



An Anthem Company

State communication

A message from New York State Department of Health

Zero Cost COVID-19 oral antivirals pharmacy billing guidance

Providers submitting claims for Zero Cost COVID-19 Oral Antivirals shall submit claims with either \$0.01 in the Ingredient Cost Submitted field (NCPDP field 409-D9) or the combination of \$0.00 in the Ingredient Cost Submitted field (NCPDP field 409-D9) and a value of “15” in the Basis of Cost Determination field (NCPDP field 423-DN).

Providers are reminded that they must follow all US Government requirements for participation in the distribution program for COVID-19 oral antivirals, including the requirement to dispense regardless of health plan coverage and the prohibition against collecting any member cost share.

Providers should submit claims utilizing Submission Clarification Code (SCC) (NCPDP field # 420-DK) value of “99”. For contracted Providers receiving NCPDP Reject 40, “Pharmacy Not Contracted With Plan On Date Of Service”, when submitting a COVID-19 oral antiviral claim without the SCC code, Provider should resubmit the claim utilizing SCC code “99”.

As an example of claim submission requirements, included is a section of a Payer Sheet. Only NCPDP Segments/Fields pertinent to COVID-19 oral antiviral claim submission are shown in the example.

CLAIM Segment				
Segment Identification (111-AM) = “07”				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
407-D7	PRODUCT/SERVICE ID	00069-1085-30	M	Pfizer NDC shown as example
442-E7	QUANTITY DISPENSED	30	R	
405-D5	DAYS SUPPLY	5	R	

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Pricing Segment Segment Identification (111-AM) = "11"				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST	\$0.01	R	Use \$0.00 for free product
426-DQ	USUAL AND CUSTOMARY CHARGE	\$10.01	R	Usage of a value less than the enhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee
423-DN	Basis of Cost Determination	01	R	Use 15 for free product
430-DU	Gross Amount Due	\$10.01	R	Usage of a value less than the enhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee