



**State of Louisiana**  
Louisiana Department of Health  
Bureau of Health Services Financing

**MEMORANDUM**

**DATE:** May 14, 2021

**TO:** All Louisiana Medicaid Prescribing Providers and Pharmacists

**FROM:** Tara A. LeBlanc, Interim Medicaid Executive Director *Tara A. LeBlanc*

**SUBJECT:** Louisiana Medicaid Pharmacy Pfizer COVID-19 Vaccine Coverage for 12 Years of Age and Older

Effective May 10, 2021, in response to the COVID-19 pandemic and Public Health Emergency (PHE), the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program updated coverage for the administration of the Pfizer COVID-19 vaccine to include recipients 12 years of age and older. The COVID-19 vaccine coverage applies to pharmacy claims submitted to FFS Medicaid and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare). This provider notice contains information for billing pharmacy claims only, medical billing directives will be released separately.

**Age Requirements**

According to current prescribing information, the Pfizer COVID-19 Vaccine will be covered for recipients 12 years of age and older. In addition, the Johnson & Johnson (Janssen) and Moderna COVID-19 vaccines are covered for recipients 18 years of age and older.

**Pharmacist Requirements**

For COVID-19 vaccine administration reimbursement, the pharmacist shall:

- be registered with the Louisiana Board of Pharmacy with the “Authority to Administer” vaccines.
- be registered as a Louisiana Medicaid provider.
- report certain data elements to the CDC for each COVID-19 dose administered within 24 hours of administration, as a vaccination provider.
- inform the individual that the administration of an immunization or vaccine is

not to be construed as being in lieu of an annual preventive visit with the individual's primary care or family physician.

- access Louisiana Immunization Network Kids Statewide (LINKS) prior to immunization administration to verify appropriate utilization according to Advisory Committee on Immunization Practices (ACIP) to prevent duplication, unnecessary doses, inappropriate age, etc., if possible.
- report each immunization to the Louisiana Department of Health, Office of Public Health's LINKS at the time of the immunization or as soon as reasonably practicable, thereafter.
- report all adverse events observed or which are reported to the pharmacist to the Vaccine Adverse Events Reporting System, or its successor program; and further, the pharmacist shall refer the patient with an adverse event to appropriate medical care.
- request the name of a patient's primary care provider prior to the administering of any immunization. The pharmacist shall notify the primary care provider, by written or electronic communication, as soon as reasonably possible that the immunization was administered.
- ensure that pharmacy technicians and/or state-authorized pharmacy interns administering COVID-19 vaccines meet PREP Act qualifications. The qualified pharmacy technicians and/or state-authorized pharmacy interns act under the supervision of a qualified pharmacist. The supervising qualified pharmacist of qualified pharmacy technicians and/or state-authorized interns must comply with CDC, state, and federal requirements for COVID-19 vaccine administration.

**COVID-19 Vaccine Billing**

The following fields will be required as part of the Point of Sale (POS) claim:

| <b>NCPDP Field Number</b> | <b>NCPDP Field Name</b>       | <b>Value</b>                    | <b>Comment</b>   |
|---------------------------|-------------------------------|---------------------------------|--|
| 407-D7                    | Product/Service ID            | 11 Digit NDC                    | Vaccine NDC  |
| 409-D9                    | Ingredient Cost               | \$0.00 or \$0.01                | Bill a value of \$0.00 with a Basis of Cost Determination of 15 or if field cannot accept a zero value, then bill \$0.01 with a Basis of Cost Determination of 1.                      |
| 420-DK                    | Submission Clarification Code | Initial Dose=2 and Final Dose=6 | Use this field for two dose vaccines only. <b>Do not use this field for single dose COVID-19 vaccine.</b>  |
| 423-DN                    | Basis of Cost Determination   | 15 or 1                         | A value of "15" (free product or no associated cost) for the COVID-19 vaccine or if ingredient cost field cannot accept \$0.00, then a value of "1" with an ingredient cost of \$0.01. |

|        |                            |  |   |
|--------|----------------------------|--|---|
| 411-DB | Prescriber ID              | Prescriber/Pharmacist Medicaid Number or NPI | Enter the Prescriber's LA Medicaid Issued Number or NPI <b>OR</b> in the Absence of a Prescription, the Vaccinating Pharmacist's LA Medicaid Issued Number or NPI |
| 419-DJ | Prescription Origin Code   | 5  | Pharmacy  |
| 438-E3 | Incentive Amount Submitted | Administration Fee                           | Amount Charged for Vaccine Administration   |
| 473-7E | DUR/PPS Code Counter       | 1  | Number of Occurrences   |
| 440-E5 | Professional Service Code  | MA   | Medication Administration   |
| 442-E7 | Quantity Dispensed         | Value dependent on vaccine dose              | Examples: Johnson & Johnson (Janssen)=0.5, Pfizer=0.3, and Moderna=0.5  |
| 444-E9 | Provider ID                | Pharmacist Medicaid Number or NPI            | The Vaccinating Pharmacist's LA Medicaid Issued Number or NPI   |
| 465-EY | Provider ID Qualifier      | 05<br>07                                     | NPI<br>State Issued   |

### **COVID-19 Vaccine Reimbursement**

The federal government covers the cost of the COVID-19 vaccine. Therefore, Louisiana Medicaid will reimburse enrolled pharmacies for the administration fee only for COVID-19 vaccines. The administration fee per injection of the COVID-19 vaccine is \$37.08. No dispensing fee shall be reimbursed, only administration fee. Currently, the Johnson & Johnson (Janssen), Pfizer, and Moderna COVID-19 vaccines administration are covered by Louisiana Medicaid pharmacy program. After administration of the first dose, the second dose of the COVID-19 vaccine may be filled as early as day 17 for the Pfizer product and day 24 for the Moderna product. Additional vaccines will be covered as they receive Emergency Use Authorization (EUA).

Pharmacy claims for COVID-19 vaccines will bypass FFS Point of Sale edits for the four prescription monthly limit and pharmacy Lock-In.

### **COVID-19 Vaccine Copay**

There will be no copay assessed on COVID-19 vaccine claims. Third party billing policy will apply and Medicaid will be the payer of last resort.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

| <b>Healthcare Provider</b>       | <b>Pharmacy Help Desk</b> | <b>Pharmacy Help Desk Phone Number</b> |
|----------------------------------|---------------------------|--|
| Aetna                            | CVS Health                | (855) 364-2977                         |
| AmeriHealth Caritas              | PerformRx                 | (800) 684-5502                         |
| Fee for Service                  | Gainwell Technologies     | (800) 648-0790                         |
| Healthy Blue                     | CVS                       | (833) 236-6194                         |
| Louisiana Healthcare Connections | CVS Caremark              | (800) 311-0543                         |
| UnitedHealthcare                 | Optum Rx                  | (866) 328-3108                         |

Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

TL/MBW/GJS

c: Healthy Louisiana Plans  
Melwyn B. Wendt  
Gainwell Technologies