

COVID-19 Vaccine Participation Summary by PBM

Please note: Not all clients managed by PBMs allow vaccines under the pharmacy benefit. Some may require claims to be processed through members' medical benefit. This decision to participate is made by client.

Plan Sponsors may reimburse Provider Applicable Administration Fees that are either the State Exception Applicable Administration Fees or the standard COVID-19 Vaccine Administration Network Applicable Administration Fees. A Plan Sponsor may implement State Exception Applicable Administration Fees consistent with and when required by applicable federal or state law, rule, regulation, or sub-regulatory guidance.

Where specific protocol is not provided, pharmacies should process according to guidance as released by the [CDC](#) and [NCPDP](#).

| PBM | Agreement | Single Dose Reimbursement | Multi-Dose Reimbursement <i>Initial Doses(s), Final Dose</i> |
|-----------------------------|--|----------------------------------|--|
| Benecard | COVID-19 Vaccine Amendment | \$40.00 | \$40.00, \$40.00 |
| Caremark | COVID Vaccine Administration Network | \$40.00 | \$40.00, \$40.00 |
| DST / SS&C | Pharmacy Network Addendum Pharmacist Administered COVID-19 Vaccines | \$40.00 | \$40.00, \$40.00 |
| Elixir | Vaccine Amendment Admin fee | \$40.00 | \$40.00, \$40.00 |
| ESI | Multi-dose COVID-19 Vaccine Claims Processing Information | \$40.00 | \$40.00, \$40.00 |
| Independent Health / PBD | M20200916100 | \$40.00 | \$40.00, \$40.00 |
| Magellan | Commercial COVID-19 Vaccine Network Fee Schedule COV-19 | \$40.00 | \$40.00, \$40.00 |
| MaxCare Rx | COVID-19 Vaccine Administration Fee Amendment | \$40.00 | \$40.00, \$40.00 |

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| PBM | Agreement | Single Dose Reimbursement | Multi-Dose Reimbursement <i>Initial Doses(s), Final Dose</i> | Protocol |
|---------------|--|----------------------------------|--|----------------------------|
| MaxorPlus | COVID Vaccine Administrative Fee Reimbursement Notice | \$40.00 | \$40.00, \$40.00 | |
| MedImpact | Covid-19 Vaccine Administration Fee Schedule – COVAC-20 | \$40.00 | \$40.00, \$40.00 | Click Here |
| OptumRx | COVID Vaccine Network Amendment | \$40.00 | \$40.00, \$40.00 | Click Here |
| ProCare/MC-Rx | COVID Vaccine Addendum | Varies | Varies | Click Here |
| RxAdvance | COVID-19 Vaccine Administration Fee Reimbursement Notice | Varies by State | Varies by State | Click Here |

Benecard COVID-19 Vaccine Administration Billing Instructions

Participating Pharmacy will bill PBF as follows and PBF shall accept the below as a complete claim. Furthermore, PBF processor shall accept a cost basis of 15 (NCPDP field 423-DN) to indicate the product is at no cost.

- The claim pricing segment follows the prescription claim request formula.
 - The Product/Service ID (407-D7) should be submitted with the correct Product/Service ID Qualifier (436/E1) (in this example "03" (NDC))
 - Product/Service ID (407-D7) contains the NDC Number of the vaccine or other product that was administered and obtained at zero cost.
 - The Days Supply (405-D5) should be submitted with a value of "1".
 - The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
 - The DUR/PPS Segment, with a "MA" (Medication Administered) in the Professional Service Code (440- E5), is submitted to identify the product was administered.
 - The Incentive Amount Submitted (438-E3) is submitted to identify the pharmacy is seeking reimbursement for the administration of the product.
 - Basis of Cost Determination (423-DN) should be submitted with the value "15" (Free product or no associated cost).
 - Initial Dose: - Submission Clarification Code of 2 "Other Override" - defined as, "Used when authorized by the payer in business cases not currently addressed by other SCC values," to indicate the first dose of a two-dose vaccine is being administered
 - Final Dose: - Submission Clarification Code of 6 "Starter Dose" - defined as, "The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment," to indicate the final dose of a two-dose vaccine is being administered
 - Submission Clarification Code of 42 - defined as, "Prescriber ID Submitted is valid and prescribing requirements have been validated" to indicate a pharmacist NPI is submitted for prescriber ID (411-DB) in accordance with federal and state regulations.
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Pharmacy Update

December 28, 2020

COVID-19 Vaccine Administration Claims Submission Information

The following information is being provided to assist your pharmacy with submitting COVID-19 Vaccine Administration claims:

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 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.

