



# MONTANA HEALTHCARE PROGRAMS NOTICE

February 11, 2021

## Pharmacy Providers

**Effective February 8, 2021**

### Billing for COVID-19 Vaccine

Effective February 8, 2021, pharmacies will be able to bill Montana Healthcare Programs for COVID-19 vaccine administration through pharmacy point of sale (POS). The vaccine is currently free to pharmacies; therefore, we will only be reimbursing for administration.

The administration for the first dose of a two-dose vaccine will be reimbursed at \$16.94 and the second dose will be \$28.39. Single dose vaccines will be reimbursed at \$28.39.

Some of the billing requirements are similar to those for other vaccines, but there are distinct differences in some of the fields required for submission. Please read all instructions carefully. Failure to enter all fields appropriately will result in a denied claim.

The following NCPDP fields are required for Montana Healthcare Programs to properly reimburse for the vaccine and the administration fee:

- 42Ø-DK (Submission Clarification Code (SCC)) – For two-dose vaccines, submit a 02 for the first vaccine and a 06 for the second vaccine. Do not enter a SCC for single dose vaccines.
- 439-E4 (Reason for Service Code) – Submit AD (Additional Drug Needed).
- 438-E3 (Incentive Amount Submitted) – For submitting your usual and customary vaccine administration fee. The reimbursement rates above will be applied regardless of amount entered.
- 44Ø-E5 (DUR Professional Service Code) – Submit MA (Medication Administration).

Submit the correct vaccine unit, which is often less than 1.0 mL. Bill each vaccine dose for a 1-day supply.

Reasons claims may deny include:

- Missing any of the required fields above.
- SCC does not match dose given.
- First vaccine doesn't match second vaccine (i.e., Moderna given as first dose, Pfizer given as second dose).
- Billing wrong units (i.e., Moderna 0.5 mL; Pfizer 0.3 mL).
- Billing wrong days-supply.
- Billing second dose before it is due (i.e., 21 days for Pfizer; 28 days for Moderna).

For pharmacies who have already begun administering COVID-19 vaccines, claims may be back billed to the date the vaccine was administered.

#### Claim denial examples:

- Product/Service Not Covered Plan/Benefit Exclusion – denial will post if:
  - o History claim of COVID-19 vaccine from different manufacturer.
  - o SCC other than 02 or 06 (or none) entered for multi-dose vaccine.
- Product Not Covered Non-Participating Manufacturer – denial will post if AD and MA vaccine codes are not entered.
- Prior Authorization Required – denial will post if dose exceeds number of FDA-approved doses (i.e., two doses)
- Plan Limitations Exceeded – denial will post if:
  - o SCC 02 is entered with a previous SCC 02 claim in history.
  - o SCC 06 is entered with a previous SCC 06 claim in history.
  - o A third vaccine is billed.
  - o Days-supply does not equal 1.
  - o Quantity is greater than approved vaccine dose.
  - o Age is less than FDA approved age.
  - o Billing second dose before it is due.

## Contact Information

For questions regarding this policy, please contact Shannon Sexauer, PharmD, Medicaid Pharmacist at (406) 444-5951 or Dani Feist, Pharmacy Program Officer, at (406) 444-2738.

If further guidance or assistance is needed, please call the Mountain-Pacific Quality Health (MPQH) Drug Prior Authorization Unit:

Drug Prior Authorization Unit  
Mountain-Pacific Quality Health  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Telephone)  
(406) 513-1928 or (800) 294-1350 (Fax)

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)