

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 11710</b>	<b>Date: November 17, 2022</b>
	<b>Change Request 12943</b>

**SUBJECT: Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS**

**I. SUMMARY OF CHANGES:** The purpose of this change request is to provide instructions for the Medicare contractors to download, test, and implement the annual Part B Preventive Vaccine Administration file. The rates from the new annual Part B Preventive Vaccine Administration file will be applied to preventive service claims beginning April 1, 2023.

**EFFECTIVE DATE: January 1, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 3, 2023**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	N/A

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11710	Date: November 17, 2022	Change Request: 12943
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**SUBJECT: Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS**

**EFFECTIVE DATE: January 1, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: April 3, 2023**

## **I. GENERAL INFORMATION**

**A. Background:** The purpose of this Change Request (CR) is to provide instructions for the Medicare contractors to download, test, and implement the annual Part B Preventive Vaccine Administration file. The rates from the new annual Part B Preventive Vaccine Administration file will be applied to preventive service claims beginning April 1, 2023.

Under section 1861(s)(10) of the Act, Medicare Part B covers both the vaccine and its administration for the specified preventive vaccines—the influenza, pneumococcal, and Hepatitis B Virus (HBV) vaccines. Under sections 1833(a)(1)(B) and 1833(b)(1) of the Act, respectively, there is no applicable beneficiary coinsurance, and the annual Part B deductible does not apply for these vaccinations. Section 1861(s)(10)(A) of the Act, as amended by section 3713 of the Coronavirus 2019 (COVID-19) Aid, Relief, and Economic Security Act (CARES Act) (Pub. L. 116– 136) includes the COVID–19 vaccine and its administration in the same subparagraph as the influenza and pneumococcal vaccines and their administration.

Generally, Medicare Part B payment for preventive vaccines (that is, the vaccine product) is calculated using 95 percent of the average wholesale price. For some providers and suppliers, for example, Rural Health Clinics and Hospitals, Medicare Part B payment for the vaccine product is based on reasonable cost.

Prior to Calendar Year (CY) 2022, the payment amount for administration of the influenza (G0008), pneumococcal (G0009), and HBV (G0010) vaccines by suppliers such as physicians, Non-Physician Providers (NPPs), and mass immunizers was determined by using the direct crosswalk to a similar service under the Physician Fee Schedule (PFS) which requires applying the PFS payment calculation. This formula used a Healthcare Common Procedure Coding System (HCPCS) code's Relative Value Units (RVUs) for work, Practice Expense (PE), and Malpractice (MP) adjusted by the location where the service is furnished (that is, Geographic Practice Cost Indices (GPCIs)). Under the authority provided by section 3713 of the CARES Act, CMS established specific coding and payment rates for the COVID–19 vaccine administration through technical direction to MACs and information posted publicly on the CMS website. Under this authority, CMS also implemented an add-on payment of \$35.50 when a COVID-19 vaccine is administered in the beneficiary's home under certain circumstances.

Note: Medicare Part B payment for preventive vaccine administration in the Hospital Outpatient Department is made under the Outpatient Prospective Payment System based on the Ambulatory Payment Classification to which the codes are assigned.

For CY 2022, CMS decoupled payment for these vaccine administration services from the PFS crosswalk and finalized a payment rate of \$30 for the administration of an influenza, pneumococcal, or HBV vaccine and a payment rate of \$40 for the administration of COVID–19 vaccines. However, CMS continued to adjust these payment amounts and the add-on payment of \$35.50 by applying the PFS GPCIs to reflect cost differences for each geographic area.

In the CY 2023 PFS notice-and-comment rulemaking, CMS addressed refinements to the payment amount for preventive vaccine administration. In order to effectuate these refinements, CMS is implementing a

national fee schedule.

**B. Policy:** Effective January 1, 2023, the Medicare Part B payment amount for preventive vaccine administration is updated on an annual basis by the annual increase to the Medicare Economic Index (MEI). The updated payment amount is then adjusted for geographic locality, based upon the PFS locality where the preventive vaccine is administered using the Geographic Adjustment Factor (GAF). These adjustments apply to HCPCS codes G0008, G0009, G0010, COVID-19 vaccine administration CPT codes\*, and the in-home add-on payment (HCPCS code M0201).

