



See [Web Announcement 2587](#) for instructions on billing additional COVID-19 doses.

December 21, 2020 (Updated March 9, 2021, March 24, 2021 and May 24, 2021)
Announcement 2382

Attention Provider Type 28 (Pharmacy): Nevada Medicaid Fee-for-Service Update Regarding COVID-19 Vaccine Administration Reimbursement

The Centers for Medicare & Medicaid Services (CMS) has increased the Medicare payment amount for administering all emergency use authorization (EUA) U.S. Food and Drug Administration (FDA)-approved COVID-19 vaccines.

On March 25, 2021, the Division of Health Care Financing and Policy (DHCFP) was approved by CMS to reimburse allowable providers at 100% of the Nevada geographically-adjusted rate for the COVID-19 vaccine administration fee. DHCFP reimburses pharmacy providers for COVID-19 vaccine administration based upon the FDA EUA for each vaccine (reference [Web Announcement 2493](#) for EUA effective dates).

- For vaccinations administered in 2020, the rate for reimbursement has been updated to: 1st dose \$17.02 - 2nd and single dose \$28.53
- For vaccinations administered in 2021, prior to March 15, 2021, the rate for reimbursement has been updated to: 1st dose \$17.25 - 2nd dose and single dose \$28.56
- For vaccinations administered March 15, 2021 through December 31, 2021, the rate for reimbursement has been updated to: 1st dose, 2nd dose and single dose - \$40.44

Providers are advised that claims have been reprocessed to correct the administration fee on claims that were paid since implementation on December 20, 2020, to the corrected locally adjusted regional rates.

On May 10, 2021, the FDA authorized the Pfizer COVID-19 vaccine for emergency use in individuals 12 years of age and older. Effective May 11, 2021, DHCFP began reimbursing pharmacy providers for the administration of the Pfizer COVID-19 vaccine for the expanded age group.

The following is a list of covered COVID-19 vaccines that are eligible for pharmacy vaccine administration reimbursement:

VACCINE CODE	VACCINE ADMINISTRATION CODE(S)	VACCINE MANUFACTURER	Coverage Limits	NDC 10/11 LABELER PRODUCT ID (VIAL)	DOSING INTERVAL
91300	0001A (1 ST DOSE) 0002A (2 ND DOSE)	PFIZER, INC. COVID-19 (SARS-COV-2) MRNA VACC-PFIZER IM SUSP 30 MCG/0.3ML	Covered 12 years of age and older; 0.3ML per 21 days	59267-1000-01 59267-1000-02 59267-1000-03	21 DAYS
91301	0011A (1 ST DOSE) 0012A (2 ND DOSE)	MODERNA, INC. COVID-19 (SARS-COV-2) MRNA VACC-MODERNA IM SUSP 100 MCG/0.5ML	Covered 18 years of age and older; 0.5ML per 28 days	80777-0273-10 80777-0273-99	28 DAYS
91303	0031A (1 DOSE)	JANSSEN PHARMACEUTICALS, INC. COVID-19 (SARS-COV-2) MRNA VACC-JANSSEN IM SUSP 0.5ML	Covered 18 years of age and older: 0.5 ML one time	59676-0580-05 59676-0580-15	NA

Claim Submission

When submitting a claim for the COVID-19 vaccine, submission should include the NCPDP fields as depicted below and follow recommended guidance.

Guidance prior to March 15, 2021:

NCPDP Field Name	NCPDP Field Number	First Dose 2020/2021	Second Dose 2020/2021 (If Applicable)	Single Dose 2021
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2 = Other Override	6 = Starter Dose	NA
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$17.02/\$17.25	\$28.53/\$28.56	\$28.56
Product / Service ID / NDC	407-D7	EUA approved NDC	EUA Approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01	00

Guidance effective March 15, 2021, and after:

NCPDP Field Name	NCPDP Field Number	First Dose	Second Dose (If Applicable)	Single Dose
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2 = Other Override	6 = Starter Dose	NA
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$40.44	\$40.44	\$40.44
Product / Service ID / NDC	407-D7	EUA approved NDC	EUA Approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01	00

At this time, the cost for the vaccine itself will be covered by the federal government via funding authorized by the Coronavirus Aid, Relief and Economic Security (CARES) Act.

An administration fee will be paid to POS pharmacy providers that submit claims for covered COVID-19 vaccines for Nevada Medicaid FFS recipients within the specified product limits. If a pharmacy claim is submitted for a recipient’s second vaccination dose with a National Drug Code (NDC) from a different manufacturer than was used with the first dose, the claim will be denied, requiring prior authorization.