

All NY Medicaid plans will have set reimbursement rates and administration fees for certain vaccines.

The following will apply for the immunization programs:

#### NY VFC Program

1. All influenza vaccines for children under the age of 18 will not be reimbursed for the vaccine and the claim will be only reimbursed for the \$17.85 vaccine administration fee. Dispensing fee will not be reimbursed. If an amount is submitted for the vaccine ingredient cost, it will be reduced to \$0 on the remittance with the message on the approved claim “State vaccine rates apply, call state, (518) 486-3209” with the VCF program phone number populated in the Help Desk Phone Number, NCPDP D.0 Field (550-8F).
2. All influenza, pneumococcal, meningococcal, tetanus, diphtheria, and pertussis vaccines for children age 18 will not be reimbursed for the vaccine and the claim will be only reimbursed for the \$17.85 vaccine administration fee. Dispensing fee will not be reimbursed. If an amount is submitted for the vaccine, it will be reduced to \$0 on the remittance with the message on the approved claim “State vaccine rates apply, call state, (518) 486-3209” with the VCF program phone number populated in the Help Desk Phone Number, NCPDP D.0 Field (550-8F).

#### NY Immunization Program

1. For Medicaid members over the age of 18, the cost of an injectable vaccine will be reimbursed and \$13.23 vaccine administration fee will be reimbursed. Dispensing fee will not be reimbursed. A message will populate on the approved claim “State vaccine rates apply, call state, (518) 486-3209” with the VCF program phone number populated in the Help Desk Phone Number, NCPDP D.0 Field (550-8F).
2. For Medicaid members over the age of 18, the cost of intranasal influenza vaccines will be reimbursed and \$8.57 vaccine administration fee will be reimbursed. Dispensing fee will not be reimbursed. A message will populate on the approved claim “State vaccine rates apply, call state, (518) 486-3209” with the VCF program phone number populated in the Help Desk Phone Number, NCPDP D.0 Field (550-8F).

**REMINDER:** When submitting vaccine claims through the pharmacy benefit, please enter the following data in the appropriate fields. Claims should be submitted using the processing information shown on the member’s ID card or contained in the member’s profile, if current. Provider’s must submit using a Professional Service Code of MA and include an amount for the Administration Fee in the Incentive Amount Submitted.



Field #	NCPDP Field Name	Submission Criteria
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing
436-E1	Product/Service ID Qualifier	03 – National Drug Code
407-D7	Product/Service ID	NDC should be submitted
473-7E	DUR/PPS Code Counter	1=Rx Billing
440-E5	Professional Service Code	MA   Dispensing and administering the vaccine to the Member
438-E3	Incentive Amount Submitted	Provider's Vaccine Administration Fee to include administration and all supplies necessary for injection and administration
409-D9	Ingredient Cost Submitted	Vaccine drug acquisition cost: VFC flu vaccines = \$0
426-DQ	Usual and Customary Charge	Amount submitted should include the cost for the vaccine PLUS provider's vaccine administration fee

\*The influenza vaccine is provided free of charge by the CDC to the Vaccine for Children (VFC) Program and in turn to VFC enrolled pharmacies for administration to Medicaid enrolled and uninsured children under the age of 19. Pharmacies not already enrolled in VFC are strongly encouraged to enroll to enable access to influenza vaccine for both Medicaid and uninsured children. A pharmacy-specific enrollment application is now available. Interested pharmacies may also apply to join using the general enrollment application.

For NYS VFC (outside NYC) enrollment information, go to:  
[https://www.health.ny.gov/prevention/immunization/vaccines\\_for\\_children](https://www.health.ny.gov/prevention/immunization/vaccines_for_children).

For enrollment in the NYC VFC program, go to:  
<http://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-forms.page>.

Questions regarding Medicaid reimbursement of immunizations may be directed to the Medicaid Pharmacy Program at (518) 486-3209 or [PPNO@health.ny.gov](mailto:PPNO@health.ny.gov).

