

# Utah Medicaid COVID-19 Vaccine Billing Guidance for Pharmacy Point of Sale Claims



Utah Medicaid will reimburse an administration fee of \$40 when a COVID-19 vaccine is billed with the appropriate information via pharmacy point of sale or medical claims. Medical claims will use the vaccine code and the vaccine administration code listed in the table below. The coverage and reimbursement of COVID-19 vaccines and incentive amount will be billed as fee for service. Pharmacies administering the vaccine to nursing home residents will be reimbursed the administration fee for the vaccine.

COVID-19 vaccine Emergency Use Authorization covers administration of this vaccine for Medicaid members 16 years and older (Pfizer) and 18 years and older (Moderna & Janssen). COVID-19 vaccines are not approved for members who are less than 16 years of age or members who are pregnant.

Vaccine Code	Vaccine Code Descriptor	Vaccine Administration Code(s)	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Minimum Dosing Interval
91300	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	0001A (1 <sup>st</sup> dose) 0002A (2 <sup>nd</sup> dose)	Pfizer	Pfizer-BioNTech COVID-19 Vaccine	59267-1000-1 59267-1000-01	21 days
91301	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0011A (1 <sup>st</sup> dose) 0012A (2 <sup>nd</sup> dose)	Moderna	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	28 days
91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 <sup>10</sup> viral particles/0.5mL dosage, for intramuscular use	0031A (1 dose)	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	n/a

<https://www.ama-assn.org/system/files/2020-11/covid-19-immunizations-appendix-q-table.pdf>

## Pharmacy Point of Sale claims:

Billing for reimbursement of a free product (no associated cost) including an admin fee per NCPDP guidelines:

- The submitted Transaction Code (103-A3) is a “B1” (Claim Billing).
- The submitted Prescription/Service Reference Number Qualifier (455-EM) is a “1” (Rx Billing).
- The claim pricing segment follows the prescription claim request formula.
- The Product/Service ID (407-D7) should be submitted with the correct Product/Service ID Qualifier (436/E1) (in this example “03” (NDC))
- Product/Service ID (407-D7) contains the NDC Number of the vaccine or other product that was administered and obtained at zero cost.
- The Days’ Supply (405-D5) should be submitted with a value of “1”.
- The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
- The DUR/PPS Segment, with a “MA” (Medication Administered) in the Professional Service Code (440-E5), is submitted to identify the product was administered.
- The Incentive Amount Submitted (438-E3) is submitted to identify the pharmacy is seeking reimbursement for the administration of the product.
- The submission clarification code (420-DK)
  - Initial Dose(s): Submission Clarification Code of **2 “Other Override”** - defined as “Used when authorized by the payer in business cases not currently addressed by other SCC values to indicate the first dose of a multi-dose vaccine is being administered”
  - Final Dose: Submission Clarification Code of **6 “Starter Dose”** - defined as “The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment to indicate the second dose of a multi-dose vaccine is being administered”
- Utah Medicaid Incentive amount (administration fee) is as follows:
  - Single dose vaccine \$40
  - Vaccines requiring two or more doses
    - Initial dose \$40
    - Subsequent dose \$40
- Basis of Cost Determination (423-DN) should be submitted with the value “15” (Free product or no associated cost).