

Local Coverage Article: Billing and Coding: Billing Limitations for Pharmacies (A56119)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada

Article Information

General Information

Article ID

A56119

Original Effective Date

10/22/2018

Article Title

Billing and Coding: Billing Limitations for Pharmacies

Revision Effective Date

01/01/2021

Article Type

Billing and Coding

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

Medicare Part B has limitations on pharmacy billing. There are two "Specialty codes" that may be used by pharmacies, each with limitations.

Specialty 73 is for "Mass Immunization Roster Billers" and Specialty A5 (formerly Specialty 87) is for "Pharmacy".

Specialty 73 may only bill for influenza or pneumococcal immunizations and their administration codes.

Specialty A5 may only bill for patient supplies of hemophilia factor products. Mass Immunizers must roster bill

assigned claims and may only bill for immunizations.

Neither specialty 73 nor A5 may bill for drugs that are administered "incident to" a physician service; these must be billed by the physician. Also, none of these may bill for hepatitis B vaccine since this requires a physician order. Suppliers of oral immunosuppressive drugs, oral anti-cancer drugs, oral anti-nausea drugs and diabetes testing supplies must be enrolled as DME suppliers and submit their bills to the DME MAC.

Beginning October 22, 2018 only these codes will be allowed when billed by these specialties.

- Specialty 73 - Mass Immunizers
 - Influenza Vaccine
 - 90653-90668, 90630, 90672-90674, 90682-90689, 90756
 - not all are currently active/available; see annual Change Request (CR).
 - Pneumococcal Vaccine
 - 90670, 90732
 - Vaccine Administration
 - G0008, G0009
 - Specialty A5 - Pharmacy
 - Hemophilia Clotting Factors (J7170, J7180-J7195, J7198-J7212)
 - Certain other suppliers are also enrolled as Specialty A5 such as Cochlear Implant suppliers.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Group 1 Codes:

CODE	DESCRIPTION
90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE
90653	INFLUENZA VACCINE, INACTIVATED (IIV), SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE
90654	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE-FREE, FOR INTRADERMAL USE

CODE	DESCRIPTION
90655	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE
90656	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90657	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE
90658	INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90660	INFLUENZA VIRUS VACCINE, TRIVALENT, LIVE (LAIV3), FOR INTRANASAL USE
90661	INFLUENZA VIRUS VACCINE, TRIVALENT (CCIIV3), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90662	INFLUENZA VIRUS VACCINE (IIV), SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAMUSCULAR USE
90664	INFLUENZA VIRUS VACCINE, LIVE (LAIV), PANDEMIC FORMULATION, FOR INTRANASAL USE
90666	INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE
90667	INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE
90668	INFLUENZA VIRUS VACCINE (IIV), PANDEMIC FORMULATION, SPLIT VIRUS, FOR INTRAMUSCULAR USE
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT (PCV13), FOR INTRAMUSCULAR USE
90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE (LAIV4), FOR INTRANASAL USE
90673	INFLUENZA VIRUS VACCINE, TRIVALENT (RIV3), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE
90674	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE
90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE
90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE

CODE	DESCRIPTION
90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE
90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
90689	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), INACTIVATED, ADJUVANTED, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE
90732	PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT (PPSV23), ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE
90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBUNIT, ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE
J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG
J7180	INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.
J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU
J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO
J7188	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (OBIZUR), PER I.U.
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOSEVEN RT), 1 MICROGRAM
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.
J7194	FACTOR IX, COMPLEX, PER I.U.

CODE	DESCRIPTION
J7195	INJECTION, FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED
J7198	ANTI-INHIBITOR, PER I.U.
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED
J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU
J7201	INJECTION, FACTOR IX, FC FUSION PROTEIN, (RECOMBINANT), ALPROLIX, 1 I.U.
J7202	INJECTION, FACTOR IX, ALBUMIN FUSION PROTEIN, (RECOMBINANT), IDELVION, 1 I.U.
J7205	INJECTION, FACTOR VIII FC FUSION PROTEIN (RECOMBINANT), PER IU
J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2021	R4	<p>Per 2021 CPT updates, added J7212 to the narrative and to the Group 1 list of CPT codes.</p> <p>The following CPT codes had description changes in Group 1:</p> <p>90653, 90655, 90656, 90661, 90662, 90666, 90667, 90672, 90674, 90682, 90685, 90686, 90687, 90688, 90756, J7189.</p>
01/01/2019	R3	Article converted to Billing and Coding. No change in coverage was made.
01/01/2019	R2	Per 2019 CPT Updates, added 96089 and J7170 to the narrative and Group 1 list of CPT Codes effective 01/01/2019. Q9995 is deleted effective 12/31/18 per 2019 CPT Updates.
10/22/2018	R1	<p>10/29/2018: At this time 21st Century Cures Act will apply to new and revised Local Coverage Articles that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the Article are applicable as noted in this policy.</p> <p>Typographical Error Corrected in Coding: 96053 and 96054 corrected to 90653 and 90654 in CPT Group I Coding.</p>

Associated Documents

Related Local Coverage Document(s)

N/A

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 01/28/2021 with effective dates 01/01/2021 - N/A

Updated on 09/29/2020 with effective dates 01/01/2019 - N/A

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Keywords

- Specialty
- Pharmacy
- A5
- 73
- Mass Immunization Roster Billers
- limitations
- 90630
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