



## Update to Vaccine Services Editing

MLN Matters Number: MM11975

Related Change Request (CR) Number: 11975

Related CR Release Date: November 13, 2020

Effective Date: For claims received on or after April 1, 2021

Related CR Transmittal Number: R10456CP

Implementation Date: April 5, 2021

### PROVIDER TYPES AFFECTED

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This MLN Matters Article is for Skilled Nursing Facilities (SNFs), hospitals, hospices physicians, and other providers who provide vaccines to Medicare beneficiaries and who bill Medicare Administrative Contractors (MACs) for those services.

### PROVIDER ACTION NEEDED

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Related CR 11975:

- Allows an inpatient SNF claim that contains a "From" Date of Service (DOS) that overlaps only the "Through" date of a vaccine or telehealth outpatient claim for the same beneficiary
- Instructs MACs to pay HCPCS codes G0008, G0009, and G0010 claims with a DOS in Calendar Year (CY) 2020 based on the CY 2019 national payment amounts for immunization administration services
- Modifies current editing to allow vaccines and their administration when they are the only services on a 12x claim where the service date is equal to the discharge date of an inpatient claim for the same provider and the service date is equal to the "From" date of another inpatient claim with condition code B4 for the same provider

Please make sure your billing staffs are aware of these changes.

### BACKGROUND

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The Centers for Medicare & Medicaid Services (CMS) learned that inpatient SNF claims (Type of Bill (TOB) 21X) are being denied when a DOS overlaps a previously processed outpatient (TOB 12X) vaccine (claim containing revenue code 0636 or 0771 with Type of Service code of V) or telehealth service (TOB 12X containing HCPCS Q3014) for the same beneficiary.

CR 11975 requires the Fiscal Intermediary Shared System (FISS) to modify editing as shown in the Provider Action Needed section above.

CR 11975 does not change current policy, but rather modifies existing editing to ensure correct payment for claims in line with current policy.

**Note:** MACs will not search their files to retroactively pay claims. However, they will adjust such claims that you bring to their attention.

## ADDITIONAL INFORMATION

The official instruction, CR 11975, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10456cp.pdf>. Part of the CR also adds a statement in the Medicare Claims Processing Manual to show that Advanced Care Planning services are payable in hospice (Types of Bill 081x or 082x) when not part of the Annual Wellness Visit when the services are performed by attending physicians employed by, or under arrangement with, the hospice.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
November 13, 2020	Initial article released.

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