

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"> • 05 (Pharmacy)
Submission Clarification Code	420-DK	<ul style="list-style-type: none"> • 02 (Other Override) <ul style="list-style-type: none"> ◦ <i>used for the initial dose of multi-dose COVID vaccine</i> • 06 (Starter Dose) <ul style="list-style-type: none"> ◦ <i>used for a final dose of multi-dose COVID vaccine</i>
Prescriber ID	411-DB	<ul style="list-style-type: none"> • Submit the 10-digit NPI of the person administering the vaccine. Obtain an NPI through CMS.
Reason for Service Code	439-E4	<ul style="list-style-type: none"> • PH (Preventive Health Care) • PN (Prescriber Consultation) • RF (Health Provider Referral) • PP (Plan Protocol) <ul style="list-style-type: none"> ◦ used to bypass error code 34 when the person received the initial dose at another pharmacy)
Professional Service Code	440-E5	<ul style="list-style-type: none"> • MA (Medication Administration)
Result of Service Code	441-E6	<ul style="list-style-type: none"> • 3N (Medication Administration)
Ingredient Cost Submitted	409-D9	<ul style="list-style-type: none"> • \$0.01
Incentive Amount Submitted	438-E3	<ul style="list-style-type: none"> • Single Dose vaccine: <ul style="list-style-type: none"> ◦ \$28.39 • Two-Dose vaccine: <ul style="list-style-type: none"> ◦ 1st dose = \$16.94 ◦ 2nd dose = \$28.39

Online

- txvendordrug.com/formulary/covid-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*