If the claim initially rejects with the message "Prescriber Type 1 NPI Required" when submitted using the pharmacy NPI as the Prescriber ID (NCPDP Field 411-DB), resubmit with submission clarification code (SCC) 42. Please contact the CVS Caremark Pharmacy Help Desk for any additional questions related to claims processing.

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

This update applies to:
All Network Pharmacies

State(s):
National

Payer Sheets:
For additional claim processing information, refer to the CVS Caremark Payer Sheets at www.caremark.com/pharminfo > NCPDP Payer Sheets.

Pharmacy network participation varies by plan.

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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 | Ingredient Cost Submitted | \$0.00 |
| 423-DN | 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, shall submit claims with either \$0.01 in the Ingredient Cost Submitted field (NCPDP field 409-D9) 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 (426-DQ) and Gross Amount Due (430-DU), including where the vaccine has been provided to Provider with no associated cost.

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 |

As an example, included is a section of a Payer Sheet for an initial dose. Only NCPDP Segments/Fields pertinent to special COVID-19 vaccine billing instructions are shown.

| CLAIM Segment Segment Identification (111-AM) = "07" | | | | |
|---|-------------------------------|-------|-------------|-----------------|
| Field# | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 436-E1 | IPRODUCT/SERVICE ID QUALIFIER | | M | INDC |

| CLAIM Segment | | | | |
|--|--------------------------------------|-------------|-------------|---|
| Segment Identification {111-AM} = "07" | | | | |
| Field# | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 407-D7 | PRODUCT/SERVICE ID | 59267100001 | M | Pfizer NDC shown as example |
| 442-E7 | QUANTITY DISPENSED | 0.3 | R | |
| 405-D5 | DAYS SUPPLY | 1 | R | |
| 354-NX | ISUBMISSION CLARIFICATION CODE COUNT | 11 | R | |
| 420-DK | ISUBMISSION CLARIFICATION CODE | 102 | R | 102 = Initial/Restarter Dose 06 = Final Dose |

| 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 | IProfessional Service Code | IMA | R | IMA (Medication Administration) |

| Pricing Segment | | | | |
|--|-----------------------------|---------|-------------|--|
| Segment Identification {111-AM} = "11" | | | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | \$0.01 | R | Use \$0.00 for free product |
| 412-DC | DISPENSING FEE SUBMITTED | \$0.01 | RW | |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | \$16.94 | R | |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | \$20.00 | R | Use amount greater than or equal to Incentive Amount Submitted |
| 430-DU | GROSS AMOUNT DUE | \$16.96 | R | |
| 423-DN | Basis of Cost Determination | 01 | R | Use 15 for free product |

Pharmacy Update

April 30, 2021

COVID-19 Vaccine Administration Updates

As previously announced, CVS Caremark® is placing COVID-19 updates on the Caremark Pharmacy Portal at **rxservices.cvscaremark.com** for you to review at your convenience.

The following documents are now available for your review:

- **COVID-19 Vaccine Administration Network Enrollment Form – Amendment to Exhibit B**
- **Action Required: Claims Adjudication System Reprocessing Procedures for “818 rejected” COVID-19 Vaccine Administration Claims**
- **Florida Medicaid – COVID-19 Vaccine Administration Claims Reprocessing**

If you haven’t already, please create a Pharmacy Portal account:

- Go to: **rxservices.cvscaremark.com**
- If you are an individual pharmacy and not already registered to use the Pharmacy Portal, click “Sign Up”, complete the validation procedures, and create a user name and password.
- If you are a chain or PSAO headquarters and not already registered, contact your CVS Caremark Network Account Manager to receive login instructions.

To access the COVID-19 announcements click on the “Document Library” from the Home Page.

This update applies to:
All Network Pharmacies

Line of Business:
All

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-364-6331** if one is not provided.

Payer Sheets:
For additional claim processing information, refer to the CVS Caremark Payer Sheets at **www.caremark.com/pharminfo** > NCPDP Payer Sheets.

