

April 1, 2022

New York Medicaid

COVID-19 Vaccine Claims Submission Information Reminder

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 (NCPDP field #440-E5) of the DUR/PPS Segment along with an amount in the Incentive Amount Submitted field (NCPDP field #438-E3) of the Pricing Segment that is equal to or greater than the administration fee expected when administering a COVID-19 vaccine.

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.

When submitting administered vaccines claims to CVS Caremark®, submit the following fields:

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	= 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.