

**Questions and Answers**  
**June 15, 2010**  
**Mass Immunization Workshop**

**Contractor Comment:** Thank you for attending the NHIC Mass Immunization Workshop. Below are the questions that were asked at the workshop. Please note that the questions may have been edited to allow for the greatest dissemination of information to the widest audience.

**Q1. How are providers able to determine an effective date for the application?**

A1. Per CMS Change Request 6310, Medicare providers can no longer determine their effective date. The effective date of Medicare billing privileges is the date NHIC receives the application or the date the provider first began furnishing services at a new practice location. You cannot submit your application more than 30 days prior to the effective date listed on the application. Once Medicare determines the effective date of Medicare billing privileges, then you can submit your claims to NHIC, Corp.

**Q2. If a provider was deactivated for years due to no reimbursement, can a provider correct this now and have their claims processed?**

A2. No, once a provider is deactivated, the provider must reactivate their enrollment records before NHIC can reimburse the provider. The reactivation date will be the new effective date for reimbursement.

**Q3. If a provider is deactivated, do they need a new NPI number?**

A3. No, a provider would just need to reactive their PTAN (Provider Transaction Access Number).

**Q4. If we conducted a flu clinic in October 2009, do we have time to submit our claims?**

A4. Yes, you have until December 31, 2010. The new timely filing requirement of 12 months is effective for dates of services as of January 1, 2010.

Reference MM6960: <http://www.cms.gov/MLN MattersArticles/downloads/MM6960.pdf>

**Q5. Does Provider Enrollment call to confirm requesting information was received after faxing requested information numerous times?**

A5. No, but providers are encourage to call Customer Service for a status at (866) 801-5304.

**Q6. Does a provider have to have their PTAN available in order for Customer Service to help them?**

A6. Yes, for patient eligibility or claims status, a PTAN is needed as well as the NPI, and the last five digits of the provider's tax identification number (TIN). However, for enrollment information just an NPI is needed, but NHIC cannot release PTAN numbers.

**Q7. On Section 4 of the 855 B application should we check Group Practice/Clinic or other health location?**

A7. You will need to check off Group Practice/Clinic.

**Q8. Should Section 4 of the 855 B application list all the sites where we plan to hold every flu clinic?**

A8. No, just the main location (ex. Town Hall)

**Q9. For homebound patients do we fill in Section 4 of the 855 B application?**

A9. Section 4 would need to be completed if you are going to see patients in their homes.

**Q10. Is the presentation from today's session going to be available online?**

A10. Yes, we will post on our website within 30 days. Please visit our website at:

[http://www.medicarenhic.com/ne\\_prov/edprograms.shtml](http://www.medicarenhic.com/ne_prov/edprograms.shtml)

**Q11. Should we be using the 01/01/2010 date that is in the presentation?**

A11. No, that was for an example only.

**Q12. What happens if my application is rejected?**

A12. If your application is rejected or returned, you would need to resubmit the application. If your application is denied, then you would need to request a corrective action plan (CAP) within 30 days by supplying the missing information. If you respond over the 30 days, you will have to resubmit the application.

**Q13. Why are we only able to send in the enrollment application 30 days in advance from our effective date?**

A13. Per CMS Change Request 6310, this is the regulation that NHIC, Corp. must adhere to.

Please click on this link for further clarification:

<http://www.cms.gov/MLN MattersArticles/downloads/MM6310.pdf>

**Q14. Can I send in my application now (June 2010) for an effective date of September 1, 2010?**

A14. No, per the CMS regulations, a Medicare provider cannot submit an application more than 30 days prior to the effective date listed on the application.

**Q15. Is there a way to address CMS in regards to the timeframe for deactivations when a provider has not submitted a claim within 12 months?**

A15. Per Publication 100-08 - Medicare Program Integrity Manual, Chapter 10 - Medicare Provider/Supplier Enrollment, Section 13.1- CMS or Contractor Issued Deactivations, a provider or supplier that does not submit any Medicare claims for 12 consecutive calendar months will be deactivated. The 12 month period begins on the 1st day of the 1st month without a claims submission through the last day of the 12th month without a submitted claim. Providers will receive a deactivation letter to advise them how to reactivate their Medicare number.

