COVID-19 Vaccine and Monoclonal Antibody Therapy Paper Roster Billing Packet

Introduction

Palmetto GBA has prepared this packet for health care providers who mass-immunize their patients against COVID-19 or administer the Medicare-covered COVID-19 monoclonal antibody infusion therapy. The packet contains instructions on how to submit claims using the paper roster billing method.

Electronic submission of roster billing is available through Palmetto GBA's eServices portal. Instructions for submission using eServices can be found in the eServices User Manual and may be slightly different then the instructions provided in this Paper Roster Billing Packet. Click on the "Need Help?" link on the eServices logon page at https://www.PalmettoGBA.com/eServices. Please share this information with appropriate members of your staff.

Coverage

Coverage guidelines for the COVID-19 vaccine and the monoclonal antibody infusion therapy are outlined in the CMS COVID-19 Toolkit at https://www.cms.gov/covidvax.

General Information

Simplified Billing for COVID-19 Vaccine and Monoclonal Antibody Infusion Therapy

CMS has indicated that monoclonal infusion therapy services will be billed the same way COVID-19 vaccine billing occurs. This includes the availability of roster billing for mass immunizers and other providers eligible to bill for these services.

The simplified roster billing process enables Medicare beneficiaries to participate in mass COVID-19 Vaccine programs or to administer the Monoclonal Antibody Infusion Therapy offered by individuals and entities that provide the services to groups of beneficiaries.

Generally, providers will qualify to use the simplified process if they are:

- Enrolled with Medicare as a mass immunizer (requires the use of roster billing)
- Authorized to perform COVID-19 vaccines or monoclonal antibody infusion therapy services and enrolled as other than a mass immunizer that provides the same service to five or more Medicare beneficiaries on a given day (same HCPCS code or set of HCPCS code for individuals included on the roster
- Agree to accept assignment for COVID-19 Vaccine and/or Monoclonal Antibody Infusion Therapy claims.

Note: Only the CMS-approved paper simplified forms as shown in this publication will be accepted for claims processing. All other forms will be returned.

What is a Mass Immunizer?

CMS defines "mass immunizer" in the following manner:

- A mass immunizer generally offers COVID-19 vaccines or monoclonal antibody infusion therapy to a large number of individuals (the general public or members of a specific group, such as residents of a retirement community)
- A mass immunizer may be a traditional Medicare provider or supplier, such as a hospital outpatient department, physician office or clinic or may be a nontraditional provider or supplier, e.g., an independent clinical library, ambulance service supplier, home infusion therapy supplier, etc.
    - Enrollment for administering COVID-19 vaccines or monoclonal antibody infusions at https://www.cms.gov/medicare/covid-19/enrollment-administering-covid-19-vaccine-shots
- A mass immunizer submits claims for immunizations on roster bills
    - Mass immunizers **must** accept assignment

Mandatory Claims Filing Requirements

Section 1848(g)(4) of the Social Security Act **requires** that you submit claims for all your Medicare patients for services rendered on or after September 1, 1990.

This requirement applies to all physicians and suppliers who provide covered services to Medicare patients. You may not charge your patients for preparing or filing a Medicare claim. Medicare Administrative Contractors monitor compliance with mandatory claims filing requirements. Providers that violate these requirements may be subject to a civil monetary penalty for each violation and/or Medicare program exclusion.

Note: COVID-19 and monoclonal antibody infusion therapy providers enrolled as mass immunizers are prohibited from collecting payment from patients who have "traditional" or "original" Medicare or are enrolled in a Medicare Advantage Plan for the administration or cost of the administration of the COVID-19 vaccine or monoclonal antibody infusion therapy or for the associated vaccine or monoclonal antibody infusion product.

Enrollment Requirements

Providers and suppliers who want to mass-immunize and submit claims to Medicare on roster bills must enroll in the Medicare program.

If you're not a Medicare provider, you must qualify and enroll as a mass immunizer or other Medicare provider type that allows billing for administering vaccines, so you can bill for administering COVID-19 vaccines or monoclonal antibody infusion therapy.