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SS&C Health Pharmacist Administered COVID-19 Vaccines During Public Health Emergency

- Participating Pharmacy will dispense and administer COVID-19 vaccines to Members consistent with all federal and state laws, and regulations including all executive orders (both state and federal) and declarations that relate to the pandemic and PHE.
 - Participating Pharmacy acknowledge and agrees that the COVID-19 vaccine covered under this addendum will be paid for by the federal government through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
 - The following NCPDP Codes must be submitted on the electronic transaction:
 - Single Dose Vaccines: i. 440-E5 Profession Service Code: Pharmacy must submit a Code of MA – Medication/Test Administration
 - 438-E3 Incentive Amount Submitted: Pharmacy must submit at least \$40.00 for the incentive amount
 - 423-DN Basis of Cost Determination: Pharmacy must submit a Code of 15 – Free Product or No Associated Cost
 - b. Multi-Dose Vaccines
 - Initial Dose(s)
 - 440-E5 Profession Service Code: Pharmacy must submit a Code of MA – Medication/Test Administration
 - 438-E3 Incentive Amount Submitted: Pharmacy must submit at least \$40.00 for the incentive amount
 - 423-DN Basis of Cost Determination: Pharmacy must submit a Code of 15 – Free Product or No Associated Cost
 - 420-DK Submission Clarification Code: Pharmacy must submit a Code of 2 – Other Override
 - Final Dose
 - 440-E5 Profession Service Code: Pharmacy must submit a Code of MA – Medication/Test Administration
 - 438-E3 Incentive Amount Submitted: Pharmacy must submit at least \$40.00 for the incentive amount
 - 423-DN Basis of Cost Determination: Pharmacy must submit a Code of 15 – Free Product or No Associated Cost
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- 420-DK Submission Clarification Code: Pharmacy must submit a Code of 6 – Starter Dose
 - When submitted per the NCPDP codes under Section 5 of this Addendum, SS&C Health will not require, and Participating Pharmacy will not collect a patient pay amount from the Member.
 - Participating Pharmacy will complete the following when dispensing and administering a COVID-19 vaccine per this Addendum:
 - Provide Members with the applicable EUA fact sheets about the vaccine and vaccination cards;
 - Administer the COVID-19 vaccines in accordance with CDC and ACIP requirements;
 - Comply with all applicable storage requirements for COVID-19 vaccines;
 - Comply with all recordkeeping and reporting requirements for COVID-19 vaccines, including reporting to public health data systems.
 - Participating Pharmacy and SS&C Health acknowledge and agree that
 - The Public Readiness and Emergency Preparedness (PREP) Act provides immunity to Participating Pharmacy with respect to all claims for loss caused by, arising out of, or resulting from the administration COVID-19 vaccines except for willful misconduct on the part of Participating Pharmacy;
 - Participating Pharmacy shall not be liable to SS&C Health for any damages relating to any supply disruption or inability of
 - Participating Pharmacy to procure a sufficient number of vaccines for Members except for willful misconduct on the part of Participating Pharmacy.
-



MEMO

To: Network Pharmacy
From: Elixir
Date: Friday, March 19, 2021
RE: COVID Vaccine Admin Fee Update

Dear Pharmacy:

CMS recently announced an increase to the Medicare COVID vaccine administration fee to \$40 per each dose administered. In alignment with CMS, Elixir has also increased the COVID vaccine administration to \$40 per each dose administered for all lines of business effective March 15, 2021. This could change based on state-specific fee schedules and/or commercial client-specific changes.

As a reminder, Elixir supports the adjudication of the vaccine for Commercial and Medicaid clients (if applicable). For beneficiaries enrolled in Medicare Advantage plans during CY 2020 and 2021, payment for the COVID-19 Vaccine and its administration will be made through the original fee-for-service Medicare program. The reject messaging for Medicare Part D BIN/PCN (PDP or MAPD) will be A5 (Not Covered under Part D law) with additional messaging to bill Medicare Part B FFS.

Our claim adjudication logic follows the guidance that NCPDP provides. For additional guidance on accurate claim submission, please review the "NCPDP Emergency Preparedness Guide – COVID-19 Vaccines" (<https://www.ncdp.org/NCPDP/media/pdf/NCPDP-Emergency-Preparedness-Guidance-COVID-19-Vaccines.pdf>).

