

PAPER ROSTER BILLING

COVID VACCINE

Roster billing was developed as a simplified process to providers to perform mass vaccination programs.

Properly licensed individuals and groups conducting mass immunization programs may submit claims using the roster billing format to bill for vaccines if they agree to accept assignment for these claims. Providers that utilize roster billing must accept assignment and may not collect any “donation” or other cost sharing of any kind from the Medicare beneficiaries for these immunizations.

Provider Enrollment Criteria

Entities and individuals that want to provide mass immunization services but may not otherwise be able to qualify as a Medicare provider, may be eligible to enroll as a provider type “Mass Immunizer.” They must complete the CMS 855 form to enroll with the Medicare contractor. Once enrolled as a Mass Immunizer they must roster bill and accept assignment. No other services may be billed to Medicare by these providers except the vaccine(s) and their administrations. Visit our Provider Enrollment (<http://www.cgsmedicare.com/>) Web page for additional information.

Completing the CMS 1500 and the Roster Form

Providers must complete a CMS-1500 claim form for each completed roster submitted. Only one vaccine may be submitted per claim and roster form.

NOTE: If other services were furnished to a beneficiary along with the vaccine, the provider must submit claims using normal billing procedures (filing the CMS-1500 or electronic billing for each patient).



Each of the following fields must be completed for roster billing:

Item 1:	Place an “X” in the <i>Medicare</i> box
Item 2: Patient’s Name	“See Attached Roster”
Item 11: Insured’s Policy Group or FECA Number	“None”
Item 20: Outside lab	Place an “X” in the <i>NO</i> box
Item 21: Diagnosis	<ul style="list-style-type: none">• ICD-10• Z23 - Encounter for Immunization (Additional ICD-10 codes may apply.)
Item 24B: Place of Service	Use the 2-digit place of service code “60” Note: POS code “60” must be used for roster billing
Item 24D: Procedures, Services, or Supplies	COVID-19: <ul style="list-style-type: none">• Line 1 - Appropriate vaccine CPT or HCPCS code*• Line 2 – Appropriate administration code (first or second dose) Click https://www.cms.gov/medicare/payment/all-fee-service-providers/medicare-part-b-drug-average-sales-price/vaccine-pricing for the COVID-19 vaccines and their administration codes.
Item 24E: Diagnosis code pointer	Lines 1 and 2: “1”
Item 24F: \$ Charges	<ul style="list-style-type: none">• The provider must enter the charge for each listed service.• When COVID-19 vaccine doses are provided by the government without charge, only bill for the vaccine administration. Don’t include the vaccine codes on the claim when the vaccines are free.*
Item 27: Accepting Assignment	Place an “X” in the YES box.
Item 29: Amount Paid	“\$0.00”
Item 31: Signature of Provider or Supplier	The provider or a representative of the provider must sign.
Item 32: Name and Address of the Facility	Item 32 must be completed to report the name, address and ZIP code of the location where the service was provided.
Item 33: Provider’s/Supplier’s Billing Name and Address	Item 33 must be completed to report the name and address of the billing provider.
Item 33A: Provider’s/Supplier’s NPI	The NPI of the billing provider should be reported in this field.

Completing the Attached Roster Form

Qualified billers **must attach a roster** (https://www.cgsmedicare.com/pdf/j15/j15_roster_billing_form.pdf) that contains the claims information for supplier of the service and the individual beneficiaries. Provider's may make their own roster form, but at the minimum, the roster must contain:

- Provider name and NPI
- Control No. This is a CMS requirement for the form. Providers/Suppliers should NOT enter any information in this field.
- Date of service

NOTE: Although providers who provide immunizations may roster bill if they vaccinate fewer than five beneficiaries per day, they must include the individual date of service for each beneficiary's vaccination on the roster form.

- Patient's Medicare MBI
- Patient's name
- Patient's address
- Date of birth
- Patient's gender (M or F)
- Beneficiary's signature or stamped "Signature on File"

Mailing Address

J15 — Part B/HHH Claims
CGS Administrators, LLC
PO Box 20019
Nashville, TN 37202

The Centers for Medicare & Medicaid Services has a dedicated Web page for the influenza season. Click here to get the most up to date list of billing codes, effective dates, and payment allowances.

Additional CMS Resources

- COVID-19: <https://www.cms.gov/covidvax-provider>
- Roster Billing for Mass Immunizers:
<https://www.cms.gov/covidvax-provider>
- National Uniform Claim Committee (CMS-1500):
<https://nucc.org/index.php/1500-claim-form-mainmenu-35>