**Q16. What does NHIC, Corp. except for IRS documentation?**

A16. One of the following IRS documents is required and must be pre-printed by the IRS:

- CP-575
- Form 940-Federal Unemployment Tax Form
- Form 941-Employer's Quarterly Federal Tax Form
- Form 1120-U.S. Corporate Income Tax Return
- Form 8109-Federal Tax Deposit Coupon
- Form 9787-Electronic Federal Tax Payment System

**Q17. Is the CMS 460 for doctors only?**

A17. No, it utilized by all types of providers. Mass Immunizers must accept assignment on all their claims.

**Q18. Who should sign the participation agreement?**

A18. The Authorized Official or the Delegated Official needs to sign the CMS 460 - Medicare Participating Physician or Supplier Agreement.

**Q19. Does the authorized and delegated official have to be the same person?**

A19. No.

**Q20. Can a VNA be set up as a roster biller for 5 separate towns? I am currently set up this way for Part A and would like to do the same for Part B.**

A20. Yes, the VNA would need to be established as a Part B provider through the enrollment process.

**Q21. Can I send a copy of a voided check with the CMS-588 Electronic Funds Transfer (EFT) form?**

A21. No, copies are not permitted. When submitting this form one of the three original supporting documents is needed:

- Pre-printed voided check,
- Pre-printed deposit slip,
- A legal letter from your bank.

**Q22. Will we get a statement for payments made via direct deposit (EFT)?**

A22. Yes, you will get a Remittance Advice either by paper or electronic depending on how the provider is set up with NHIC, Corp.

**Q23. Is the EFT mandatory?**

A23. Yes, for new enrollees and existing providers that are making any changes to their current enrollment records.

**Q24. What would be the reason that we have never received faxes or letters in regards to our applications?**

A24. All enrollment correspondence (ex. faxes, letters) are sent to the contact person listed in Section 13, if this section is not completed, then NHIC will send correspondence to the address that is listed in Section 2 of the application.

**Q25. My provider number was deactivated. Will I be able to back date further then 30 days?**

A25. No, however if the provider reactivates within 30 days from the deactivation date, then there will not be a disruption in the payment of claims.

**Q26. Where can a provider order the original CMS 1500 claim forms from?**

A26. Forms may be purchased from the U.S. Government Printing Office at (866) 512-1800, local printing companies in your area and/or office supply stores.

AMA - 1-800-621-8335

Med Forms - 1-800-295-8786

**Q27. Does the flu & pneumococcal have to be submitted on separate rosters?**

A27. Yes, separate rosters are needed for each vaccine.

**Q28. Can we have a breakdown of the different HCPCS codes for the flu vaccines?**

A28. The following codes are used for influenza virus vaccinations:

<b>CPT/HCPCS Code</b>	<b>Description</b>
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, split virus, for use in individuals 3 years of age and above, for intramuscular use.
90660	Influenza vaccine, live, for intranasal use.
G0008	Administration of influenza virus vaccine.

**Q29. Is a separate CMS 1500 claim form cover sheet needed for each roster sheet? How many beneficiaries can be on one roster sheet?**

A29. Yes, you need a separate CMS 1500 claim form for each roster. Ten beneficiaries on each roster sheet are allowed.

**Q30. Can you provide a direct link for providers to download the 855B application?**

A30. Please visit the CMS website at this link:

<http://www.cms.gov/CMSforms/downloads/cms855b.pdf>

**Q31. Can roster billing be conducted on paper?**

A31. Yes, when submitting on paper rosters, influenza virus and pneumococcal vaccines are exempt from having to be submitted electronically.

**Q32. Is electronic billing available for roster-billed claims?**

A32. Not all contractors offer electronic roster billing software. However, if available, contractors should offer low or no-cost software for providers to use when roster billing electronically. Providers should confirm with their local carrier/AB MAC if electronic roster billing software is available.

