

Billing instructions for COVID-19 tests in NCPDP D.0 format

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.

For network pharmacies wishing to provide COVID-19 testing services for Highmark BCBSWNY recipients, details regarding network participation, including claims submission requirements, were sent to Caremark-participating New York pharmacies on July 21, 2020. For a pharmacy that is a chain pharmacy or a member of a PSAO (Pharmacy Services Administrative Organization), your chain headquarters or PSAO would have received the notification. Please contact them for additional information. If you are an independent pharmacy and have not received this information, contact Caremark at **866-488-4708**.

Claims submission information — specimen collection only

When submitting to CVS Caremark for COVID-19 test specimen collection, submit the appropriate quantity and the appropriate days' supply. Inappropriate quantities or days' supply may cause the claim to reject. 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 submitting for administering COVID-19 test.

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code Field	MA (Medication Administration)
409-D9	Pricing Segment Ingredient Cost Submitted	>\$0.00
438-E3	Pricing Segment Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)
426-DQ	Pricing Segment Usual and Customary Charge	≥ \$ in Incentive Amount Submitted

Including a section of Payer Sheet as an example – ONLY the NCPDP Segments/Fields, pertinent to COVID-19 billing, are shown:

<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.

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CLAIM Segment				
Segment Identification (111-AM) = "07"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
407-D7	PRODUCT/SERVICE ID	60004041780	M	Example UPC for NY COVID-19 test specimen collection is listed below: • 60004041780 (UPC)
442-E7	QUANTITY DESPENDED	1	R	
405-D5	DAY SUPPLY	1	R	

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	Professional Service Code	MA	R	MA (Medication Administration)

Example NDC/UPC codes only and not limited to the following:

Specimen Collection Only

NDC/UPC	COVID-19 Test Type
60004-0417-80	CLIA certificated laboratory
99999-0992-11	CLIA certificated laboratory

Claims submission information — product with CLIA-waived COVID testing

When submitting for administration of a COVID-19 test to CVS Caremark, submit the appropriate quantity and the appropriate days' supply. Inappropriate quantities or days' supply may cause the claim to reject. Submit **PP** in the Reason for Service Code field (439-E4), **PT** in the Professional Service Code Field (440-E5), and **00** in the Result of Service Code field (441-E6) 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 submitting for administering COVID-19 test.

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
439-E4	DUR/PPS Segment Reason for Service Code	PP (Plan Protocol)
440-E5	DUR/PPS Segment Professional Service Code	PT (Perform laboratory test)
441-E6	DUR/PPS Segment Result of Service Code	00 (Not Specified)
438-E3	Pricing Segment Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)

Including a section of Payer Sheet as an example – ONLY the NCPDP Segments/Fields, pertinent to COVID-19 billing are shown.

CLAIM Segment Segment Identification (111-AM) = "07"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
407-D7	PRODUCT/SERVICE ID	11877001126	M	Allowable NDCs for NY CLIA-Waived COVID-19 testing is listed, use the following NDC Code: • 11877001126
442-E7	QUANTITY DESPENDED	1	R	
405-D5	DAY SUPPLY	1	R	

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	
439-E4	Reason for Service Code	PP	R	Plan Protocol
440-E5	Professional Service Code	PT	R	Perform laboratory test
441-E6	Result of Service Code	00	R	Not Specified

Example NDC/UPC codes only and not limited to the following:

Diagnostic Testing (Any Technique)

NDC/UPC	COVID-19 Test Type
11877-0011-26	ID Now COVID-19 In Vitro Kit
14613-0339-08	Sofia2 SARS Antigen FIA In Vitro Kit