\*The CPT codes that describe COVID-19 vaccine administration are currently available on the CMS webpage: <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

Information regarding payment for preventive vaccine administration effective for CY 2023 is available in the CY 2023 Physician Fee Schedule final rule: <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeeschedpfs-federal-regulation-notice/cms-1770-f>.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12943.1	Contractors shall make the necessary system changes to retrieve the Part B Vaccine Administration payment file from the CMS mainframe and load it into their systems prior to April 3, 2023.  Note: The Part B Vaccine Administration Fee Schedule file layout is attached.					X	X			VDC	
12943.1.1	CMS shall send contractors Technical Direction in December 2022 to manually load the Part B Vaccine Administration payment rates for dates of service on and after January 1, 2023 – December 31, 2023									CMS	
12943.1.1.1	Contractors shall manually load the Part B Vaccine Administration payment rates for dates of service on and after January 1, 2023 - December 31, 2023.	X	X								
12943.2	Contractors shall be ready to make Part B Vaccine Administration payments from the Part B Vaccine Administration payment file for dates of service on or after January 1, 2023 for services processed on and after April 3, 2023.					X	X				
12943.3	To establish the annual automation of the Part B Vaccine payment file and to facilitate systems testing, contractors/data centers shall retrieve a preliminary					X	X			MIST, VDC	

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	test file from the CMS mainframe telecommunication systems on or about <b>the third week of November 2022</b>									
12943.4	Medicare contractors shall download and test the 2023 Part B Vaccine Administration payment file from the CMS mainframe on or around March 1, 2023 when the April 2023 release goes into User Acceptance Testing (UAT).	X	X							
12943.4.1	The CMS shall notify the contractors when the 2023 Part B Vaccine Administration payment file is available for downloading, along with the file name, through an e-mail notification via the Parts A/B Functional Workgroup.								CMS	
12943.5	In the event that corrections are required and a 2023 Part B Vaccine Administration replacement payment file is issued, contractors shall be prepared to retrieve the replacement Part B Vaccine Administration payment file(s) from the CMS mainframe.	X	X							
12943.5.1	The CMS shall notify the contractors when the replacement file is available for retrieval, along with the file name, through an e-mail notification via the Part A/B Functional Workgroup.								CMS	
12943.5.2	Contractors shall be ready to implement any replacement files no later than the April 3, 2023 implementation date of this CR, unless otherwise directed by CMS.	X	X						CMS	
12943.6	Contractors shall notify CMS of successful receipt of the file described in requirement 12943.4, and requirement 12943.5 when a replacement file is issued, via e-mail to price_file_receipt@cms.hhs.gov, stating the name of the file received (e.g., CLAB, Average Sales Price (ASP), etc.), and the entity for which it was received (i.e., include states, workload numbers, quarter, and if Part A, Part B, or both).	X	X							
12943.7	Contractors shall not apply beneficiary coinsurance or deductible for Part B Vaccine Administration HCPCS and Current Procedural Terminology (CPT) codes listed on the Part B Vaccine Administration Fee Schedule.	X	X							

Number	Requirement	Responsibility								
		A/B MAC			D M E  M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12943.8	Contractors shall download an updated Part B Vaccine Administration payment file from the CMS Mainframe on a quarterly basis when new vaccine administration codes are added to the Part B Vaccine Administration payment file throughout the year.	X	X			X				
12943.8.1	CMS shall send MACs Technical Direction to manually load any new vaccine administration codes for payment when codes are identified to be loaded onto the system in an expeditious manner.									CMS
12943.9	Contractors shall download an annual updated Part B Vaccine Administration payment file from the CMS Mainframe starting in January 2024 with the new payment file. Each annual update will be valid from January 1 – December 31 of the calendar year.	X	X			X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	
		A	B	H H H			
12943.10	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X				

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:
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**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Michelle Cruse, 410-786-6390 or michelle.cruse@cms.hhs.gov (Payment Policy) , William Ruiz, 410-786-9283 or william.ruiz@cms.hhs.gov (Part A Claims) , Rachel Radzyner, 410-786-8215 or rachel.radzyner1@cms.hhs.gov (Payment Policy) , Bridgitte Davis-Hawkins, 410-786-4573 or bridgitte.davis-hawkins@cms.hhs.gov (Part B Claims) , Charles Nixon, 410-786-9183 or charles.nixon@cms.hhs.gov (Part B Claims) , Wilfred Gehne, 410-786-6148 or wilfried.gehne@cms.hhs.gov (Part A Claims)

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 1**

<b>FIELD #</b>	<b>ITEM</b>	<b>LOCATION</b>	<b>LENGTH &amp; PIC</b>
1	A/B MAC Contractor ID #	1-5	5 Pic x(5)
2	Locality	6-7	2 Pic x(2)
3	HCPCS Code	8-12	5 Pic x(5)
4	Modifier	13-14	2 Pic x(2)
5	Geographically Adjusted Fee	15-23	9 Pic 9(7)v99
6	Payment Effective Date (CCYYMMDD)  NOTE: With each annual update, this date will be set to January 1 of the year the payment is intended.	24-31	8 Pic x(8)
7	Filler	32-51	20 Pic x(20)