

Billing Guidance to Pharmacies for Coronavirus (COVID-19) Testing Under Healthfirst's Medicaid Managed Care Plan and Personal Wellness Plan

Per Governor Cuomo's **Executive Order #202.24**, during the declared disaster emergency pharmacies may bill for FDA-approved or cleared COVID-19 tests or COVID-19 tests that have been authorized by the FDA under **Emergency Use Authorization (EUA)** under Healthfirst's Medicaid Managed Care plan and Personal Wellness Plan (see billing instructions below).

CVS Caremark-participating New York pharmacies that provided COVID-19 testing services were sent details on claims submission on July 21, 2020. For a pharmacy that is a chain pharmacy or a member of a PSAO (Pharmacy Services Administrative Organization), your chain headquarters or PSAO would have received the notification. Please contact them for additional information. If you are an independent pharmacy and have not received this information, contact Caremark at **1-866-488-4708**.

Claims Submission Information – Specimen Collection Only

When submitting to CVS Caremark for COVID-19 test specimen collection, submit the appropriate quantity and the appropriate day's supply. Inappropriate quantities or day's supply may cause the claim to reject. Submit "MA" in the Professional Service Code field (440-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 submitting for administering COVID-19 tests.

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code Field	MA (Medication Administration)
409-D9	Pricing Segment Ingredient Cost Submitted	>\$0.00
438-E3	Pricing Segment Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)
426-DQ	Pricing Segment Usual and Customary Charge	≥ \$ in Incentive Amount Submitted

Provider Alert

Including a section of Payer Sheet as an example – ONLY the NCPDP Segments/Fields, pertinent to COVID-19 billing, are shown:

CLAIM Segment Segment Identification (111-AM) = "07"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
407-D7	PRODUCT/SERVICE ID	60004041780	M	Example UPC for NY COVID-19 test specimen collection is listed below: • 60004041780 (UPC)
442-E7	QUANTITY DESPENSED	1	R	
405-D5	DAY SUPPLY	1	R	

DUR/PPS Segment Segment Identification (111-AM) = "08"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS Code Counter	1	R	
440-E5	Professional Service Code	MA	R	MA (Medication Administration)

Example NDC/UPC codes only and not limited to the following:

Specimen Collection Only

NDC/UPC	COVID-19 Test Type
60004-0417-80	CLIA certificated laboratory
99999-0992-11	CLIA certificated laboratory

Claims Submission Information – Product with CLIA-Waived COVID Testing

When submitting for administration of a COVID-19 test to CVS Caremark, submit the appropriate quantity and the appropriate day's supply. Inappropriate quantities or day's supply may cause the claim to reject. Submit "PP" in the Reason for Service Code field (439-E4), "PT" in the Professional Service Code field (440-E5), and "00" in the Result of Service Code field (441-E6) 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 submitting for administering COVID-19 test.

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Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
439-E4	DUR/PPS Segment Reason for Service Code	PP (Plan Protocol)
440-E5	DUR/PPS Segment Professional Service Code	PT (Perform laboratory test)
441-E6	DUR/PPS Segment Result of Service Code	00 (Not Specified)
438-E3	Pricing Segment Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)

Including a section of Payer Sheet as an example – ONLY the NCPDP Segments/Fields, pertinent to COVID-19 billing are shown.

CLAIM Segment Segment Identification (111-AM) = "07"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
407-D7	PRODUCT/SERVICE ID	11877001126	M	Allowable NDCs for NY CLIA-Waived COVID-19 testing is listed, use the following NDC Code: • 11877001126
442-E7	QUANTITY DESPENSED	1	R	
405-D5	DAY SUPPLY	1	R	

DUR/PPS Segment Segment Identification (111-AM) = "08"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS Code Counter	1	R	
439-E4	Reason for Service Code	PP	R	Plan Protocol
440-E5	Professional Service Code	PT	R	Perform laboratory test
441-E6	Result of Service Code	00	R	Not Specified

Example NDC/UPC codes only and not limited to the following:

Diagnostic Testing (Any Technique)

NDC/UPC	COVID-19 Test Type
11877-0011-26	ID Now COVID-19 In Vitro Kit
14613-0339-08	Sofia2 SARS Antigen FIA In Vitro Kit

Coverage is provided by Healthfirst PHSP, Inc