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

Dear Medicaid Provider,

Effective 10/15/2021, pharmacies may submit claims for administration of a booster dose of the Pfizer-BioNTech COVID-19 vaccine for dates of service on or after September 10, 2021. A booster dose is a single dose of the vaccine that may be administered to individuals (subject to change according to CDC guidance):

- 65 years of age and older
- 18 through 64 years of age at high risk of severe COVID-19
- 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19

The Submission Clarification Code **(420-DK)** field should be used to differentiate which dose is being administered to allow proper reimbursement.

Submission Clarification Code = 10 should be used for the booster dose for population with waning immunity. This guidance applies regardless if the same provider or different providers administered the initial 2-dose series.

Submission Clarification Code = 7 should be used for the additional dose for immunocompromised patients

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. Please refer to the [NCPDP EMERGENCY PREPAREDNESS GUIDANCE V1.11](#) document on the [NCPDP.org website](#) for additional information.

- Quantity Dispensed **(442-E7)** Moderna: NDC 80777027310, 80777027315, 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, and Booster Dose=10
- 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 to PBA_helpdesk@changehealthcare.com