



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

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Related Change Request (CR) Number: 12723

Related CR Release Date: **June 6, 2022**

Effective Date: July 1, 2021

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**Note:** We revised this Article due to a revised CR 12723. The revised CR added language that was inadvertently left out of the CR. We added that language in dark red font on page 2. We also revised the CR release date, transmittal number, and the CR web address. All other information is the same.

### **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**

[Section 1861\(s\)\(10\)\(A\) of the Social Security Act](#) and regulations at [42 CFR 410.57](#) 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.

Clinical guidance shows that when you use PCV15, the recommended interval between administration of PCV15 and PPSV23 is  $\geq 1$  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 adults who have received PCV13 but haven't completed their recommended pneumococcal vaccine series with PPSV23, 1 dose of PCV20 may be used if PPSV23 isn't available.**

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

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We issued [CR 12723](#) 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	Description
June 7, 2022	We revised the Article due to a revised CR 12723. The revised CR added language that was inadvertently left out of the CR. We added that language in dark red font on page 2. We also revised the CR release date, transmittal number and the CR web address. All other information is the same.
May 9, 2022	Initial article released.

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