

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11362</b>	<b>Date: April 22, 2022</b>
	<b>Change Request 12686</b>

**Transmittal 11322, dated March 29, 2022, is being rescinded and replaced by Transmittal 11362, dated, April 22, 2022 to remove the BR 12686.7. All other information remains the same.**

**SUBJECT: Claims Processing Instructions for the New Hepatitis B Vaccine Code 90759**

**I. SUMMARY OF CHANGES:** This Change Request (CR) provides instructions to update the Common Working File (CWF) and the Fiscal Intermediary Shared System (FISS) to include the new Hepatitis B vaccine code. This update will include new Hepatitis B vaccine code 90759 for claims with dates of service on or after January 11, 2022.

**EFFECTIVE DATE: January 11, 2022 - Unless otherwise specified, the effective date is the date of service.**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 5, 2022**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	18/1.2 – Table of Preventive and Screening Services
R	18/10.2.1 - Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes
R	18/10.2.5.1 - A/B MAC (B) Indicators for the Common Working File (CWF)

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 11362	Date: April 22, 2022	Change Request: 12686
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**SUBJECT: Claims Processing Instructions for the New Hepatitis B Vaccine Code 90759**

**EFFECTIVE DATE: January 11, 2022 - Unless otherwise specified, the effective date is the date of service.**

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**IMPLEMENTATION DATE: July 5, 2022**

## I. GENERAL INFORMATION

**A. Background:** This Change Request (CR) provides instructions to update the Common Working File (CWF) and the Fiscal Intermediary Shared System (FISS) to include the new Hepatitis B vaccine code. This update will include new Hepatitis B vaccine code 90759 for claims with dates of service on or after January 11, 2022. Although January 1, 2022 is the effective date for the code 90759, the effective date for coverage is January 11, 2022.

In addition, this CR updates Chapter 18, Sections 1.2, 10.2.1, and 10.2.5.1 of the Medicare Claims Processing Manual Pub. 100-04.

**B. Policy:** Effective for claims processed with Dates of Service (DOS) on or after January 11, 2022, Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3-dose schedule for intramuscular use, for claims processed with DOS on or after January 11, 2022 is payable by Medicare.

MACs shall price this vaccine per the Average Sales Price (ASP) drug pricing file, which will be updated with the April 1, 2022 release to include this vaccine.

HCPCS code 90759 will be included on the 2022 Medicare Physician Fee Schedule Database file update and the annual Healthcare Common Procedure Coding System (HCPCS) update.

HCPCS Code: 90759

Short Description: HEP B VAC 3AG 10MCG 3 DOS IM

Medium Description: HEP B VACC 3 AG 10 MCG 3 DOSE SCHED FOR IM USE

Long Description: Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3-dose schedule, for intramuscular use

Type of Service (TOS) Code: 9

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12686.1	Contractors shall update their systems to cover payment for hepatitis B vaccine code 90759 dates of service on or after January 11, 2022. Coinsurance and deductible do not apply.  Note: Contractors shall follow normal processes for non-covered services for claims with DOS January 1, 2022 thru January 10, 2022.	X	X	X		X				X	IOCE
12686.2	MACs shall price this vaccine per the ASP drug pricing file, which will be updated with the April 1, 2022 release to include this vaccine.	X	X	X							
12686.3	Contractors shall pay for hepatitis B vaccine code 90759 to hospitals (12X and 13X), Skilled Nursing Facilities (SNFs) (22X and 23X), Home Health Agency (HHA) (34X), hospital-based Renal Dialysis Facilities (RDFs) (72X), and Critical Access Hospitals (CAHs) (85X) based on reasonable cost.  NOTE: Coinsurance and deductible do not apply.	X		X		X					
12686.4	Contractors shall pay for hepatitis B vaccine code 90759 to Indian Health Services (IHS) hospitals (12X, 13X), hospices (81X and 82X), and IHS CAHs (85X), based on the lower of the actual charge or 95% of the Average Wholesale Price (AWP).  NOTE: Coinsurance and deductible do not apply.	X		X		X					
12686.5	Contractors shall pay for hepatitis B vaccine code 90759 to Comprehensive Outpatient Rehabilitation Facilities (CORFs) (75X), and independent RDFs (72X), based on the lower of the actual charge or 95% of the AWP.  NOTE: Coinsurance and deductible do not apply.	X				X					
12686.6	Effective January 11, 2022, contractors shall add hepatitis B virus vaccine code 90759 to existing hepatitis B virus vaccine edits and CWF hepatitis logic.									X	HETS

