CMS Changes in Medicare Part B Preventive Vaccines for FQHCs and RHCs

According to CMS, as of July 1, 2025, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will be able to bill Medicare Part B directly for the following adult preventive vaccines at the time of service[1]:

- Pneumococcal pneumonia
- Influenza
- Hepatitis B
- COVID-19

Streamlined Billing Matters

This change allows FQHCs and RHCs to file for reimbursement at the time of service. Billing for eligible vaccination(s) can occur at the time of visit, irrespective of whether administered during a qualifying visit, potentially streamlining the administration process.[1]

Impact on Vaccination Strategy

This may be the right time to assess and plan your adult vaccination strategy for patients 65+ ahead of the fall respiratory season.

With this CMS update, consider how you can help vaccinate eligible adults against preventable diseases. Pneumococcal pneumonia, influenza, hepatitis B, and COVID-19 potentially pose significant health risks, particularly for older adults.[2-6] Vaccination can help prevent severe outcomes, highlighting the importance of ensuring access to these vaccines.[7,8]

Consider Implementing This Process in Your Office

To learn more, scan the QR code to review the CMS Medicare Learning Network (MLN) notification.

CMS=Centers for Medicare & Medicaid Services.

References: 1. Medicare Learning Network. *Payment for Medicare Part B Preventive Vaccines & Their Administration for Rural Health Clinics & Federally Qualified Health Centers*. Centers for Medicare & Medicaid Services. MLN Matters Number MM13923. January 16, 2025. Accessed July 8, 2025. https://www.cms.gov/files/document/mm13923-payment-medicare-part-b-preventive-vaccines-their-administration-rural-health-clinics.pdf **2.** Gierke R, Wodi AP, Kobayashi M. Pneumococcal disease. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Centers for Disease Control and Prevention. 14th ed. Public Health Foundation; 2021;255-274. **3.** Hall E. Influenza. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Centers for Disease Control and Prevention. 14th ed. Public Health Foundation; 2021;179-192. **4.** Haber P, Schillie S. Hepatitis B. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Centers for Disease Control and Prevention. 14th ed. Public Health Foundation; 2021;143-164. **5.** Centers for Disease Control and Prevention. Underlying conditions and the higher risk for severe COVID-19. February 6, 2025. Accessed July 9, 2025. https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html **6.** Centers for Disease Control and Prevention. Underlying conditions and the higher risk for severe COVID-19. February 6. 2025. Accessed July 9, 2025. https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.htm **7.** Wodi AP, Morelli V. Principles of vaccination. In: Hall E, Wodi AP, Hamborsky J, Morelli V, Schillie S, eds. *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Centers for Disease Control and Prevention. 14th ed. Public Health Foundation; 2021;1-8. **8.** Centers for Disease Control and Prevention. Underlying conditions and the higher risk for severe COVID-19. February 6, 2025. Accessed July 9, 2025. https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

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