

Pharmacy Update

December 18, 2020

Reminder: New Network - COVID-19 Vaccine Administration Network

CVS Caremark® has previously provided a Pharmacy Update advising that CVS Caremark is implementing the “COVID-19 Vaccine Administration Network” to provide reimbursement to Providers for the administration of COVID-19 vaccines. This network will provide reimbursement for the administration of COVID-19 vaccines when the vaccines are obtained by the Provider without cost from the government as well as for reimbursement for both the vaccine and administration when the government no longer is providing the vaccine without cost.

The “COVID-19 Vaccine Administration Network” Enrollment Form is available on the CVS Caremark Pharmacy Portal. If you do not have a Pharmacy Portal account, follow the instructions below. Once you are logged in to the Pharmacy Portal, from the Home Page click on the “Document Library” icon at the top right-hand corner of your screen. Expand the “Covid-19” folder to access the enrollment form.

Pharmacy Portal Log in instructions:

If your pharmacy has not registered to the CVS Caremark Pharmacy Portal, please do so. The CVS Caremark Pharmacy Portal can be found at:

<https://rxservices.cvscaremark.com>

Your pharmacy will be prompted to set a unique username and password as part of the initial login process. You also will be prompted to read and agree to the pharmacy portal terms of use.

Please note: Detailed pharmacy-specific account information must be entered as part of the initial login process including, but not limited to: pharmacy NCPDP number (seven digits), pharmacy NPI, state license number, DEA number, etc. For troubleshooting the CVS Caremark Pharmacy Portal registration and/or login process only, please email RxServices@CVSCaremark.com

If you elect to enroll, please follow the process described in the network enrollment form. If you have any questions, please contact CVS Caremark Network Services at **1-866-488-4708**.

Attached please find claims submission information for COVID-19 vaccine claims. **As a reminder, applicable reimbursement includes a comparison to the Provider’s submitted Usual and Customary Charge (426-DQ) and Gross Amount Due (430-DU), including where the vaccine has been provided to Provider with no associated cost.**

Pharmacy network participation varies by plan.

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This update applies to:
All Network Pharmacies

State(s): National

Restrictions:

Pharmacies are only eligible for this network if they will be administering COVID-19 vaccines.

Restrictions exist for chains and Affiliations/PSAO’s enrolling at a chain or Affiliation/PSAO level. See Network Enrollment Form for details.

Note:

Affiliation/PSAO pharmacies may enroll individually.

Rely upon adjudication responses for a determination of *pharmacy* benefit coverage. Pharmacies should explore medical benefit coverage when pharmacy benefit coverage is not indicated.

Claims Submission Information

Submit 'MA' in the Professional Service Code field (440-E5) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted field (438-E3) of the Pricing Segment when administering vaccines.

Submit the appropriate Quantity (e.g., 0.5 ml) and Days Supply of "1". Inappropriate Quantities or Days Supply may cause the claim to reject.

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code	MA (Medication Administration)
409-D9	Pricing Segment Ingredient Cost Submitted	≥\$0.01 Submit Vaccine Cost (If government-supplied, see below)
438-E3	Pricing Segment Incentive Amount Submitted	≥\$0.01 Submit Administration Fee
426-DQ	Pricing Segment Usual and Customary Charge	≥ Incentive Amount Submitted

Government-Supplied Vaccine Programs*

When submitting administration claims for a COVID-19 vaccine provided without cost through a government COVID-19 vaccine program, pharmacies must populate specific values in the following fields:

Field #	NCPDP Field Name	Required Vaccine Administration Information for Processing
409-D9	Ingredient Cost Submitted	\$0.00
423-DN	Basis of Cost Determination	15 (Free product or no associated cost)

*Providers submitting claims for COVID-19 vaccine paid for by the federal government through funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) act, or paid for by any program supplying Provider with no associated cost (zero cost) COVID-19 vaccine, shall submit claims with either \$0.01 in the Ingredient Cost Submitted field (NCPDP field 409-D9) or the combination of \$0.00 in the Ingredient Cost Submitted field (NCPDP field 409-D9) and a value of "15" in the Basis of Cost Determination field (NCPDP field 423-DN).

Identification of Dose Being Submitted

When submitting administration claims for a COVID-19 vaccine that requires multiple doses, pharmacies must submit the following information to indicate whether they are submitting an initial/restarter dose or the final dose in the regimen.

Field #	NCPDP Field Name	Dose	Required Vaccine Administration Information for Processing
420-DK	Submission Clarification Code	Initial/Restarter Dose	02
420-DK	Submission Clarification Code	Final Dose	06

As an example, included is a section of a Payer Sheet for an initial dose. Only NCPDP Segments/Fields pertinent to special COVID-19 vaccine billing instructions are shown.

CLAIM Segment Segment Identification (111-AM) = "07"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
407-D7	PRODUCT/SERVICE ID	59267100001	M	Pfizer NDC shown as example
442-E7	QUANTITY DISPENSED	0.3	R	
405-D5	DAYS SUPPLY	1	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	1	R	
420-DK	SUBMISSION CLARIFICATION CODE	02	R	02 = Initial/Restarter Dose 06 = Final Dose

DUR/PPS Segment Segment Identification (111-AM) = "08"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS Code Counter	1	R	
440-E5	Professional Service Code	MA	R	MA (Medication Administration)

Pricing Segment Segment Identification (111-AM) = "11"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED	\$0.01	R	Use \$0.00 for free product
412-DC	DISPENSING FEE SUBMITTED	\$0.01	RW	
438-E3	INCENTIVE AMOUNT SUBMITTED	\$16.94	R	
426-DQ	USUAL AND CUSTOMARY CHARGE	\$20.00	R	Use amount greater than or equal to Incentive Amount Submitted
430-DU	GROSS AMOUNT DUE	\$16.96	R	
423-DN	Basis of Cost Determination	01	R	Use 15 for free product