



**F.O.R.C.E. Healthcare Resources, LLC**  
(Founded on Regulatory Compliance and Ethics)

***Flu Vaccine Billing***

***February 27, 2013***



# About F.O.R.C.E.?

- Home Health Consulting Firm – Founded 2005

## Services Provided:

1. Home Health Billing Webinars
2. Home Health Outsource Billing
3. Home Health Outsource Medical Coding
4. Home Health Billing Clean-up Projects
5. Home Health Operation / Process Consulting
6. Home Health Financial Consulting



# Contact Information

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# Flu/Pneumonia Vaccine Roster Billing



# Why Bill for Vaccines?

- ❖ Provides community support and wellness
- ❖ Gets your name out there
- ❖ Protects your staff
- ❖ Added revenue for agency
- ❖ Many states are mandating vaccinations



# Flu Vaccines

- Agency must be enrolled as a Medicare provider
- MD order is not required for all states
- Must accept assignment
- Check the rules when providing to Medicare Advantage patients
- Part B deductible does not apply



## CODES

<u>Name</u>	<u>Revenue Code</u>	<u>HCPC</u>
<b>Vaccine Influenza</b>	0636	90658
<b>Administration Influenza</b>	0771	
<b>Afluria Vacc</b>		Q2035
<b>Flulaval Vacc</b>		Q2036
<b>Fluvirin Vacc</b>		Q2038
<b>Fluzone Vacc</b>		Q2038
<b>NOS flu Vacc</b>		Q2039
<b>*Pneumococcal     Conjugate</b>	0636	90669
<b>Pneumococcal     Polysaccharide</b>	0636	90732

\* Once in lifetime (Medicare may provide additional vaccines based on risk and 5 years after last vaccine)



# Roster Billing Flu & Pneumonia Immunizations

- From FSS0 screen, select 02 - Claims/Attachments.
- From Claim and Attachment Entry Menu, select 87- Roster Bill Entry.
- In order to submit claims through Roster Billing, you will need your agency's Medicare Provider number, NPI number and facility zip code.
- Type of bill is: 34
- The taxonomy code is: 251E00000x





# Roster Billing Flu & Pneumonia Immunizations Continued

- From the claim, you will gather pertinent info, such as patient's name; first, last, and middle initial; date of service, patient's HIC number, and patient's date of birth and sex.
- You may enter up to 4 patients on 1st page if all vaccines were done on the same date of service.
- F6 allows 6 additional claims to be entered on page 2
- When complete press "enter" to refresh and allow entry of "admission type" to claim (new field fall 2011)
- F9 will submit your claims to Medicare.



# Palmetto GBA Main Menu

13:23:26 Wednesday, December 22, 2010

MAP1701  
YT85265

PALMETTO GBA  
MAIN MENU

ACPFA391 12/22/10  
C20104XF 13:21:24

- 01 INQUIRIES
- 02 CLAIMS/ATTACHMENTS**
- 03 CLAIMS CORRECTION
- 04 ONLINE REPORTS

Select 02 & hit  
ENTER

ENTER MENU SELECTION: 02

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT



# Claim & Attachments Entry Menu

13:23:45 Wednesday, December 22, 2010

MAP1703  
YT85265

PALMETTO GBA  
CLAIM AND ATTACHMENTS ENTRY MENU

ACPFA391 12/22/10  
C20104XF 13:21:46

## CLAIMS ENTRY

INPATIENT	20
OUTPATIENT	22
SNF	24
HOME HEALTH	26
HOSPICE	28
NOE/NOA	49
ROSTER BILL ENTRY	87

## ATTACHMENT ENTRY

HOME HEALTH	41
DME HISTORY	54
ESRD CMS-382 FORM	57

Select 87, type  
ENTER

ENTER MENU SELECTION: 87



# Vaccine Roster For Mass Immunizers

15:30:53 Tuesday, April 20, 2010

MAP1681  
 YT85265

SC \_ \_

PALMETTO GBA

VACCINE ROSTER FOR MASS IMMUNIZERS

ACPFA391 04/20/10

C201027S 15:30:43

RECEIPT DATE: 042010

OSCAR:

