



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

www.mass.gov/masshealth-pharmacy-facts

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COVID Vaccine Billing Information

MassHealth has issued All-Provider Bulletin 304: Coverage and Payment for Coronavirus Disease 2019 (COVID-19) Vaccine Administration, Testing, and Monoclonal Antibody Product Infusion

(<https://www.mass.gov/doc/all-provider-bulletin-304-coverage-and-payment-for-coronavirus-disease-2019-covid-19-vaccine-0/download>).

MassHealth has also issued All-Provider Bulletin 307: Updated Payment Rates and Authorized Providers for Coronavirus Disease 2019 (COVID-19) Vaccine Administration

(<https://www.mass.gov/doc/all-provider-bulletin-307-updated-payment-rates-and-authorized-providers-for-coronavirus-0/download>).

The first COVID-19 vaccine product received Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA) on December 11, 2020, and a second product received EUA on December 18, 2020.

MassHealth will cover the vaccines for members in MassHealth Standard, CommonHealth, Family Assistance, CarePlus, Children's Medical Security Plan, and Health Safety Net.

There is no cost-sharing for any vaccines.

MassHealth anticipates that the vaccine products will be distributed by the Massachusetts Department of Public Health (DPH) to providers at no cost. The vaccine manufacturers will ship the vaccine products to long-term-care facilities, also at no cost. Please visit the DPH vaccine website at <https://www.mass.gov/covid-19-vaccine> for more information and the distribution timeline.

Pharmacists, interns, and qualified pharmacy technicians are all authorized to administer any

FDA-licensed or FDA-authorized COVID-19 vaccines.

MassHealth will follow NDCPD guidance for claims submission through the Pharmacy Online Processing System (POPS) as indicated at the following link.

<https://www.ncdpd.org/NCPDP/media/pdf/NCPDP-Emergency-Preparedness-Guidance-COVID-19-Vaccines.pdf>

In general, claims submitted for zero-cost vaccines should be submitted on a single B1/B3 billing transaction, including the following data elements and values.

- Prescription/Service Reference Number Qualifier (455-EM) of "1" (Rx Billing)
- Product/Service ID Qualifier (436/E1) – usually "03" for NDC
- Product/Service ID (407-D7) containing the NDC number of the vaccine or other product that was administered and obtained at a zero cost
- Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
- Professional Service Code (440-E5) value of "MA" (Medication Administered)
- Incentive Amount Submitted (438-E3) should be submitted to identify the pharmacy is seeking reimbursement for the administration of the product. MassHealth expects to pay rates that are consistent with Medicare rates for these services. For the initial dose the allowable fee will be \$ 33.88. For the final dose the allowable fee will be \$ 56.78.
- Ingredient Cost Submitted (409-D9) value of \$0.00. This could change in the future if vaccines are no longer available free of charge.
- Gross Amount Due (430-DU) value should be submitted to include the Incentive Amount

- Submitted for the vaccine administration fee and zero cost of the vaccine.
- Usual and Customary Charge (426-DQ) value should reflect the amount charged to a cash-paying customer.
- Basis of Cost Determination (423-DN) value "15" (free product or no associated cost)

Use of Submission Clarification Codes (420-DK)

In order to clearly identify whether the claim is for an initial dose or final dose of the vaccine series, a Submission Clarification Code value should be submitted on all claims for two-dose vaccines. The following distinct Submission Clarification Code values should be used to clarify the submission as an initial or final dose.

Initial Dose:

Submission Clarification Code of 2 "Other Override" is defined as "Used when authorized by the payer in business cases not currently addressed by other SCC values" to indicate that the first dose of a two-dose vaccine is being administered. The allowable administration fee of \$33.88 should be entered in field 438-E3.

Final Dose:

Submission Clarification Code of 6 "Starter Dose" is defined as "The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment" to indicate that the final dose of a two-dose vaccine is being administered. The allowable administration fee of \$56.78 should be entered in field 438-E3.

