

# 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 (44Ø-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
44Ø-E5	<b>DUR/PPS Segment</b> Professional Service Code	<b>MA</b> (Medication Administration)
4Ø9-D9	<b>Pricing Segment</b> Ingredient Cost Submitted	<b>≥\$0.01</b> Submit Vaccine Cost (If government-supplied, see below)
438-E3	<b>Pricing Segment</b> Incentive Amount Submitted	<b>≥\$0.01</b> Submit Administration Fee
426-DQ	<b>Pricing Segment</b> Usual and Customary Charge	<b>≥ Incentive Amount Submitted</b>

**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](http://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	<b>Ingredient Cost Submitted</b>	<b>\$0.00</b>
423-DN	<b>Basis of Cost Determination</b>	<b>15</b> (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	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC

<b>CLAIM Segment</b>				
<b>Segment Identification (111-AM) = "07"</b>				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	SUBMISSION CLARIFICATION CODE COUNT	1	R	
420-DK	SUBMISSION CLARIFICATION CODE	02	R	02 = Initial/Restarter Dose 06 = Final Dose

<b>DUR/PPS Segment</b>				
<b>Segment Identification (111-AM) = "08"</b>				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
473-7E	DUR / PPS Code Counter	1	R	
440-E5	Professional Service Code	MA	R	MA (Medication Administration)

<b>Pricing Segment</b>				
<b>Segment Identification (111-AM) = "11"</b>				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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