Note: Medicare billing privileges established via the Medicare Provider Enrollment Hotline were being granted on a provisional basis as a result of the public health emergency declaration and are temporary. Upon the lifting of the COVID-19 PHE declaration, providers and suppliers, will be

asked to submit a complete CMS-855 enrollment application in order to establish full Medicare billing privileges. Failure to respond to the MAC's request within 30 days of the notification, will result in the deactivation of your temporary billing privileges. No payments can be made for services provided while your temporary billing privileges are deactivated.

Coding and Reimbursement

CMS provides detailed instructions regarding coding and reimbursement for the COVID-19 vaccine and monoclonal antibody infusion therapy services in the CMS COVID-19 Took Kit.

Special note: Vaccines and monoclonal antibody products may only be billed when the vaccine or antibody product represents a cost to the billing provider and was not provided free of charge. When a free vaccine or product is made available to the provider, only the administration of the service may be billed.

Invoice Requirement

An invoice is not required to be submitted with the roster bill. However, providers should maintain invoices for any roster bill where the supply of the vaccine or monoclonal antibody product is billed to Medicare so that if requested to support a claim, the information can be provided.

ICD-10 Diagnosis Code

- A valid diagnosis is required on **all COVID-19 and monoclonal antibody infusion** claims
- Claims submitted with an invalid or incomplete diagnosis code will be rejected and must be resubmitted with corrected information as new claims

Important Information

- There is no beneficiary cost-sharing for these services. Providers are prohibited by agreement with the U.S. government from billing patients for the vaccine or monoclonal antibody therapy product or the administration of these services, including balance billing.
- Paper roster bills are considered paper claims and are not paid as quickly as claims submitted electronically
    - The payment floor for paper claims is 28 days; payment will not be made before the 29th day after the date of receipt

- The payment floor for electronic claims is 13 days; payment will not be made before the 14th day after the date of receipt. (Roster billing is now available through Palmetto GBA eServices.) Click on the "Need Help?" link on the eServices logon page (https://www.PalmettoGBA.com/eServices) for details.

Reimbursement

Reimbursement amounts for the administration of a COVID-19 vaccine, vaccine product, administration and product of a monoclonal antibody infusion are outlined in the CMS COVID-19 Vaccine Tool Kit CMS Covid-19 Vaccine Toolkit at https://www.cms.gov/covidvax.

Required Documentation

Documentation must be maintained in the patient's medical record and provided if requested to do so supporting each service billed. Documentation should be legible, complete and authenticated to support the performance of the billed service and any applicable medical necessity for each service billed. Lack of documentation could be considered fraud or abuse, which is subject to monetary penalties, imprisonment and/or exclusion from participation in the Medicare program.

Patient Signature

The patient or authorized representative must sign the roster unless the **signature is on file**. The patient's signature authorizes release of medical information necessary to process the claim. It also authorizes payment of benefits to the provider, when the provider accepts assignment on the claim.

In lieu of signing the roster, a patient may sign a form that is retained in the provider's file and is available for audit by the Medicare carrier. When using the verbiage "signature is on file," the billing provider must have incorporated the language found in CMS Internet Only Manual, Publication 100-4, Chapter 1, Section 50.1.2 (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf) in the form a practice uses to obtain a patient signature for Medicare authorization for billing purposes.

When an enrollee is physically or mentally unable to sign, a representative may sign on the patient's behalf. When an enrollee is unable to sign because of illiteracy or physical handicap, the patient may sign by mark, e.g., "X," a witness must enter his/her name and address next to the mark or a representative may sing on the patient's behalf. See the CMS Internet Only Manual, Publication 100-4, chapter 1, Section 50.1.6 (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf) for more information.

Roster Billing Instructions

The Social Security Act, Section 1848(g)(4)(A), requires that providers bill Medicare for covered Part B services rendered to eligible Medicare patients. This includes mass immunizers who provide COVID-19 Vaccines and/or monoclonal antibody infusion therapy and their administration to Medicare patients.

