



Add Dates of Service (DOS) for Pneumococcal Pneumonia Vaccination (PPV) Health Care Procedure Code System (HCPCS) Codes (90670, 90732), and Remove Next Eligible Dates for PPV HCPCS

MLN Matters Number: MM11335 **Revised**

Related Change Request (CR) Number: 11335

Related CR Release Date: January 22, 2020

Effective Date: April 1, 2020

Related CR Transmittal Number: R2422OTN

Implementation Date: April 6, 2020

Note: We revised this article on March 19, 2020, and updated the Provider Types Affected, What You Need to Know, and Background sections.

PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, providers and suppliers checking Medicare Fee-for-Service (FFS) beneficiary eligibility for Pneumococcal Pneumonia Vaccination (PPV) services provided to Medicare FFS beneficiaries.

WHAT YOU NEED TO KNOW

Beginning April 13, 2020, for both PPV Healthcare Common Procedural Coding System (HCPCS) codes (90670 and 90732), CMS will return for all FFS beneficiary eligibility transactions Dates of Service (DOS) and institutional National Provider Identifier (NPI) for Part A or rendering NPI for Part B, depending on the provider type who administered the service; instead of next eligibility dates, as previously returned. During the transition to return PPV dates of service vs next eligible dates, Medicare FFS will not return any PPV data from March 14, 2020, through April 12, 2020.

BACKGROUND

Currently, after processing the Medicare FFS claim, the claims processing system groups these two HCPCS codes under the PPV HCPCS group code and sends a single next eligible date from the claims processing system to the data store used by Medicare FFS eligibility transactions. There is no logic for the eligibility systems to differentiate between the initial vaccine (code 90670) and the second vaccine (code 90732).

With this change, Medicare FFS will return eligibility transactions with the PPV DOS as well as the related National Provider Identifier (NPI) for both of these PPV HCPCS codes (90670 and 90732) for a beneficiary, so that a provider may determine if the beneficiary already received either or both vaccines, as well as when, and from which provider.

Medicare FFS eligibility transactions will give providers more PPV details for a Beneficiary, including up to 10 occurrences of historical PPV HCPCS codes, NPI, and DOS for each beneficiary. If providers don't see a DOS/NPI for a particular beneficiary, Medicare FFS didn't pay a claim for a PPV service; providers may administer the vaccine as medically appropriate and bill for the service.

ADDITIONAL INFORMATION

The official instruction, CR11335, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r2422otn.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
March 19, 2020	We revised the article and updated the Provider Types Affected, What You Need to Know, and Background sections.
January 23, 2020	We revised the article due to an updated CR 11335 that deleted references to certain inquiry screens. In the article, we changed the CR release date, transmittal number and link to the transmittal. All other information remains the same.
December 13, 2019	We revised this article due to an updated CR that added business requirement 11335.9 in the CR for contractor integration testing. We also changed the CR release date, transmittal number and link to the transmittal.
October 11, 2019	Initial article released.

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