

INDIVIDUAL & ROSTER BILLING FOR INFLUENZA & PNEUMOCOCCAL PNEUMONIA VACCINES

This job aid provides information on individual and roster billing for influenza and pneumococcal pneumonia vaccines (PPVs) for home health and hospice agencies.



IMPORTANT NOTES

- Influenza or pneumococcal pneumonia immunization claims can be submitted individually if the agency is unable to submit a roster bill
- Roster billing for mass influenza and PPVs is only available when the same type of vaccination is given to five or more beneficiaries on the same date of service
- Vaccines and their administration are reported using separate codes
- Medicare covers the influenza virus vaccine – and its administration – once per flu season
- An initial pneumococcal vaccine may be administered to all Medicare beneficiaries who have never received a pneumococcal vaccination under Medicare Part B. A different, second pneumococcal vaccine may be administered one year after the first vaccine was administered (i.e., 11 full months have passed following the month in which the last pneumococcal vaccine was administered).

Individual Billing for Vaccines and Their Administration

Beneficiaries must be eligible for Medicare Part B for providers to receive Medicare reimbursement for vaccines. When the same type of vaccine is administered to fewer than five Medicare beneficiaries on the same day, the agency must submit the claim(s) individually. Individual claims may be submitted using the ANSI ASC X12N 837 format, or by entering the claim directly into the Fiscal Intermediary Standard System (FISS) via Direct Data Entry (DDE).

- Home health providers using FISS DDE to submit individual claims should access the “Home Health” option 26 from the Claims Entry menu. The virus vaccine and its administration are billed on a 341 type of bill (home health outpatient Part B benefit).
- Hospice providers may submit claims for vaccines with dates of service on or after October 1, 2016. Vaccines may be covered when furnished by a hospice to those beneficiaries who request them, including those who have elected the hospice benefit. When using FISS DDE, hospice providers should access the “Hospice” option 28 from the Claims Entry menu. Since vaccinations are not part of the Medicare hospice benefit, hospice claims (type of bill 81X or 82X) for vaccine services must be billed on a separate claim and must only include charges for the vaccine and their administration.

When using FISS DDE, the agency must include these vaccination coding requirements in addition to the usual information required on Medicare claims:

Field Descriptor	Description/Valid Values
TOB Type of Bill	341 – Home Health Outpatient (Part B) 81X – Hospice (non-hospital based) 82X – Hospice (hospital based)
STMT DATES FROM/TO Dates of Service	Enter single date of service in which the vaccine was provided in FROM and TO date field

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Field Descriptor	Description/Valid Values
TYPE Type of Admission	Enter one-digit code indicating type of admission. If unsure which code to enter, use code 9: 1. Emergency 2. Urgent 3. Elective 4. Newborn 5. Trauma 9. Information not available
STAT Patient Status	01 – Discharge status
COND CODES Condition Codes	A6 – Vaccine/Medicare 100% Payment
REV Revenue Code	0636 – Vaccine 0771 – Administration
HCPCS (Healthcare Common Procedure Coding System) / CPT® (Current Procedural Terminology)	The Medicare Claims Processing Manual (Chapter 18, §10.2.1) provides a complete list of HCPCS/CPT® codes for both vaccines. Administration HCPCS <ul style="list-style-type: none"> • G0008 – Administration of influenza virus vaccine • G0009 – Administration of pneumococcal vaccine CPT® codes 90471 and 90472 must not be used to bill the administration of the influenza virus vaccine or PPV. These codes are only used by hospitals billing for administration of the hepatitis B vaccine.
RI Release of Information	Y – A signed statement is on file permitting release of data N – No release is on file
DIAG CODES 01 Principal Diagnosis Code	ICD-10-CM diagnosis code Z23 (Encounter for Immunization) is to be used for all encounters for preventive vaccine immunizations, including COVID-19 immunizations.
ATT PHYS NPI, L, F Attending Physician National Provider Identifier, Last Name, First Name	Enter physician’s NPI if available, along with the last name in the “L” field and the first name in the “F” field. If the physician’s NPI is not available, the home health or hospice agency must submit their own NPI in this field and enter the following: <ul style="list-style-type: none"> • “Roster” in the last name (“LN”) field • “Bill” in the first name (“FN”) field

CPT® codes and modifiers begin with a numeric character and HCPCS codes and modifiers begin with an alpha character. All Current Procedural Terminology (CPT®) codes and descriptors are copyrighted 2025 by the American Medical Association.



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Roster Billing for Mass Influenza and Pneumococcal Pneumonia Vaccines

Roster billing is a quick and convenient way to bill for influenza and pneumonia vaccinations. To submit a roster bill, the same type of vaccination must be provided to five or more beneficiaries on the same date of service. Each type of vaccination must be billed on a separate roster bill. PPVs and influenza vaccines cannot be submitted on the same roster bill.