Thank you,

Elixir

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IF YOU DO NOT WISH TO RECEIVE EMAILS from an Elixir company you may send a request to us via fax to 866.250.5178 (toll free) or via email to care@elixirsolutions.com (must state "Email Opt Out" in the subject line) or call 800.361.4542 (toll free) instructing us not to send you further emails. Your request will be deemed valid only if: (1) it contains the address(es) of the email(s) that should not receive an email from us; and (2) you do not subsequently give us permission to send emails to the previously provided email address. You must request that we resume emails to you by contacting us at the telephone number, fax number, or email address listed above. Federal law requires us to comply with your request within 30 days.



MEMO

To: Network Pharmacy
From: Elixir
Date: Thursday, December 17, 2020
RE: COVID-19 Vaccine Claim Processing

Dear Pharmacy:

On December 11, 2020, the U.S. Food and Drug Administration issued an emergency use authorization allowing the Pfizer-BioNTech COVID-19 Vaccine to be distributed in the U.S. Authorization of additional COVID vaccines may come in the near future as well. Please review the information below regarding the COVID-19 Vaccine coverage, reimbursement, and billing.

- For pharmacies enrolled with the Federal COVID-19 Vaccination Program, you may begin processing the COVID-19 Vaccine effective today, as supply is available.
- Elixir will support the adjudication of the COVID-19 Vaccine for commercial and Medicaid clients (if applicable). For beneficiaries enrolled in Medicare Advantage plans during CY 2020 and 2021, payment for the COVID-19 Vaccine and its administration will be made through the original fee-for-service Medicare program. The reject messaging for Medicare Part D BIN/PCN (PDP or MAPD) will be A5 (Not Covered under Part D law) with additional messaging to bill Medicare Part B FFS.
- The vaccine itself will be paid for through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, but administration of the vaccine by pharmacies will be paid for by the payer (for example, the private insurance company, Medicare FFS, or the Provider Relief Fund)
- Elixir will reimburse pharmacies an administration fee for the COVID-19 Vaccine when administered to members. Single dose vaccines will receive an administration fee of \$28.39. Multi-dose vaccines will receive an administration fee of \$16.94 for the initial dose and \$28.39 for the second dose.
 - The correct administration fee must be entered in the “**Incentive Amount Submitted**” field which appears as **FIELD #438-E3** on the Payer Sheet.
- Two-dose vaccines must be submitted with the NCPDP identified Submission Clarification Codes to differentiate between the first and second dose. For the first of two doses, Pharmacy must submit the Submission Clarification Code of 2 “Other Override”. For the second and final dose, Pharmacy must submit the Submission Clarification Code of 6 “Starter Dose”.
 - The correct Submission Clarification Code (SCC) must be entered in the “**Submission Clarification Code**” field which appears as **FIELD #420-DK** on the Payer Sheet.
- As with all vaccine claim submissions, pharmacies must submit “MA” in the “**Professional Service Code**” field which appears as **FIELD #440-E5** on the Payer Sheet.

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- For additional guidance on accurate claims submission, please review the “NCPDP Emergency Preparedness Guidance – COVID-19 Vaccines” (<https://www.ncdp.org/NCPDP/media/pdf/NCPDP-Emergency-Preparedness-Guidance-COVID-19-Vaccines.pdf>).
- **Members will NOT have any cost share amount and should not be charged anything out of pocket.**
- The list of covered GPIs will be listed in the Pharmacy Manual and updated as new GPIs become available. We are not requiring that pharmacies sign an amendment as the Pharmacy Manual will outline administration fee reimbursement. The Pharmacy Manual can be found at <https://www.elixirsolutions.com/providers> under the “Processing Information” category.

Thank you,

Elixir

04.13.2021

COVID-19 Vaccine Processing Reminder

To process COVID-19 vaccines, please submit claims in accordance with the instructions set forth in the Express Scripts Provider Manual with the below additional information.

Submission Clarification Codes to Indicate First or Subsequent Fill

COVID-19 vaccine claims require a Submission Clarification Code (SCC) in NCPDP field (420-DK) to indicate whether the claim is for an initial dose, a final dose, or the only dose of a vaccine series and for applicable clinical safety edits to be invoked. Missing SCCs will cause claims to reject.

