# PHD - COVID-19 Vaccine Claims Processing

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**Description:** Use to help pharmacy properly submit claims for the administration of the COVID-19 vaccine.

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| Background |

 Review CIF in case there is COVID related claims processing information.

The Food and Drug Administration (FDA) has issued Emergency Use Authorizations (EUA’s) for the Pfizer-BioNTech, Moderna, and Johnson & Johnson (Janssen) COVID-19 vaccines. All are being shipped to select pharmacies to be administered and Caremark is processing claims for these vaccines.

Initially, the vaccines will be provided to pharmacies for free by the government. Claims submitted by pharmacies will be claims for the **administration** of the vaccine. **Most** PBM clients will be paying for vaccine administration through the pharmacy benefit.

**Note:** If the member has a pharmacy lock an override will be allowed. The COVID-19 vaccine can be administered by any pharmacy.

The Pfizer-BioNTech and Moderna COVID-19 vaccines require **two doses**. For two dose vaccines, pharmacies will submit Submission Clarification Codes (“SCC”) to indicate whether they are administering the initial dose or final dose. The Johnson & Johnson (Janssen) vaccine requires only **one dose but also requires pharmacies to submit a SCC code of “06.”**

**Update: COVID-19 Vaccine Administration Additional Dose for Immunocompromised**

The additional dose will require a SCC 07. Due to update to coding requirement, **Until it is coded these claims will reject.**

**Please do not try to facilitate any overrides on these claims.** Direct the pharmacies to submit or resubmit claims 10 business days after the government’s approval date of 8/13/2021 with proper **SCC 07**.  The pharmacy should not pushback on this direction, as per the agreement with the CDC, the pharmacy is to provide vaccines even where there is no payment.

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| Talking Points |

**Note to CCR:**

No PBM contracted pharmacies will be out of network, the SCC code submitted by the pharmacy will override any potential out of network rejects (reject 40). The reject pharmacies will receive when the plan sponsor does not reimburse COVID-19 vaccine administration claims through the pharmacy benefit is reject 70. **Note, be sure to review rejection messaging as reject 70 is a broad rejection for COVID-19 vaccine claims.**

 Nearly all claims will have a zero-member cost share (zero-member copay/coinsurance). Only certain **Grandfathered** plan sponsors and Exchange plan **grace period** claims may have a member cost share. Additional information and directions regarding grace period claims are located below.

 I’ll be glad to help you process your COVID-19 vaccine claim.

 **Reject 70 when pharmacy did not submit all required fields**: I’ll be glad to help you process your COVID-19 vaccine claim. Let’s make sure you submitted the claim correctly.

**Properly submitted** **claim with - Reject 70 or 8S\* for a Medicare plan**



The patient is a Medicare beneficiary. You should submit the claim for the administration of the COVID-19 vaccine to Medicare Fee-for-Service (there should be reject messaging for Medicare plans that provide this information to the pharmacy. More information below).

\*For additional information on 8S rejections, please see FAQ below.

**Properly submitted claim** - **Reject 70 (non-Medicare)**



If you have received a reject 70, be sure to review the claim rejection messaging. If supplemental messaging indicates that the claim should be billed to Medical, this means the member’s plan sponsor does not provide COVID-19 vaccine administration reimbursement under the pharmacy benefit. **This does not mean the member does not have COVID-19 vaccine coverage**. You should bill the Eligible Person’s medical insurance. If they do not have coverage through medical insurance, you should seek reimbursement through the **Provider Relief Fund** administered by the federal government’s Health Resources and Services Administration (HRSA).

**Age restrictions** on COVID-19 vaccines are determined by the FDA issued Emergency Use Authorization (EUA) for each vaccine and PBM’s edits follow the EUA. If the member is too young for the COVID-19 vaccine being billed, the pharmacy will receive a Reject 70 with an appropriate message (i.e., MINIMUM PATIENT AGE OF “#”).



**A Prior authorization** or **override** is not required for the successful transmission of a COVID-19 claim. Overrides may not allow the COVID-19 vaccine for the claim to reimburse the pharmacy appropriately.



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| FAQs |

 Review CIF in case there is COVID related claims processing information.

