Claims Processing Requirements



Blue Cross Blue Shield of Rhode Island Vaccine Administration Claims Processing Requirements

Effective January 1, 2017

Effective January 1, 2017, Participating Rhode Island Pharmacies are required to submit the following values below when submitting claims for Influenza vaccines for Non Part D and Part B Covered Persons of Blue Cross Blue Shield of Rhode Island.

For any Pharmacy located in the state of Rhode Island, the Pharmacy shall not be reimbursed for ingredient costs for Vaccines supplied through the Rhode Island Immunization State-Supplied Vaccine program (RIISSVP).

Pharmacies administering vaccines, where allowed by state law, shall abide by all such applicable state and federal laws, regulations and guidelines governing the sale and administration of vaccines.

Pharmacy must submit the Vaccine claim to Prime electronically (online), which includes the applicable ingredient cost, dispensing fee and vaccine administration fee **as a single claim**.

Pharmacies are required to submit the fields defined below from the NCPDP D.0 Telecommunication Standard for vaccine claims:

For More Information

- → Effective January 1, 2017, for assistance with Non Part D claims processing on Prime's platform, please contact the Prime Contact Center at 855-457-1206.
- → For software setup information, please visit Prime's website at PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy Claim Processing | Payer sheets > Commercial D.0 Payer Sheet
- → Beginning January 1, 2017, for assistance with Part D claims processing on Prime's platform, please contact the Prime Contact Center at 855-457-1207
- → Prime's Medicare Part D payer specification sheet is available at: PrimeTherapeutics.com > Resources> Pharmacy + Provider >Pharmacy claim processing>Payer sheet> Medicare Part D D.0 Payer Sheet

NCPDP Segment	NCPDP	NCPDP Field	
Name	Field #	Name	Value
			2016-2017 Covered National Drug Codes (NDC) for Influenza Vaccines:
Claim Segment	4Ø7-D7	Product/Service ID	49281-0516-25 49281-0416-50 58160-0905-52 48281-0399-65
Pricing Segment	4Ø9-D9	Ingredient Cost Submitted	\$0.00
Pricing Segment	438-E3	Incentive Amount Submitted	Pharmacy Submitted Incentive Fee
DUR/PPS Segment	473-7E	DUR/PPS Code Counter	1
DUR/PPS Segment	440-E5	Professional Service Code	MA-Medication Administration