For multi-dose COVID-19 vaccines, the following Submission Clarification Codes must be used:

- Initial dose: **02**
- Second dose: **06**

For single-dose COVID-19 vaccines, the following Submission Clarification Code must be used:

- Single dose: **06**

Failure to use the proper Submission Clarification Code could result in your pharmacy receiving the incorrect professional service fee for the administered vaccine.

Medicare Part D Reminder

All Medicare Part D and Medicare Advantage claims for COVID-19 vaccines must be processed through the Medicare Part B Fee-For-Service benefit by submitting to the Medicare Administrative Coordinator. Medicare Part D claims that are submitted incorrectly may cause one of the following rejects:

- NCPDP Reject **A5** (Not Covered Under Part D Law)
- NCPDP Reject **A6** (This Product/Service May Be Covered Under Medicare Part B)
- NCPDP Reject **816** (Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit).

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>.

12.17.2020

Multi-dose COVID-19 Vaccine claims processing information

Our records indicate that your pharmacy has a current Vaccine Administration Network contract with Express Scripts. That Vaccine Administration Network contract applies to COVID-19 vaccines. As such, you will be able to electronically process claims for COVID-19 vaccines under a member's pharmacy benefit.

Multi-Dose Vaccines

For multi-dose COVID-19 vaccines, the Submission Clarification Code field (420-DK) must be used to indicate whether the claim is for an initial dose or final dose of the vaccine series and for applicable clinical safety edits to be invoked. This guidance applies regardless if the same provider or different providers administer the series of doses. The following distinct Submission Clarification Code values must be used to clarify the submission as an initial or second dose:

- Initial Dose(s):
 - Submission Clarification Code of 2 (Other Override) - defined as "Used when authorized by the payer in business cases not currently addressed by other SCC values to indicate the first dose of a multi-dose vaccine is being administered".
- Second Dose:
 - Submission Clarification Code of 6 (Starter Dose) - defined as "The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment to indicate the second dose of a multi-dose vaccine is being administered".

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>.

12.22.2020

COVID-19 Vaccine Claims Processing

In order to process claims for COVID-19 Vaccines, please submit claims in accordance with the instructions set forth in the Express Scripts Provider Manual.

Submission Clarification Codes

Beginning on December 28, 2020, COVID-19 Vaccine claims will require a Submission Clarification Code (SCC) in NCPDP field (420-DK):

- 02 – Other (for first injection of vaccine)
- 06 – Starter Dose (for all subsequent prescriptions)
- For a single dose vaccine, please submit SCC 02 - Other

If a Submission Clarification code is not present, claims will reject with NCPDP Reject 34 (Missing/Invalid Submission Clarification Code).

Medicare

All Medicare Part D and Medicare Advantage claims must be processed as Medicare Part B Fee for Service. If a Medicare Part D or Medicare Advantage plan is billed, the following NCPDP rejections will occur:

- A5 - Not allowed under Part D Law with secondary messaging: “Bill under original Medicare Part B FFS”
- A6 - This Product/service may be covered under Medicare Part B with secondary messaging: “Bill under original Medicare Part B FFS”

Coverage Under Medical Benefit

Some plan sponsors choose to cover vaccines, or some vaccines, under medical benefits. The following NCPDP rejects indicate that the patient does not have pharmacy benefit coverage for the COVID vaccine:

- 816 – Pharmacy benefit exclusion for vaccines
- 818 – Medication administration not covered
- 831 – (Medicaid) Product/Service may be paid under FFS

Consistent Manufacturer

If a member received a different manufacturer for their first vaccine than what is being submitted on the second claim, the claim will result in an NCPDP Reject 88 – DUR Reject Error. The Reason for Service will be Therapeutic Duplication with DUR Message “Use same MFR as first dose.”

If there is a clinical exception to continue with a different manufacturer for the second vaccine, please use the following overrides, based on the appropriate scenario. Document the reason on the prescription as per standard process for overrides:

- Professional Service: M0, P0, PE, R0
- Result of Service: 1A, 1B, 1C, 1D, 1E, 1F, 1G

Basis of Cost Determination

Basis of Cost Determination 0 – Default and a drug cost of \$0.01 should be utilized. A dollar value of \$0.00 and a Basis of Cost Determination of 15 – Free Product or No Associated Cost may result in a Reject 99 –Host Processing Error.

If you need a member's specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>.

