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**\*\*Updated Billing Information for COVID-19 Vaccines\*\***

**Effective 10/14/21**, pharmacies may submit claims for administration of a booster dose of the Pfizer-BioNTech COVID-19 vaccine for dates of service on or after September 10, 2021. A booster dose is a single dose of the vaccine that may be administered to individuals (subject to change according to CDC guidance):

- 65 years of age and older
- 18 through 64 years of age at high risk of severe COVID-19
- 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19

When a patient requires a booster dose of a specific Product/Service ID (407-D7), an additional identifier within the claim request may be necessary to specify the additional dose situation. NCPDP recommends the use of the following Submission Clarification Code (SCC) for dose identification.

- SCC 10 (Meets Plan Limitations): Booster dose for population with waning immunity.

Pharmacists who administer or supervise administration of COVID-19 vaccines must be Medicaid-enrolled, regardless of who is the ordering provider. Please note that Vermont Medicaid will not reimburse for vaccine administration costs included in other contracts or agreements. Pharmacists who are the ordering provider must supply their NPI in the prescriber ID field (411-DB) and Prescription Origin Code (419-DJ) would be 5 (Pharmacy) . The Submission Clarification Code (420-DK) field should be used to differentiate which dose is being administered to allow proper reimbursement.

**Submission Clarification Code = 10 should be used for the booster dose.** This guidance applies whether the same provider or different providers administered the initial 2-dose series. Please refer to the [NCPDP EMERGENCY PREPAREDNESS GUIDANCE V1.10](#) document on the [NCPDP.org website](#) for additional information.

Quantity Dispensed (442-E7)	Professional Service Code (440-E5)	Submission Clarification Codes (SCC, 420-DK)	Incentive Amount (administration fee, 438-E3)	Basis of Cost (423-DN)	Ingredient Cost (409-D9)	Gross Amount Due (430-DU)
Moderna: NDC 80777027310, 80777027315, 80777027398, 80777027399 value = 0.5 mL	"MA" (Medication Administered)	First Dose=2	First Dose=\$40.00	"15" (free product or no associated cost)	\$0.00 or \$0.01	Include "Incentive Amount" submitted for the administration fee and zero cost of the vaccine
Second Dose=6		Second Dose=\$40.00				
Additional Dose=7		Additional Dose=\$40.00				
Booster Dose=10		Booster Dose=\$40.00				
Pfizer: NDC 59267100001, 59267100002, 59267100003, value= 0.3 mL						

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to [PBA\\_VTHelpdesk@changehealthcare.com](mailto:PBA_VTHelpdesk@changehealthcare.com) .