

Louisiana Medicaid Pharmacy Provider Notice: 2013-2014 Influenza Season

Influenza Vaccine Administration

Beginning September 1, 2013, Louisiana Medicaid will reimburse enrolled pharmacies for influenza 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.

The cost of the vaccine will not be reimbursed for recipients under the age of nineteen as these vaccines are available through the Louisiana Vaccines for Children (VFC) program. Only the administration fee will be reimbursed for these recipients.

Fluzone® intradermal vaccine is indicated for ages eighteen to sixty-four. Therefore, Medicaid will reimburse the cost of the vaccine and its administration when given to recipients who are ages eighteen through sixty-four.

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 Molina Provider Enrollment at 225-216-6370. Additionally, pharmacists who have the Authority to Administer should acquire a National Provider Identifier (NPI) and report this number to Molina Provider Enrollment.

Effective August 15, 2010, Act 287 of the 2010 Louisiana Legislature permits pharmacists who possess a Medication Administration Registration from the Board of Pharmacy to administer the influenza vaccine to individuals seven years and older without a prescription or medical order. Please refer to the Louisiana Board of Pharmacy website at www.pharmacy.la.gov for more information.

Additionally, the Board of Pharmacy adopted the following motion: "For the purposes of recordkeeping and facilitating access to influenza immunizations to the public, and for the benefit of public health, pharmacists shall create a document in their prescription files which contains a prescription number and lists the immunizing pharmacist as the prescriber."

When submitting claims to Louisiana Medicaid 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).

Influenza Vaccine and Administration Fee Reimbursement

Reimbursement of the influenza vaccine and administration fee (intramuscular or intranasal) is limited to the fees noted below:

Vaccine	Maximum Vaccine Reimbursement	Maximum Administration Fee Reimbursement
Influenza Vaccine, Preservative Free, IM	\$17.37	\$15.22
Influenza Vaccine, IM	\$13.22	\$15.22
Influenza Vaccine, Intranasal	\$22.03	\$10.80

To be reimbursed for the costs of the influenza vaccines and administration fees, 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 claim:

NCPDP Field Number	NCPDP Field Name	Value	Comment
407-D7	Product/Service ID	11 Digit NDC	Vaccine NDC
409-D9	Ingredient Cost Submitted	Usual and Customary Charge	Usual and Customary Charge of the Vaccine
411-DB	Prescriber ID	Prescriber/Pharmacist Medicaid Number or NPI	Enter the Prescriber's LA Medicaid Issued Number or NPI OR in the Absence of a Prescription, the Vaccinating Pharmacist's LA Medicaid Issued Number or NPI
438-E3	Incentive Amount Submitted	Usual Administration Fee	Usual Amount Charged for Vaccine Administration
473-7E	DUR/PPS Code Counter	1	Number of Occurrences
440-E5	Professional Service Code	MA	Medication Administration
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 07	NPI 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 Number	NCPDP Field Name	Value	Comment
506-F6	Ingredient Cost Paid	Ingredient Cost Paid for the Claim	This Field Will Reflect Cutbacks If Applicable
521-FL	Incentive Amount Paid	The Incentive Amount Paid for the Claim	This Field Will Reflect Cutbacks If Applicable
509-F9	Total Amount Paid	Total of Ingredient Cost Plus Incentive Amount Paid	This Field Will Reflect 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).

When influenza vaccine claims are submitted with an NDC other than one for an influenza vaccine (2013-2014 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).

The usual amount charged for a 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).

Reimbursed 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 vaccines and administration fees will process without edits for the:

- Four prescription monthly limit
- Requirements to bill other insurance and
- Lock-in.

All other pharmacy editing will remain in place. Recipients may not be charged copayments for the administration fee.

If you have any questions about billing, please contact the **Molina Pharmacy Point-of-Sale Helpdesk at 800-648-0790**. If you have concerns or comments regarding this correspondence, you may contact the Louisiana Medicaid Pharmacy Unit at 800-437-9101. Your continued cooperation and support of the Louisiana Medicaid Program, as well as your service to our recipients, are greatly appreciated.