Refer to the following:

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| **Question** | **Answer** | |
| **What fields are required to properly submit a COVID-19 vaccine claim?** | 1. DUR/PPS **MA** code (NCPDP field 440-E5) for medication administered and an Incentive Amount Submitted (NCPDP field 438-E3) that **is equal or greater than the incentive amount (administration fee) associated with the dose being administered** (initial dose or final dose). 2. Submission Clarification Code (SCC, NCPDP field 420-DK)    1. See next FAQ row for which code should be submitted based upon dose. 3. For **zero cost** vaccine provided by the government, submit claims with **either**:    1. $0.01 in the Ingredient Cost Submitted field (NCPDP field 409-D9) (do not use a 15 in the Basis of Cost Determination Field), **or**    2. 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). | |
| **Which Submission Clarification Code (SCC) should be used?**   |  |  |  |  | | --- | --- | --- | --- | | **Vaccine Type** | **Vaccine Dose** | **Submission Clarification Code (SCC) to be Submitted** | **Administration Fee**  **“COVVAC Network”**  **Other ”exception” fees may apply in certain states for certain Plan Sponsor types** | | Single Dose  (Janssen (J&J)) | Final (only) Dose | **06** | $40.00 | | Multiple Doses Required  (Pfizer-BioNTech / Moderna) | Initial Dose | **02** | $40.00 | | Multiple Doses Required  (Pfizer-BioNTech / Moderna) | Final Dose | **06** | $40.00 | | | |
| **What are the currently available NDC’s for COVID-19 Vaccines?\***  **Note**: Certain state Medicaid’s may not allow certain outer package NDCs.   |  |  |  |  | | --- | --- | --- | --- | | **Manufacturer** | **NDC** | **Product Name** | **Units (ML)** | | Pfizer-BioNTech | 59267-1000-01 | Pfizer-BioNTech COVID-19 Vacc Intramuscular Suspension 30MCG/0.3ML | 0.3ML | | Pfizer-BioNTech | 59267-1000-02 | Pfizer-BioNTech COVID-19 Vacc Intramuscular Suspension 30MCG/0.3ML (outer package NDC) | 0.3ML | | Pfizer-BioNTech | 59267-1000-03 | Pfizer-BioNTech COVID-19 Vacc Intramuscular Suspension 30MCG/0.3ML (outer package NDC) | 0.3ML | | Pfizer-BioNTech | 59267-0304-01 | Pfizer-BioNTech COVID-19 Bivalent (Booster) | 0.3ML | | Moderna | 80777-0273-10 | Moderna COVID-19 Vaccine Intramuscular Suspension 100  MCG/0.5ML | 0.5ML | | Moderna | 80777-0273-99 | Moderna COVID-19 Vaccine Intramuscular Suspension 100  MCG/0.5ML (outer package NDC) | 0.5ML | | Moderna | 80777-0273-15 | Moderna COVID-19 Vaccine Intramuscular Suspension 100  MCG/0.5ML | 0.5ML | | Moderna | 80777-0273-98 | Moderna COVID-19 Vaccine Intramuscular Suspension 100  MCG/0.5ML (outer package NDC) | 0.5ML | | Moderna | 80777-0282-05 | Moderna COVID-19 Vaccine, Bivalent (Booster) | 0.25ML | | Janssen (J&J) | 59676-0580-05 | JANSSEN VACC INJ COVID-19 MCG/0.5ML | 0.5ML | | Janssen (J&J) | 59676-0580-15 | JANSSEN VACC INJ COVID-19 MCG/0.5ML | 0.5ML | | | |
| **Where does the pharmacy obtain the claims submission information?** | | The Network Enrollment Form on the Caremark Pharmacy Portal has the submission information.  Document Library>COVID-19 Folder.  You may also provide the submission information discussed in the first three rows of this FAQ.  Icon_20-_20Important_20Information **Additional billing information is also available on the Caremark Pharmacy Portal.** |
| **Are any pharmacies out-of-network?** | | All PBM-contracted pharmacies are in-network, even if the plan sponsor normally uses a limited network.  **The submission of the SCC code with the claim will override any out-of-network rejects**. |
| **What about Medicaid roster plans?** | | A Medicaid plan sponsor may choose to continue to observe the Medicaid roster (which only allows Medicaid fee-for-service contracted pharmacies to be paid for claims).  In this case, the standard roster reject (reject 890) will occur if the pharmacy is not on roster.  In the case where the state allows the pharmacy to override the reject, the Provider may resubmit the claim with the SCC of **56** in addition to the SCC of **02** or **06** indicating the initial or final vaccine dose (or **06** in the case of a single dose).  In cases where the state does not allow an override of the reject, the pharmacy should advise the member to call the phone number listed on their Medicaid prescription benefit ID card for assistance with locating a roster pharmacy. |
