

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Office of MaineCare Services - Pharmacy Unit  
11 State House Station  
Augusta, Maine 04333-0011  
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)  
Fax: (207) 287-8601

## **\*\*Important Billing Information for COVID-19 Vaccines\*\***

Dear Medicaid Provider,

**Effective on 09/09/2021**, pharmacies may submit vaccination claims for reimbursement for the Moderna or Pfizer-BioNTech COVID-19 vaccine additional dose and administration in immunocompromised patients retroactive to dates of service on or after August 12, 2021. We will reimburse based on Medicare's regional rates for Maine, per our standard practice. The reimbursement rate will be set at 100% of the regional rate. These rates recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting important outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine.

The Submission Clarification Code (420-DK) field should be used to differentiate which dose is being administered to allow proper reimbursement. Submission Clarification Code = 7 should be used for the booster dose. This guidance applies regardless if the same provider or different providers administered the initial 2-dose series.

Please refer to the [NCPDP EMERGENCY PREPAREDNESS GUIDANCE V1.10](#) document on the [NCPDP.org website](#) for additional information. In general, claims submitted for zero-cost vaccines should be submitted on a single B1/B3 billing transaction including the following data elements and values:

- Quantity Dispensed (**442-E7**) Moderna: NDC 80777027310, 80777027310, 80777027398 and 80777027399, value = 0.5 mL Pfizer: NDC 59267100001, 59267100002 and 59267100003, value= 0.3 mL
- Professional Service Code (**440-E5**) "MA" (Medication Administered)
- Submission Clarification Codes (**SCC, 420-DK**) First Dose=2, Second Dose=6, Third Dose=7
- Incentive Amount (administration fee, (**438-E3**) First Dose, Second Dose and Third Dose=\$37.29
- Basis of Cost (**423-DN**) Ingredient Cost (**409- D9**) "15" (free product or no associated cost) \$0.00 or \$0.01
- Gross Amount Due (**430-DU**) Include "Incentive Amount" submitted for the administration fee and zero cost of the vaccine

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-888-420-9711. MaineCare providers can also send inquiries via email to [PBA\\_helpdesk@changehealthcare.com](mailto:PBA_helpdesk@changehealthcare.com)

Thank you for your continued support of MaineCare's publicly funded pharmacy benefits programs.