



Keeping Up with CMS Policies on Medicare Cards and Flu Vaccine Reimbursements

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New Medicare Card Transition Period Ends December 31, 2019

As a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), in 2018 the Centers for Medicare and Medicaid Services (CMS) began issuing new Medicare cards to all beneficiaries; unlike the previously existing cards, the new cards do not display the beneficiary's Social Security number. CMS set up a schedule to mail out the new cards based on regions, to be completed by April 2019. The project is now complete and all Medicare beneficiaries should have received their new cards.

Has your front desk staff been diligent in asking Medicare patients for their new Medicare card and updating your system accordingly? As of January 1, 2020, claims billed to Medicare must have the new Medicare Beneficiary Identifier (MBI); claims sent with the Health Insurance Claim Number (HICN) will be rejected after December 31, 2019.

CMS also states that when billing the MBI, no hyphens or spaces should be used or the claim will be rejected. Thus, it is important to educate your staff to enter the number in your billing system correctly to avoid reworking the claims and payment delays, or update your electronic data interchange (EDI) program to automatically remove them.

Medicare has been including the MBI on remittance advices to help billers find and familiarize themselves with it. They also offer a lookup tool for billers, as well as patients. You can direct your staff to the MLN Matters article SE18006 at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18006.pdf> for specific

details regarding the new cards. The article offers links to handouts that staff can give to patients, instructing them on how to obtain their new card if they have not received one yet. It also offers a sign-up link to your specific Medicare Administrative Contractor (MAC) that your staff can use to look up the MBI when the card is not available.

2019-2020 Influenza Vaccinations

CMS also has announced their reimbursement schedule for the 2019-2020 flu season:

Code	Vaccine Name	Reimbursement
90653	Fluad	\$59.530
90662	Fluzone High-Dose	\$56.006
90672	FluMist Quadrivalent	\$26.876
90674	Flucelvax Quadrivalent (0.5 mL), Preservative Free	\$28.130
90682	Flublok Quadrivalent	\$56.006
90685	Fluzone and Afluria, (0.25 mL) Quadrivalent, Preservative Free	\$20.343
90686	Fluarix, Flulaval, Fluzone, Afluria, (0.5 mL), Quadrivalent, Preservative Free	\$19.032
90687	Fluzone and Afluria, (0.25 mL) Quadrivalent	\$9.403
90688	Flulaval and Afluria, Quadrivalent (0.5 mL)	\$17.835
90756	Flucelvax Quadrivalent, (0.5 mL), antibiotic free	\$26.657

When providing services for the influenza vaccine, remember to document and bill for the administration of the vaccine, as well. Use Healthcare Common Procedure Coding System (HCPCS) Level II code G0008 to bill Medicare for the administration of the flu vaccine for adults over 18 years old. If the Medicare patient is



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under 18 years old and vaccine counseling was also provided, refer to Current Procedural Terminology (CPT) codes:

- 90460, "Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered"
- 90461, "...each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)"

Medicare also recognizes the administration codes for intranasal and oral vaccines using the following CPT codes:

- 90473, "Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)"
- 90474, "...each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)"

- Use 90474 in conjunction with 90460, 90471, and 90473

The Medicare national average rate of reimbursement is \$16.94 for HCPCS code G0008 and CPT codes 90460 and 90473, and \$12.97 for CPT codes 90461 and 90474.

When billing to commercial payers, unless otherwise directed by a specific payer, bill the appropriate CPT codes shown in the list above, or from the following list:

- 90471, "Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)"
- 90472, "...each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)"

- Use 90472 in conjunction with 90460, 90471, and 90473

Medicare waives the patient copay for the influenza vaccine. You can find the influenza updates on the Medicare's Seasonal Vaccines Pricing website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-drugs/McrPartBDrugAvgSalePrice/VaccinesPricing.html>.

Consult Medicare's Physician Fee Schedule at <https://www.cms.gov/apps/physician-fee-schedule/search/search-results.aspx?Y=o&T=o&HT=o&CT=3&H1=90473&M=5> for reimbursement information. ■



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