



September 12, 2025

**To:** Centers for Medicare & Medicaid Services, Department of Health and Human Services  
Attention: CMS-1832-P (P.O. Box 8016, Baltimore, MD 21244-8016)

**From:** The Adult Vaccine Access Coalition (AVAC)

**RE:** CMS-1832-P Medicare and Medicaid Programs: CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program

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We appreciate the opportunity to comment on *CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program*

**Specifically, AVAC:**

- Supports the proposal to extend the application of HCPCS code G2211 to home and residence E/M visits.
- Supports maintaining procedure status "X" for CPT code 90480 and assign procedure status "X" to CPT code 9X16X for reimbursement for the administration of combination COVID-19-influenza vaccines.
- Urges CMS to reconsider its proposal to not make Immunization Counseling (without vaccine administration) CPT codes 90XX1, 90XX2, and 90XX3 active.
- Urges CMS to reconsider its proposal to remove Screening for Social Drivers of Health from the Performance Pathway Plus (APP+) measure set but supports the addition of the Adult Immunization Status (AIS) measure to the APP+ beginning with performance year 2028 or the performance year that is 1 year after the eCQM specification becomes available.
- Urges CMS to reconsider removal of improvement activity: IA\_PM\_26: Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B in the final rule. (Appendix)



## ADULT VACCINE ACCESS COALITION

AVAC's broad membership consists of over seventy-five organizational leaders in health and public health that are committed to addressing the range of barriers to adult immunization and to raising awareness of the importance of adult immunization.

AVAC works towards common legislative and regulatory solutions that will strengthen and enhance access to adult immunization across the health care system. Our priorities and objectives are driven by a consensus process with the goal of enabling the range of stakeholders to have a voice in the effort to improve access and utilization of adult immunizations. Ensuring that providers are adequately reimbursed for work related to vaccine counseling and administration remains a top AVAC priority. The coalition also continues to advocate for benchmarks and quality improvement measures that reflect the importance of vaccines and vaccination in preventive health care.

Despite the well-known benefits of immunizations, prior to the pandemic roughly 50,000 adults died from vaccine-preventable diseases annually, while adult coverage consistently lags for most recommended vaccines. Outbreaks of common vaccine-preventable conditions, such as influenza and pneumococcal, continue to take a toll each year.

### **Office/Outpatient (O/O) Evaluation and Management (E/M) Visit Complexity Add-On**

AVAC has long advocated for payment initiatives that support the work of providers both within as well as outside the office setting. As such, we support the CMS proposal to extend the application of HCPCS code G2211 to home and residence E/M visits. This proposal builds upon CMS' ongoing effort to acknowledge the inherent complexity involved in longitudinal primary care relationships centered on trust between provider and patient. The trusted provider-patient relationship is tremendously important to patient care decision-making, including choices involving preventive health services such as vaccination. As such, **AVAC encourages CMS to maintain the proposal to extend the application of HCPCS code G2211 to home and residence E/M visits in the final rule.**

### **PE Facility RVU Allocations**

The proposed rule seeks to make changes to practice expense facility RVU allocations to balance costs incurred by providers in different health care settings. AVAC urges CMS to carefully assess the role that specialists who work in hospitals as well as a variety of other health care settings, such as outpatient clinics, long-term care among other settings where their area of expertise may be required to serve unique patient clinical needs. Ensuring that providers who are serving patients in a variety of health care settings are not inadvertently disadvantaged when they are providing important, resource intensive highly specialized



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services, including infection prevention and control, antimicrobial stewardship, biosafety and pandemic preparedness training, multidisciplinary care coordination, among other activities that are vital to safe and high-quality care. AVAC encourages CMS to ensure that these vital providers are not inadvertently disadvantaged as a result of the proposed changes to PE facility RVU allocations.

### **Combination COVID-Influenza Immunization Administration (CPT Code 90480 “X”)**

As CMS evaluates implementation of RUC-recommended work relative value units (RVUs) for COVID vaccine administration, AVAC supports the CMS proposal to maintain procedure status “X” for CPT code 90480 and assign procedure status “X” to CPT code 9X16X for reimbursement for the administration of combination COVID-19-influenza vaccines.

