

GA Medicaid FFS – COVID-19 Vaccine Billing – Update

Effective September 1, 2022: The booster dose of the Moderna COVID-19 vaccine, bivalent is approved for individuals 18 years of age and older. The booster dose of the Pfizer-BioNTech COVID-19 vaccine, bivalent is approved for individuals 12 years of age and older.

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

EAU Approved Product ID	Product Name	Product Limits
59267-0078-01 59267-0078-04	COVID-19 MRNA VAC TRIS-S 6MO-4Y-PFIZER IM SUSP 3 MCG/0.2ML	Effective 06/18/22: Covered 6 months – 4 years of age; 0.2ml per 21 days
59267-0304-01 59267-0304-02 59267-1404-01 59267-1404-02	COVID-19 MRNA BIVALENT VACCINE-PFIZER IM SUSP 30 MCG/0.3ML	Effective 09/01/22: Covered 12 years of age and older
59267-1000-01 59267-1000-02 59267-1000-03	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
59267-1025-01 59267-1025-02 59267-1025-03 59267-1025-04	COVID-19 MRNA VAC TRIS-SUCROSE-PFIZER IM SUSP 30 MCG/0.3ML	Covered 12 years of age and older; 0.3ml per 21 days
59267-1055-01 59267-1055-02 59267-1055-04	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.2ML	Covered 5 – 11 years of age; 0.2ml per 21 days
59676-0580-05 59676-0580-15	COVID-19 (SARS-COV-2) AD26 VECTOR VACCINE-JANSSEN IM 0.5 ML	Covered 18 years of age and older
80631-0100-01 80631-0100-10	COVID-19 SUBUNIT PROT RECOM ADJUV VAC-NOVAVAX IM 5 MCG/0.5ML	Covered 12 years of age and older
80777-0100-11 80777-0100-99 80777-0273-10 80777-0273-15 80777-0273-98 80777-0273-99	COVID-19 (SARS-COV-2) MRNA VACC-MODERNA IM SUSP 100 MCG/0.5ML	Effective 06/24/22: Covered 12 years of age and older; 0.5ml per 28 days
80777-0275-05 80777-0275-99	COVID-19 (SARS-COV-2) MRNA VACC-MODERNA IM SUSP 50 MCG/0.5ML	Effective 09/01/22: Covered 6 – 11 years of age Covered 18 years of age and older
80777-0277-05 80777-0277-99	COVID-19 MRNA VACCINE 6-11Y-MODERNA IM SUSP 50 MCG/0.5ML	Effective 06/24/22: Covered age 6 to 11 years; 0.5ml per 28 days
80777-0279-05 80777-0279-99	COVID-19 MRNA VACCINE 6MO-5Y-MODERNA IM SUSP 25 MCG/0.25ML	Effective 06/18/22: Covered 6 months – 5 years of age; 0.25ml per 28 days
80777-0282-05 80777-0282-99	COVID-19 MRNA BIVALENT VACCINE-MODERNA IM SUSP 50 MCG/0.5ML	Effective 09/01/22: Covered 18 years of age and older

Pharmacies may utilize a Submission Clarification Code (SCC) of 42 in NCPDP Field: 420-DK in response to a rejection regarding prescriber NPI when the prescribing NPI is the pharmacist of record and is compliant with state and federal guidance.

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

An administration fee of \$40.00 will be paid to pharmacy providers that submit claims for covered COVID-19 vaccines for GA Medicaid Fee-for-Service (FFS) members within the specified product limits. This \$40.00 fee will be paid for each dose administered.

Claim Submission

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

NCPDP Field Name	NCPDP Field Number	First Dose	Second Dose (if applicable)	Third Dose (if applicable)	Booster Dose
Professional Service Code (DUR-PPS)	440-E5	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration	MA = Medication Administration
Day Supply	405-D5	1-Day	1-Day	1-Day	1-Day
Submission Clarification Code (SCC)	420-DK	2	6	7	10
Ingredient Cost Submitted	409-D9	\$0.01	\$0.01	\$0.01	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00	\$0.00	\$0.00	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product	15 = Free Product	15 = Free Product	15 = Free Product
Incentive Amount Submitted	438-E3	\$40.00	\$40.00	\$40.00	\$40.00
Product / Service ID / NDC	407-D7	EUA approved NDC	EUA Approved NDC	EUA Approved NDC	EUA Approved NDC
Fill Number	403-D3	00	01	02	01/02/03