



MVP Health Care Pharmacy Billing for COVID-19 Testing

The New York State Governor's Executive Order #202.24 temporarily modified Section 6801 of the NYS Education Law and Subdivision (6) of section 571 of the NYS Public Health Law to authorize licensed pharmacists to:

- Order COVID-19 tests, approved by the Food and Drug Administration (FDA), to detect SARS-CoV-2 or its antibodies.
- Administer COVID-19 tests, subject to CLIA Certificate of Waiver requirements and pursuant to the federal Clinical Laboratory Improvement Amendments of 1988, in patients suspected of a COVID-19 infection or those suspected of having recovered from COVID-19 infection, subject to completion of appropriate training developed by the Department of Health.

Network Participation

The below tests and specimen collection are covered in full when administered at a pharmacy in the participating pharmacy network. Pharmacies in the MVP network who wish to provide COVID-19 specimen collection or testing should contact CVS Caremark at **1-866-488-4708**.

Claim Submission Information

Please use the information below to properly submit COVID-19 Testing claims through the pharmacy. Pharmacies that conduct COVID-19 testing and bill for it should not also bill for specimen collection. Reimbursement for the test includes specimen collection. Inappropriate quantities or days supply may cause the claim to reject. If another source is providing payment, MVP should not also be billed for the specimen collection or testing.

Claims for COVID-19 testing and collection may be retroactively billed back to April 25, 2020, the date of the signing of Executive Order #202.24.

The following are billing instructions for MVP:

| | | |
|------------|---------|----------------|
| BIN:004336 | PCN:ADV | GROUP: MVP625 |
| BIN:004336 | PCN:ADV | GROUP: MVPMRKT |
| BIN:004336 | PCN:ADV | GROUP: MVPCOMM |

For COVID-19 Specimen Collection Only

Example NDC/UPC codes that may be used to cover all generic specimen collection only

- CVS Caremark UPC: 60004-0417-80
- NCPDP NDC: 99999-0992-11



Submit the following:

| Field Number | NCPDP Field Name | Required Value for Processing |
|--------------|--|--|
| 440-E5 | DUR/PPS Segment Professional Service Code Field | MA (Medication Administration) |
| 409-D9 | Pricing Segment Ingredient Cost Submitted | >\$0.00 |
| 438-E3 | Pricing Segment Incentive Amount Submitted Field | ≥ \$0.01 (Submit Administration Fee) |
| 426-DQ | Pricing Segment Usual and Customary Charge | ≥ \$ in Incentive Amount Submitted |
| 436-E1 | Product/Service ID Qualifier | Enter "03", NDC |
| 407-D7 | Product/Service ID | Example UPC for specimen testing: 60004-0417-80 |
| 442-E7 | Quantity Dispensed | 1 |
| 405-D5 | Day Supply | 1 |
| 473-7E | DUR/PPS Code Counter | 1 |

For Clinical Laboratory Improvement Amendments (CLIA) waived COVID-19 testing
 Example NDC/UPC codes eligible for reimbursement and are not limited to the following below.
 Only NDC's associated with the U.S FDA Emergency-Use- Authorization will be accepted.

- Abbott ID NOW COVID-19 In Vitro Kit; NDC: 11877-0011-26
- Sofia2 SARS Antigen FIA In Vitro Kit; NDC: 14613-0339-08

Submit the following:

| Field Number | NCPDP Field Name | Required Value for Processing |
|--------------|--|---|
| 439-E4 | DUR/PPS Segment Reason for Service Code | PP (Plan Protocol) |
| 440-E5 | DUR/PPS Segment Professional Service Code | PT (Perform laboratory test) |
| 441-E6 | DUR/PPS Segment Result of Service Code | 00 (Not Specified) |
| 438-E3 | Pricing Segment Incentive Amount Submitted Field | ≥ \$0.01 (Submit Administration Fee) |
| 436-E1 | Product/Service ID Qualifier | Enter "03", NDC |
| 407-D7 | Product/Service ID | Enter an allowable NDC for the NY CLIA-Waived COVID-19 testing |
| 442-E7 | Quantity Dispensed | 1 |
| 405-D5 | Day Supply | 1 |
| 473-7E | DUR/PPS Code Counter | 1 |



The Prescriber ID (411-DB) should be the NPI of the provider authorized to order the test. This may be a pharmacist.

The Prescriber ID (444-E9) should be the NPI of the authorized provider administering the test. This may be a pharmacist.

Please note that MVP members have \$0 copayment and coinsurance for COVID-19 specimen collection and testing and should not be billed for costs above the agreed upon reimbursement rates nor additional charges to perform the specimen or testing, including personal protective equipment (PPE).

If you have any questions, please call the Pharmacy Help Desk at **1-800-364-6331**.