

# **Q2034 And The New 2012 – 2013 Flu Shot Medicare Reimbursement Codes**

9/29/2012 Medicare pricing just released for flu shots – see pricing added to the codes below.

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Download this excellent 2012 – 2013 grid that shows vaccines by name and the appropriate codes!

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**NOTE:** Practices using FLUARIX (preservative free) for Medicare patients should be using 90656 and not the NOS code of Q2039.

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**Q2034 Introduced As New Medicare Reimbursement Code for 2012 – 2013 Flu Shot Season**



Influenza virus vaccine code Q2034 (Influenza virus vaccine, split virus, for intramuscular use (Agriflu)) for claims with dates of service on or after July 1, 2012, processed on or after October 1, 2012 has been introduced for the 2012 – 2013 flu season for Medicare patients.

Effective for claims with dates of service on or after July 1, 2012, influenza virus vaccine code Q2034 will be payable by Medicare. Annual Part B deductible and coinsurance amounts do not apply. All physicians, non-physicians practitioners and suppliers who administer the influenza virus vaccination must take assignment on the claim for the vaccine.

Effective for dates of service between July 1, 2012 and September 30, 2012, contractors shall use local pricing guidelines to determine payment rates for influenza virus vaccine code Q2034.

Contractors shall pay for influenza virus vaccine code Q2034 to hospitals (12X and 13X), SNFs (22X and 23X), HHA (34X), hospital-based RDFs (72X), and CAHs (85X) based on reasonable cost.

Until systems are implemented, contractors shall **hold institutional claims** containing code Q2034 with dates of service on or after July 1, 2012, received before October 1, 2012.

Once the system changes described in this instruction are implemented, contractors shall release the held claims, appending condition code 15.

# How should the flu shot be coded?

1. Choose the Q code for Medicare patients or CPT code for non-Medicare patients that is appropriate for the brand of vaccine you are giving or the special circumstances (pediatric dose, regular dose, high dose, preservative free, single dose syringe or multi-dose vial, etc.)  
**NOTE: there are some 9xxxx codes that you will use for Medicare patients when the patient has Medicare but is less than 65 years of age. You will also use 9xxxx codes for Medicare patients when using an intradermal delivery system, intranasal delivery system, or high dose.**
2. Use the Administration Code G0008 for Medicare or 90471 for non-Medicare patients
3. Use the Diagnosis Code: V04.81

## Choose one code for the vaccine:

**NEW! 90653** – Influenza virus vaccine, inactivated, subunit, adjuvanted, for intramuscular use

**90654** Influenza virus vaccine, split virus, preservative-free, for **intradermal** use (Medicare reimbursement \$18.91)

**90655** Influenza virus vaccine, trivalent, preservative free, when administered to children 6-35 months of age, for intramuscular use (Medicare reimbursement \$16.45) single dose syringe

**90656** Influenza virus vaccine, trivalent, preservative free, when administered to individuals 3 years and older, for intramuscular use (Use for Medicare flu shots using the vaccine Fluarix) (Medicare reimbursement \$12.39) single dose syringe

**90657** Influenza virus vaccine, trivalent, when administered to

children 6-35 months of age, for intramuscular use (\$6.02)  
multi-dose vial

**90658** Influenza virus vaccine, trivalent, when administered to individuals 3 years and older, for intramuscular use (not recognized by Medicare) multi-dose vial

**90660** Influenza virus vaccine, live, for intranasal use (Medicare reimbursement \$23.45)

**90662** Influenza virus vaccine, trivalent, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (Medicare reimbursement \$30.92) high dose

**90672** Influenza virus vaccine, quadrivalent, live, for intranasal use (not recognized by Medicare)

**90685** Influenza virus vaccine, quadrivalent, preservative free, when administered to children 6-35 months of age, for intramuscular use (not recognized by Medicare)

**90686** Influenza virus vaccine, quadrivalent, preservative free, when administered to individuals 3 years and older, for intramuscular use (not recognized by Medicare)

**90687** Influenza virus vaccine, quadrivalent, when administered to children 6-35 months of age, for intramuscular use (not recognized by Medicare)

**90688** Influenza virus vaccine, quadrivalent, when administered to individuals 3 years and older, for intramuscular use (not recognized by Medicare)

**Only for Medicare Patients:**

**NEW! Q2034** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Agriflu) (Medicare reimbursement not released)

**Q2035** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) (Medicare reimbursement \$11.54)

**Q2036** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) (Medicare reimbursement \$9.83)

**Q2037** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirun) (Medicare reimbursement \$14.05)

**Q2038** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) (Medicare reimbursement \$12.04)

**Q2039** Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified) (No reimbursement rate specified)

## **How many flu shots will Medicare pay for?**

Medicare will pay for one flu shot per influenza season in the fall or winter. Medicare may cover additional seasonal influenza virus vaccinations if medically necessary.

