

ANDREW M. CUOMO Governor HOWARD A. ZUCKER, M.D., J.D. Acting Commissioner **SALLY DRESLIN, M.S., R.N.** Executive Deputy Commissioner

To: Hospitals and Long-term Care Facilities

From: New York State Department of Health, Bureau of Immunization

Date: February 19, 2015

INFORMATIONAL MESSAGE: MEDICARE PART B COVERAGE OF PNEUMOCOCCAL VACCINES

Please distribute to the Medical Director, Director of Nursing, Employee Health Service, Infectious Disease Department, and all patient care areas.

The purpose of this informational message is to inform hospitals and long-term care facilities that the Centers for Medicare and Medicaid Services (CMS) have updated Medicare Part B coverage to align with the updated Advisory Committee on Immunization Practices (ACIP) recommendations for use of pneumococcal vaccines among adults aged 65 years and older. Effective February 2, 2015 for claims with dates of service on and after September 19, 2014, Medicare Part B will cover a second dose of pneumococcal vaccine for all Medicare beneficiaries.

The ACIP recommends that both pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23) be routinely administered to all adults aged 65 years and older. Additionally, ACIP recommends routine use of PCV13 and PPSV23 in adults aged 19-64 years with immuno-compromising conditions or at high risk for invasive pneumococcal disease and its complications. ACIP recommends that the vaccines be given on different days and a least 6-12 months apart, depending on the order given (see algorithm attached below).

Updated CMS Coverage Requirements:

Effective for claims with dates of service on and after September 19, 2014, an initial pneumococcal vaccine may be administered to all Medicare beneficiaries who have never received a pneumococcal vaccination under Medicare Part B. A different, second pneumococcal vaccine <u>may be administered 1 year after</u> the first vaccine was administered (i.e., 11 full months have passed following the month in which the last pneumococcal vaccine was administered).

 Providers should review immunization records when available to guide choice of vaccine product (PCV13 vs. PPSV23) and dosing interval. However if immunization records are not available, provided that the patient is competent, it is acceptable to rely on the patient's verbal history to determine prior vaccination status. Providers should <u>not</u> delay immunization due to a lack of an immunization record.

The New York State Department of Health is urging all hospitals and long-term care facilities to offer both pneumococcal vaccines to all adults age \geq 65 years and adults age 19-64 years with underlying medical conditions that put them at greater risk for serious pneumococcal infection.

For additional information please see the websites below:

Adult Immunizations

http://www.health.ny.gov/prevention/immunization/adult.htm http://www.cdc.gov/vaccines/schedules/hcp/adult.html

Updated ACIP recommendations

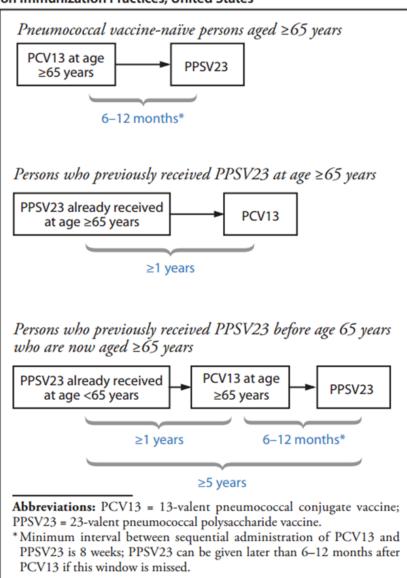
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5934a3.htm

CMS Modifications to Medicare Part B

http://cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2014-Transmittals-Items/R3159CP.html

Pneumococcal Vaccination

http://www.health.ny.gov/diseases/communicable/pneumococcal/fact_sheet.htm http://www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm http://www.cdc.gov/vaccines/vpd-vac/pneumo/vac-PCV13-adults.htm



BOX. Sequential administration and recommended intervals for PCV13 and PPSV23 for adults aged ≥65 years — Advisory Committee on Immunization Practices, United States