EXHIBIT A

BILLING INSTRUCTIONS

PSAO Pharmacies agree to submit COVID-19 Vaccine Claims to PBM as set forth below.

Effective January 1, 2021, PSAO Pharmacies shall process Claims for COVID-19 Vaccines through:

MaxCare (BIN # 610170)

Claim Submission Information:

- **PCN: MRX**
- **Member ID number will be a unique 9-digit number plus person code i.e. cardholder 00, spouse 01, children 02, 03, 04 etc.**
- **Group number should be left blank**
- **Person code should be left blank**

| |
|--|
| MaxCare Customer Support: 1-800-259-7765 Option 1 |
|--|

PSAO Pharmacies will bill PBM as follows:

- The Product/Service ID (407-D7) should be submitted with the correct Product/Service ID Qualifier (EUA approved NDC)
- Product/Service ID (407-D7) contains the NDC Number of the vaccine or other product that was administered and obtained at zero cost.
- The Day Supply (405-D5) should be submitted with a value of “1”.
- The Submission Clarification Code (420-DK) should be submitted along with Submission Clarification Code of 2 “Other Override” for Initial Dose or with Submission Clarification Code of 6 “Starter Dose” for Final Dose.
- The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of Covered Service product administered.
- The DUR/PPS Segment, with a “MA” (Medication Administered) in the Professional Service Code (440- E5), is submitted to identify the product was administered.
- The Incentive Amount Submitted (438-E3) is submitted to identify the Participating Pharmacy is seeking reimbursement for the administration of the product.
- Basis of Cost Determination (423-DN) should be submitted with the value “15” (Free product or no associated cost).

MedImpact COVID-19 Vaccine Dispensing / Administration Requirements

Claims for the dispensing and administration of vaccines shall be submitted by Member Pharmacy through the Online Claim System as a single claim in accordance with the most current version of the NCPDP standards.

Accordingly, unless and until directed otherwise by MedImpact in writing, in accordance with current NCPDP standards, when submitting a claim for the dispensing and administration of a covered vaccine, in addition to all other required information, Member Pharmacy shall submit the claim as follows –

- Enter the value of the Administration Fee in the Incentive Fee Field – 438-E3
- Enter “1” in the DUR/PPS Code Counter Field – 473-7E
- Enter “MA” (indicating medical administration) in the Professional Service Code Field – 440-E5

Failure to submit all required fields at the point of sale may result in adjudication of the claim as a dispensing event only (resulting in non-payment of the Administration Fee) or claim rejection or denial.



– IMPORTANT INFORMATION –

COVID-19 Vaccine Claim Submission Update

Effective: March 15, 2021

In response to the current novel Coronavirus (COVID-19) emergency situation, OptumRx will support our clients in the coverage of claims submitted for COVID-19 vaccines. Please review the following to ensure continuity of care for members. OptumRx continues to update pharmacy benefits to include COVID-19 vaccine coverage, based on client direction.

BACKGROUND

Pfizer, Moderna and Johnson and Johnson have received FDA emergency use authorization for COVID 19- vaccines.

- These FDA-authorized COVID-19 vaccines are publicly available, and members will have a \$0 cost-share (copayment, coinsurance or deductible), as outlined below, including when two doses are required.
 - Claims for **Medicaid members** will have coverage, however, there may be State Medicaid-specific guidance, and variations may be noted at the state level
- At this time, the cost for the vaccine itself will be covered by the federal government via funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act. However, where applicable, providers may submit a claim for the vaccine for payment of the administration.

CLAIM SUBMISSION

When submitting a claim for the COVID-19 vaccine administration fee, submission should include the NCPDP fields as depicted below and follow recommended guidance.

| | NCPDP Field Number | First Dose | Second Dose (If Applicable) |
|-------------------------------------|--------------------|---------------------------------------|---------------------------------------|
| Professional Service Code (DUR-PPS) | 440-E5 | MA | MA |
| Day Supply | 405-D5 | 1-Day | 1-Day |
| Submission Clarification Code (SCC) | 420-DK | 2 | 6 |
| Ingredient Cost Submitted | 409-D9 | \$0.00 (\$0.01 if system requires) | \$0.00 (\$0.01 if system requires) |
| Dispensing Fee Submitted | 412-DC | \$0.00 | \$0.00 |
| Basis of Cost Determination | 423-DN | 15 (Free Product) | 15 (Free Product) |
| Incentive Amount Submitted | 438-E3 | \$37.08 | \$37.08 |
| Product / Service ID / NDC | 407-D7 | EUA approved NDC | EUA Approved NDC |
| Fill Number | 403-D3 | 00 | 00 01 |

