

# **– IMPORTANT UPDATE – UnitedHealthcare Community Plan of New York**

## **Billing Guidance For COVID-19 Therapeutic Dispensing or Administration at Pharmacies**

**Effective: 12/08/21**

<b>Claim Processing Information Medicaid</b>	
<b>Name of Processor</b>	<b>OptumRx</b>
Bank Identification Number (BIN)	610494
Processor Control Number (PCN)	4800
Submitted Group (Group)	ACUNY

To help reduce processing errors, please confirm the information on the member's health plan ID card before submitting a claim. If you have questions about the rejection, please call the OptumRx Pharmacy Help Desk at 877-305-8952, 24 hours a day, seven days a week.

UnitedHealthcare Community Plan will reimburse pharmacies for the administration or dispensing of COVID-19 therapeutic, including monoclonal antibody (mAb) with no member cost sharing. The Ninth amendment to the Public Readiness and Emergency Preparedness Act (PREP Act) expands the scope of authority for licensed pharmacists to order and administer certain COVID-19 therapeutics to populations authorized by the Food and Drug Administration (FDA).

### **UnitedHealthcare Community Plan Policy for Coverage:**

- UnitedHealthcare Community Plan will reimburse NYS Medicaid enrolled pharmacies for the administration and dispensing of COVID-19 therapeutics.
- A pharmacy will only be reimbursed for a Incentive amount if a COVID-19 therapeutic is dispensed, but not administered.
- A pharmacy will be reimbursed a incentive amount and an administration fee if a COVID-19 therapeutic is dispensed and administered.
- The COVID-19 therapeutic must be approved or granted Emergency Use Authorization (EUA) through the FDA and must be ordered and administered in accordance with the FDA approval or authorization.
- Pharmacists must adhere to guidance in the PREP Act.
- [Evusheld](#) (tixagevimab and cilavimab) must be prescribed for an individual patient by a physician, nurse practitioner, or physician assistant licensed or authorized under New York State law to prescribe monoclonal antibodies for prevention of COVID-19.
- Prior authorization is not required.
- Limited to 1 dispense every 28 days.
- Providers are prohibited from charging Medicaid members a co-payment or any cost-sharing responsibility for COVID-19 therapeutics, consistent with other COVID-19 Medicaid guidance.

**Please distribute immediately.**

For questions regarding communications, contact the Pharmacy Provider Communications team:

[pharmacyprovidercommunications@optum.com](mailto:pharmacyprovidercommunications@optum.com)

**Table 1. Billing Instructions**
**A. Dispense only –**

When submitting a claim for the COVID-19 therapeutic, submission should include the NCPDP fields as depicted below and follow recommended NCPDP guidelines. It is the responsibility of the pharmacy provider to submit the correct **DUR/PPS value = "PE"** to allow accurate reimbursement of the Administrative Incentive Fee as a blank or incorrect DUR/PPS value could result in a claim rejection of **E5 M/I Professional Service**.

NCPDP Field Name	NCPDP Field Number	Claim submission
<b>Professional Service Code (DUR-PPS)</b>	440-E5	PE
<b>Days' supply</b>	405-D5	28-day
<b>Ingredient Cost Submitted</b>	409-D9	\$0.00 (\$0.01 if system requires)
<b>Dispensing Fee Submitted</b>	412-DC	\$0.00
<b>Basis of Cost Determination</b>	423-DN	15 (Free Product)
<b>Incentive Amount Submitted</b>	438-E3	\$10.50
<b>Product / Service ID / NDC</b>	407-D7	NDC
<b>Fill Number</b>	403-D3	00

**B. Administration**

NCPDP D.0. Claim Segment Field	Value
436-E1 (Product/Service ID Qualifier)	Enter a value of "03" (NDC) or "09" (HCPCS), which qualifies the code
407-D7 (Product/Service ID)	Enter one applicable Procedure Code from Table 2
444-E9 (Pharmacist ID)	Enter Pharmacist National Provider Identifier (NPI) number
411-DB (Prescriber ID)	Enter Prescriber National Provider Identifier (NPI) number **
461-EU (Prior Authorization Type Code)	Enter 04 = Exempt Copay***

**\*\* For Evusheld, the NPI of the prescriber must be on the claim.**

**\*\*\*** Claims submitted for COVID-19 related testing, evaluation, and treatment that do not adjudicate with a zero copayment can be systematically adjusted by utilizing National Council for Prescription Drug Programs (NCPDP) field.

Follow the NY Medicaid guidance on origin code and serial numbers. In the origin code field use "5" and the corresponding serial number of "99999999" for "Pharmacy dispensing" when applicable for non-patient specific orders.

- To bill for the dispensing of the COVID-19 therapeutic, the pharmacy must submit a valid NDC.

**Please distribute immediately.**

For questions regarding communications, contact the Pharmacy Provider Communications team:

[pharmacyprovidercommunications@optum.com](mailto:pharmacyprovidercommunications@optum.com)

**May 9, 2022**

- Pharmacies must bill the appropriate quantity and a day supply per package labeling if the COVID-19 therapeutic is being dispensed.

- Pharmacies that are also billing for the administration of the COVID-19 therapeutic must submit a separate claim with the appropriate administration code. To do this, the claim segment field 436-E1 (Product/Service ID Qualifier) must contain a value of "09" (HCPCS). This qualifies the code submitted in field 407-D7 (Product/Service ID) as a procedure code. In field 407- D7 (Product/Service ID), enter the procedure code from Table 2 below for the appropriate product administered.

Code	Labeler Name	Procedure Name	Payment Allowance	Effective Date
M0220	AstraZeneca	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, includes injection and post administration monitoring	\$105.35	12/8/21

- Bill with a quantity of "1" and a day supply of "1" for administration.
- If the pharmacist is ordering the COVID-19 therapeutic, Field 411-DB (Prescriber ID) is left blank. If a prescriber has ordered the COVID-19 therapeutic, add the NPI of the prescriber in this field.

**To reduce processing errors, please confirm the information on member's ID card prior to submitting prescription claims.**

---

**Please distribute immediately.**

For questions regarding communications, contact the Pharmacy Provider Communications team:

[pharmacyprovidercommunications@optum.com](mailto:pharmacyprovidercommunications@optum.com)

All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. This document contains information that is considered proprietary to OptumRx and should not be reproduced without express written consent of OptumRx. ©2021 Optum, Inc. All rights reserved