To submit a roster bill via FISS DDE, use the "Roster Bill Entry" option 87 from the Claims Entry menu. Additional information about the FISS DDE roster bill claims entry is available in Section 4 – Claims & Attachments of the [DDE User's Guide](#).

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MAP1681          JM MAC SC/HHH UAT #11001          ACMFA891 12/14/20
SC _            VACCINE ROSTER FOR MASS IMMUNIZERS  A20211AF 11:13:52

RECEIPT DATE: 121420
OSCAR:          DATE OF SERV: 121420  TYPE-OF-BILL: 34
NPI: 10101010X7 TAXO.CD: 123345XXXX FAC.ZIP 11111
REVENUE CODE   HCPC          CHARGES PER BENEFICIARY
0636           90674         29.23
0771           G0008         20.00

PATIENT INFORMATION
MID NUMBER     LAST NAME     FIRST NAME     INIT   BIRTH DATE   SEX
ADMIT DATE     ADMIT TYPE   ADMIT DIAG    PAT   STATUS      ADMIT SRCE
XXXXXXXXXXXXX  DOE          JOHN          B     01011900    M
3
XXXXXXXXXXXXX  DOE          JANE          A     01011901    F
3
XXXXXXXXXXXXX  DOE          JIM           C     01011902    M
3
XXXXXXXXXXXXX  DOE          JULIE        D     01011903    F
3

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF6-SCROLL FWD PF9-UPDT ENTER-CONTINUE
    
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When using FISS DDE, the agency must include these vaccination coding requirements in addition to the usual information required on Medicare claims:

Field Descriptor	Description/Valid Values
OSCAR Provider Number	System will auto-fill Medicare provider number used when logging on to FISS DDE
DATE OF SERV Date of Service	Enter date vaccine was provided (MMDDYY)

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Field Descriptor	Description/Valid Values
TYPE-OF-BILL Type of Bill	Enter only first two digits of the type of bill 34 – Home Health Outpatient (Part B) 81 – Hospice (non-hospital based) 82 – Hospice (hospital based)
NPI	Enter agency’s national provider identifier (NPI)
FAC.ZIP	Enter agency’s nine-digit ZIP code
REVENUE CODE	0636 – Vaccine 0771 – Administration
HCPCS (Healthcare Common Procedure Coding System) / CPT® (Current Procedural Terminology)	The Medicare Claims Processing Manual (Chapter 18, §10.2.1) provides a complete list of HCPCS/CPT® codes for both vaccines. Administration HCPCS <ul style="list-style-type: none"> • G0008 – Administration of influenza virus vaccine • G0009 – Administration of pneumococcal vaccine CPT® codes 90471 and 90472 must not be used to bill the administration of the influenza virus vaccine or PPV. These codes are only used by hospitals billing for administration of the hepatitis B vaccine.
CHARGES PER BENEFICIARY	Enter charge for each revenue code
After all the above information is entered, press the “Enter” key. The cursor will automatically move to the top of the page. Use the “Tab” key to move to the “MID Number” field and enter the information listed below.	
PATIENT INFORMATION	Enter following patient information for each beneficiary: <ul style="list-style-type: none"> • Medicare ID number • Beneficiary name (first and last) • Beneficiary date of birth • Beneficiary sex After entering four beneficiaries, press PF6 to scroll forward to enter the minimum of five beneficiaries required for roster billing.
ADMIT TYPE Type of Admission	In order to access the ADMIT TYPE field in the FISS DDE roster bill screen, press the “Enter” key after keying the first beneficiary’s Medicare ID number, last name, first name, birth date and sex code information. After pressing “Enter,” FISS DDE will allow access to the ADMIT TYPE field for that first beneficiary, and any additional beneficiary information that needs to be entered. <ol style="list-style-type: none"> 1. Emergency 2. Urgent 3. Elective 4. Newborn 5. Trauma 9. Information not available

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Resources

- [CMS Flu Shot Resources](#)
- [Flu Vaccine Partner Toolkit](#)
- [Increasing Flu Shot Outreach & Uptake](#)
- [MLN Matters® Number: MM11882, Influenza Vaccine Payment Allowances – Annual Update for 2020-2021 Season](#)
- [MLN Matters® Number: MM11428, Influenza Vaccine Payment Allowances – Annual Update for 2019-2020 Season](#)
- [Roster Billing for Mass Immunizers](#)
- [Seasonal Influenza Vaccines Pricing](#)
- [Medicare Benefit Policy Manual, Chapter 15](#)
- [Medicare Claims Processing Manual, Chapter 18](#)
- [Preventive Services Quick Reference Chart](#)