- Pharmacies should administer vaccines according to manufacturers' guidance and in accordance with the CDC COVID-19 Vaccination Program Provider Agreement and State / local jurisdiction immunization program requirements.
- Pharmacies may utilize a SCC 42 in response to a rejection regarding prescriber NPI when the prescribing NPI is the pharmacist of record and is compliant with state and federal guidance.
- OptumRx expects payment for providers will align with/close to pricing being used in government payments for first and second vaccine dose for administration. As of March 15th, the new administration fee is as listed below:
 - Administration cost for two dose vaccine: first dose \$37.08 / second dose \$37.08
 - Administration cost for a single dose vaccine: \$37.08

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team: pharmacyprovidercommunications@optum.com

- If your pharmacy receives a **Reject 817 – Not covered under pharmacy benefit**, bill medical benefits or directly through HHS.
 - If member has no insurance, submit claims through the Provider Relief Fund.
- **OptumRx enhanced the claims adjudication platforms effective January 23, 2021.**
 - **If the pharmacy submits a claim for a multi-dose COVID vaccine with the DUR PPS code of MA, indicating that an administration incentive fee is requested, pharmacies must also submit either a SCC 02 or SCC 06.**
 - **If a multi-dose COVID-19 vaccine claim is submitted with DUR/PPS code of MA but is not submitted with either a SCC 02 or SCC 06, the claim will reject with a reject code of 34 – M/I Submitted Clarification Code.**

ISSUES / QUESTIONS

To ensure claims process correctly, please enter and process the required values in the NCPDP Fields as outlined above (in the CLAIM SUBMISSION section). **Claims will not process accurately if the incorrect amount or code is entered.**

Note: You may need to consult with your pharmacy's software vendor and/or third-party claim processing helpdesk for assistance with identifying or modifying values in these fields within your billing system. If you determined your claim is submitted correctly in your billing system and are still experiencing issues with the claim response from the insurance, please contact the number on the back of the member's ID card.

OptumRx appreciates all Network Pharmacy Providers additional efforts to ensure continuity of care for our members.

Should you need any clarification regarding this notice, please contact our pharmacy help desk or call the number on the back of the member's ID card.

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Administration Fee Increase Field for COVID-19 Vaccine

Following the Center for Medicare and Medicaid Services (CMS) updated guidance on Medicare Fee for Service (FFS) payment rates for each COVID-19 vaccine dose and reviewing the needs of both our members and clients, OptumRx will begin increasing COVID administration fees.

In order to support each client's decision regarding such potential fee increase, as well as to ensure a seamless and accurate implementation, COVID-19 vaccine administration fees will increase to \$40 per dose beginning May 1, 2021 with expected completion by July 1, 2021 taking into account possible exceptions based upon the member's specific plan.

The administration fee takes into account, costs involved in administering the COVID-19 vaccine for different types of providers and suppliers, and the resources needed to ensure the vaccine is administered safely and appropriately.

OptumRx appreciates all of our participating network pharmacy providers' additional efforts to ensure continuity of care for our members.

Should you need any clarification regarding this notice, please contact our pharmacy help desk or call the number on the back of the member's ID card.

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team:
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ProCare COVID-19 Vaccine Amendment

Network Participation

This Amendment is intended to establish the terms and conditions pursuant to which Participating Pharmacies shall dispense and administer COVID-19 vaccine to Eligible Members of MassHealth Managed Care Entities, upon authorization or approval of a COVID-19 vaccine or vaccines by the FDA.

Subject to the limitations or restrictions imposed by federal and state laws and regulations including all executive orders and declarations related to the pandemic, and the availability of COVID-19 vaccine, Participating Pharmacies will dispense and administer COVID-19 vaccines to Eligible Members.

