## Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Provider Notice: Adult Vaccine Billing

## **Adult Vaccine Administration by Pharmacist**

Beginning July 1, 2020, the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program will reimburse enrolled pharmacies for select adult vaccines and administration of the vaccines for Medicaid recipients who are nineteen years of age and older when the administering pharmacist is an enrolled Medicaid provider.

Pharmacists who have the "Authority to Administer" authorized by the Louisiana Board of Pharmacy may administer the vaccine. These pharmacists may be issued individual Medicaid provider numbers. To confirm or request Medicaid enrollment, authorized pharmacists should contact DXC Technology Provider Enrollment by phone at 225-216-6370. Additionally, pharmacists who have the "Authority to Administer" should acquire a National Provider Identifier (NPI) and report this number to DXC Technology Provider Enrollment.

When submitting adult vaccine claims without prescriptions authorized by a prescribing practitioner, the vaccinating pharmacist shall enter his/her Louisiana Medicaid provider number or NPI in NCPDP field 411-DB (Prescriber ID) and in NCPDP field 444-E9 (Provider ID). When a prescription does exist, the prescribing practitioner's Medicaid provider number or NPI shall be entered into NCPDP field 411-DB (Prescriber ID). In this scenario, the vaccinating pharmacist's Louisiana Medicaid provider number or NPI shall be entered into NCPDP field 444-E9 (Provider ID).

## **Adult Vaccine Administration Fee Reimbursement**

Reimbursement of select adult vaccines will be the ingredient cost plus the administration fees noted below:

Vaccine	Maximum Administration Fee Reimbursement
Vaccine (First Vaccine, same day billing)	\$15.22
Vaccine (Second Vaccine and each additional vaccine, same day billing)	\$9.13
Intranasal Vaccine	\$10.80

To be reimbursed for the administration costs of adult vaccines, pharmacies must submit the following information utilizing the NCPDP D.0 format. The following fields will be required as part of the Point of Sale (POS) claim:

NCPDP	NCPDP Field	Value	Comment	
Field	Name			
Number				
407-D7	Product/Service ID	11 Digit NDC	Vaccine NDC	
409-D9	Ingredient Cost	Usual and Customary	Usual and Customary Charge of the	
	Submitted	Charge	Vaccine	
411-DB	Prescriber ID	Prescriber/Pharmacist	Enter the Prescriber's LA Medicaid	
		Medicaid Number or NPI	Issued Number or NPI <b>OR</b> in the	
			Absence of a Prescription, the	
			Vaccinating Pharmacist's LA	
			Medicaid Issued Number or NPI	
438-E3	Incentive Amount	Usual Administration Fee	Usual Amount Charged for Vaccine	
	Submitted		Administration	
473-7E	DUR/PPS Code	1	Number of Occurrences	
	Counter			
440-E5	Professional	MA	Medication Administration	
	Service Code			
444-E9	Provider ID	Pharmacist Medicaid	The Vaccinating Pharmacist's LA	
		Number or NPI	Medicaid Issued Number or NPI	
465-EY	Provider ID	05	NPI	
	Qualifier	07	State Issued	

Note: Billed charges on the remittance advice will be the sum of the administration fee and ingredient cost.

Reimbursement will be reflected as follows in the claim response.

NCPDP Field	NCPDP Field	Value	Comment
Number	Name		
506-F6	Ingredient Cost	Ingredient Cost Paid for the	This Field Will Reflect
	Paid	Claim	Cutbacks If Applicable
521-FL	Incentive	The Incentive Amount Paid for	This Field Will Reflect
	Amount Paid	the Claim	Cutbacks If Applicable
509-F9	Total Amount	Total of Ingredient Cost Plus	This Field Will Reflect
	Paid	Incentive Amount Paid	Cutbacks if Applicable

Vaccine and administration fee claims submitted without a value of MA entered into NCPDP field 440-E5 (Professional Service Code) will deny with:

NCPDP rejection code E5 (M/I Professional Service Code) mapped to

**EOB code 431** (Missing/Invalid Professional Service Code).

Only credentialed pharmacists who are enrolled with Louisiana Medicaid may be included in the claim submission. Their Medicaid assigned provider number or NPI must be entered in NCPDP field 444-E9 (Provider ID). If the pharmacist is not enrolled, the claim will deny with:

NCPDP rejection code E9 (M/I Provider ID) mapped to

**EOB code 210** (Provider Not Certified for This Procedure).

If the pharmacist's assigned provider number or NPI is missing or invalid or if a pharmacy's NPI is entered in NCPDP field 444-E9 (Provider ID), the claim will deny with:

NCPDP rejection code E9 (M/I Provider ID) mapped to

**EOB code 444** (Missing/Invalid Service Provider).

A value of 07 (State Issued) or 05 (NPI) must be entered into NCPDP field 465-EY (Provider ID Qualifier). If an inappropriate qualifier or no qualifier is entered, the claim will deny with:

NCPDP rejection code EY (M/I Provider ID Qualifier) mapped to

**EOB code 509** (Missing/Invalid Service Provider ID Qualifier).

The usual amount charged for an adult vaccine administration fee should be entered in NCPDP field 438-E3 (Incentive Amount Submitted). When the amount submitted is zero, the claim will deny with:

NCPDP rejection code E3 (M/I Incentive Amount Submitted) mapped to

**EOB 089** (Missing/Invalid Incentive Amount).

When influenza vaccine claims are submitted with a NDC other than one for the current influenza season, the claim will deny with:

NCPDP rejection code 70 (Product/Service Not Covered) mapped to

**EOB 233** (Procedure/NDC Not Covered for Service Date Given).

Reimbursement for influenza vaccine claims for recipients under the age of nineteen will only be made for the vaccine administration and will be posted with the educational **EOB 649** (Administration Only Is Reimbursable).

Claims for adult vaccines and administration fees will process without edits for the:

- Four prescription monthly limit, and
- Lock-in.

All other pharmacy editing will remain in place.

Recipients will be exempt from copays for adult vaccines.

If you have any questions about billing, please contact the **DXC Technology Pharmacy Point-of-Sale Helpdesk at 1-800-648-0790.** 

If you have concerns or comments regarding this correspondence, you may contact the Fee-for-Service (FFS) Pharmacy Help Desk at 1-800-437-9101.

Your continued cooperation and support of the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program, as well as your service to our recipients, are greatly appreciated.