

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12070	Date: June 7, 2023
	Change Request 13218

SUBJECT: Internet Only Manual Update to Publication 100-04, Chapters 9 and 18 to Clarify Vaccine Payment Instructions for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Medicare Claims Processing Manual for clarification in Chapter 9, Section 70.4 and Chapter 18, Section 10.2.2.2.

EFFECTIVE DATE: July 10, 2023

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

IMPLEMENTATION DATE: July 10, 2023

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	9/7/70.4/Vaccines
R	18/10/10.2.2.2/Special Instructions for Independent and Provider-Based Rural Health Clinics/Federally Qualified Health Center (RHCs/FQHCs) Clinics/Federally Qualified Health Center (RHCs/FQHCs)

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

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to update the claims processing manual, Publication 100-04, Chapter 9, section 70.4 and Chapter 18, section 10.2.2.2. The update clarifies instructions for Rural Health Clinics and Federally Qualified Health Centers when billing for vaccines.

B. Policy: There are no policy changes.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13218.1	The Medicare contractors shall be aware of of the manual updates in the Internet Only Manual, Publication 100-04 Chapter 9, section 70.4 and Chapter 18, section 10.2.2.2.	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

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): William Ruiz, 410-786-9283 or william.ruiz@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

70.4 - Vaccines

(Rev. 12070; Issued: 06-07-23; Effective: 07-10-23; Implementation: 07-10-23)

Influenza virus, pneumococcal and COVID-19 vaccines do not count as RHC/FQHC visits. The cost for these vaccines is included in the cost report and a visit is not billed for these services. RHCs do not report vaccines on the claim, TOB 71x. However, for FQHCs, if there was another reason for the visit, the vaccine and the administration code should be reported on the claim, TOB 77x, for informational and data collection purposes only. Coinsurance and deductible do not apply to these vaccines.

Monoclonal antibody products used for the treatment or for post-exposure prophylaxis of COVID-19 (when they are not purchased by the government) and their administration are paid through the cost report until the end of the calendar year in which the Emergency Use Authorization declaration for drugs and biological products with respect to COVID-19 ends.

Hepatitis B vaccine is included in the RHC *all-inclusive and the FQHC /PPS* rate. The charges of the vaccine and its administration can be included in the line item for the otherwise qualifying *visit*. A *visit* cannot be billed if vaccine and its administration is the only service the RHC/FQHC provides.

Additional information on vaccines can be found in Chapter 18, section 10 of this manual. Additional coverage requirements for pneumococcal vaccine, hepatitis B vaccine, and influenza virus vaccine can be found in Publication 100-02, the Medicare Benefit Policy Manual, Chapter 13.

**10.2.2.2 - Special Instructions for Independent and Provider-Based Rural Health Clinics/Federally Qualified Health Center (RHCs/FQHCs)
Clinics/Federally Qualified Health Center (RHCs/FQHCs)**

(Rev. 12070; Issued: 06-07-23; Effective: 07-10-23; Implementation: 07-10-23)

Influenza virus, pneumococcal and COVID-19 vaccines do not count as RHC/FQHC visits. The cost for these vaccines is included in the cost report and a visit is not billed for these services. RHCs do not report vaccines on the claim, TOB 71x. However, for FQHCs, if there was another reason for the visit, the vaccine and the administration code should be reported on the claim, TOB 77x, for informational and data collection purposes only. Coinsurance and deductible do not apply to these vaccines.

Payment for the hepatitis B vaccine is included in the RHC all-inclusive and FQHC PPS rate. RHCs/FQHCs do not bill for a visit when the only service involved is the administration of the hepatitis B vaccine. However, the charges of the vaccine and its administration can be included in the line item for the otherwise qualifying *visit*. A *visit* cannot be billed if vaccine administration is the only service the RHC/FQHC provides.