

# Pharmacy Update

April 15, 2021

## COVID-19 Vaccine Administration Network Enrollment Form and Claims Submission Information

The following information is being provided to assist your pharmacy with the submission of COVID-19 Vaccine Administration claims. The information contained in this communication is informational only and is not a substitute for the information provided in the COVID-19 Vaccine Administration Network Enrollment Form.

The COVID-19 Vaccine Administration Network Enrollment Form, which contains COVID-19 vaccine claim submission information and payer sheet examples, is posted to the CVS Caremark Pharmacy Portal. Other COVID-19 documents and resources are also available on the CVS Caremark Pharmacy Portal at: [rxservices.cvscaremark.com](http://rxservices.cvscaremark.com) (Document Library > COVID-19 Folder).

Submit 'MA' in the Professional Service Code field (44Ø-E5) of the DUR/PPS Segment along with an amount in the Incentive Amount Submitted field(438-E3) of the Pricing Segment that is equal to or greater than the administration fee expected when administering a COVID-19 vaccine.

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.

When submitting administered vaccines claims to CVS Caremark, submit the following fields:

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
44Ø-E5	<b>DUR/PPS Segment</b> Professional Service Code	<b>MA</b> (Medication Administration)
4Ø9-D9	<b>Pricing Segment</b> Ingredient Cost Submitted	<b>≥\$0.01</b> Submit Vaccine Cost (If government-supplied, see below)
438-E3	<b>Pricing Segment</b> Incentive Amount Submitted	<b>= Administration Fee expected by Provider*</b> (Must be greater than \$0.00)
426-DQ	<b>Pricing Segment</b> Usual and Customary Charge	<b>≥ Incentive Amount Submitted*</b>

Pharmacy network participation varies by plan.

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**This update applies to:**  
All Network Pharmacies

**State(s):**  
National

**Payer Sheets:**  
For additional claim processing information, refer to the CVS Caremark Payer Sheets at [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo) > NCPDP Payer Sheets.

\*Any submitted value that is less than the Plan Sponsor or State Exception Applicable Administration Fee or the standard COVID-19 Vaccine Administration Network Applicable Administration Fee will result in the reimbursement being less than the maximum possible Applicable Administration fee.

### 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) and Basis of Cost Determination field (NCPDP field 423-DN) of **not** "15" 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).

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.

### 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 dose, the final dose or the only dose (listed below as Final (single) dose) in the regimen.

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

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