DATE OF SERV: \_\_\_\_\_

TYPE-OF-BILL: \_\_\_\_\_

NPI: \_\_\_\_\_

TAXO.CD: \_\_\_\_\_

FAC.ZIP \_\_\_\_\_

REVENUE CODE \_\_\_\_\_

HCPC \_\_\_\_\_

CHARGES PER BENEFICIARY \_\_\_\_\_

PATIENT INFORMATION

HIC NUMBER	LAST NAME	FIRST NAME	INIT	BIRTH DATE	SEX
ADMIT DATE	ADMIT TYPE	ADMIT DIAG	PAT	STATUS	ADMIT SRCE
_____	_____	_____	__	_____	__
_____	_____	_____	__	_____	__
_____	_____	_____	__	_____	__
_____	_____	_____	__	_____	__

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

2 + 87

Brings up this screen



# Vaccine Roster For Mass Immunizers

15:32:08 Tuesday, April 20, 2010

MAP1681 PALMETTO GBA ACPFA391 04/20/10  
 YT85265 SC VACCINE ROSTER FOR MASS IMMUNIZERS C201027S 15:32:02

RECEIPT DATE: 042010  
 OSCAR: [REDACTED] DATE OF SERV: 100209 TYPE-  
 NPI: [REDACTED] TAXO.CD: 251E00000X FAC.ZIP 37421 2914  
 REVENUE CODE HCPC CHARGES PER BENEFICIARY  
 0636 90658 20.00  
 0771 G0008 5.00

Subject to Medicare lower of cost or charges on cost report

Fee screen reimbursed

PATIENT INFORMATION

HIC NUMBER	LAST NAME	FIRST NAME	INIT	BIRTH DATE	SEX
ADMIT DATE	ADMIT TYPE	ADMIT DIAG	PAT STATUS	ADMIT SRCE	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F

**Enter info** ← **to get this message below**

PROCESS COMPLETED --- PLEASE CONTINUE  
 PRESS PF3-EXIT PF6-SCROLL FWD **PF9-UPDT** ENTER-CONTINUE



# Vaccine Roster For Mass Immunizers

15:36:38 Tuesday, April 20, 2010

MAP1681 PALMETTO GBA ACPFA391 04/20/10  
 YT85265 SC VACCINE ROSTER FOR MASS IMMUNIZERS C201027S 15:36:30

RECEIPT DATE: 042010  
 OSCAR: DATE OF SERV: TYPE-OF-BILL: \_\_\_\_\_  
 NPI: TAXO.CD: FAC.ZIP \_\_\_\_\_  
 REVENUE CODE HCPC CHARGES PER BENEFICIARY  
 \_\_\_\_\_  
 \_\_\_\_\_

PATIENT INFORMATION

HIC NUMBER	LAST NAME	FIRST NAME	INIT	BIRTH DATE	SEX
ADMIT DATE	ADMIT TYPE	ADMIT DIAG	PAT STATUS	ADMIT SRCE	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**F9 to update; will bring up this message.**

RECORD SUCCESSFULLY ADDED PLEASE ENTER DATA ← OR PRESS PFB TO EXIT



13:18:54 Thursday, July 21, 2011

MAP1711 PAGE 01 J11 A/B MAC SC/HHH - PALMETTO GBA #11001 ACPFA391 07/21/11  
 YT85265 SC INST CLAIM INQUIRY C201135E 13:18:28  
 HIC [REDACTED] TOB 339 S/LOC P B9997 OSCAR [REDACTED] SV: UB-FORM  
 NPI [REDACTED] TRANS HOSP PROV PROCESS NEW HIC  
 PAT.CNTL#: [REDACTED] TAX#/SUB: [REDACTED] TAXO.CD: 251E00000X  
 STMT DATES FROM 042111 TO 051711 DAYS COV 007 N-C CO LTR  
 LAST [REDACTED] FIRST [REDACTED] MI B DOB [REDACTED]  
 ADDR 1 [REDACTED] 2 [REDACTED]  
 3 4 CARR:  
 5 6 LOC:  
 ZIP [REDACTED] SEX F MS ADMIT DATE 022011 HR 00 TYPE 2 SRC 1 D HM STAT 01  
 COND CODES 01 02 03 04 05 06 07 08 09 10  
 OCC CDS/DATE 01 27 042111 02 03 04 05  
 06 07 08 09 10  
 SPAN CODES/DATES 01 02 03  
 04 05 06 07  
 08 09 10 FAC.ZIP [REDACTED]  
 DCN 21113002807605TNR

VALUE	CODES	-	AMOUNTS	-	ANSI	MSP APP IND
02	62		7.00		03 64	1586.01
05					06	
08					09	

**New Code Type  
of admit  
2= Urgent  
9=Unknown**

<== REASON CODES  
 PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT



# Questions?