

**Claims Submission and Reimbursement Guidelines for Pharmacies to Administer
COVID-19 Vaccines**
Updated January 4, 2020

COVID-19 Vaccine Administration Rates

Until further notice, funding for the COVID-19 Vaccine will be provided by the federal government through the Coronavirus Aid, Relief and Economic Security (CARES Act). Accordingly, Pharmacies will not be reimbursed for drug product costs or dispensing fees submitted for federally funded COVID-19 Vaccines. Elevate Provider Network has contracted with PBMs for member Pharmacies to receive reimbursement for COVID-19 Vaccine administration at the national recommended rates established by CMS and listed below (exceptions may apply as noted below).

These rates take into consideration the costs involved in administering the COVID-19 Vaccine, and additional resources necessary for required public health reporting and answering any questions patients may have regarding the Vaccine.

Commercial Coverage

Vaccine Dose	Administration Fee	
Single Dose Vaccine	\$28.39	
Multi Dose Vaccine*	Initial Dose(s) \$16.94	Final Dose \$28.39

*Due to system capabilities, some PBMs, including MedImpact, Magellan and Envolve Pharmacy Solutions, or Plans will reimburse Pharmacies for multiple dose COVID-19 Vaccines at the rate of \$22.67 per dose.

Medicaid Coverage

- Pricing for COVID-19 Vaccine claims may vary for Managed Medicaid Plans as established by state HHS program guidelines and reimbursement rates
- Since COVID-19 Vaccines will be federally purchased, Medicaid will not reimburse Pharmacies for the vaccine drug product cost and no State Plan Amendment (SPA) submission is necessary to describe reimbursement of the vaccine product

Medicare Coverage

- COVID-19 Vaccine coverage for Medicare beneficiaries will be provided through the Part B fee-for-service Medicare Program
- Claims may be billed to your Pharmacy's regional Medicare Part B claims processor as outlined on the CMS website: <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>
- PBMs will have point-of-sale messaging in place to reject Medicare COVID-19 claims submitted and instruct Pharmacies to submit claims to the Medicare Part B FFS program

Medical Benefit Coverage

- Some PBM Plan Sponsors may elect to cover COVID-19 Vaccine administration as a medical benefit and not a pharmacy benefit
- PBMs will communicate determination of coverage at the time of administration via the claim adjudication response

- Receiving REJECT 70 when submitting the MA code and incentive amounts indicates the Plan Sponsor does not cover the vaccine administration through the pharmacy benefit.
- Pharmacies may need to be contracted as a medical provider with applicable Plan Sponsors in order to obtain reimbursement for administering the COVID-19 Vaccine to their patients

Uninsured Patients

- Pharmacies administering the vaccine to patients without health insurance or whose insurance does not provide coverage of the COVID-19 Vaccine can request reimbursement for the administration of the COVID-19 Vaccine through the Health Resources & Services Administration (HRSA) Provider Relief Fund. For additional information see <https://coviduninsuredclaim.linkhealth.com>

Multiple Dose Administration

- Pharmacies must maintain an accurate accounting of the number of doses each patient has received, and the date administered, including if the patient received a previous dose from another provider
- Pharmacies are to encourage the patient to receive all necessary doses of the same multiple dose COVID-19 Vaccine within the timeframe specified by the FDA
- Pharmacies must only administer the same manufacturer's COVID-19 Vaccine to a patient for each dose of a multiple dose vaccine

Compliance and Claims Submission

Any healthcare professional designated by Pharmacy to administer COVID-19 Vaccines will comply with all federal, state, and local laws, standards and requirements as established by any government body with proper jurisdiction, including but not limited to, state Board of Pharmacy laws and regulations.

- Each Pharmacy is required to have appropriate licensure, certificates, and insurance as required by law
- During the Public Health Emergency, Pharmacies must enter into agreements with the US government to receive and administer COVID-19 Vaccines
 - **This agreement states Pharmacies will vaccinate individuals regardless of whether they have health insurance coverage and Pharmacies are prohibited from balance billing or otherwise charging vaccine recipients**
- COVID-19 Vaccines must be administered in accordance with CDC and ACIP requirements and must meet storage, dispensing and administration requirements
 - This includes recording the administration of the vaccine to patients in the Pharmacy system within 24 hours and to public health data systems as soon as practical, not to exceed 72 hours
 - All records related to COVID-19 Vaccine management must be kept for a minimum of three years, or longer if required by law (for more information on CDC recordkeeping requirements, see https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf)
- Patients must be provided with emergency use authorization (EUA) Fact Sheets or vaccine information statement (VIS) and provide a completed vaccination card to the patient after they receive the COVID-19 Vaccination
- Any COVID-19 Vaccine administration error and adverse events must be reported to the Vaccine Adverse Event Reporting System (VAERS)

Claims Submission

PBMs will utilize NCPDP Emergency Preparedness Guidance for COVID-19 Vaccine administration claims. Claims lacking the required fields may trigger a reject when the PBM is unable to validate what items and/or services are being billed.

All PBMs are following the below NCPDP COVID-19 Vaccine Claim Submission guidelines. Additional fields and information can be found on the NCPDP website: [NCPDP Emergency Preparedness Guidance – COVID-19 Vaccines](#).

NCPDP Field #	NCPDP Segment	NCPDP Field Name	Required Vaccine Administration Information for Claim Processing	Recommendation to Receive Contracted Administration Fee
455-EM	Prescription/Rx Billing	Service Reference Number Qualifier	"1"	
436/E1	Product	Service ID Qualifier	"03"	
407-D7	Product	Service ID	NDC number of the vaccine or other product that was	

			administered and obtained at a zero cost	
442-E7	Product	Quantity Dispensed	Submit the value that represents the quantity of drug product administered	Billing Unit (BU) will be a ML for the individual vaccine with the quantity drawn into the syringe
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 guidance)	\$0.00 or \$0.01
423-DN	Pricing Segment	Basis of Cost Determination	15 – Free product or no associated cost	Use this value for all government funded COVID-19 Vaccines
438-E3	Pricing Segment	Incentive Amount Submitted	≥\$0.01 Submit Administration Fee	Incentive amount entered should be equal to or greater than the highest incentive amount (Administration Fee) of \$28.39
426-DQ	Pricing Segment	Usual and Customary Charge	≥ Incentive Amount Submitted	U&C amount entered should be equal to or greater than the highest incentive amount (Administration Fee) of \$28.39

REMINDER

To prevent COVID-19 Vaccine claims from being reimbursed less than the highest contracted Administration Fee, Elevate recommends Pharmacies confirm their COVID-19 Vaccine U&C and Incentive Amount Submitted is equal to or greater than the CMS recommended single dose Administration Fee of \$28.39.

Identification of Dose Being Submitted:

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

NCPDP 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