Roster billing is a simplified process used by mass immunizers. Two requirements must be met in order to use this simplified process:

1. The only services that may be billed on a roster are the vaccine/monoclonal antibody infusion product (only when these products represent a cost to the provider and are not provided free of charge for administration) and/or the associated administration; and
2. The provider agrees to accept assignment, i.e., agrees to accept Medicare payment as payment in full, for vaccine and/or monoclonal antibody infusion claims. Providers who do not accept assignment must complete the standard CMS-1500 claim form or submit claims electronically for each Medicare patient receiving the vaccines. **Mass immunizers MUST accept assignment.**

A copy of the **Pre-Printed CMS-1500 claim form** for the COVID-19 or monoclonal antibody infusion is on the Palmetto GBA website at:	https://www.palmettogba.com/Palmetto/Providers.Nsf/files/COVID-19_Claim_Form.pdf/$File/COVID-19_Claim_Form.pdf

Alternatives to Paper Claim Submission

Electronically Through eServices Submission

Providers currently enrolled as mass immunizers can electronically submit roster bills for the COVID-19 vaccine and monoclonal antibody infusion therapy through our eServices portal. Each roster bill will allow submission for up to 50 patients. Please see the eServices User Manual's "Submitting a Roster Bill" section for more information on how to submit these services through eServices at https://www.palmettogba.com/eServicesuserguide.

Electronic Roster Billing

PC-ACE Pro32 Software: Palmetto GBA offers PC-ACE Pro32, a claims-entry software that allows suppliers to enter their claims in the HIPAA-compliant ASC X12 837 v5010 format. Pro32 does not integrate into office systems such as accounts receivable, inventory or billing. For more information on the PC-ACE software visit the EDI section of the PalmettoGBA.com.

Claims Filing Information

Optical Character Recognition (OCR)

Using an OCR system, claim information from the pre-printed CMS-1500 claim form will be entered into the processing system more rapidly. Successful scanning begins with the proper submission of claim data. It is important that claims be submitted with proper and legible coding. Claims that are not legible or properly coded may be returned or rejected.

Helpful Hints for Completing the Pre-printed CMS-1500 Forms

The font should be:

- Legible (computerized or typed claims, laser printers are recommended)
- In black ink

- Courier or Arial 10, 11 or 12 font type
- CAPITAL letters

The font must **not** have:

- Dot matrix font
- Bold, script, italic or stylized font
- Broken characters
- Red ink
- Mini-font

Do **not** submit with:

- Liquid correction fluid changes
- Data touching box edges or running outside of numbered boxes
- Narrative descriptions of procedure, narrative description of modifier or narrative description of diagnosis
- Stickers or rubber stamps
- Data or labels on the top portion of the pre-printed CMS-1500 claim form
- Special characters (e.g., hyphens, periods, parentheses, dollar signs and ditto marks)
- Do not fold your claim and roster forms
- We recommend that you **do not** fill in the Date of Service (Item 24A) on the CMS-1500 claim form (the attached roster will identify the date of service)

Helpful Hints for Completing the Roster Form

- There is no beneficiary cost sharing for these services. Providers are prohibited by agreement with the U.S. government from billing patients for the vaccine or monoclonal antibody therapy services, including balance billing.
- **Vaccines and monoclonal antibody products may only be billed when the vaccine or antibody product represents a cost to the billing provider and was not provided free of charge. When a free vaccine or product is made available to the provider, only the administration of the service may be billed.**
- The roster bill may only include Medicare beneficiaries. This includes patients enrolled in traditional Medicare and Medicare Advantage Plans.
- Only the CMS-approved paper simplified roster billing form as shown in this publication will be accepted for claims processing. All other forms will be returned.
- Separate roster forms must be used by each performing/billing provider
- Separate roster forms must be used for different dates of service
- All services on a single roster form must be for the same administration code and/or administration and product (vaccine or monoclonal antibody) code
- Do not submit a product code (vaccine or monoclonal antibody) for any product provided to the administering provider at no cost
- When a monoclonal antibody infusion includes the combination of two products, only one administration fee may be billed
- Typed rosters are preferable; the new interactive roster has made this an easier process for you. If roster information is not typed, the roster information must be printed and legible.
- The diagnosis code used at the top of the form must be applicable to all patients' services included on the roster bill