CMS coverage and payment rules have a significant impact on Medicare beneficiary access to preventive health services such as vaccination. They influence provider actions and can have a positive or negative impact the health of Medicare beneficiaries. Coverage and payment rules can also encourage or discourage uptake of new and innovative treatments and interventions. The development of COVID-19 vaccines through Operation Warp Speed and national efforts to immunize millions of Americans during the public health emergency changed the course of the pandemic, saving millions of lives.

Maintaining the procedure status “X” for CPT code 90480 and procedure status “X” to CPT code 9X16X for reimbursement for the administration of combination COVID-19-influenza vaccines helps ensure access to potential future combination vaccines that are in development and that could be available for the upcoming respiratory season. How these vaccines will be reimbursed will be foundational to provider uptake and ultimately patient demand. Given the timing of when these vaccines could be brought to market, AVAC appreciates that CMS is forward leaning in its proposal to maintain the CPT code in anticipation of forthcoming combination vaccines that may be recommended for Medicare age beneficiaries. To ensure there is a pathway for combination vaccines when they become available, AVAC urges CMS to work towards the assignment of a dedicated code that is valued to reflect any additional work required for the provider in anticipation of a combination vaccine potentially being available for the 2026-2027 respiratory season.

Furthermore, AVAC hopes that CMS also can help encourage clinicians who stepped up to offer vaccines during the public health emergency to their patients and their communities to build upon those vaccination capabilities by offering other important routinely recommended adult vaccines.



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### Immunization Counseling (without vaccine administration) (CPT codes 90XX1, 90XX2, and 90XX3)

In 2022, CMS created six new HCPCS codes so providers could bill for stand-alone vaccine counseling, G0310-G0315. In May 2024, the CPT Editorial Panel created three new time-based CPT codes 90XX1, 90XX2, and 90XX3 to report vaccine counseling performed where a vaccine is not administered. In the proposed rule, CMS proposes to assign status indicator ("I") to each of these three services, as not valid for Medicare purposes.

According to CMS, Medicare uses other coding for reporting of, and payment for immunization counseling, although CMS does not say what those other codes are apart from G0310-G0315, all of which are also status indicator "I" (i.e., not valid for Medicare purposes). While we are grateful that G0310-G0315, are active for Medicaid, we are concerned that the proposed rule is not advancing these codes for Medicare, nor does it propose any work RVUs or PE RVUs for any of the three new CPT codes.

AVAC would encourage CMS to reconsider this proposal. The proposed rule recognizes the vital role of the provider-patient relationship in driving informed health care decision making as well as its importance in managing chronic illnesses and striving for improved health and reducing avoidable disease. Assigning status "I" to new codes 90XX1, 90XX2, and 90XX3 appears to run counter to CMS' foundational goals, particularly when it comes to disease prevention. **Given the lack of other codes to report immunization counseling without administration under Medicare, AVAC urges CMS to assign new codes 90XX1, 90XX2, and 90XX3 status indicator "A" (i.e., active for Medicare payment) and accept the work RVUs and direct practice expense inputs recommended by the RUC in valuing the codes under the Medicare physician fee schedule.** We would also encourage CMS to publish the RUC recommended values, so they are available to other payers who choose to cover and pay for the codes as well.

### MIPS Value Pathways: Request for Information on Information (RFI) on Development of MVP "Core Elements"

AVAC appreciates the opportunity to share some thoughts on potentially requiring MIPS Value Pathways participants to select one quality measure from the Core Elements. AVAC appreciates CMS' ongoing efforts to improve healthcare quality, including through development of the Universal Foundation to streamline quality measurement across the agency's quality improvement programs.



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AVAC would urge CMS to consider inclusion of the Adult Immunization Status (AIS) measure in the proposed MVP Core Elements. The AIS is an NCQA measure that ensures that adults are up to date with the recommended routine vaccines: influenza; tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap); zoster; and pneumococcal. This robust measure supports provider-patient communication that can help improve uptake of recommended adult immunizations that protect health through the mitigation and prevention of disease.

Thank you for the opportunity to share our perspective regarding the proposals outlined in the proposed rule.