be returned or rejected.

Please follow these helpful hints when completing your pre-printed CMS-1500 forms:

The font should be:

- Legible (computerized or typed claims, laser printers are recommended)
- In Black Ink
- Courier or Arial 10, 11 or 12 font type
- CAPITAL letters

The font must **not** have:

- Dot matrix font
- Bold, script, italic or stylized font
- Broken characters
- Red Ink
- Mini-font

Do **not** submit with:

- Liquid correction fluid changes
- Data touching box edges or running outside of numbered boxes
- Narrative descriptions of procedure, narrative description of modifier or narrative description of diagnosis
- Stickers or rubber stamps
- Data or labels on the top portion of the Pre-Printed CMS-1500 Claim Form
- Special characters (e.g., hyphens, periods, parentheses, dollar signs and ditto marks)
- Do not fold your claim and roster forms
- We recommend that you **DO NOT** fill in the Date of Service (Item 24A) on the CMS-1500 claim form
 - Use **ONLY** the Date of Service field on the Roster Form

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Please follow these helpful hints when completing the roster forms:

- Typed rosters are preferable; **the new interactive rosters have made this an easier process for you.** If roster information is not typed, the roster information must be printed and legible.
- **Date of Service** – The format used for the date of service should be MM/DD/YYYY or MM/DD/YY (e.g., 01/01/2024 or 01/01/24). You may only submit **ONE** Date of Service per Roster. If the date of service is submitted incorrectly, the service will be rejected.
- **Patient's Medicare ID** – Enter the patient's complete Medicare ID as indicated on the Red/White/Blue Medicare card
- **Patient's Last Name** – The patient's last name must be completed as indicated on the Red/White/Blue Medicare card
- **Patient's First Name** – The patient's first name must be completed as indicated on the Red/White/Blue Medicare card
- **Patient's Middle Initial** – The patient's middle initial must be completed as indicated on the Red/White/Blue Medicare card
- **Patient's Address** – The patient's address field must be complete for each patient. Drawing a line through the patient's address field is not acceptable. If the patient's address is submitted incorrectly, the service will be rejected.
- **Patient's Signature** – The patient's signature field must be complete for each patient. Submitting the patient's signature on the first line of the roster and drawing a line through the remaining patient's signature fields is not acceptable. If the patient's signature is submitted incorrectly, the service will be rejected.

Influenza and Pneumococcal Claims

Pre-Printed CMS-1500 Claim Form (2/12) Requirements:

The following information must be submitted **in addition to** the information Pre-Printed on the CMS-1500 Claim Form included in this packet.

- **Item 24F:** Charges
 - Enter the charge for a **single** influenza or pneumococcal vaccine. If only the vaccine is given, cross out the code for the administration.
 - Enter the charge for a **single** administration. If only the administration is provided, cross out the code for the vaccine.
- **Item 24J:** Enter the rendering provider’s NPI in the shaded portion
 - This field is only required if a group NPI is submitted in Block 33a
- **Item 31:** Signature of physician or supplier
 - Enter the signature of the provider or representative and the date the form was signed
- **Item 32:** Service Facility Location Information
 - Enter the name, address and ZIP Code of the location where the service was provided (including centralized billers)
 - **32A:** Enter the NPI of the service facility
- **Item 33:** Physician’s, supplier’s billing name, address, ZIP Code and phone number
 - Enter the billing provider’s name, address, ZIP Code and telephone number
 - **33A:** Enter the NPI of the billing provider or group

Roster Forms

- A copy of the **Roster form** is available on the Palmetto GBA website at:

State	Website
JJ Part B MAC	http://tinyurl.com/y8bmq44c
JM Part B MAC	http://tinyurl.com/hgmngm3
Railroad	http://tinyurl.com/jfwu9vf

- Print and complete all fields with the requested information
- For patient signature, indicate “YES” if HEA 3314 or similar form is on file, or have the patient or authorized representative sign the roster

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Attach the Pre-Printed CMS-1500 Claim Form to the appropriate roster(s) and mail it to:

State	Address
JJ Part B MAC	JJ – MAC Palmetto GBA P.O. Box 100306 Columbia, SC 29202-3306
JM Part B MAC	JM – MAC Palmetto GBA P. O. Box 100190 Columbia, SC 29202-3190
Railroad	Palmetto GBA Railroad Medicare P.O. Box 10066 Augusta, GA 30999

Standard CMS-1500 Claim Form versus Pre-Printed CMS-1500 Claim Form

When using the standard CMS-1500 claim form, normal billing procedures apply, and **ALL** required items must be completed. The Pre-Printed CMS-1500 Claim Form contains standardized information required for the immunization being billed.

If the standard CMS-1500 claim form is submitted with incomplete information, the claim will be rejected. A rejected claim must be resubmitted as a **new** claim. Only one error will be identified per claim. Please double-check the entire claim for accuracy and completeness before resubmitting.

Additional Reference Material:

- The CDC website – Seasonal Influenza (Flu):
<http://www.cdc.gov/flu/>
- The CDC website – Seasonal Influenza: Flu Basics
<http://www.cdc.gov/flu/about/disease/index.htm>
- American Lung Association website – Flu:
<https://www.lung.org/lung-health-diseases/lung-disease-lookup/influenza/preventing-influenza>

Influenza and Pneumococcal Roster FAQs

- Do I have to submit a separate CMS-1500 (02-12) Claim Form for each beneficiary I vaccinated?
 - No. To submit claims for mass immunizations, you may submit one CMS-1500 (02-12) Claim Form and a completed roster form. More than one roster form may be submitted with one CMS-1500 (02-12) Claim Form; however, the date of service must be clearly indicated.
- How do I indicate which patients on the roster I am billing for Medicare reimbursement?
 - Beneficiaries that do not need Medicare reimbursement must be crossed off the roster. A black marker should be used to cross off the entire line of the affected non-Medicare vaccine recipient.
- How do I ensure that the information entered on the roster by the patients is correct?
 - Following the instructions on pages 11 thru 15, the roster must have the beneficiary's name (first and last), address, gender, Medicare ID, date of birth and the beneficiary's signature. The beneficiary's name and Medicare ID must be submitted as it appears on the beneficiary's Medicare card. This information must be legible in order for the claims examiner to process the roster correctly. Illegible information may not be processed correctly and will result in incorrect or delayed reimbursement.
- Can I submit handwritten rosters?
 - While handwriting is discouraged, it is acceptable. The information that is submitted must be legible. Information should be printed clearly in black ink. In order to ensure fast and accurate processing, providers are strongly encouraged to submit typed or computer-generated rosters.
- How do I indicate the beneficiary's signature on the roster form?
 - The beneficiary's signature indicated by a single stamp on the top or bottom of the roster is **not** acceptable. The actual signature or the signature indicator must be legible.