| **What should be checked first if the pharmacy receives a reject?** | | First, check to make sure the pharmacy submitted all the required information:   1. MA code and incentive fee amount 2. Correct SCC value(s) 3. Correct ingredient cost and Basis of Cost Determination Field value   **See above FAQ:** [What fields are required to properly submit a COVID-19 vaccine claim?](#Whatfieldsarerequired) |
| **When can a second dose be given for a vaccine that requires two doses?** | | For the Pfizer vaccine the second dose is recommended to be given 21 days after the first dose.  For the Moderna vaccine, the second dose is recommended to be given 28 days after the first dose.  The PBM adjudication platform allows for flexibility when billing the second dose. However, any second dose claim that rejects for refill to soon are valid based on the member’s claim history.  **If pharmacy requests an override, see the next FAQ:** **What if the pharmacy receives a refill too soon and requests an override?** |
| **What if the pharmacy receives a refill too soon and requests an override?** | | **An override for refill to soon should not be entered**. The rejection is valid based on the member’s claim history.  If the pharmacy receives a refill too soon rejection:  Review the member’s profile for possible duplicate claims on the first and/or second dose   * Same pharmacy submitted duplicate claim:   + Reverse the duplicate claim and re-submit appropriate claim * Another pharmacy submitted the duplicate claim:   + PHD or the pharmacy will need to contact the previous pharmacy (in a HIPAA compliant manner) to have them reverse the claim.   + If the other pharmacy refuses to reverse the claim, a pharmacy network non-compliance case must be submitted indicating first pharmacy refused to reverse the claim. |
| **What happens if a member comes in for a second dose after the recommended number of days for the second dose?** | | The pharmacy should follow the FDA authorization prescribing information or CDC recommendations. |
| **What SCC should the pharmacy submit if they are submitting a claim for the member’s final dose, but the first dose was administered somewhere else? (This is the first dose their pharmacy is submitting).** | | The pharmacy should submit this as a second dose with SCC 06. |
| **What if the pharmacy is submitting a claim with an SCC 06 and they are getting a reject because SCC 06 was submitted on the previous claim?** | | The pharmacy would need to reverse the previous claim and re-submit the first dose claim with the SCC 02. Then they can submit the current claim with SCC 06.  If another pharmacy submitted the previous claim with SCC 06, PHD or the pharmacy will need to contact the previous pharmacy (in a HIPAA compliant manner) to have them correct the previous claim with an SCC 02.  If the other pharmacy refuses to correct the claim, a pharmacy network non-compliance case must be submitted indicating first pharmacy refused to correct claim. |
| **What should a pharmacy do when they receive a Reject 70 for a properly submitted** **claim and the claim is for a Medicare plan?** | | The reject 70 messaging will tell them to submit the claim to Medicare Fee-for-Service.  They can refer to the following Medicare website if they have questions: <https://www.cms.gov/medicare/covid-19>. |
| **What should a pharmacy do when they receive a Reject 70 for a properly submitted** **claim and the claim is for a Medicaid plan?** | | Refer to the reject messaging on the Reject 70 for guidance.  Where the message indicates “Contact your insurance provider for coverage information”, consider that certain state Medicaid agencies may have directed their managed Medicaid Plan Sponsors to not reimburse for the administration of the COVID-19 vaccine.  The pharmacy may need to submit the claim to the state’s Medicaid Fee-for-Service (FFS) pharmacy benefit or Plan Sponsor’s medical benefit.  The pharmacy Provider may rely on information from Medicaid agencies or their Government Affairs Department (should they have one) to determine how to submit claims when they are not covered under the pharmacy benefit. |
| **What does reject “8S – BASIS OF COST DETERMINATION NOT SUPPORTED” mean?** | | Medicare Part D claims rejecting with a reject code **8S** message of “BASIS OF COST DETERMINATION NOT SUPPORTED” are returning this message because the “Basis of Cost Determination” (NCPDP Field 423-DN) value of **15** (free or zero-cost product) is not supported by this plan sponsor type.  The Provider should submit claims for Medicare eligible beneficiaries to the Medicare Vaccine MAC (Medicare Administrative Contractor), aka Medicare FFS. |
