



2021-2022 MVP Medicaid Vaccine Coverage

The below vaccines are covered in full when administered at a pharmacy in the vaccine services participating pharmacy network by a certified immunizing pharmacist*

- Seasonal flu vaccines covered patients 2 years of age or older:
 - Trivalent
 - Quadrivalent (injectable and Intradermal Short Needle)
 - FluMist
 - Flubok
 - High Dose Flu Vaccine
- Adults: zoster, tetanus, diphtheria toxoids,
- Children and adults: pneumonia, meningococcal, tetanus, diphtheria, pertussis

NYS Medicaid should NEVER be billed for the cost of any vaccines for persons under 19 years of age when it is available through the Vaccines for Children (VFC) Program. Pharmacies that bill Medicaid for the cost of vaccines that are available through the VFC Program are subject to recovery of payment, regardless of whether or not the vaccine was obtained through the VFC Program.

Pharmacies that are not enrolled in the VFC program may choose to provide vaccines for Medicaid members under 19 years of age provided that there is no charge to the member or Medicaid program for the cost of the vaccine. Pharmacies will be reimbursed an immunization fee.

Claims Submission:

Please use the information below to properly submit vaccine claims:

For vaccines administered to patients under 19 years of age:

Field Number	NCPDP Field Name	Required Vaccine Administration Information for Processing
440-E5	Professional Service Code Field	MA (Medication Administration)
438-E3	Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)
409-D9	Ingredient Cost Submitted	\$0.00
412-DC	Dispensing Fee Submitted	≥ \$0.01 (Submit Dispensing Fee)
426-DQ	Usual and Customary Charge	> \$0.00
423-DN	Basis of Cost Determination	15 (Free product or no associated cost)

For vaccines administered to patients 19 years of age or older:

Field Number	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment (Professional Service Code Field)	MA (Medication Administration)

* list of covered vaccines is subject to change based upon state laws
December 2021



438-E3	Pricing Segment (Incentive Amount Submitted Field)	≥ \$0.01 (Submit Administration Fee)
426-DQ	Usual and Customary Charge	Submit your U&C drug cost + Administration Fee

Submit the appropriate quantity (e.g. 0.5ml) and the appropriate day supply (up to 30). If you have any questions, please call the Pharmacy Help Desk at **1-800-364-6331**.