

## Pharmacy Billing Guidance for the Coronavirus (COVID-19) Vaccine Under Healthfirst's Medicaid Managed Care Plan (MMC) and Personal Wellness Plan

Per New York Governor Cuomo's **Executive Order #202**, during the declared disaster emergency, pharmacies may bill for COVID-19 vaccines 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). As additional COVID-19 vaccines become available under an EUA, or are otherwise approved by the FDA, this billing guidance will be updated as needed.

Information about vaccines receiving EUA by the FDA can be [found here](#).

### Healthfirst Will Not Reimburse for the Cost of the COVID-19 Vaccine

1. Payment will not be made to providers for the cost of the COVID-19 vaccine, because the vaccine is available at no cost to providers.
2. In order to obtain a COVID-19 vaccine at no cost, Medicaid-enrolled providers must be legally authorized to administer the vaccine and also enroll as COVID-19 vaccine providers with the Centers for Disease Control and Prevention (CDC), the NYS Department of Health Bureau of Immunization, or the NYC Department of Health and Mental Hygiene (NYCDOHMH) Bureau of Immunization. Such providers are considered qualified providers by the Medicaid program for the purpose of COVID-19 vaccine administration.
3. For information on how to enroll in the NYS COVID-19 Vaccination Program and how to register for the New York State Immunization Information System (NYSIIS) or the New York Citywide Immunization Registry (CIR), please [click here](#).
4. Note that this program is distinct from the Vaccines for Children (VFC) Program and separate enrollment is required.

# Provider Alert

## Reimbursement for Administration of Authorized COVID-19 Vaccines

1. The NYS Medicaid program, including the Medicaid FFS program and MMC, will reimburse NYS Medicaid-enrolled and qualified providers for the administration of COVID-19 vaccines that have been issued an EUA by the FDA for the prevention of COVID-19.
2. Reimbursement for administration of COVID-19 vaccines may be based on a patient-specific order or non-patient-specific order (“standing order”). These orders must be kept on file by the provider.
3. Providers must not bill NYS Medicaid for the administration of the COVID-19 vaccine to members who are also enrolled in Medicare. Dual-eligible enrollees will continue to access full coverage of immunization services through Medicare.

## Qualified Pharmacies

When submitting pharmacy claims for COVID-19 vaccines administered to Healthfirst members:

- 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 and Days Supply of “1”. Inappropriate entries may cause rejection of the claim.

## Moderna vaccine for members $\geq$ 18 years

- NDC 80777-0273-99: 0.5ml
- NDC 80777-0273-10: 0.5ml
- Vaccine requires two doses 28 days apart

## Pfizer vaccine for members $\geq$ 16 years

- NDC 59267-1000-01: 0.3ml
- NDC 59267-1000-02: 0.3ml
- NDC 59267-1000-03: 0.3ml
- Vaccine requires two doses 21 days apart

# Provider Alert

## Johnson & Johnson vaccine for members ≥ 18 years

- NDC 59676-0580-05: 0.5ml
- NDC 59676-0580-15: 0.5ml
- This is a single-dose vaccine

Field#	NCPDP Field Name	Dose	Required Vaccine Administration Information for Processing
44Ø-E5	<b>DUR/PPS Segment</b> Professional Service Code	<b>MA</b> (Medication Administration)	44Ø-E5
4Ø9-D9	<b>Pricing Segment</b> Ingredient Cost Submitted	<b>\$0.00 or \$0.01</b> Submit Vaccine Cost (If government-supplied, see below)*	4Ø9-D9
438-E3	<b>Pricing Segment</b> Incentive Amount Submitted	<b>≥ \$0.01</b> Submit Administration Fee	438-E3
426-DQ	<b>Pricing Segment</b> Usual and Customary Charge	<b>≥ Incentive Amount Submitted</b>	426-DQ
423-DN	<b>Basis of Cost Determination</b>	<b>15</b> (Free product or no associated cost)	423-DN

\*Providers submitting claims for the 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 the provider with no associated cost (zero cost) COVID-19 vaccine, 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).

# Provider Alert

## Identification of Dose Being Submitted

When submitting administration claims for a COVID-19 vaccine that requires multiple doses, pharmacies must submit the following information to indicate whether they are submitting an initial/restarter dose or the final dose in the regimen.

Field#	NCPDP Field Name	Dose	Required Vaccine Administration Information for Processing
420-DK	Submission Clarification Code	Initial/Restarter Dose	02
420-DK	Submission Clarification Code	Final Dose	06

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