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12686.7	This business requirement has been deleted.									X	
12686.8	Contractors shall hold claims for Hepatitis B code 90759 with DOS January 11, 2022 thru July 4, 2022, received prior to July 5 , 2022. Contractors shall release held claims within 10 business days of the implementation.	X	X								
12686.9	The Medicare contractors shall be aware of the manual updates in Pub 100-04:  Chapter 18, Sections 1.2, 10.2.1, and 10.2.5.1	X	X								

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility						
		A/B MAC			D M E M A C	C E D I		
		A	B	H H H				
12686.10	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X	X				

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information: N/A**

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Bridgitte Davis, 410-786-4573 or [bridgitte.davis@cms.hhs.gov](mailto:bridgitte.davis@cms.hhs.gov) , Bill Ruiz, 410-786-9283 or [william.ruiz@cms.hhs.gov](mailto:william.ruiz@cms.hhs.gov) , Kajol Balani, 410-786-0878 or [kajolbalani@cms.hhs.gov](mailto:kajolbalani@cms.hhs.gov)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 18 - Preventive and Screening Services

### Table of Contents *(Rev. 11362, 04-22-22)*

#### 1.2 – Table of Preventive and Screening Services *(Rev. 11362; Issued: 04-22-22; Effective: 01-11-22; Implementation: 07-05-22)*

Service	CPT/ HCPCS	Long Descriptor	USPSTF Rating	Coins./ Deductible
Initial Preventive Physical Examination, IPPE	G0402	Initial preventive physical examination; face to face visits, services limited to new beneficiary during the first 12 months of Medicare enrollment	<b>*Not Rated</b>	WAIVED
	G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report		Not Waived
	G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination		Not Waived

	G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination		Not Waived
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<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) services furnished prior to January 1, 2017	G0389	Ultrasound, B-scan and /or real time with image documentation; for abdominal aortic aneurysm (AAA) ultrasound screening	<b>B</b>	WAIVED

Ultrasound Screening for Abdominal Aortic Aneurysm (AAA) services furnished on or after January 1, 2017	76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	<b>B</b>	WAIVED
Cardiovascular Disease Screening	80061	Lipid panel	<b>A</b>	WAIVED
	82465	Cholesterol, serum or whole blood, total		WAIVED
	83718	Lipoprotein, direct measurement; high density cholesterol (hdl cholesterol)		WAIVED
	84478	Triglycerides		WAIVED
Diabetes Screening Tests	82947	Glucose; quantitative, blood (except reagent strip)	<b>B</b>	WAIVED
	82950	Glucose; post glucose dose (includes glucose)		WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	82951	Glucose; tolerance test (gtt), three specimens (includes glucose)	<b>*Not Rated</b>	WAIVED

Diabetes Self-Management Training Services (DSMT)	G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	<b>*Not Rated</b>	Not Waived
	G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes		Not Waived
Medical Nutrition Therapy (MNT) Services	97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	<b>B</b>	WAIVED
	97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes		WAIVED
	97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes		WAIVED

Service	CPT/ HCPCS	Long Descriptor	USPSTF Rating	Coins./ Deductible
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	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	<b>B</b>	WAIVED
	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes		WAIVED
Screening Pap Test	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	<b>A</b>	WAIVED

	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician		WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	A	WAIVED
	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	A	WAIVED
	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	A	WAIVED

	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	A	WAIVED
	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	A	WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	A	WAIVED
	P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision		WAIVED
	P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician		WAIVED
	Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory		WAIVED

Screening Pelvic Exam	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	<b>A</b>	WAIVED
Screening Mammography	77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography (list separately in addition to code for primary procedure)	<b>B</b>	WAIVED
	77057	Screening mammography, bilateral (2-view film study of each breast)	<b>B</b>	WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	77063	Screening digital breast tomosynthesis, bilateral		WAIVED
	77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed		WAIVED

Bone Mass Measurement	G0130	Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	<b>B</b>	WAIVED
	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)		WAIVED
	77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)		WAIVED
	77080	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)		WAIVED
	77081	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)		WAIVED

