



New York State Medicaid Coverage Criteria for Pharmacists Providing COVID-19 Vaccine Counseling

The New York State Department of Health (NYSDOH) issued guidance that New York State (NYS) Medicaid will reimburse COVID-19 vaccination counseling to Medicaid members/enrollees by pharmacists in order to encourage vaccination against COVID-19. The effective date of coverage is for dates of service on or after December 1, 2021.

Please refer to [the NYSDOH website](#) for guidance.

Reimbursement for counseling is limited to unvaccinated individuals who have not received an initial/first dose of the vaccine and do not have an appointment to receive an initial/first dose, but who are eligible to receive the vaccination. A provider may request reimbursement only once per unvaccinated member. **Counseling on second and subsequent doses is not billable.**

The vaccine counseling session must be documented in the medical or pharmacy record and must include the following:

- Confirming with the patient, or with the parent, guardian, or caregiver (if appropriate), that the patient is unvaccinated (the patient has not received an initial/first dose of a COVID-19 vaccine)
- Confirming that the patient does not already have an appointment scheduled to receive an initial/first dose
- Confirming patient consent of the parent, guardian, or caregiver (if appropriate) to receive the counseling
- Confirming vaccination status in the New York State Immunization Information System (NYSIIS) whenever possible*
- Strongly recommending the COVID-19 vaccination (unless medically contraindicated, in which case the counseling session is not billable)
- Counseling the patient, along with their parent, guardian, or caregiver (if appropriate), on the safety and effectiveness of COVID-19 vaccines
- Answering any questions that the patient or parent, guardian, or caregiver has regarding COVID-19 vaccination
- Counseling the patient, along with their parent, guardian, or caregiver (if appropriate), for a minimum of eight minutes
- Arranging for vaccination or providing information on how the patient can get vaccinated for COVID-19

Provider Alert

*If there is a pharmacy software limitation, a pharmacist can provide an attestation that the above actions have been met: "Meets NYS DOH Counseling Criteria for COVID-19 Vaccination."

IMPORTANT: A pharmacist providing COVID-19 vaccination counseling should bill using the National Council for Prescription Drug Programs (NCPDP) D. Ø claim format as outlined below.

Claim Submission Information for Pharmacies

The following information is to assist your pharmacy with the submission of COVID-19 vaccine administration and counseling claims.

Submit 'PE' in the Professional Service Code field (NCPDP field 44Ø-E5) of the DUR/PPS Segment along with an amount in the Incentive Amount Submitted field (NCPDP field 438-E3) of the Pricing Segment (that is equal to or greater than the administration fee expected) when administering a COVID-19 vaccine. DO NOT submit 'MA' in the Professional Service Code field (NCPDP field 44Ø-E5) on claims for administration and counseling. A combination of the administration fee and the counseling fee will be reported in Incentive Amount Paid (NCPDP field 521-FL).

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 with counseling to CVS Caremark®, submit the following fields:

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
42Ø-DK	Claim Segment Submission Clarification Code	02 (for Initial Dose)
439-E4	DUR/PPS Segment Reason for Service Code	PP (Plan Protocol)
44Ø-E5	DUR/PPS Segment Professional Service Code	PE (Patient Education)
441-E6	DUR/PPS Segment Result of Service Code	00 (Not Specified)
4Ø9-D9	Pricing Segment Ingredient Cost Submitted	≥\$0.01 Submit Vaccine Cost (If government-supplied, see below)
438-E3	Pricing Segment Incentive Amount Submitted	= Administration Fee expected by Provider* (Must be greater than \$0.00)
426-DQ	Pricing Segment Usual and Customary Charge	≥ Incentive Amount Submitted*

Provider Alert

*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	Pricing Segment Ingredient Cost Submitted	\$0.00
423-DN	Pricing Segment 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 (NCPDP field 426-DQ) and Gross Amount Due (NCPDP field 430-DU), including where the vaccine has been provided to provider with no associated cost.