

Coverage criteria for COVID-19 vaccine counseling

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC and CHPlus programs only.

The New York Department of Health (DOH) has issued guidance that Medicaid will provide reimbursement for COVID-19 vaccination counseling to Medicaid members to encourage the administration of the COVID-19 vaccine. The effective date of coverage is for dates of fill on or after December 1, 2021. View the guidance here: www.health.ny.gov/health_care/medicaid/program/update/2021/no13_2021-11.htm#vaccine.

Reimbursement for COVID-19 vaccination counseling is limited to unvaccinated individuals who have not received an initial/first dose of the COVID-19 vaccine and do not have an appointment to receive an initial/first dose of the COVID-19 vaccine, but who are eligible to receive the COVID-19 vaccination. A provider may only request reimbursement once per unvaccinated member. Counseling on second and subsequent doses is not billable.

The COVID-19 vaccine counseling session must be documented in the medical or pharmacy record and must include the following:

- Confirming with the patient, or the parent, guardian, or caregiver that the patient is unvaccinated (meaning the patient has not received an initial dose of a COVID-19 vaccine)
- Confirming the patient does not already have an appointment scheduled to receive an initial dose
- Confirming patient consent of the parent, guardian or caregiver (if appropriate) to receive the counseling
- Confirming vaccination status in the New York State Immunization Information System (NYSIIS), whenever possible*
- Strongly recommending the COVID-19 vaccination (unless medically contraindicated, in which case the counseling session is not billable)
- Counseling the patient, along with their parent, guardian, or caregiver about the safety and effectiveness of COVID-19 vaccines
- Answering any questions that the patient or parent, guardian, or caregiver has regarding COVID-19 vaccination
- Counseling the patient, along with their parent, guardian, or caregiver for a minimum of eight minutes
- Arranging for vaccination or providing information on how the patient can get vaccinated for COVID-19

* If there is a pharmacy software limitation, a pharmacist can provide an attestation that the above actions have been met: *Meets NYS Department of Health (DOH) Counseling Criteria for COVID Vaccination.*

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark Blue Cross Blue Shield of Western New York es un nombre comercial de Highmark Western y Northeastern New York Inc., un licenciario independiente de Blue Cross Blue Shield Association.

The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. CVS Caremark is an independent company providing pharmacy services on behalf of Highmark Blue Cross Blue Shield of Western New York.

NYWPEC-3679-22 April 2022

A pharmacist providing COVID-19 vaccination counseling should bill using the National Council for Prescription Drug Programs (NCPDP) D. Ø claim format as outlined below.

The following information is being provided to assist your pharmacy with the submission of COVID-19 Vaccine Administration and counseling claims.

Submit *PE* in the Professional Service Code field (NCPDP field 44Ø-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. **Do not** submit *MA* in the Professional Service Code field (NCPDP field 44Ø-E5) on claims for administration and counseling, the administration fee will be combined with the counseling fee and be reported in Incentive Amount Paid (NCPDP field 521-FL).

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 with counseling to CVS Caremark, submit the following fields:*

Field #	NCPDP segment & field name	Required vaccine administration information for processing
42Ø-DK	Claim segment submission clarification code	02 — for initial dose
439-E4	DUR/PPS segment reason for service code	PP — plan protocol
44Ø-E5	DUR/PPS segment professional service code	PE — patient education
441-E6	DUR/PPS segment result of service code	00 — not specified
4Ø9-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.

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, shall 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).

As a 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.



Email is the quickest and most direct way to receive important information from Highmark Blue Cross Blue Shield of Western New York.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (<https://bit.ly/39mJ3dc>).