Service	CPT/ HCPCS	Long Descriptor	USPSTF Rating	Coins./ Deductible

	77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites, axial skeleton, (e.g., hips, pelvis, spine), including vertebral fracture assessment.		WAIVED
	76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method		WAIVED
<p><b>NOTE:</b></p> <p>Anesthesia services furnished in conjunction with and in support of a screening colonoscopy are reported with CPT code 00812 and coinsurance and deductible are waived. When a screening colonoscopy becomes a diagnostic colonoscopy, anesthesia services are reported with CPT code 00811 and with the PT modifier; only the deductible is waived.</p>				
<p>Coinsurance and deductible are waived for moderate sedation services (reported with G0500 or 99153) when furnished in conjunction with and in support of a screening colonoscopy service and when reported with modifier 33. When a screening colonoscopy becomes a diagnostic colonoscopy, moderate sedation services (G0500 or 99153) are reported with only the PT modifier; only the deductible is waived.</p>				
Colorectal Cancer Screening	G0104	Colorectal cancer screening; flexible sigmoidoscopy	A	WAIVED
	G0105	Colorectal cancer screening; colonoscopy on individual at high risk		WAIVED

	G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	<b>*Not Rated</b>	Coins. Applies & Ded. is waived
	G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.		Coins. Applies & Ded. is waived

Service	CPT/ HCPCS	Long Descriptor	USPSTF Rating	Coins./ Deductible
	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	A	WAIVED
	82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive		WAIVED
	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous		WAIVED
	81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers <i>(ZPAS mutations)</i>		WAIVED

	G0327	Colorectal cancer screening; blood-based biomarker Colon ca scrn;bld-bsd biomrk		WAIVED
Prostate Cancer Screening	G0102	Prostate cancer screening; digital rectal examination	<b>D</b>	Not Waived
	G0103	Prostate cancer screening; prostate specific antigen test (PSA)		WAIVED
Glaucoma Screening	G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	<b>I</b>	Not Waived
	G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist		Not Waived
Influenza Virus Vaccine		For the Medicare-covered codes for the influenza vaccines approved by FDA for current influenza vaccine season, please go to: <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html</a>		
	90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	<b>B</b>	WAIVED

Service	CPT/ HCPCS	Long Descriptor	USPSTF Rating	Coins./ Deductible
	90653	Influenza virus vaccine, inactivated, subunit, adjuvanted, for intramuscular use		WAIVED
	90654	Influenza virus vaccine, split virus, preservative free, for intradermal use, for adults ages 18-64		WAIVED
	90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use		WAIVED
	90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use		WAIVED
	90657	Influenza virus vaccine, split virus, when administered to children 6- 35 months of age. for intramuscular use		WAIVED
	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use		WAIVED
	90660	Influenza virus vaccine, live, for intranasal use		WAIVED

	90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use		WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use		WAIVED
	90672	Influenza virus vaccine, live, quadrivalent, for intranasal use		WAIVED
	90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		WAIVED
	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use		WAIVED

	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use		WAIVED
	90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use		WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use		WAIVED
	90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use		WAIVED
	90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use		WAIVED
	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use		WAIVED

	90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use		WAIVED
	G0008	Administration of influenza virus vaccine		WAIVED
Pneumococcal Vaccine	90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	<b>B</b>	WAIVED
	90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use		WAIVED
	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use		WAIVED
	90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use		WAIVED
	G0009	Administration of pneumococcal vaccine		WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
Hepatitis B Vaccine	90739	Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use	<b>A</b>	WAIVED

	90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use		WAIVED
	90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use		WAIVED
	90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use		WAIVED
	90746	Hepatitis B vaccine, adult dosage, for intramuscular use		WAIVED
	90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use		WAIVED
	90759	<i>Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use</i>		<i>WAIVED</i>
	G0010	Administration of Hepatitis B vaccine	<b>A</b>	WAIVED
Hepatitis C Virus Screening	G0472	Screening for Hepatitis C antibody	<b>B</b>	WAIVED

<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
HIV Screening	G0432	Infectious agent antigen detection by enzyme immunoassay (EIA) technique, qualitative or semi-qualitative, multiple- step method, HIV-1 or HIV-2, screening	A	WAIVED
	G0433	Infectious agent antigen detection by enzyme- linked immunosorbent assay (ELISA) technique, antibody, HIV-1 or HIV-2, screening		WAIVED
	G0435	Infectious agent antigen detection by rapid antibody test of oral mucosa transudate, HIV-1 or HIV-2 , screening		WAIVED

Smoking Cessation for services furnished prior to October 1, 2016	G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	A	WAIVED
	G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient intensive, greater than 10 minutes		WAIVED
Smoking Cessation for services furnished on or after October 1, 2016	99406	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	A	WAIVED
<b>Service</b>	<b>CPT/ HCPCS</b>	<b>Long Descriptor</b>	<b>USPSTF Rating</b>	<b>Coins./ Deductible</b>
	99407	Smoking and tobacco cessation counseling visit for the asymptomatic patient intensive, greater than 10 minutes		WAIVED
Annual Wellness Visit	G0438	Annual wellness visit, including PPPS, first visit	*Not Rated	WAIVED
	G0439	Annual wellness visit, including PPPS, subsequent visit		WAIVED