The Parties acknowledge and agree that the COVID-19 vaccine will be paid for by the federal government through funding authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

For each COVID-19 vaccine dispensed and administered to an Eligible Member, ProCare will reimburse Participating Pharmacies for the Administration Fee as set forth below. ProCare will not require, and Participating Pharmacy will not collect, a patient pay amount from the Eligible Member.

| MassHealth Managed Care Entities Schedule of Administration Fees | | | |
|--|-------|--------------------|--|
| NDC Code | Code | Administration Fee | Description of Code |
| 59267100001 | 0001A | 33.88 | Pfizer-Biontech Covid-19 Vaccine – First Dose |
| 59267100001 | 0002A | \$56.78 | Pfizer-Biontech Covid-19 Vaccine – Second Dose |
| 80777027310 | 0011A | \$33.88 | Moderna Covid-19 Vaccine – First Dose |
| 80777027310 | 0012A | \$56.78 | Moderna Covid-19 Vaccine – Second Dose |

In administering the COVID-19 vaccine to Eligible Members, Participating Pharmacies agrees to (a) provide Eligible Members with the applicable EAU fact sheets about the vaccine and vaccination cards; (b) administer the COVID-19 vaccine in accordance with the CDC and ACIP requirements; (c) comply with all applicable storage requirements for the COVID-19 vaccine; and (d) comply with all recordkeeping and reporting requirements for COVID-19 vaccine, including reporting to public health data systems.

Participating Pharmacies agree to follow all NCPDP claim submission guidelines for COVID-19 vaccines.

COVID-19 VACCINE UPDATE

FOR PARTICIPATING HEALTH PLANS

COVID-19 Vaccine Administration Claims Submission

Effective March 15th, 2021, following administration fee rates are applicable to the Medicaid plans for the states below:

| State | Two-Dose | | Single-Dose | Ingredient Cost |
|--------------|--------------|------------|-------------|-----------------|
| | Initial Dose | Final Dose | | |
| Ohio | \$37.98 | \$37.98 | \$37.98 | \$0.01 |
| Mississippi | \$35.87 | \$35.87 | \$35.87 | \$0.00 |
| Nebraska | \$37.25 | \$37.25 | \$37.25 | \$0.00 |
| Pennsylvania | \$40.00 | \$40.00 | \$40.00 | \$0.00 |
| Illinois | \$16.94 | \$28.39 | \$28.39 | \$0.00 |

States:

Ohio, Mississippi,
Nebraska, Pennsylvania,
Illinois

Line of Business:

Medicaid

Pharmacy Inquiries:

If you have questions or need assistance, please call your plan's the Pharmacy Help Desk

Payer Sheets:

For additional claims processing information, refer to the RxAdvance Payer Sheets (NCPDP Payer Sheets) at

<https://www.rxadvance.com/wp-content/uploads/2019/10/RxAdvance-Payer-Sheet.pdf>

Pharmacy Help Desk

If you are unable to submit the above field due to technical restrictions of your software, please call the Pharmacy Help Desk or reach out to 1-877-281-1745

The following instructions are for vaccine administration billing and claims submission.

| Field # | NCPDP Field Name | Payer Usage | Comment |
|---------|-------------------------------------|-------------|---|
| 409-D9 | Ingredient Cost Submitted | R | Submit either \$0.01 or \$0.00 when the COVID-19 vaccine is paid for by the federal government through funding authorized by the CARES* act |
| 423-DN | Basis of Cost Determination | RW | Required when the value of Ingredient Cost Submitted is greater than 0. Submit a value of '15'. |
| 420-DK | Submission Clarification Code (SCC) | RW | Required for two-dose COVID-19 vaccines. First Dose: SCC 2 Second Dose: SCC 6 Not required for single-dose vaccines. |
| 438-E3 | Incentive Amount Submitted | RW | Required when claim is for a COVID-19 vaccine. Amount must be a non-zero value. |
| 440-E5 | Professional Service Code | RW | 'MA' – Medication Administration code required for all claims submitted for a COVID-19 vaccine. |

Days Supply and Quantity Dispensed:

Each individual patient vaccine should be treated as a "milliliter". The Billing Unit (BU) will be a milliliter (ML) for the individual vaccine with the quantity of the number of units dispensed, (e.g., 0.5 mL per individual vaccination). Pharmacies should submit a value of '1' for Days Supply (405-DS).

*Coronavirus Aid, Relief and Economic Security (CARES)

**These incentive amounts are unique to Pennsylvania Health & Wellness (Medicaid) members only.