

Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations for the Medicare Benefit Policy Manual Chapter 15, Section 50.4.4.2

MLN Matters Number: MM12723 Related Change Request (CR) Number: 12723

Related CR Release Date: May 4, 2022 Effective Date: July 1, 2021

Related CR Transmittal Number: R11399BP Implementation Date: June 6, 2022

Provider Types Affected

This MLN Matters Article is for physicians, suppliers, and other providers billing Medicare Administrative Contractors (MACs) for vaccine services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about these changes to the Benefit Policy Manual:

- CMS updated the Medicare coverage for pneumococcal vaccinations to align with the Advisory Committee on Immunization Practices (ACIP) recommendations
- The ACIP recommendations vary based on patient age and risk factors

Background

<u>Section 1861(s)(10)(A) of the Social Security Act</u> and regulations at <u>42 CFR 410.57</u> authorize Medicare coverage under Medicare Part B for pneumococcal vaccine and its administration.

On October 20, 2021, the ACIP recommended 15-valent pneumococcal conjugate vaccine (PCV15) or 20-valent (PCV20) for PCV-naïve adults who are either age 65 years or older or aged 19–64 years with certain underlying conditions or other risk factors. When you give PCV15, you should follow it with a dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23), typically 1 year or more later.

Effective July 1, 2021, we updated the Medicare coverage requirements to align with the ACIP recommendations.

Adults aged 19–64 years with certain underlying medical conditions or other risk factors who haven't previously received PCV or whose previous vaccination history is unknown should receive 1 dose of PCV (either PCV20 or PCV15). When you give PCV15, you should follow it with a dose of PPSV23.





MLN Matters: MM12723 Related CR 12723

Clinical guidance shows that when you use PCV15, the recommended interval between administration of PCV15 and PPSV23 is ≥1 year. Consider a minimum interval of 8 weeks for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak to minimize the risk for invasive pneumococcal disease caused by serotypes unique to PPSV23 in these vulnerable groups.

For adults who only got PPSV23, they may get either PCV20 or PCV15 1 year after their last PPSV23 dose. When you give PCV15 to adults with a history of PPSV23 receipt, you don't need to give another dose of PPSV23.

The incremental public health benefits of providing PCV15 or PCV20 to adults who have received PCV13 only or both PCV13 and PPSV23 haven't been evaluated. These adults should complete the previously recommended PPSV23 series.

For claims processing instructions, read MLN Matters Article MM12439.

Your MAC won't search for and adjust any claims already processed for pneumococcal vaccines and their administration, with dates of service on and after July 1, 2021. However, it may adjust claims that you bring to their attention.

More Information

We issued <u>CR 12723</u> to your MAC as the official instruction for this change. We also updated manual Chapter 15, section 50.4.4.2 as part of that CR.

For more information, find your MAC's website.

Document History

Date of Change	D	escription
May 9, 2022	Initial article released.	

Disclaimer: Paid for by the Department of Health & Human Services. This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2021 American Medical Association. All rights reserved.

Copyright © 2013-2022, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at https://doi.org/10.1001/nc.nd/





MLN Matters: MM12723 Related CR 12723

The American Hospital Association (the "AHA") hasn't reviewed, and isn't responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material don't necessarily represent the views of the AHA. CMS and its products and services aren't endorsed by the AHA or any of its affiliates.



