

## eServices Roster Bill Instructions

Roster billing is a simplified claim submission process used by mass immunizers and others providing Influenza, Pneumococcal, and COVID-19 Immunizations or Monoclonal Antibody Infusion.

### WHO SHOULD FILL OUT THIS FORM?

Mass immunizers and other Medicare Part B providers enrolled in JM, JJ or RRB contracts with an EDI agreement on file can begin using the eServices Roster Bill feature 2–3 business days after completing eServices registration. Mass immunizers or any Medicare-enrolled providers who offer vaccines or administer the monoclonal antibody infusion therapy to many people will find this feature beneficial. Per [CMS Roster Billing](#), there are also additional requirements to submit Roster Bills.

### WHAT INFORMATION IS REQUIRED?

For each service date and vaccine type or monoclonal antibody infusion administered, you must fill out all fields that are marked required on the template.

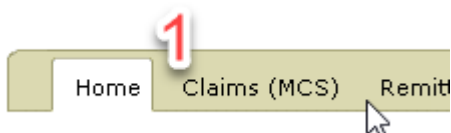
1. All items marked with an asterisk (\*) on the Roster Bill worksheet.
2. All conditional fields:
  - a. If the eServices provider NPI (called Billing Provider on the worksheet) is an organization/group NPI, the Rendering Provider's NPI, first and last name are required.
  - b. If the Billing Provider is not an organization/group NPI, the First Name field is required.
  - c. If the Vaccine Type is Influenza or Pneumococcal, Vaccine HCPCS and Vaccine Charge are required.
3. At least one beneficiary must be added.
4. A mass immunizer, such as pharmacy, is considered a solo organization type for this worksheet.

### INSTRUCTIONS FOR FILLING OUT A ROSTER BILL CLAIM IN eSERVICES

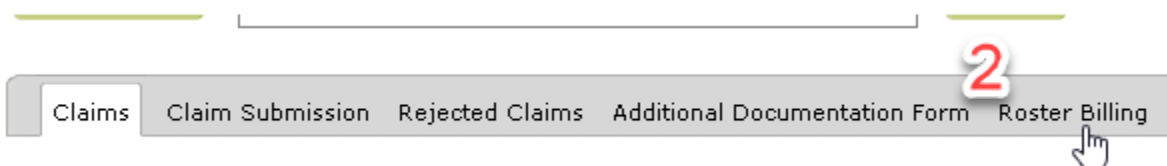
Please utilize the following instructions below to assist with completing a Roster Bill claim in eServices.

#### NAVIGATION

After logging in to eServices there will be a "Claims" tab (1). Provider administrators must give users the "Claims" permission in submit Roster Bill claims in eServices.



After selecting "Claims" there will be a sub-tab menu bar where there will be "Roster Billing" (2).



After selecting “Roster Billing” you will be in the Roster Billing feature of eServices. From here you can

- “View the complete Roster Bill Worksheet Instructions” (3),
- “Download Your Worksheet” (4),
- “Upload Completed Worksheet” (5), and
- “View Submitted Roster Bills” (6)

## Roster Billing

Roster billing is a simplified claim submission process used by mass immunizers. To get started click "Download Your Worksheet." Once you have completed your worksheet in Microsoft Excel, return to this page and click "Upload Completed Worksheet."

Need more help? [View the complete Roster Bill Worksheet Instructions](#)

### New Users

**Download Your Worksheet**

(version 1.0, 50kb, .xlsx format)

### Returning Users

**Upload Completed Worksheet**

[View Submitted Roster Bills](#)

## FILLING OUT YOUR WORKSHEET

After selecting “Download Your Worksheet” the “RosterBillWorksheet.xlsx” file will be downloaded to your machine. In the spreadsheet tab “Roster Bill Worksheet” fill out the following information:

**eServices Roster Billing Worksheet**

Please complete your eServices Roster Bill using the inputs below under both steps.  
Once you have finished, save your work and return to eServices to upload your completed worksheet. Visit the following websites for more information.

