**Zero Cost COVID-19 Oral Antivirals Pharmacy Billing Guidance**

Providers submitting claims for Zero Cost COVID-19 Oral Antivirals shall submit claims with either $0.01 in the Ingredient Cost Submitted field (NCPDP field 4Ø9-D9) or the combination of $0.00 in the Ingredient Cost Submitted field (NCPDP field 4Ø9-D9) and a value of “15” in the Basis of Cost Determination field (NCPDP field 423-DN).

Providers are reminded that they must follow all US Government requirements for participation

in the distribution program for COVID-19 oral antivirals, including the requirement to dispense regardless of health plan coverage and the prohibition against collecting any member cost share.

**Providers should submit claims utilizing Submission Clarification Code (SCC) (NCPDP field #**

**42Ø-DK) value of “99”. For contracted Providers receiving NCPDP Reject 40,**

**“Pharmacy Not Contracted With Plan On Date Of Service”, when submitting a COVID-19 oral**

**antiviral claim without the SCC code, Provider should resubmit the claim utilizing SCC code “99”.**

As an example of claim submission requirements, included is a section of a Payer Sheet. Only NCPDP

Segments/Fields pertinent to COVID-19 oral antiviral claim submission are shown in the example.

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| **CLAIM Segment****Segment Identification (111-AM) = “Ø7”** |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer**Usage* | *Payer Situation* |
| 436-E1 | PRODUCT/SERVICE IDQUALIFIER | 03 | M | NDC |
| 4Ø7-D7 | PRODUCT/SERVICE ID | 00069-1085-30 | M | Pfizer NDC shown as example |
| 442-E7 | QUANTITY DISPENSED | 30 | R |  |
| 4Ø5-D5 | DAYS SUPPLY | 5 | R |  |

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| **Pricing Segment****Segment Identification (111-AM) = “11”** |
| *Field #* | *NCPDP Field**Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 4Ø9-D9 | INGREDIENT COSTSUBMITTED | $0.01 | R | Use $0.00 for free product |
| 426-DQ | USUAL ANDCUSTOMARY CHARGE | $10.01 | R | Usage of a value less than theenhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee |
| 423-DN | Basis of CostDetermination | 01 | R | Use 15 for free product |
| 430-DU | Gross Amount Due | $10.01 | R | Usage of a value less than theenhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee |