

**\*\* Fee-For-Service Pharmacy Provider Notice #250 – COVID-19 Vaccine \*\***

**January 4, 2021**

Please be advised that the Department for Medicaid Services (DMS) remains committed to ensuring Medicaid members receive the appropriate care to prevent and treat COVID-19. The COVID-19 vaccine is now covered at the pharmacy for Medicaid recipients. The following guidance will detail the proper protocols that should be adhered to in order to receive reimbursement. There will be no co-pay required for members to receive the vaccine.

DMS is requiring pharmacies to utilize Kentucky Board of Pharmacy approved prescriber protocols to receive reimbursement for COVID-19 immunizations given at the pharmacy. The provider's NPI must be actively enrolled with Kentucky Medicaid; DMS does not currently enroll pharmacists as providers. Therefore, the Pharmacist NPI should not be utilized in the Prescriber ID field.

Claims that are submitted in accordance with the prescriber requirements and [NCPDP guidance](#) (such as the information below) are payable. A submission clarification code of 2 or 6 must be utilized appropriately.

- Professional Service Code = "MA" (Medication Administered)
- Incentive Amount Submitted = \$28.39 or less; *submitting more than \$28.39 will result in a denial*
- Gross Amount Due = \$28.39 (or any other amount)
- Submission Clarification Code '2' (Other Override) and '6' (Starter Dose)
  - SCC = 2 indicates a first dose and DMS will reimburse a \$16.94 incentive fee
  - SCC = 6 indicates a final dose and DMS will reimburse a \$28.39 incentive fee
- Prescription Origin Code '5'
- Basis of Cost Determination '15' (free product or no associated cost) or Basis of Cost of 01 (AWP) with an ingredient cost value of \$0.01

Thank you for assisting Kentucky Medicaid members in accessing COVID-19 immunizations coverage by following the above billing guidance. Please contact the Kentucky Magellan Medicaid Administration team at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for additional information or any questions you may have.

Sincerely,

*Sha Leigh Hammons*

ShaLeigh Hammons, CPhT

Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
<b>Clinical Support Center</b>	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.
<b>Pharmacy Support Center</b>	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
<b>Provider Services</b>	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
<b>Member Services</b>	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.