Prescriber ID Field:

For COVID-19 vaccinations ordered by a pharmacist, the pharmacist's Type 1 National Provider Identifier (NPI) would be submitted as the Prescriber ID (411-DB) and Prescription Origin Code (419-DJ) would be 5-Pharmacy.

Pharmacies administering COVID-19 vaccinations under a physician's blanket order would submit the claim using the ordering physician's Type 1 National Provider Identifier (NPI) as the Prescriber ID (411-DB) and Prescription Origin Code (419-DJ) would be 5-Pharmacy.

Continuous Glucose Monitoring Products

Effective 1/1/21, the following medical supplies have been added to the MassHealth Non-Drug Product List.

- Dexcom G6 and Freestyle Libre continuous glucose monitors used for the management of diabetes – PA

Some general information for pharmacy providers can be found for each product line at the following links.

<https://provider.dexcom.com/information-pharmacists>

<https://provider.myfreestyle.com/?source=provider.freestylelibre.us>

BIN/PCN/Group Numbers for ACOs, MCOs, PCC Plan, MassHealth-Only SCOs, Effective 1/1/21

This is an updated list of BIN/PCN/Group number combinations to use for pharmacy claims that MassHealth currently collects rebates on. Please note that the only changes for 1/1/21 are for plans connected to BMCHP.

Accountable Care Partnership Plans	PBM	BIN	PCN	Group	Pharmacy Help Desk
Be Healthy Partnership (HNE)	OptumRx	610593	MHP	HNEMH	(800) 918-7545 (Optum Rx)
Berkshire Fallon Health Collaborative	CVS Caremark	004336	ADV	RX6429	(800) 364-6331 (CVS Caremark)
BMC HealthNet Plan Community Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
BMC HealthNet Plan Mercy Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
BMC HealthNet Plan Signature Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
BMC HealthNet Plan Southcoast Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
Fallon 365 Care	CVS Caremark	004336	ADV	RX6430	(800) 364-6331 (CVS Caremark)
My Care Family	CVS Caremark	004336	ADV	RX1653	800-364-6331 (CVS Caremark)
Tufts Health Together with Atrius Health	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Tufts Health Together with BIDCO	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Tufts Health Together with Boston Children's ACO	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Tufts Health Together with CHA	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Wellforce Care Plan (Fallon)	CVS Caremark	004336	ADV	RX6431	(800) 364-6331 (CVS Caremark)

BIN/PCN/Group Numbers for ACOs, MCOs, PCC Plan, MassHealth-Only SCOs

Primary Care ACOs	PBM	BIN	PCN	Group	Pharmacy Help Desk
Community Care Cooperative (C3)	Conduent	009555	MASSPROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)
Partners HealthCare Choice	Conduent	009555	MASSPROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)
Steward Health Choice	Conduent	009555	MASSPROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)
MCOs*	PBM	BIN	PCN	Group	Pharmacy Help Desk
BMC HealthNet Plan	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
Tufts Health Together	Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
PCC Plan	PBM	BIN	PCN	Group	Pharmacy Help Desk
Primary Care Clinician (PCC) Plan	Conduent	009555	MASSPROD	MassHealth	(866) 246-8503 (Conduent/POPS) (800) 745-7318 (DUR)
SCO Plan-Medicaid Only	PBM	BIN	PCN	Group	Pharmacy Help Desk
Commonwealth Care Alliance	Navitus	610602	MCD	MHO	(877) 908-6023
Senior Whole Health	Express Scripts	003858	A4	WH3A	
Tufts Health Plan SCO	Caremark	004336	ADV	RXTHP	(866) 693-4620 (CVS Caremark)
United Health Care SCO	Optum Rx	610494	9999	ACUMA	
Navicare Medicaid Only	Caremark	004336	ADV	RX7606	(800) 364-6331 (CVS Caremark)
Boston Medical Center SCO	Express Scripts	610342	BCAID	MAHLTH	(877)858-5958 (ESI)

*Members of the Lahey Clinical Performance Network ACO should submit claims to the appropriate MCO using the information above.