[JM Part B COVID-19 Vaccine and Monoclonal Antibody Therapy Roster Billing Packet](#)  
[JJ Part B COVID-19 Vaccine and Monoclonal Antibody Therapy Roster Billing Packet](#)  
[Railroad Medicare Hub COVID-19 Vaccine and Monoclonal Antibody Therapy Roster Billing Packet](#)  
[JM Part B Influenza and Pneumococcal Roster Billing Packet and Forms](#)  
[JJ Part B Influenza and Pneumococcal Roster Billing Packet and Forms](#)  
[Railroad Medicare Hub Influenza and Pneumococcal Roster Billing Packet and Forms](#)

**Step 1: Claim Information**  
Please complete the tables below with the required information. Rendering NPI is required if this is a group practice.

Claim Information		Billing Provider Information	
Vaccine Type *		Organization Type *	
Admin HCPCS *		First Name <sup>2</sup>	
Admin Charge *		Name *	
Vaccine HCPCS <sup>2</sup>		Address Line 1 *	
Vaccine Charge <sup>2</sup>		Address Line 2	
Place of Service *	60	Address City *	
Diagnosis Code *	Z23	Address State *	
Service Date *		Address Zip *	
		Phone *	
		NPI *	
		Tax Type *	
		Tax ID *	

**Service Facility Location Information**

Name *	
Address Line 1 *	
Address Line 2	
Address City *	
Address State *	
9 digit Zip Code *	
NPI *	

**Rendering Provider Information<sup>3</sup>**

NPI <sup>3</sup>	
First Name <sup>3</sup>	
Last Name <sup>3</sup>	

<sup>2</sup> First name is needed when Billing Provider is a solo practice  
<sup>2</sup> Do not enter a Vaccine HCPCS or Vaccine Charge for COVID-19 claims at this time  
(ex. 12345-5678) (Date ex. 1/1/2021)  
(ex. 123-456-7890)

<sup>3</sup> Rendering Provider information is needed when Billing Provider is organization. Mass immunizers are considered solo organizations when completing this worksheet

**Step 2: Roster Information**  
Please complete with required information in columns B-N. There is a maximum of 50 patients per Roster.

Medicare ID *	First Name *	MI	Last Name *	Date of Birth *	Sex *	Address Line 1 *	City *	State *	Zip Code *	Signature on File *

**1. Claim Information**

- a. Enter the Vaccine Type from drop-down
- b. Enter the Admin HCPCS from drop-down
- c. Enter the Admin Charge
- d. Enter the Vaccine HCPCS from drop-down
- e. Enter the Vaccine Charge
- f. Enter the Service Date

**2. Service Facility Location Information**

- a. Enter Name
- b. Enter Address Line 1
- c. Enter Address City
- d. Enter Address State
- e. Enter 9-digit ZIP Code
- f. Enter NPI

**3. Billing Provider Information**

- a. Enter Organization Type from drop-down
- b. Enter Name
- c. Enter Address Line 1
- d. Enter Address City
- e. Enter Address State
- f. Enter Address ZIP Code
- g. Enter Phone
- h. Enter NPI
- i. Enter Tax Type from drop-down
- j. Enter Tax ID

**4. Rendering Provider Information (providers who are solo practices do not need to enter rendering provider information)**

- a. Enter NPI
- b. Enter First Name
- c. Enter Last Name

**5. Roster Information for one to 50 patients (for each patient, as it appears on their Medicare card)**

- a. Enter Medicare ID
- b. Enter Last Name
- c. Enter First Name
- d. Enter Sex
- e. Enter Date of Birth
- f. Enter Address Line 1
- g. Enter City
- h. Enter State
- i. Enter ZIP Code
- j. Enter Signature on File from drop-down

## UPLOADING YOUR WORKSHEET

Return to eServices Roster Billing and select “Upload Completed Worksheet” after completing your worksheet. Make sure to save this worksheet in a known location. From here you will be able to “Choose File” (7) and select your worksheet.

