

Skilled Nursing Facility Immunization Billing

Immunizations are covered under a separate Part B benefit when rendered to Skilled Nursing Facility patients. The Health Plan follows Medicare coverage requirements for vaccines. Please submit immunizations on a separate claim utilizing the following guidelines:

Bill Type: 22x Member in a certified bed

Bill Type: 23x Member in a non-certified bed

Bill Type: 22x Swing bed

Influenza Vaccine

CPT/HCPCS Codes: 90630, 90653, 90654, 90655, 90656, 90657, 90660, 90661, 90662, 90672, 90673, 90685, 90686, 90687, 90688, Q2034, Q2035, Q2036, Q2037, Q2038, Q2039, 90674, 90682*

Revenue Code: 63x

Diagnosis Code: Z23

Administration: G0008

Revenue Code: 77x

Pneumonia Vaccine

CPT/HCPCS Codes: 90670, 90732

Revenue Code: 63x

Diagnosis Code: Z23

Administration: G0009

Revenue Code: 77x

Hepatitis B Vaccine

CPT/HCPCS Codes: 90739, 90740, 90744, 90746, 90747, 90743

Revenue Code: 63x

Diagnosis Code: Z23

Administration: G0010

Revenue Code: 77x

Reference:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/qr-immun-billTextOnly.pdf>

*Effective for claims with dates of service on or after July 1, 2017

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Trinity Health Plan New York (HMO), MercyOne Health Plan (HMO/PPO), Mount Carmel MediGold (HMO/PPO), Saint Alphonsus Health Plan (HMO/PPO), or Trinity Health Plan of Michigan (HMO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).