

January 28, 2022 Web Announcement 2695

Attention Provider Type 28 (Pharmacy):

Nevada Medicaid Fee-for-Service (FFS) Update Regarding COVID-19 Oral Antivirals Reimbursement

The following claims processing guidance should be used to support rapid adoption of Federal emergency authorizations of self-administered free COVID-19 oral antivirals and associated policies.

This guidance covers the following scenario:

• When the pharmacy dispenses the product while fulfilling the unique dispensing requirements of the product upon receiving the prescription.

Claim Submission

When submitting a claim for the COVID-19 oral antivirals, submission should include the National Council for Prescription Drug Programs (NCPDP) fields as depicted below and follow recommended guidance.

NCPDP Field Name	NCPDP Field Number	Guidance
Day Supply	405-D5	Number of days the dispensed quantity will last based on the prescribed dose.
Quantity Dispensed	442-E7	Value that represents the quantity of product dispensed
Submission Clarification Code (SCC)	420-DK	2 = Other Override
Ingredient Cost Submitted	409-D9	\$0.01
Dispensing Fee Submitted	412-DC	\$0.00
Basis of Cost Determination	423-DN	15 = Free Product
Incentive Amount Submitted	438-E3	\$10.17
Product / Service ID / NDC	407-D7	National Drug Code (NDC) of the product
Fill Number	403-D3	Applicable Fill Number

An administration fee will be paid to point-of-sale (POS) pharmacy providers that submit claims for covered COVID-19 antivirals for Nevada Medicaid Fee-for-Service (FFS) recipients within the specified product limits.