- The administration code (vaccine or monoclonal antibody) used at the top of the form must be applicable for each patient's service included on the roster form
- The product code (vaccine or monoclonal antibody) used at the top of the form must be applicable for each patient's service included on the roster form. Leave this field blank if you are administering a vaccine or monoclonal antibody that was provided to you for free.
- Date of Service – The format used for the date of service should be MM/DD/YYYY or MM/DD/YY (e.g., 01/01/2017 or 01/01/17). You may only submit **one** date of service per roster. If the date of service is submitted incorrectly, the service will be rejected.
- Patient's Medicare ID – Enter the patient's complete Medicare Beneficiary Identifier as indicated on the red, white and blue Medicare card
    - Do not use a patient Medicare Advantage Plan ID
- Patient's Last Name – The patient's last name must be completed as indicated on the red, white and blue Medicare card
- Patient's First Name – The patient's first name must be completed as indicated on the red, white and blue Medicare card
- Patient's Middle Initial – The patient's middle initial must be completed as indicated on the red, white and blue Medicare card
- Patient's Address – The patient's address field must be complete for each patient. Drawing a line through the patient's address field is not acceptable. If the patient's address is submitted incorrectly, the service will be rejected.
- Patient's Signature – The patient's signature field must be complete for each patient. Submitting the patient's signature on the first line of the roster and drawing a line through the remaining patient's signature fields is not acceptable. If the patient's signature is submitted incorrectly, the service will be rejected.

COVID-19 Vaccine and Monoclonal Antibody Infusion Therapy Claims

Roster Billing CMS-1500 Claim Form (2/12) Requirements

The following information must be submitted **in addition to** the information Pre-Printed on the CMS1500 claim form included in this packet.

- **Item 20:** Outside Lab, place an "X" in the NO box
- **Item 21A:** Enter the appropriate ICD-10 code applicable to all claims submitted on the roster
- **Item 24B:** Place of service
- **Item 24 D:** Enter the HCPCS code for the COVID-19 vaccine or monoclonal antibody vaccine administration and, if not provided at no cost to the billing provider, the HPCPS code for the vaccine/monoclonal antibody infusion product
- **Item 24E:** Enter the diagnosis pointer referencing the ICD-10 code listed in item 21
- **Item 24F**: Charge
    - Enter the charge for a **single** COVID-19 vaccine or monoclonal antibody infusion administration on line 1 if only the vaccine is given
    - Use line 2 to enter the charge for a single vaccine or monoclonal antibody infusion product if the product was not provided to the administering provide at no cost. **Do not enter a charge for the vaccine or therapy product when it was provided at no cost.**
- **Item 24G:** enter "1" in the days or units field regardless of how many patients you are including on the roster bill.

- **Item 24J**: Enter the rendering provider's NPI in the unshaded portion
- **Item 27:** Place an "X" to accept assignment (required). This field is only required if a group NPI is submitted in Item 33a.
- **Item 31:** Signature of physician or supplier. Enter the signature of the provider or representative and the date the form was signed.
- **Item 32:** Service facility location information — Enter the name, address and ZIP Code of the location where the service was provided (including centralized billers)
- **Item 32A:** Enter the NPI of the service facility
- **Item 33:** Physician's, supplier's billing name, address, ZIP Code and phone number. Enter the billing provider's name, address, ZIP Code and telephone number.
- **Item 33A:** Enter the NPI of the billing provider or group

