



New York Medicaid Coverage Criteria for COVID-19 Vaccine Counseling Update

May 2, 2022

The New York Department of Health (DOH) has issued guidance that NYS Medicaid will provide reimbursement for COVID-19 vaccination counseling to Medicaid members/enrollees to encourage the administration of the COVID-19 vaccine. The effective date of coverage is for dates of fill on or after December 1, 2021.

Link to guidance:

www.health.ny.gov/health_care/medicaid/covid19/guidance_covid_counseling.htm

Qualified providers may provide up to four pre-decisional counseling visits for each dose recommended by the CDC, including booster doses, up to a total of twelve (12) visits per year. Members receiving counseling on an initial dose or subsequent dose, including boosters, must not have already received the dose and must not already have an appointment to receive the dose.

The COVID-19 vaccine counseling session must be documented in the medical or pharmacy record and must include the following:

- confirming with the patient, or the parent, guardian, or caregiver (if appropriate) that the patient is not currently "up-to-date" with COVID-19 vaccine dosing as recommended by the CDC (per the CDC "Stay Up to Date with Your Vaccines" web page, located at: www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html);
- confirming 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;
- the reasons expressed by the patient, parent, or caregiver for vaccine hesitancy;
- 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; and
- arranging for vaccination or providing information on how the patient can get vaccinated for COVID-19.

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



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.

The following information is being provided 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,** the administration fee will be combined with the counseling fee and 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*

*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 and a value of '15' in the Basis of Cost Determination field.

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.