

# COVID-19 Vaccines

## Quick Reference for Fee-for-Service Claim Submission

Submit the following fields for COVID-19 vaccine administration pharmacy claims in Medicaid fee-for-service:

Field name	Field number	Value
Prescription Origin Code	419-DJ	<ul style="list-style-type: none"> <li>● 05 (Pharmacy)</li> </ul>
Submission Clarification Code	420-DK	<ul style="list-style-type: none"> <li>● 02 (Other Override)                             <ul style="list-style-type: none"> <li>▶ used for the initial dose of multi-dose COVID-19 vaccine</li> </ul> </li> <li>● 06 (Starter Dose)                             <ul style="list-style-type: none"> <li>▶ used for final/second dose of multi-dose COVID-19 vaccine</li> </ul> </li> <li>● 07 (Medically Necessary)                             <ul style="list-style-type: none"> <li>▶ used for an additional dose of multi-dose COVID-19 vaccine</li> </ul> </li> <li>● 10 (Meets Plan Limitations)                             <ul style="list-style-type: none"> <li>▶ used for a booster dose of multi-dose COVID-19 vaccine</li> </ul> </li> </ul>
Prescriber ID	411-DB	<ul style="list-style-type: none"> <li>● Submit the 10-digit NPI of the administering pharmacist (or supervising pharmacist of the pharmacy administering the vaccine)</li> </ul>
Reason for Service Code	439-E4	<ul style="list-style-type: none"> <li>● PH (Preventive Health Care)</li> <li>● PN (Prescriber Consultation)</li> <li>● RF (Health Provider Referral)</li> </ul>
Professional Service Code	440-E5	<ul style="list-style-type: none"> <li>● MA (Medication Administration)</li> </ul>
Result of Service Code	441-E6	<ul style="list-style-type: none"> <li>● 3N (Medication Administration)</li> </ul>
Ingredient Cost Submitted	409-D9	<ul style="list-style-type: none"> <li>● \$0.01 or \$0.00</li> </ul>
Incentive Amount Submitted	438-E3	<ul style="list-style-type: none"> <li>● \$40.00                             <ul style="list-style-type: none"> <li>▶ All doses</li> </ul> </li> </ul>

## Online

- [txvendordrug.com/formulary/information/covid-19-vaccine](https://txvendordrug.com/formulary/information/covid-19-vaccine)

## Pharmacy Benefit Access Help Desk

- **1-800-435-4165** for fee-for-service claim submission
- *For pharmacy providers use only. Do not give this number to Medicaid or CHIP clients*