| **What should a New York pharmacy do when they receive a reject EK?** | | This reject indicates the Provider is required to submit a prescription serial number for Medicaid, Child Health Plus, Essential Plan and Qualified Health Plan member claims in the state of New York.  Claims will reject with reject code EK and a reject message of “MISSING/INVALID PRESCRIPTION SERIAL #” if they do not include the Prescription Serial Number.  The appropriate Prescription Origin Code and corresponding Serial Number should be submitted in NCPDP field 454-EK. |
| **What are the common reject scenarios for COVID-19 vaccine administration claims?** | | |
| **Can the pharmacy use the pharmacist’s Type 1 NPI as the Prescriber ID? (Reject 889)** | | Use the NPI of the prescriber in the Prescriber ID field (NCPDP Field 411-DB).  When the pharmacist is the prescriber, submit the Type 1 NPI of the pharmacist.  If the Provider is administering the vaccine under a standing order or collaborative practice agreement, utilize the Type 1 NPI of the prescriber who has prescribed the vaccine administration through these mechanisms.  If the claim initially rejects with NCPDP reject 889 and a message similar to “PRESCRIBER NOT ENROLLED IN STATE” or “PRESCRIBER MUST ENROLL WITH [[STATE]]”, the state is requiring the Medicaid Managed Care Organization (MCO) to observe the Medicaid ***prescriber*** enrollment (roster) file.  Certain MCO plan sponsors may allow the use of the SCC code **55** to override a NCPDP 889 reject (Prescriber Not Enrolled in State Medicaid Program).  Illinois Medicaid MCO’s **and CarelonRx (Georgia)** use the SCC code of **42** to override the NCPDP 889 reject. |
| **Can Reject 56 (when using the pharmacist’s Type 1 NPI) be overridden?** | | A reject 56 cannot be overridden.  If the Provider is administering the vaccine under a standing order or collaborative practice agreement, utilize the Type 1 NPI of the prescriber who has prescribed the vaccine administration through these mechanisms. |
| **What if a COVID-19 vaccine claim returns a member cost-share?** | | This can occur when a member is in an Exchange Plan **grace period**.  Claims that return a member cost-share with claim response messaging that indicates **100% PATIENT COINSURANCE(GPC) – PATIENT SHOULD CONTACT HEALTH INSURANCE PLAN WITH QUESTIONS** (the message will be distributed across all three response fields) and a **Approved Message Code** (NCPDP field 548-6F) value of 029 (Grace Period) indicates that the member is in the grace period.  CMS has provided guidance and they do not consider Exchange Plan **grace period** members to be insured.  **The pharmacy should reverse a paid grace period claim returning a member cost-share and submit the claim to the Provider Relief Fund administered by the federal government’s Health Resources and Services Administration (HRSA).**  The pharmacy should not collect a member cost share based on the grace period claim response.  For claims that return a member cost share that are not grace period claims, see note above on **Grandfathered** plan sponsors. |
| **What days’ supply should be entered on a COVID-19 vaccine claim?** | | Submit a days’ supply value of **1** in the Days Supply field (NCPDP Field 4Ø5-D5). |
| **What if the pharmacy is not being reimbursed the administration fee that they expect to receive?** | | Check the **Usual & Customary**, Gross Amount Due, and **Incentive Amount Submitted** fields.  Applicable reimbursement includes a comparison to the Provider’s submitted Usual and Customary Charge (426-DQ) and Gross Amount Due (430-DU).  Additionally, if the pharmacy submits an Incentive Amount Submitted (NCPDP field 438-E3) amount that is less than the contracted administration fee for that plan sponsor, then the pharmacy will not receive the maximum reimbursement available. |
| **What if the pharmacy receives an 818 rejection on a COVID-19 vaccine claim?** | | Please review announcements from the PHD. If necessary, **Submit a** [Claim Referral Task](CMS-PCP1-038322). |
| **What if a reject situation is not addressed by the above FAQ?** | | **Submit a** [Claim Referral Task](CMS-PCP1-038322). |

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