## **What is different if the patient gets the flu shot somewhere besides the physician's office?**

**Institutional Providers: Additional Billing Information**

Hospitals, other than Indian Health Service (IHS) Hospitals  
and Critical Access Hospitals (CAHs) 12X, 13X  
CAHs: Method I and II and IHS CAHs 85X  
IHS Hospitals 12X, 13X  
Skilled Nursing Facilities (SNFs) 22X, 23X  
Home Health Agencies (HHAs) 34X  
Comprehensive Outpatient Rehabilitation Facilities (CORFs) 75X

Revenue Codes: 0636 vaccine  
0771 administration

Rural Health Clinics (RHCs) 71X

Federally Qualified Health Centers (FQHCs) – 77X (for dates of  
service on or after April 1, 2010)

## **Do providers that only provide immunizations need to enroll in the Medicare Program?**

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.

Click [here](#) to locate these forms.

## **What is a mass immunizer?**

A mass immunizer offers seasonal influenza virus and/or pneumococcal vaccinations to a large number of individuals and may be a traditional Medicare provider or supplier or a nontraditional 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 take assignment on both the vaccine and its

administration. A mass immunizer should enroll with the Medicare Contractor prior to influenza season.

## **What is Roster Billing?**

(Influenza & Pneumococcal Vaccinations Only)

The simplified roster billing process was developed to enable Medicare beneficiaries to participate in mass PPV and influenza virus vaccination programs. (Medicare has not developed roster billing for hepatitis B or other vaccinations.) Roster billing can also substantially lessen the administrative burden on physician practices by allowing them to submit one claim for all of the Medicare beneficiaries that received either the PPV or influenza vaccine on a given day. Medicare will often refer to these providers, who utilize roster billing, as Mass Immunizers.

For Medicare Part B submission, physician practices and other Mass Immunizers must submit a separate pre-printed CMS-1500 paper claim form or bill electronically for each type of vaccination (either influenza or PPV) and attach a roster list containing information for 2 or more Medicare beneficiaries. When mass immunizers choose to conduct roster billing electronically, they are required to use the HIPAA-adopted ASC X12N 837 claim standard. Local Medicare Carriers may offer low or no-cost software to help providers utilize roster billing electronically, however, this software is not currently available nationwide so check with your local carrier for specifics in your area.

All entities that submit claims on roster bills must accept assignment.

Roster bills submitted by providers to a Medicare carrier must contain more than one patient and the date of service for each vaccination administered must be the same. (Medicare policy was changed July 1, 1998, and the requirement that a minimum

of five beneficiaries be vaccinated per day in order to roster bill was reduced to two beneficiaries per day.)

To further minimize the administrative burden of roster billing, the following blocks can be preprinted on a CMS-1500:

Block 1: Medicare

Block 2: See Attached Roster

Block 11: None

Block 20: No

Block 21: V04.81 for influenza or V03.82 for pneumococcal

Block 24B: ALL entities should use POS code 60 for roster billing. (POS code 60 = Mass Immunization Center.)

Block 24D: Use appropriate vaccine and administration codes (separate line items for each)

Block 24E: Use 1 for lines 1 and 2

Block 24F: Use the unit cost of the particular vaccine (Contractors will replicate the claim for each beneficiary listed on the roster.)

Block 27: Yes

Block 29: \$0.00

Block 31: Signature

Block 32: Enter the name, address and zip code of the location where service was provided

Block 32a: NPI of the service facility

Block 33: Provider Identification Number or NPI when required

Block 33a: NPI of the billing provider or group

A separate CMS-1500 for each type of vaccination must have an attached roster that includes the following information:

Patient Name and Address

Health Insurance Claim Number

Date of Birth

Sex



Date of Service

Providers Name and Identification Number

Signature or stamped Signature on File

Control number for the contractor

A signature on file stamp or notation qualifies as a signature on a roster claim form in cases where the provider has access to a signature on file in the beneficiary's record (e.g., when the vaccine is administered in a physician's office).

The format of the beneficiary roster can be modified to meet the needs of individual providers. It is the responsibility of the carrier to develop suitable roster formats that meet provider and carrier needs and contain the minimum data necessary to satisfy claims processing requirements for these claims.