Intensive Behavioral Therapy for Obesity	G0447	Face-to-Face Behavioral Counseling for Obesity, 15 minutes	<b>B</b>	WAIVED
	G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minute(s)		
Lung Cancer Screening	G0296	Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)	<b>B</b>	WAIVED
	G0297	Low dose CT scan (LDCT) for lung cancer screening		
COVID-19 Vaccine	See link	<a href="https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies">https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies</a>		WAIVED

### 10.2.1 - Healthcare Common Procedure Coding System (HCPCS) and Diagnosis Codes

*(Rev. 11362; Issued: 04-22-22; Effective: 01-11-22; Implementation:07-05-22)*

Vaccines and their administration are reported using separate codes. The following codes are for reporting the vaccines only.

<b>HCPCS</b>	<b>Definition</b>
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90653	Influenza virus vaccine, inactivated, subunit, adjuvanted, for intramuscular use
90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use, for adults ages 18 – 64;
90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use;
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years and above, for intramuscular use;
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use;
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use;
90661	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90672	Influenza virus vaccine, live, quadrivalent, for intranasal use
90673	Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use

- 90686 Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use
- 90687 Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use
- 90688 Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use
- 90694 Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
- 90732 Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use;
- 90739 Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use
- 90740 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use;
- 90743 Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use;
- 90744 Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use;
- 90746 Hepatitis B vaccine, adult dosage, for intramuscular use; and
- 90747 Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use.
- 90756 Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
- 90759 Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use*

**Note: COVID-19 vaccine and administration HCPCS are temporarily posted at: <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>.**

Note: For the Medicare-covered codes for the influenza vaccines approved by the Food and Drug Administration (FDA) for the current influenza vaccine season, please go to: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing.html>

The following codes are for reporting administration of the vaccines only. The administration of the vaccines is billed using:

**HCPCS Definition**

- G0008 Administration of influenza virus vaccine;
- G0009 Administration of pneumococcal vaccine; and
- \*G0010 Administration of hepatitis B vaccine.
- \*90471 Immunization administration. (For OPPS hospitals billing for the hepatitis B vaccine administration)
- \*90472 Each additional vaccine. (For OPPS hospitals billing for the hepatitis B vaccine administration)

\* **NOTE:** Beginning January 1, 2011, providers should report G0010 for billing under the OPPS rather than 90471 or 90472 to ensure correct waiver of coinsurance and deductible for the administration of hepatitis B vaccine.

**NOTE: COVID-19 vaccine and administration HCPCS are temporarily posted at: <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/COVID-19-vaccines-and-mono-clonal-antibodies>.**

The following diagnosis code must be reported. If the sole purpose for the visit is to receive a vaccine or if a vaccine is the only service billed on a claim, the applicable following diagnosis code may be used.

<b>ICD-10-CM Diagnosis Code</b>	<b>Description</b>
Z23	Encounter for Immunization

**NOTE:** ICD-10-CM diagnosis code Z23 is to be used for all encounters for preventive vaccine immunizations, including COVID-19 immunizations.

All claims must have the appropriate diagnosis code, procedure, and admin code to process correctly.

**10.2.5.1 - MAC (Part B) Indicators for the Common Working File (CWF)**

*(Rev. 11362; Issued: 04-22-22; Effective: 01-11-22; Implementation:07-05-22)*

The MAC (Part B) record submitted to CWF must contain the following indicators:

<b>Description</b>	<b>Payment Indicator</b>	<b>Payment</b>	<b>Deductible Indicator</b>	<b>Deductible</b>	<b>Type of Service</b>
Pneumococcal	“1”	100 percent	“1”	Zero deductible	“V”
Influenza	“1”	100 percent	“1”	Zero deductible	“V”
<i>Hepatitis B</i>	<i>“1”</i>	<i>100 percent</i>	<i>“1”</i>	<i>Zero deductible</i>	<i>“9”</i>
COVID-19	“1”	100 percent	“1”	Zero deductible	“V”

A payment indicator of “1” represents 100 percent payment. A deductible indicator of “1” represents a zero deductible. A payment indicator of “0” represents 80 percent payment. A deductible indicator of “0” indicates that a deductible applies to the claim.

The record must also contain a “V” in the type of service field, which indicates that this is a pneumococcal, influenza virus, or COVID-19 vaccine. MACs (Part B) use a “1” in the type of service field, which indicates medical care for a hepatitis B vaccine.