

Roster Billing for Influenza, Influenza A (H1N1) and Pneumococcal Vaccines on the CMS-1500 Claim

Medicare PLUS BlueSM PPO



Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Medicare Plus BlueSM plans provide full coverage for influenza and pneumococcal polysaccharide vaccines with no member copayment. Health care providers and suppliers already enrolled in the Medicare program may use their Medicare provider identification and national provider identifier numbers and follow the roster billing process as long as they provide the flu, H1N1 or pneumococcal vaccine to multiple members.

Roster billing is a simplified billing process that allows mass immunizers to submit one claim with a list of the members they immunized. Mass immunizers must meet Original Medicare¹ requirements in order to use the roster billing method for Medicare Plus Blue plans. BCBSM can accept roster billing only on paper claims at this time.

A mass immunizer offers, H1N1 flu or pneumococcal vaccinations to multiple individuals and may be a traditional Medicare provider or supplier or a nontraditional one (such as a senior citizen's center, a public health clinic, or community pharmacy). Immunizers must enroll in the Medicare program even if immunizations are the only service they provide.

- Mass immunizers must submit immunization claims on roster bills and accept assignment under Original Medicare on both the administration and the vaccine.

Since BCBSM can only accommodate roster billing on paper claims at this time, claims will be entered into the processing system through optical character recognition scanning. Please remember the following to ensure that all items on your roster claim can be identified through OCR scanning.

- Attach a maximum of **three** rosters to a single CMS-1500 claim.
 - Typed rosters are preferred.
 - If information is not typed, the roster information must be written in blue or black ink and must be legible.
 - Ink that is too light will not scan properly.
 - Do not fold your claim and roster forms.

Incomplete or incorrect roster bills will be returned.

Mail your CMS-1500 claims and attached roster bills to the following address:

Medicare Advantage
Blue Cross Blue Shield of Michigan
P.O. Box 32593
Detroit, MI 48232-0593

¹ Please reference CMS' website [cms.hhs.gov/manuals/downloads/clm104c18.pdf](https://www.cms.hhs.gov/manuals/downloads/clm104c18.pdf)* for additional information on roster billing. *BCBSM is not responsible for the content or the practices of the destination website.

Roster Billing for Influenza, Influenza A (H1N1) and Pneumococcal Vaccines on the CMS-1500 Claim (continued)

If you have questions about roster billing for flu, H1N1 and pneumococcal vaccinations on the CMS-1500 claim, please call Medicare Plus Blue Provider Servicing at **1-866-309-1719**. You can also find complete roster billing guidelines on our website at **bcbsm.com/provider/ma**.

If the local BCBS plan does not allow submission of claims for roster billing you may submit your claim directly to us.

General roster billing requirements for CMS-1500 paper claims

- Submit separate CMS-1500 claims for each type of vaccination.
- You may preprint the CMS-1500 fields listed on the Medicare Plus Blue plans Roster Billing Instruction Sheet.
- Roster billing instructions are the same as for Original Medicare, with the following exceptions:
 - ☐ Enter an "X" in the "Other" box of Item 1.
 - ☐ Report the health care provider or supplier Federal tax ID or Social Security number in Item 25.
 - ☐ Include the signature of the provider or supplier, or his or her representative, and the date the form was signed in Item 31.
- Each CMS-1500 claim must have an attached Medicare Plus Blue plan roster bill listing the members who received that type of vaccination.
 - ☐ The following information is required on the roster bill:
 - Billing provider name
 - Medicare National Provider Identification (NPI) Number
 - Date of service, formatted as MM/DD/YYYY (e.g., 09/10/2010)
 - Member contract number (Enter the alpha prefix that appears on the member's Blue Cross Blue Shield Medicare Advantage ID card in addition to the member's nine-digit contract number. Do not report the member's health insurance claim number.)
 - Patient's last name
 - Patient's first name
 - Patient's date of birth, formatted as MM/DD/YYYY
 - Patient's sex ("M" or "F")
 - Patient's complete address
 - Patient's signature or stamped "signature on file"
 - Clinic location must be present
 - Nurse's initials must be present

Incomplete or incorrect roster bills will be returned.

CMS-1500 Roster Billing Instruction Sheet

The following fields must be completed on a CMS-1500 claim form (either typed or written in blue or black ink) for roster billing of influenza, influenza A (H1N1) and pneumococcal vaccination claims for and **Medicare Plus Blue PPO** members.

Item	Field Content
1	Enter "X " in the "Other" block.
2	Patient's Name: Enter "See attached roster."
11	Insured's Policy Group or FECA Number: Enter "none."
20	Outside Lab?: Enter "X" in the "no" block.
21	Diagnosis or Nature of Illness: Line 1 — diagnosis code V04.81 (Influenza virus) V06.6 (Pneumococcus and Influenza) V03.82 (Pneumococcus)
24B	Place of Service: Line 1 — Enter place of service code 60 Line 2 — Enter place of service code 60
24D	Procedures, Services or Supplies: Line 1 — Enter the appropriate CPT or HCPCS code for the vaccine: Pneumococcal: *90732, *90739, *90669 and *90670 Influenza: *90655, *90656, *90657, *90660,*90662, *90654, 90661, 90672, 90673 90685, 90686, 90688 and Q2033, Q2034, Q2035, Q2036, Q2037, Q2038 or Q2039 Influenza A (H1N1): *G9142 – Made available at no cost to the provider. Line 2 — Enter the appropriate HCPCS code for the administration of: Pneumococcal vaccine: *G0009 Influenza vaccine: *G0008 Influenza A (H1N1) vaccine: *G9141
24E	Diagnosis Pointer: Line 1 and 2 - Enter "A" Note: Diagnosis pointers are now alphabetic characters in Field 24E. The reference letters should be A-L as applicable
24F	\$ Charges: Enter the charge for each listed service. If you are not charging for the vaccine or its administration, enter 0.00 or "NC" (no charge) on the appropriate line for that item.
25	Federal Tax I.D. Number: Required. Enter the health care provider or supplier Federal tax ID or Social Security number.
27	Accept Assignment: Enter "X " in the "Yes" block.

CMS-1500 Roster Billing Instruction Sheet (continued)

Item	Field Content
29	Amount Paid: Enter "0.00."
31	Signature of Physician or Supplier including Degrees or Credentials & Date: Required. Include the signature of the health care provider or supplier, or his or her representative, and the date the form was signed.
32	Enter the name, address and ZIP code of the location where the vaccine was provided.
32a.	Enter the NPI of the facility (e.g., hospital) if applicable.
33	Physician's, Supplier's Billing Name: Enter the name, address, ZIP code and telephone number of the provider who should be paid for the services performed.
33a	Enter the NPI of the billing provider or group.

**CPT codes, descriptions and two-digit numeric modifiers only are copyright 2013 American Medical Association. All rights reserved.*



**Blue Cross
Blue Shield**
of Michigan

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association