Stratford is the name of the free software that NHIC, Corp offers. It is a stand-alone program that can be integrated with other software. In order to use the software, the minimum computer requirements are Windows XP or above, and a dial-up modem to transmit the files to Medicare (NO DSL or cable modem). You can receive your copy of the free Stratford by filling out the EDI Enrollment Forms and entering "Send free software" in the Software field of the EDI Profile form. We do not offer the free software to Billing Agencies or Clearinghouses.

You can contact our EDI Department at:

(877) 386-1056 Monday through Friday 8:00 AM - 4:00 PM

You can also contact our website for more information regarding electronic billing at:

[http://www.medicarenhic.com/ne\\_prov/edi\\_index.shtml](http://www.medicarenhic.com/ne_prov/edi_index.shtml)

**Q33. Can a roster bill have different dates of service?**

A33. No, the dates of service must be the same for roster billing.

**Q34. May an individual or entity providing both influenza virus and pneumococcal vaccinations to the beneficiaries submit a single CMS-1500 that contains the information for both the influenza virus and pneumococcal vaccinations and a single roster bill that contains the names of the beneficiaries who received both vaccinations?**

A34. No. Individuals and entities submitting claims for influenza virus and pneumococcal vaccinations must submit a separate CMS-1500 for each type of vaccination. Each CMS-1500 must have an attached roster bill listing the beneficiaries who received that type of vaccination. Each roster bill must also contain all other information required on a roster bill.

**Q35. What blocks on the CMS-1500 can be preprinted for providers using roster billing for influenza and/or pneumococcal vaccine and/or administration claims?**

A35. The following blocks can be preprinted on a modified CMS-1500 form:

**Preprinted CMS-1500 Item**

Item 1	An X in the Medicare block
Item 2	(Patient's Name): —SEE ATTACHED ROSTER
Item 11	(Insured's Policy Group or FECA Number): —NONE
Item 20	(Outside Lab?): An —X in the —NO block
Item 21	(Diagnosis or Nature of Illness) - Line 1: (only one code, not both) PPV: —V03.82 Influenza Virus: —V04.81
Item 24B	Place of Service (POS) - Line 1: —60 Line 2: —60 NOTE: POS code —60 must be used for roster billing
Item 24D	(Procedures, Services or Supplies) – Line 1: Pneumococcal vaccine: —90732 or Influenza Virus vaccine: Select appropriate influenza virus vaccine Line 2: (only one code, not both) pneumococcal vaccine administration: —G0009 Influenza Virus vaccine administration: —G0008
Item 24E	(Diagnosis Code) – Lines 1 and 2: —1
Item 24F	(\$ Charges): The entity must enter the charge for each listed service. If the entity is not charging for the vaccine or its administration, it should enter 0.00 or "NC" (no charge) on the appropriate line for that item. If your system is unable to accept a line item charge of 0.00 for an immunization service, do not key the line item. Likewise, electronic media claim (EMC) billers should submit line items for free immunization services on EMC <i>pneumococcal</i> or influenza virus vaccine claims only if your system is able to accept them. Item 27: (Accept Assignment): An —X in the YES block
Item 29	(Amount Paid): —\$0.00
Item 31	(Signature of Physician or Supplier): The entity's representative must sign the modified form CMS- 1500 (08-05)

- Item 32 (Name and Address of Facility): 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 as soon as it is available. The NPI may be reported on the Form CMS-1500 (08-05) as early as October 1, 2006
- Item 33 (Physician's, Supplier's Billing Name): The entity must complete this item to include the Provider Identification Number (not the Unique Physician Identification Number) or NPI when required
- Item 33a Effective May 23, 2007, and later, enter the NPI of the billing provider or group. (The NPI may be reported on the Form CMS-1500 (08-05) as early as October 1, 2006

**Reference:  
Publication 100-04**

**Medicare Claims Processing Manual  
Chapter 18 - Preventive and Screening Services**  
<http://www.cms.gov/manuals/downloads/clm104c18.pdf>