Medicare Billing Guidance for Respiratory Vaccines in LTC

#GET VACCINATED

Federal guidance for the 2026–2027 respiratory virus season is forthcoming. Resources will be updated as new recommendations become available.

Medicare Biling Guidance for Respiratory Vaccines (RSV, Influenza, Pneumococcal, and COVID-19 Vaccines in Long Term Care (LTC).

Medicare Part B preventive respiratory vaccines—currently including influenza, pneumococcal, and COVID-19 vaccines—are separately payable under Part B and are not included in the SNF Part A PPS bundled payment. For beneficiaries in a Medicare Part A-covered SNF stay, these vaccines remain subject to SNF consolidated billing: the SNF is responsible for billing Medicare for the vaccine and its administration on a separate Part B claim using TOB 22X, including when the vaccine is furnished under arrangement by an outside immunizer or LTC pharmacy.

For residents who are not in a Medicare Part A-covered SNF stay, different Part B billing rules apply. The SNF may bill applicable vaccines using TOB 23X, and qualified outside suppliers/LTC pharmacies may be able to bill Medicare directly.

Medicare Part B continues to cover influenza, pneumococcal, and COVID-19 vaccines and their administration as preventive vaccine benefits without beneficiary deductible or coinsurance. COVID-19 vaccine coverage should be described separately from specific ACIP dosing recommendations, which may change by season.

Medicare Part D Vaccines, Including RSV - RSV vaccine is covered as a preventive vaccine under Medicare Part D, rather than the Medicare Part B preventive vaccine benefit, and is not subject to SNF consolidated billing when furnished for preventive purposes. This applies to beneficiaries in a Medicare Part A-covered SNF stay as well as non-Part A/long-stay residents.

Medicare Part D covers recommended adult vaccines, including RSV vaccine, without beneficiary cost sharing when applicable Part D coverage requirements are met.

For detailed respiratory vaccine billing guidance—including billing by LTC pharmacies and outside vaccinators, network requirements, administration arrangements, and treatment of residents in Part A and non-Part A stays—refer to

Medicare Billing Guidance for Respiratory Vaccines in LTC

#GET VACCINATED

Federal guidance for the 2026–2027 respiratory virus season is forthcoming. Resources will be updated as new recommendations become available.

the **CMS "Billing Medicare for Respiratory Vaccines" SNF Fact Sheet**: https://www.cms.gov/files/document/billing-medicare-respiratory-vaccines.pdf

***

The Medicare Claims Processing Manual Chapter 6, Section 20.4 Screening and Preventive Services (updated 11-04-2021) are copied on the subsequent pages. Key provisions are highlighted.

COVID-19 vaccine coverage under Part B is also addressed on CMS (Centers for Medicare &Medicaid Services) webpage: COVID-19 Vaccines & Monoclonal Antibodies - VACCINE PRICING.

20.4 - Screening and Preventive Services

(Rev.4163, Issued: 11-02-18, Effective: 12-04-18, Implementation: 12-04-18)

The Part A SNF benefit is limited to services that are reasonable and necessary to "diagnose or treat" a condition that has already manifested itself. Accordingly, this benefit does not encompass screening services (which serve to check an at-risk individual for the possible presence of a specific latent condition, before it manifests any overt symptoms to diagnose or treat) or preventive services (which are aimed at warding off the occurrence of a particular condition altogether rather than diagnosing or treating it once it occurs). Coverage of screening and preventive services (e.g., screening mammography, pneumococcal pneumonia vaccine, influenza vaccine, hepatitis B vaccine) is a separate Part B inpatient benefit when rendered to beneficiaries in a covered Part A stay and is paid outside of the Part A payment rate. For this reason, screening and preventive services must not be included in the global Part A bill. However, screening and preventive services remain subject to consolidated billing and, thus, must be billed separately by the SNF under Part B.

Accordingly, even though the SNF itself must bill for these services, it submits a separate Part B inpatient bill for them rather than including them on its global Part A bill. Screening and preventive services must be billed with a 22X type of bill. Swing Bed providers must use TOB 12x for eligible beneficiaries in a Part A SNF level of care.

Medicare Billing Guidance for Respiratory Vaccines in LTC

#GET VACCINATED

Federal guidance for the 2026–2027 respiratory virus season is forthcoming. Resources will be updated as new recommendations become available.

NOTE: For beneficiaries residing in the Medicare non-certified area of the facility, these services should be billed on a 23x type of bill. In transmittals for A/B MAC (A) billing providing the annual update list of HCPCS codes affected by SNF consolidated billing, such services are referred to as "Major Category IV." See §10.1 above for the link to where transmittals providing current lists of HCPCS codes used for Major Category IV can be found.

NOTE: Submit Medicare vaccine claims electronically unless you qualify for a waiver or exception. One exception is a Roster Bill, which allows mass immunizers to complete 1 CMS-1450 with the COVID-19, flu, or pneumonia shot and attach a roster listing patients who got that shot, rather than submitting separate CMS-1450 forms. More information about roster billing can be found on the CMS website, and in the CMS MLN Booklet: *Medicare Billing: CMS-1450 & 837I.*

There are certain limited circumstances in which a vaccine would no longer be considered preventive in nature, and this can affect how the vaccine is covered. For example, while a booster shot of tetanus vaccine would be considered preventive if administered routinely in accordance with a recommended schedule, it would not be considered preventive when administered in response to an actual exposure to the disease (such as an animal bite, or a scratch on a rusty nail). In the latter situation, such a vaccine furnished to an SNF's Part A resident would be considered therapeutic rather than preventive in nature, as its use is reasonable and necessary for treating an existing condition.

In terms of billing for an SNF's Part A resident, a vaccine that is administered for therapeutic rather than preventive purposes would be included on the SNF's global Part A bill for the resident's covered stay. Alternatively, if a vaccine is preventive in nature and is one of the three types of vaccines (i.e., pneumococcal pneumonia, hepatitis B, or influenza virus) for which a Part B benefit category exists (see §50.4.4.2 of the Medicare Benefit Policy Manual, Chapter 15), then the SNF would submit a separate Part B bill for the vaccine. (Under section 1888(e)(9) of the Social Security Act (the Act) and the implementing regulations at 42 CFR 413.1(g)(2)(ii), payment for an SNF's Part B services is made in accordance with the applicable fee schedule for the type of service being billed (see the Medicare Claims Processing Manual, Chapter 7, §10.5).

However, when these three types of vaccines are furnished in the SNF setting, Part B makes payment in accordance with the applicable instructions contained in the Medicare Claims Processing Manual, Chapter 7, §80.1, and Chapter 18, §10.2.2.1.)

If the resident receives a type of vaccine that is preventive in nature but for which no Part B benefit category exists (e.g., diphtheria), then the vaccine would not be covered under either Parts A or B and, as a consequence, would become coverable under the Part D drug benefit. This is because priority of payment between the various parts of the Medicare law proceeds in alphabetical order: Part A is primary to Part B (see section 1833(d) of the Act), and both Parts A and B are primary to Part D (see section 1860D-2(e)(2)(B) of the Act).