Louisiana Department of Health Bureau of Health Services Financing Dr. Courtney N. Phillips
SECRETARY

MEMORANDUM

DATE: December 23, 2020

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

Jara Leslanc

FROM: Tara A. LeBlanc, Interim Medicaid Executive Director

SUBJECT: Louisiana Medicaid Pharmacy COVID-19 Vaccine Coverage

Effective December 23, 2020, in response to the COVID-19 pandemic and Public Health Emergency (PHE), the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program will cover the administration of the COVID-19 vaccine. The COVID-19 vaccine coverage applies to pharmacy claims submitted to FFS Medicaid. The Louisiana Medicaid MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare) will also cover the administration of the COVID-19 vaccine and further notice will be sent out upon MCO implementation. The MCOs will implement vaccine coverage on or before January 1, 2021. 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 COVID-19 vaccine will be covered for recipients 16 years of age and older for the Pfizer product and 18 years of age and older for the Moderna product. The age requirement may be updated in the future in accordance with current Emergency Use Authorizations (EAUs).

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.

COVID-19 Vaccine Billing

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 | 11 Digit NDC | Vaccine NDC | |
| | ID | | | |
| 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 | Initial Dose=2 and | Use this field for two dose vaccines | |
| | Clarification | Final Dose=6 | only | |
| | Code | | | |
| 423-DN | Basis of Cost | 15 or 1 | A value of "15" (free product or no | |
| | Determination | | 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 |
|--------|----------------------------------|--|---|
| 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: 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 07 | NPI 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 <u>administration fee only</u> for COVID-19 vaccines. The FFS administration fee for a two dose series COVID-19 vaccine is \$15.92 for the first injection, then \$26.68 for the second injection. The FFS administration fee for a single dose series COVID-19 vaccine is \$26.68. No dispensing fee shall be reimbursed, only administration fee. Currently, the 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.

Pharmacy claim rejections for non-typical settings of care situations (i.e. Patient Residence, Pharmacy Service Type, and Place of Service) will be bypassed for COVID-19 vaccine claims.

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.

| 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 |
| 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