

John Bel Edwards
GOVERNOR



Dr. Courtney N. Phillips
SECRETARY

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

MEMORANDUM

DATE: December 29, 2022

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Tara A. LeBlanc, Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy COVID-19 Vaccine Update

On January 6, 2023, with an effective date of December 8, 2022, in continued response to the COVID-19 pandemic, the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) updated coverage of COVID-19 bivalent vaccines with FDA Emergency Use Authorization (EUA) to include children. This memo will give updated billing information for **pharmacy claims** submitted to FFS Medicaid and Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

COVID-19 Bivalent Vaccine

Recently, the FDA issued Emergency Use Authorization (EUA) for the COVID-19 bivalent booster vaccine to include children 6 months and up. Pharmacist administration of the COVID vaccine(s) is for recipients 3 years and older, according to the PREP ACT. Therefore, Medicaid will cover COVID vaccines and boosters as a pharmacy benefit for recipients 3 years and older. The COVID-19 bivalent boosters contain components of the original virus strain and the Omicron variant.

For Moderna COVID-19 vaccine bivalent pharmacy claims, in recipients 3 to 5 years, a single booster dose is given 2 months after completion of primary vaccination with monovalent Moderna COVID-19 vaccine.

For Pfizer COVID bivalent vaccine pharmacy claims, in recipients 3 to 4 years, the primary series consist of the initial 2 doses of monovalent vaccine (3 weeks apart) followed by a 3rd dose at least 8 weeks after 2nd dose of Pfizer COVID vaccine, bivalent.

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COVID-19 Bivalent Vaccines

Generic Name	Brand Name	Medicaid Age Requirement
COVID-19 Bivalent Vaccine (mRNA)	Moderna COVID-19 Vaccine, Bivalent (6YR UP), EUA	≥ 6 years old
COVID-19 Bivalent Vaccine (mRNA)	Moderna COVID-19 Vaccine, Bivalent (6MO-5YR), EUA	3-5 years old
COVID-19 Bivalent Vaccine (mRNA)	Pfizer COVID-19 Bivalent Vaccine (12YR UP), EUA	≥ 12 years old
COVID-19 Bivalent Vaccine (mRNA)	Pfizer COVID-19 Bivalent Vaccine (5-11YR), EUA	≥ 5-11 years old
COVID-19 Bivalent Vaccine (mRNA)	Pfizer COVID-19 Vaccine, Bivalent (6MO-4YR), EUA	3- 4 years old

Note: Pharmacist administration of the COVID vaccine(s) is for recipients 3 years and older, according to the PREP ACT.

Age Requirements for Initial Vaccine Series for Pharmacist Administration

- Pfizer in recipients 3 years and older;
- Johnson & Johnson (Janssen) in recipients 18 years and older;
- Moderna in recipients 3 years and older; and
- Novavax COVID-19 Vaccine, Adjuvanted in recipients 18 years and older.

COVID-19 Vaccine Requirements for 3rd Dose

Pharmacy claims will be reimbursed for the 3rd dose COVID-19 vaccine (Pfizer and Moderna only) in immunocompromised recipients. The 3rd dose must be the same manufacturer as the previously administered COVID-19 vaccine series.

Coverage for the 3rd dose includes:

- Pfizer in recipients 3 years and older given 28 days after the second dose; and
- Moderna in recipients 3 years and older given 28 days after the second dose.

Medicaid COVID-19 Vaccine Requirements for Bivalent as a Booster

The FDA has authorized COVID-19 Bivalent Booster administration for:

- Pfizer COVID-19 Vaccine, Bivalent in recipients **5 years and older**;
- Moderna COVID-19 Vaccine, Bivalent in recipients **3 years and older**.

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Individuals age 5 years and older are recommended to receive one bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or previously received monovalent booster dose(s) within the authorized age limits above.

At Home COVID-19 Vaccine Administration

Pharmacy claims may be reimbursed an additional payment for administering the COVID-19 vaccine in recipients' homes when either of these situations applies:

- The patient has difficulty leaving the home to get the vaccine, which could mean any of these:
 - They have a condition, due to an illness or injury, that restricts their ability to leave home without a supportive device or help from a paid or unpaid caregiver;
 - They have a condition that makes them more susceptible to contracting a pandemic disease like COVID-19; or
 - They are generally unable to leave the home, and if they do leave home it requires a considerable and taxing effort.
- The patient is hard-to-reach because they have a disability or face clinical, socioeconomic, or geographical barriers to getting a COVID-19 vaccine in settings other than their home. These patients face challenges that significantly reduce their ability to get vaccinated outside the home, such as challenges with transportation, communication, or caregiving.

Providers do not need to certify that the recipient is homebound, but the provider must document in the patient's electronic record their clinical status or the barriers they face to getting the vaccine outside the home.

Place of Service

Many types of locations can qualify as a recipient's home for the additional in-home payment amount, including:

- A private residence;
- Temporary lodging (for example, a hotel or motel, campground, or homeless shelter);
- An apartment in an apartment complex or a unit in an assisted living facility or group home; or
- A recipient's home that is made provider-based to a hospital during the COVID-19 public health emergency;
- Communal spaces of a multi-unit living arrangement; or

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- Assisted living facilities participating in the CDC's Pharmacy Partnership for Long-Term Care Program when their residents are vaccinated through this program.

These locations do not qualify as a home for the additional payment amount:

- Hospitals, Medicare skilled nursing facilities (SNF), and Medicaid nursing facilities, regardless of whether they are the patient's permanent residence.

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 and not the ingredient** for COVID-19 vaccines. The administration fee per injection of the COVID-19 vaccine is \$36.78 or billed charges, whichever is the lesser amount. No dispensing fee shall be reimbursed, only administration fee. 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 or Novovax product and day 24 for the Moderna product. At home administration of the COVID-19 vaccine for any doses, will be reimbursed at \$32.98 for a total of \$69.76 (\$32.98 + \$36.78) or billed charges, whichever is the lesser amount.

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.

Point of Sale Bypass for COVID-19 Vaccine Administration

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

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.

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- 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:

NCPDP Field Number	NCPDP Field Name	Value	Comment
307-C7	Place of Service	12	A value of "12" for at home administration of the COVID-19 vaccine.
405-D5	Day Supply	1	A value of "1" for COVID-19 vaccines.
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; Second Dose=6; Third Dose=7; Booster Shot=10.	Use "7" for 3rd dose in immunocompromised recipient. Use "10" for any booster shot.
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 OR in the Absence of a Prescription, the Vaccinating Pharmacist's LA Medicaid Issued Number or NPI

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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	The value of the vaccine dose.
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

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.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
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
Humana Healthy Horizons	Gainwell Technologies	(800) 648-0790
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