

UnitedHealthcare Community Plan of Texas Vaccine and Immunization/Injection Network Participation

Effective September 1, 2020

As part of our initiative to increase the available vaccines for UnitedHealthcare Community Plan members, OptumRx, on behalf of UnitedHealthcare Community Plan, has started using the Vaccine and Immunization/Injection Network and implemented the following changes for pharmacies that provide vaccines.

Manufacturers National Drug Code (NDC)

OptumRx uses the manufacturers National Drug Code (NDC) as published by Medi-Span® for Medicaid/CHIP members using the Vaccine and Immunization/Injection Network. When submitting a claim, please use the correct NDC for the vaccine from the following list of UnitedHealthcare Community Plan covered NDCs for 2020-21. Eligibility for vaccine coverage is based on the individual member's benefit plan. In Texas, this applies to age 7 and older.

UnitedHealthcare Community Plan Covered NDCs for 2020-2021			
NDC	Label name	NDC	Label Name
19515081641	Flulaval Quad	49281072088	Flublok Quad
19515081652	Flulaval Quad	58160088541	Fluarix Quad
33332022020	Afluria Quad	58160088552	Fluarix Quad
33332022021	Afluria Quad	70461012003	Fluad Quad
33332032001	Afluria Quad	70461012004	Fluad Quad
33332032002	Afluria Quad	70461032003	Flucelvax Quad
33332042010	Afluria Quad	70461032004	Flucelvax Quad
33332042011	Afluria Quad	70461042010	Flucelvax Quad
49281012065	Fluzone High-Dose PF	70461042011	Flucelvax Quad
49281012088	Fluzone High-Dose PF	49281042058	Fluzone Quad
49281042010	Fluzone Quad	49281042088	Fluzone Quad
49281042050	Fluzone Quad	49281063378	Fluzone Quad
49281063315	Fluzone Quad		
49281072010	Flublok Quad		

Administration fee when vaccine is administered at your pharmacy

Pharmacy reimbursement rates for participating UnitedHealthcare Community Plans now include a \$10 administration fee in addition to the established retail contract rate fee when the vaccine is administered at the pharmacy.

Processing requirements when you provide and administer the vaccine

Pharmacy must submit a claim that includes the Professional Service Code (Field 44Ø-E5) with the value **MA** (Medication Administration) in the DUR/PPS segment for the service as well as the appropriate NDC for the vaccine in the Product/Service ID (Field 4Ø7-D7).

Include a **7 (seven)** in the Submission Clarification Code (Field 42Ø-DK) to designate the drug as non-formulary/medically necessary on the claim.

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team: pharmacyprovidercommunications@optum.com
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Pharmacists administering the flu vaccine do not have to be enrolled with Texas Medicaid & Healthcare Partnership (TMHP) or Vendor Drug Program (VDP) but must follow the Texas State Board of Pharmacy rules related to certification to immunize and vaccinate. However, the pharmacy must be enrolled with VDP and OptumRx. The pharmacy must bill using the pharmacy's NPI.

Administration fee-only claims

If the vaccine was obtained through a special program such as Vaccines for Children, you may submit a claim for just the administration fee by submitting the claim as usual, including the administration fee and changing your usual and customary (U&C) amount to \$0.01. You will be reimbursed \$10.01.

To reduce processing errors, please confirm the information on the member's identification card before submitting prescriptions. If you have questions, please contact the OptumRx Help Desk, 24 hours a day, seven days a week at **877-305-8952**.

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