

COVID-19 Vaccine Billing Guidance

For network pharmacies wishing to provide the COVID-19 vaccine for MetroPlus Health Plan recipients, details regarding network participation, including claims submission requirements, were sent to Caremark-participating New York pharmacies on 12/17/2020.

To enroll into the CVS Caremark “COVID-19 Vaccine Administration Network” please visit the **CVS Caremark Pharmacy Portal** for the **COVID-19 Vaccine Administration Network Enrollment Form at: <https://rxservices.cvscaremark.com>**. For troubleshooting the CVS Caremark Pharmacy Portal registration and/or login process only, please email RxServices@CVSCaremark.com. Once you are logged in to the Pharmacy Portal, from the Home Page click on the “Document Library” icon at the top right-hand corner of your screen. Expand the “Covid-19” folder to access the enrollment form.

If you elect to enroll, please follow the process described in the network enrollment form. If you have any questions, please contact CVS Caremark Network Services at 1-866-488-4708.

Attached please find claims submission information for COVID-19 vaccine claims. As a reminder, applicable reimbursement includes a comparison to the Provider’s submitted Usual and Customary Charge (426-DQ) and Gross Amount Due (430-DU), including where the vaccine has been provided to Provider with no associated cost.

Claims Submission Information

The following information is being provided to assist your pharmacy with the submission of COVID-19 Vaccine Administration claims. The information contained in this communication is informational only and is not a substitute for the information provided in the COVID-19 Vaccine Administration Network Enrollment Form.

Submit ‘MA’ in the Professional Service Code field (44Ø-E5) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted field (438-E3) of the Pricing Segment when administering vaccines.

Submit the appropriate Quantity (e.g., 0.5 ml) and Days Supply of “1”. Inappropriate Quantities or Days Supply may cause the claim to reject.

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code	MA (Medication Administration)
4Ø9-D9	Pricing Segment Ingredient Cost Submitted	≥\$0.01 Submit Vaccine Cost (If government-supplied, see below)

438-E3	Pricing Segment Incentive Amount Submitted	= Administration Fee expected by Provider* (Must be greater than \$0.00)
426-DQ	Pricing Segment Usual and Customary Charge	≥ Incentive Amount Submitted *

*Any submitted value that is less than the Plan Sponsor or State Exception Applicable Administration Fee or the standard COVID-19 Vaccine Administration Network Applicable Administration Fee will result in the reimbursement being less than the maximum possible Applicable Administration fee.

Providers must submit Submission Clarification Code (SCC) (NCPDP field #420-DK) for an additional dose utilizing value "07" to indicate Immunocompromised or value "10" to indicate a booster dose on a COVID-19 vaccine administration claim where that claim meets the Emergency Use Authorization (EUA) and CDC guidance for an additional dose.

Government-Supplied Vaccine Programs*

When submitting administration claims for a COVID-19 vaccine provided without cost through a government COVID-19 vaccine program, pharmacies must populate specific values in the following fields:

Field #	NCPDP Field Name	Required Vaccine Administration Information for Processing
409-D9	Pricing Segment Ingredient Cost Submitted	\$0.00
423-DN	Pricing Segment Basis of Cost Determination	15 (Free product or no associated cost)

*Providers submitting claims for COVID-19 vaccine paid for by the federal government through funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) act, or paid for by any program supplying Provider with no associated cost (zero cost) COVID-19 vaccine, must submit claims with either \$0.01 in the Ingredient Cost Submitted field (NCPDP field #409-D9) and Basis of Cost Determination field (NCPDP field #423-DN) of **not** "15" or the combination of \$0.00 in the Ingredient Cost Submitted field (NCPDP field #409-D9) and a value of "15" in the Basis of Cost Determination field (NCPDP field #423-DN).

Reminder: applicable reimbursement includes a comparison to the Provider's submitted Usual and Customary Charge (NCPDP field #426-DQ) and Gross Amount Due (NCPDP field #430-DU), including where the vaccine has been provided to Provider with no associated cost.

COVID-19 Vaccine Additional Doses for Immunocompromised Individuals Pharmacy Billing Guidance

On August 13, 2021, the Advisory Committee on Immunization Practices (ACIP) met and recommended an additional dose for immunocompromised individuals who have received the Pfizer-BioNTech or Moderna COVID-19 vaccine.

Providers must submit additional dose claims for immunocompromised individuals covered by these Plans with a Submission Clarification Code (SCC) (NCPDP field #420-DK) value of "07".

Providers should note that, per the Emergency Use Authorization (EUA), the additional dose for immunocompromised individuals should be administered at least 28 days following the first two doses of the vaccine.

When submitting claims for additional doses of COVID-19 Vaccine, the Provider must document how the Eligible Person meets the criteria to receive an additional dose. This may be in the form of an attestation from the Eligible Person (which should be noted by the pharmacist when the attestation is received verbally) or may also include documentation of the Eligible Person's qualifying condition or therapy in an accessible paper or electronic record. All documentation to support the administration of an additional dose must be retrievable for audit purposes.

Pfizer-BioNtech, and Moderna, COVID-19 Booster Update Pharmacy Billing Guidance

The U.S. Food and Drug Administration has amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine and Moderna COVID-19 Vaccine to allow for a booster dose. Consult the individual EUA's for current guidance.

NCPDP's interim solution for booster dosing is to utilize Submission Clarification Code (SCC) (NCPDP field # 42Ø-DK) value of "Ø7" in combination with SCC value of "1Ø". Or, the use of SCC 1Ø alone.

When a booster dose, Providers should submit SCC 1Ø alone, or SCC Ø7 and SCC 1Ø together on a COVID 19 booster vaccine administration claim where that claim meets the EUA and CDC guidance for a booster shot.