[Back](#)

### Upload Your Roster Bill Worksheet

To upload your worksheet, drag and drop it into the box below or click the **Choose File** button and navigate to it using your file browser.

Drag and drop your worksheet here...  
or click the **Choose File** button below.

Choose File

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Uploader powered by SheetJS

## CONFIRMING YOUR SUBMISSION

After selecting your worksheet, there will be details from your submission (8). After confirming this data and agreeing to the signature, select “Submit My Roster Bill” (9) to complete your submission.

[Back](#)

### Confirm Your Submission

Please confirm the data below matches your worksheet. If it is correct, click the **Submit My Roster Bill** button at the bottom of this page. If not, click **Back** and reupload your worksheet.

Facility Name: [REDACTED]  
Date of Service: [REDACTED]  
Immunization: [REDACTED] 8  
Total Claims: [REDACTED]  
Total Charges: [REDACTED]

Note: If you have already submitted this worksheet, this submission will be marked as duplicate and rejected.

Note: By selecting “Y” for signature on file in the spreadsheet, you confirm

1. The patient or patient's authorized representative authorize the release of medical information necessary to process this claim and authorize payment of benefits to the provider of service or supplier when assignment on the claim has been accepted.
2. Provider has a signed statement permitting data release
3. Provider has accepted assignment.
4. Medicare is Primary and this is not a crossover claim.

#### ALERT

##### Claim Submission Authorization Signature

I hereby authorize Palmetto GBA eServices to receive electronic claims submissions and electronic response reports on my behalf. I understand that these items contain payment information concerning my processed Medicare claims. I am authorized to endorse this access on behalf of my company, and I acknowledge that it is my responsibility to notify Palmetto GBA EDI in writing if I wish to revoke this authorization.

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Submit My Roster Bill

## SUBMISSION COMPLETE

After submission, you will receive a “Transaction ID” (10). Keep this for your records as inbox messages and the View Submitted Roster Bills will reference this ID.

[Return Home](#)

### Roster Bill Complete!

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Thank you for using eServices to submit your Roster Bill. Your Transaction ID is **XXXXXXXX**

[View Roster Bill Detail](#)

If submitting during business hours, you should receive Status from EDI within 24 hours.

## VIEWING STATUS OF YOUR SUBMISSIONS

Return to eServices Roster Billing Home and select “View Submitted Roster Bills” to view all eService’s Roster Bill submissions from your provider. Roster Bill submissions that pending a response from EDI will have empty data in “Accepted Claims” (11) and “Rejected Claims” (12) columns. From here you will be able to select the Transaction ID (13) to view details from the submission.

[Return Home](#)

### Submitted Roster Bills

View the list of all roster bills submitted in eServices with this account.

Show  entries

Transaction ID	Submission Date	Service Date	Immunization	# of Claims	Total Charges	Claims Accepted	Claims Rejected
<a href="#">X00008</a>	1/25/2021	12/16/2020	Influenza	33	3300.0	30	3
<a href="#">X00004</a>	1/18/2021	01/20/2021	Pneumococcal	42	3150.0	42	42
<a href="#">X00001</a>	1/05/2021	01/20/2021	COVID-19	10	6000.0	50	0
13						11	12

## VIEWING DETAILS OF YOUR SUBMISSIONS

After selecting your specific “Transaction ID” from the submission complete page, or by selecting the Transaction ID from the submitted Roster Bills page, there will be details from your submission including ICNs. Within 1–2 business days after submission there will be a response from EDI. Within 3–4 business days after receiving ICNs, you will be able to view the claim in eService’s Claim Inquiry Feature.

# Roster Bill Detail

TRANSACTION ID

SUBMISSION DATE

TOTAL CLAIMS

CLAIMS ACCEPTED

CLAIMS REJECTED

Billing Provider

Date of Service

Admin HCPCS

Vaccine HCPCS

Thank you for your recent submission, please allow 3-4 business days before checking claim status

File Name:

## Claim Summary

Show 

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 entries

Search:

ICN	MEDICARE ID	PATIENT LAST NAME	STATUS	CSCC	CSC	EIC