Roster Forms

A copy of the **roster form** is available on the Palmetto GBA website at: **State**	**Website**
JJ Part B MAC	Vaccine Roster Form https://palmettogba.com/palmetto/providers.nsf/files/COVID-19_Vaccine_Roster_Form-JJB.pdf/$FILE/COVID-19_Vaccine_Roster_Form-JJB.pdf Monoclonal Antibody Roster Form https://palmettogba.com/palmetto/providers.nsf/files/COVID-19_Monoclonal_Antibody_Roster_Form-JJB.pdf/$FILE/COVID-19_Monoclonal_Antibody_Roster_Form-JJB.pdf
JM Part B MAC	Vaccine Roster Form https://palmettogba.com/palmetto/providers.nsf/files/COVID-19_Vaccine_Roster_Form-JMB.pdf/$FILE/COVID-19_Vaccine_Roster_Form-JMB.pdf Monoclonal Antibody Roster Form https://palmettogba.com/palmetto/providers.nsf/files/COVID-19_Monoclonal_Antibody_Roster_Form-JMB.pdf/$FILE/COVID-19_Monoclonal_Antibody_Roster_Form-JMB.pdf
Railroad	Vaccine Roster Form https://palmettogba.com/palmetto/providers.nsf/files/COVID-19_Vaccine_Roster_Form-RR.pdf/$FILE/COVID-19_Vaccine_Roster_Form-RR.pdf Monoclonal Antibody Roster Form https://palmettogba.com/palmetto/providers.nsf/files/COVID-19_Monoclonal_Antibody_Roster_Form-RR.pdf/$FILE/COVID-19_Monoclonal_Antibody_Roster_Form-RR.pdf

Attach the Pre-Printed CMS-1500 claim form to the appropriate roster(s) and mail it to: State	**Address**
JJ Part B MAC	JJ – MAC Palmetto GBA P.O. Box 100306 Columbia, SC 29202-3306
JM Part B MAC	JM – MAC Palmetto GBA P. O. Box 100190 Columbia, SC 292023190
Railroad	Palmetto GBA Railroad Medicare P.O. Box 10066 Augusta, GA 30999

Additional Reference Material

COVID-19 Vaccine and Monoclonal Antibody Infusion Therapy Roster FAQ

Question: Do I have to submit a separate CMS-1500 (02-12) claim form for each beneficiary I vaccinated?

Answer: No. To submit claims for mass COVID-19 or monoclonal antibody therapy, you may submit one CMS-1500 (02-12) claim form and a completed roster form. More than one roster form may be submitted with one CMS-1500 (02-12) claim form; however, the date of service must be clearly indicated.

Question: How do I indicate which patients on the roster I am billing for Medicare reimbursement?

Answer: Beneficiaries that do not need Medicare reimbursement must be crossed off the roster. A black marker should be used to cross off the entire line of the affected non-Medicare vaccine recipient.

Question: How do I ensure that the information entered on the roster by the patients is correct?

Answer: Providers should monitor the information provided and follow the instructions in this packet. The roster must have the beneficiary's name (first and last), address, sex, Medicare ID, date of birth and the beneficiary's signature. The beneficiary's name and Medicare Beneficiary ID must be submitted as it appears on the beneficiary's Medicare card. This information must be legible for the claims examiner to process the roster correctly. Illegible information may not be processed correctly and will result in incorrect or delayed reimbursement.

Question: Can I submit handwritten rosters?

Answer: While handwriting is discouraged, it is acceptable. The information that is submitted must be legible. Information should be printed clearly in black ink. In order to ensure fast and accurate processing, providers are strongly encouraged to submit typed or computer-generated rosters.

Question: How do I indicate the beneficiary's signature on the roster form?

Answer: The beneficiary's signature indicated by a single stamp on the top or bottom of the roster is **not** acceptable. The actual signature or the signature indicator must be included and legible.

If you have questions regarding influenza and pneumonia immunizations contact the appropriate Medicare Part B Provider Contact Center that processes your claims	**Toll-Free Telephone Number**
JJ Part B MAC	877-567-7271 Monday – Friday, 8 a.m. until 4:30 p.m. ET
JM Part B MAC	855-696-0705 Monday – Friday, 8 a.m. until 4:30 p.m. ET
Railroad	888-355-9165 Monday – Friday, 8:30 a.m. until 4:30 p.m. for all time zones except for PT, which receives services from 8 a.m. to 4 p.m. ET