December 24, 2020

**Important Billing Information for COVID-19 Vaccines**

Dear Medicaid Provider,

Effective December 30, 2020, pharmacies may submit claims for reimbursement for COVID-19 vaccines and their administration retroactive to dates of service on or after December 15\(^{th}\), 2020. Pharmacists who administer or supervise administration of COVID-19 vaccines must be Medicaid-enrolled, regardless of who is the ordering provider. Please see communications dated 12/11 and 12/17 for further details on enrollment. Please note that Vermont Medicaid will not reimburse for vaccine administration costs included in other contracts or agreements.

Please refer to the most recent version of Section 6.2.1 of the NCPDP Emergency Preparedness Guidance (version 1.8) for examples and additional guidance on billing for reimbursement of a free product. In general, claims submitted for zero-cost vaccines should be submitted on a single B1/B3 billing transaction including the following data elements and values:

<table>
<thead>
<tr>
<th>Quantity Dispensed (442-E7)</th>
<th>Professional Service Code (440-E5)</th>
<th>Submission Clarification Codes (SCC, 420-DK)</th>
<th>Incentive Amount (administration fee, 438-E3)</th>
<th>Basis of Cost (423-DN)</th>
<th>Ingredient Cost (409-D9)</th>
<th>Gross Amount Due (430-DU)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderna: NDC 80777027310 and 80777027399, value = 0.5 mL</td>
<td>“MA” (Medication Administered)</td>
<td>“15” (free product or no associated cost)</td>
<td>“15” (free product or no associated cost)</td>
<td>$0.00 or $0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pfizer: NDC 59267100001, 59267100002 and 59267100003, value = 0.3 mL</td>
<td>“MA” (Medication Administered)</td>
<td>“15” (free product or no associated cost)</td>
<td>“15” (free product or no associated cost)</td>
<td>$0.00 or $0.01</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pharmacists who are the ordering provider must supply their NPI in the prescriber ID field (411-DB).

COVID-19 vaccines may require a single dose or a series of two doses to achieve expected efficacy. For a COVID-19 vaccine requiring a series of two doses, the initial dose administration rate will be $16.94, and the second dose administration rate will be $28.39. These rates recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine.
Pharmacy providers administering COVID-19 vaccinations should instruct members receiving vaccines that require two doses to do the following:

- Use the same pharmacy for both vaccinations
- Receive the second dose on the date specified by the manufacturer’s product labeling

**Two-Dose Vaccines:** The Submission Clarification Code (420-DK) field should be used to differentiate which dose is being administered to allow proper reimbursement. This guidance applies regardless if the same provider or different providers administer the series of doses.

**Single-Dose Vaccines:** No Submission Clarification Code is required for a single-dose product, Incentive Amount=$28.39.

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to PBA_VTHelpdesk@changehealthcare.com. Thank you for your continued support of Vermont’s publicly funded pharmacy benefits programs.

Nancy J. Hogue, Pharm.D.

Director of Pharmacy Services