

## Centralized Billing Request for Approval



Required Information	
Provider legal name:	Provider NPI number:
Street address:	City:
State:	Zip Code:
Contact telephone number:	Contact email address:
We agree to the following:  Centralized billers providing the vaccine and administration must be properly licensed in the States in which the vaccinations are given.  Centralized biller must agree to accept assignment (i.e., they must agree to accept the amount that Medicare pays for the vaccine and the administration). Since there is no coinsurance or deductible for the influenza, pneumococcal, hepatitis B, and COVID-19 vaccinations, accepting assignment means that Medicare beneficiaries cannot be charged for the vaccination, i.e., beneficiares may not incur any out-of-pocket expense. For example, a drugstore may not charge a Medicare beneficiary \$10 for an influenza virus vaccination and give the beneficiary a coupon for \$10 to be used in the drugstore. This practice is unacceptable.  Centralized billers must understand that beginning December 11, 2021, the payment rate for the administration of the COVID-19 vaccine is \$40 and \$30 for the other preventive vaccinations. These payment amounts are geographically adjusted by locality. Therefore, the centralized biller must be willing to accept that payments received may vary based on the geographic locality where the service was performed.  Centralized billers must understand that the payment rates for the vaccines will be determined by the standard method used by Medicare for reimbursement of drugs and biologicals.  Centralized billers must agree to submit their claims in a CMS approved electronic media claims standard format. Paper claims will not be accepted.  In addition to the elements required by regular roster billing, centralized billers must complete the service facility location in order for the MAC to be able to pay correctly by geographic locality. Centralized billers must obtain cartain information for each beneficiary including name, Medicare Beneficiary Identifier, date of birth, sex, and signature. Novitas must be contacted prior to the season for each beneficiary including name, Medicare Beneficiary Identifier, date of birth, sex, and signature.	
Required Signatures	
Requestor Signature:	Date:
Name of Requestor:	Title of Requestor:

Requests for Approval along with Applications for centralized billing must be sent to the specialty MAC for centralized billing at:

Novitas Solutions Inc.