

Blue Cross Idaho

Commercial	Medicare Part D
RXBIN: 004336	RXBIN: 004336
RXPCN: ADV	RXPCN: MEDDADV
RXGRP: RXBCID	RXGRPs: RX8527 & RX8528

Vaccine Administration Network Coverage

As previously communicated by CVS/caremark, beginning in August 2014, many Plan Sponsors began reimbursing pharmacies for the dispensing and administration of flu, pneumococcal, and various other vaccines. Effective August 1, 2014, **Blue Cross Idaho** began participating in the CVS/caremark Vaccine Administration program. This communication provides the information needed for adjudication of administered vaccine claims.

BLUE CROSS IDAHO PLAN-SPECIFIC COVERAGE

Effective August 1, 2014, Blue Cross Idaho plan began providing vaccine drug and administration coverage for members. The following vaccines are covered at a zero dollar copay:

Commercial	Medicare Part D
- Injectable Seasonal Influenza Vaccine (TIV & TRIV) - Injectable Seasonal Influenza Vaccine HD (TIV- HD) - Intranasal (LAIV-4) - Adult Pneumococcal (PPSV) - Zoster (Zostavax®) - age 60+ - Pediatric Pneumococcal (PSV-13)	- Injectable Seasonal Influenza Vaccine (TIV, TRIV & QIV) - Injectable Seasonal Influenza Vaccine HD (TIV- HD) - Intranasal (LAIV-4) - Intradermal (TIV-Intradermal) - Adult Pneumococcal (PPSV)

Please rely upon the claims adjudication response for determination of coverage at the time of administration.

CLAIMS SUBMISSION INFORMATION

When submitting administered vaccines claims to CVS/caremark, utilize "MA code processing" (NCPDP fields 440-E5 and 438-E3). As a reminder—pharmacists are required to be certified and/or trained to administer vaccines. Please follow Idaho State Board of Pharmacy rules related to vaccinations.

Field #	NCPDP Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code Field	MA (Medication Administration)
438-E3	Pricing Segment Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)

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PROCESSING:

Submit the appropriate quantity (i.e., 0.5ml) and the appropriate days supply (up to 30) – inappropriate quantities or days supply may cause the claim to reject.

Chains and affiliations are enrolled at the full chain and affiliation code level. Pharmacies should submit the proper “MA” code in field 440-E5 of the DUR/PPS Segment along with a positive incentive fee amount in Field 438-E3 of the Pricing Segment, when administering vaccines. When administering vaccines, **the claim will adjudicate incorrectly if the DUR/PPS Reason code with value MA is not populated.**

PRICING:

Consult the respective network enrollment forms for specific details regarding pricing.

CVS/CAREMARK PAYER SHEETS

For additional claim processing information, refer to the CVS/caremark Payer Sheets at www.caremark.com/pharminfo or www.caremark.com > For Pharmacists and Medical Professionals (lower left) > NCPDP Payer Sheets.

NETWORK ENROLLMENT INFORMATION

If your pharmacy has NOT enrolled in the vaccine administration networks, meets all the certification and state/federal requirements for vaccine administration, and would like to participate, please follow the directions below to request network enrollment information.

If you are unsure of your participation status, you do not need to request enrollment forms unless you receive administration claim rejects with reject code 40 indicating you are not enrolled in the particular network you are submitting to.

Network enrollment information:

Please fax your request for Vaccine Administration network enrollment forms to **1-480-314-8205**. Include your name, pharmacy name, pharmacy NCPDP and NPI, and your phone and fax numbers.

NOTE: *The information provided in this notice is intended to assist participating providers with claim submission. If you do not participate and do not intend to participate in a particular client-specific or other contracted vaccine administration network, please disregard this information.*