



Revisions to Medicare Part B Coverage of Pneumococcal Vaccinations Policy

Related CR Release Date: August 21, 2024

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Effective Date: June 27, 2024

Related Change Request (CR) Number: [CR 13750](#)

Implementation Date: November 25, 2024

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

Affected Providers

- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for pneumococcal vaccine services they provide to Medicare patients

Action Needed

Make sure your billing staff knows about:

- Updated Medicare coverage requirements for pneumococcal vaccinations
- Changes to align with the Advisory Committee on Immunization Practices (ACIP) recommendations for pneumococcal vaccination coverage

Background

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

While there's been various changes in coverage of pneumococcal vaccination, Medicare has routinely followed the vaccination guidance of the CDC's Advisory Committee on Immunization Practices (ACIP) when updating coverage for pneumococcal vaccinations. CR 13750 updates the most recent transmittal, [CR 13118](#), that CMS issued on March 16, 2023.

Effective June 27, 2024, we updated the Medicare coverage requirements to align with ACIP recommendations. ACIP recommends that adults aged 65 or older who haven't previously got a Pneumococcal Conjugate Vaccine (PCV) or whose previous vaccination history is unknown should get 1 dose of PCV (either PCV21, PCV20, or PCV15). When you use PCV15, follow it with a dose of 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23).

For those 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, give 1 dose of PCV (either PCV21, PCV20, or PCV15). When you use PCV15, follow it with a dose of PPSV23. Underlying medical conditions or other risk factors include:

- Alcoholism
- Cerebrospinal fluid leak
- Chronic heart disease
- Chronic liver disease
- Chronic lung disease
- Chronic renal failure
- Cigarette smoking
- Cochlear implant
- Congenital or acquired asplenia
- Congenital or acquired immunodeficiencies
- Diabetes mellitus
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression
- Leukemia
- Lymphoma
- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

Clinical guidance shows that when you use PCV15, the recommended interval between administration of PCV15 and PPSV23 is greater than 1 year. You can 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.

Immunocompromising conditions include:

- Chronic renal failure
- Congenital or acquired immunodeficiencies
- Congenital or acquired asplenia
- Generalized malignancy
- HIV infection
- Hodgkin disease
- Iatrogenic immunosuppression
- Leukemia
- Lymphoma

- Multiple myeloma
- Nephrotic syndrome
- Sickle cell disease or other hemoglobinopathies
- Solid organ transplant

Adults who've only received PPSV23 should receive a PCV (either PCV21, PCV20, or PCV15) 1 year or more after their last PPSV23 dose. When you use PCV15 for those with history of PPSV23 receipt, you don't need to provide another dose of PPSV23.

For adults aged 65 or older who completed their vaccine series with both PCV13 and PPSV23, but no PPSV23 was received at age 65 or older, either 1 dose of PCV21 or PCV20 is recommended at least 5 years after the last pneumococcal vaccine dose, or complete the recommended PPSV23 series.

Shared clinical decision-making is recommended regarding administration of PCV21 or PCV20 for adults aged 65 or older who completed their vaccine series with both PCV13 and PPSV23, and PPSV23 was received at age 65 or older. If a decision to administer PCV21 or PCV20 is made, a dose of PCV21 or PCV20 is recommended at least 5 years after the last pneumococcal vaccine dose.

Adults aged 65 or older and adults ages 19-64 with certain underlying medical conditions or other risk factors who've received PCV13 only are recommended to get a dose of PCV21 or PCV20 at least 1 year after the PCV13 dose or PPSV23 as previously recommended to complete their pneumococcal vaccine series.

ACIP recommends that adults aged 19-64 years with certain underlying medical conditions or other risk factors who received both PCV13 and PPSV23 with incomplete vaccination status are to complete their pneumococcal vaccine series by getting either a dose of PCV21 or PCV20 at least 5 years after the last pneumococcal vaccine dose, or PPSV23 as previously recommended.

More Information

We issued CR 13750 to your MAC as the official instruction for this change. The revised Medicare manual text is attached to the CR.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
August 21, 2024	Initial article released.

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