Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Provider Notice: 2021-2022 Influenza Season

Influenza Vaccine Administration

Beginning September 15, 2021, the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program will reimburse enrolled pharmacies for influenza vaccines and administration of the vaccines for Medicaid recipients who are nineteen years of age and older when the administering pharmacist is an enrolled Medicaid provider.

The cost of the vaccine will not be reimbursed for recipients under the age of nineteen as these vaccines are available through the Louisiana Vaccines for Children (VFC) program. If FFS Medicaid is billed for a recipient 18 years or younger, only the administration fee will be reimbursed for these recipients.

Pharmacists who have the Authority to Administer authorized by the Louisiana Board of Pharmacy may administer the vaccine. These pharmacists may be issued individual Medicaid provider numbers. To confirm or request Medicaid enrollment, authorized pharmacists should contact Gainwell Provider Enrollment by phone at 225-216-6370. Additionally, pharmacists who have the Authority to Administer should acquire a National Provider Identifier (NPI) and report this number to Gainwell Provider Enrollment.

The Louisiana Board of Pharmacy adopted the following motion: “for the purpose of recordkeeping and facilitating access to immunizations for the public, and in the interest of the public's health, safety and welfare, pharmacists administering immunizations without a prescription or medical order shall create a record in their prescription files which contains a prescription number and lists the immunizing pharmacist as the prescriber.” Please refer to the Louisiana Board of Pharmacy website at www.pharmacy.la.gov, ACT 287 of the 2010 Louisiana Legislature, and ACT 769 of the 2014 Louisiana Legislature for more information.

When submitting claims without prescriptions authorized by a prescribing practitioner, the vaccinating pharmacist shall enter his/her Louisiana Medicaid provider number or NPI in NCPDP field 411-DB (Prescriber ID) and in NCPDP field 444-E9 (Provider ID). When a prescription does exist, the prescribing practitioner’s Medicaid provider number or NPI shall be entered into NCPDP field 411-DB (Prescriber ID). In this scenario, the vaccinating pharmacist’s Louisiana Medicaid provider number or NPI shall be entered into NCPDP field 444-E9 (Provider ID).
Administration Fee Reimbursement

Reimbursement of the influenza vaccine administration fee is limited to the fees noted below:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Maximum Administration Fee Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza Vaccine, Preservative Free, IM</td>
<td>$15.22</td>
</tr>
<tr>
<td>Influenza Vaccine, IM</td>
<td>$15.22</td>
</tr>
<tr>
<td>Influenza Vaccine, Intranasal</td>
<td>$10.80</td>
</tr>
</tbody>
</table>

To be reimbursed for the costs of the influenza vaccines and administration fees, pharmacies must submit the following information utilizing the NCPDP D.0 format. The following fields will be required as part of the Point of Sale (POS) claim:

<table>
<thead>
<tr>
<th>NCPDP Field Number</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>407-D7</td>
<td>Product/Service ID</td>
<td>11 Digit NDC</td>
<td>Vaccine NDC</td>
</tr>
<tr>
<td>409-D9</td>
<td>Ingredient Cost</td>
<td>Usual and Customary Charge</td>
<td>Usual and Customary Charge of the Vaccine</td>
</tr>
<tr>
<td>411-DB</td>
<td>Prescriber ID</td>
<td>Prescriber/Pharmacist Medicaid Number or NPI</td>
<td>Enter the Prescriber’s LA Medicaid Issued Number or NPI OR in the Absence of a Prescription, the Vaccinating Pharmacist’s LA Medicaid Issued Number or NPI</td>
</tr>
<tr>
<td>438-E3</td>
<td>Incentive Amount</td>
<td>Usual Administration Fee</td>
<td>Usual Amount Charged for Vaccine Administration</td>
</tr>
<tr>
<td>473-7E</td>
<td>DUR/PPS Code Counter</td>
<td>1</td>
<td>Number of Occurrences</td>
</tr>
<tr>
<td>440-E5</td>
<td>Professional Service Code</td>
<td>MA</td>
<td>Medication Administration</td>
</tr>
<tr>
<td>444-E9</td>
<td>Provider ID</td>
<td>Pharmacist Medicaid Number or NPI</td>
<td>The Vaccinating Pharmacist’s LA Medicaid Issued Number or NPI</td>
</tr>
<tr>
<td>465-EY</td>
<td>Provider ID Qualifier</td>
<td>05 07</td>
<td>NPI State Issued</td>
</tr>
</tbody>
</table>
Vaccine and administration fee claims submitted without a value of MA entered into NCPDP field 440-E5 (Professional Service Code) will deny with:

**NCPDP rejection code E5** (M/I Professional Service Code) mapped to

**EOB code 431** (Missing/Invalid Professional Service Code).

Only credentialed pharmacists who are enrolled with Louisiana Medicaid may be included in the claim submission. Their Medicaid assigned provider number or NPI must be entered in NCPDP field 444-E9 (Provider ID). If the pharmacist is not enrolled, the claim will deny with:

**NCPDP rejection code E9** (M/I Provider ID) mapped to

**EOB code 210** (Provider Not Certified for This Procedure).

If the pharmacist’s assigned provider number or NPI is missing or invalid or if a pharmacy’s NPI is entered in NCPDP field 444-E9 (Provider ID), the claim will deny with:

**NCPDP rejection code E9** (M/I Provider ID) mapped to

**EOB code 444** (Missing/Invalid Service Provider).

A value of 07 (State Issued) or 05 (NPI) must be entered into NCPDP field 465-EY (Provider ID Qualifier). If an inappropriate qualifier or no qualifier is entered, the claim will deny with:

**NCPDP rejection code EY** (M/I Provider ID Qualifier) mapped to

**EOB code 509** (Missing/Invalid Service Provider ID Qualifier).

When influenza vaccine claims are submitted with an NDC other than one for an influenza vaccine (2021-2022) Influenza Season, the claim will deny with:

**NCPDP rejection code 70** (Product/Service Not Covered) mapped to

**EOB 233** (Procedure/NDC Not Covered for Service Date Given).

The usual amount charged for a vaccine administration fee should be entered in NCPDP field 438-E3 (Incentive Amount Submitted). When the amount submitted is zero, the claim will deny with:

**NCPDP rejection code E3** (M/I Incentive Amount Submitted) mapped to

**EOB 089** (Missing/Invalid Incentive Amount).
Reimbursed claims for recipients under the age of nineteen will only be made for the vaccine administration and will be posted with the educational **EOB 649** (Administration Only Is Reimbursable).

Claims for vaccines and administration fees will process without edits for the:

- Four prescription monthly limit,
- Requirements to bill other insurance, and
- Lock-in.

All other pharmacy editing will remain in place.

Recipients will be exempt from copays for the influenza vaccine.

If you have any questions about billing, please contact the **Gainwell Pharmacy Point-of-Sale Helpdesk at 1-800-648-0790.** If you have concerns or comments regarding this correspondence, you may contact the Fee-for-Service (FFS) Pharmacy Help Desk at 1-800-437-9101.

Your continued cooperation and support of the Louisiana Medicaid Fee-for-Service (FFS) Pharmacy Program, as well as your service to our recipients, are greatly appreciated.