



MVP Health Care Pharmacy Billing for COVID-19 Vaccines

COVID-19 vaccinations are available and being distributed across the United States of America. The COVID-19 vaccine is covered at no cost for all MVP members. Per New York State Executive Order 202.90, Licensed Pharmacists are authorized to administer the COVID-19 vaccine. MVP Health Care encourages all eligible vaccine administrators to participate. During this unprecedented time, we appreciate your service, your partnership, and your patience.

Network Participation

A "COVID-19 Vaccine Administration Network" has been implemented to provide reimbursement to Providers for the administration of COVID-19 vaccines. Pharmacies who wish to be reimbursed for the administration of COVID-19 vaccines to MVP Health Care members should contact CVS Caremark at **1-866-488-4708**.

Reimbursement Rates

The following rates apply to all lines of business, excluding Medicare. Providers should submit COVID-19 claims to Original Medicare for all members enrolled in Medicare Advantage plans.

| Rate | Pharmacy reimbursement |
|---------|--|
| \$40.00 | For the 1 st COVID-19 dose |
| \$40.00 | For the 2 nd COVID-19 dose (for vaccines requiring two (2) doses) |
| \$40.00 | For the 3 rd COVID-19 dose* |
| \$40.00 | For single dose COVID-19 vaccines |

For New York COVID-19 vaccine providers, please refer to the New York State Department of Health Guidance for The New York State COVID-19 Vaccination Program for guidelines and adherence: [guidance for covid vaccine providers 9.24.21 1.pdf \(ny.gov\)](#) For Vermont COVID-19 vaccine providers, please refer to the Vermont Department of Health: [Getting the COVID-19 Vaccine | Vermont Department of Health \(healthvermont.gov\)](#)



Claim Submission Information

Please use the information below to properly submit COVID-19 vaccine claims through the pharmacy. The Federal Government is funding the cost of the COVID-19 vaccine to all Americans. During this period, only reimbursement for the vaccine administration can be submitted to MVP Health Care.

The following are billing instructions for MVP:

| | | |
|------------|----------|----------------|
| BIN:004336 | PCN: ADV | GROUP: MVP625 |
| BIN:004336 | PCN: ADV | GROUP: MVPMRKT |
| BIN:004336 | PCN: ADV | GROUP: MVPCOMM |

For Pharmacy Billing

COVID-19 vaccines that have received FDA approval or Emergency Use Authorization (EUA) may be submitted. Submit an appropriate NDC (e.g. Moderna COVID-19 NDC: 80777-0273-99) along with the following:

| Field Number | NCPDP Field Name | Required Value 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 | ≥ \$0.01 (Submit Administration Fee) |
| 426-DQ | Pricing Segment Usual and Customary Charge | ≥ \$ in Incentive Amount Submitted |
| 442-E7 | Quantity Dispensed | Submit appropriate quantity (e.g. 0.5ml) |
| 405-D5 | Day Supply | 1 |
| 420-DK | Submission Clarification Code | 02; Initial dose/Restarter dose* |
| 420-DK | Submission Clarification Code | 06; 2 nd dose |
| 420-DK | Submission Clarification Code | 07; to indicate immunocompromised |
| 420-DK | Submission Clarification Code | 10; booster dose |

* If a patient receives a subsequent dose after the second dose deadline date set by the vaccine manufacturer, such subsequent dose will be billed as a first dose and a subsequent, timely, dose will be billed as a second dose.



Government- Supplied Vaccine Programs

COVID-19 vaccines that have received FDA approval or Emergency Use Authorization may be submitted. Submit an appropriate NDC (e.g. Moderna COVID-19 NDC: 80777-0273-99) along with the following:

| Field Number | NCPDP Field Name | Required Value for Processing |
|---------------------|------------------------------------|--|
| 409-D9 | Ingredient Cost Submitted | \$0.00 |
| 423-DN | 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.

Inappropriate quantities or days' supply may cause the claim to reject.

The Prescriber ID (411-DB) should be the NPI of the provider authorized to administer the vaccine. This may be a pharmacist.

The Prescriber ID (444-E9) should be the NPI of the authorized provider administering the vaccine. This may be a pharmacist.

Please note that MVP members have \$0 copayment and coinsurance for COVID-19 vaccines and should not be billed for costs above the agreed upon reimbursement rates nor additional charges to perform the vaccination, including personal protective equipment (PPE).

If you have any questions, please call the Pharmacy Help Desk at **1-800-364-6331**.