



# NAIS Billing and Coding of Vaccines in the Pharmacy

## PROCESS FOR PHARMACY BILLING

A pharmacy claim (prescription) is submitted in real time through the pharmacy management system. The National Council for Prescription Drug Programs (NCPDP) creates and promotes the electronic transfer of data related to medications, supplies, and services within the health care system through the development of standards and industry guidance. The National Drug Code (NDC) is a unique identifier for a specific drug.

Claims for prescriptions are submitted and electronically populated with the NDC and NCPDP fields, and a response is received instantly (in real time) from the pharmacy benefit manager (PBM). The response from the PBM includes patient/plan eligibility, if the drug is covered, as well as the amount to be paid for the claim, including patient copay.

When **vaccines are billed to a pharmacy plan** in the pharmacy management system, they are billed exactly like other prescriptions to the PBM. The pharmacist can see in real time whether the plan covers the vaccine, what the copay is (or if it is zero), and how much the plan pays.

Pharmacies are also able to **bill some medical plans for vaccines** (for example, Medicare Part B). When these claims are processed through the pharmacy management system like a prescription, they are billed electronically via a clearinghouse. The clearinghouse receives the claim from the pharmacy management system in the NCPDP format, then the pharmacy claim is converted to a medical claim (X12/CPT/HCPCS). Most clearinghouses will provide an electronic notice about patient/plan/service eligibility; **however, this is not a guarantee of coverage or payment**. The response from the clearinghouse is an estimate of payment and payment is not provided in real time.

For a pharmacy to bill a medical plan, the pharmacy or pharmacist may have to be “credentialed” by the medical plan. Some medical plans will not credential pharmacies/pharmacists in their medical network (therefore making the pharmacy/pharmacist an out-of-network provider). Some plans will selectively allow pharmacies/pharmacists to be credentialed.

State laws, regulations and/or interpretations define [pharmacists' scope of practice](#). The extent of pharmacists' authority to administer vaccines varies by state. In states that do not allow pharmacists to prescribe immunizations, the pharmacist must have a protocol or collaborative practice agreement with a prescriber. This is an important consideration since

some plans may require both the prescriber and provider administering the vaccine be “in network” providers.

Medicare Part B allows a pharmacy to be designated a “mass immunizer.” To become a mass immunizer, the pharmacy must [apply for](#) and receive a Provider Transaction Access Number (PTAN) from Medicare, which it uses to “roster bill” vaccine claims. Vaccines eligible for roster billing by mass immunizers are influenza, pneumococcal, COVID-19, and hepatitis B vaccines.

## Vaccine Counseling Coverage Through Pharmacy

Certain plans may reimburse for immunization counseling by a physician or other qualified health care professional when a vaccine(s) is not administered on the same date of service. New CPT codes for vaccine counseling were approved as of January 1, 2026. The American Academy of Pediatrics has summarized [the use of the codes](#). Documentation should indicate the immunization(s) counseled on, the conversation, the reason the vaccine was declined and/or the reason for the patient's under-immunization status. A total time statement must indicate that this time applies only to standalone vaccine counseling.

For Medicaid patients, CMS issued guidance in December 2021 for stand-alone vaccine counseling billing when vaccines are not administered using codes G0310 and G0311 for adults 21 years and older. Additional codes are available for those younger than 21 and for COVID-19 vaccine specifically. Further details are at [www.medicaid.gov/federal-policy-guidance/downloads/sho22002.pdf](http://www.medicaid.gov/federal-policy-guidance/downloads/sho22002.pdf).

Pharmacists should verify their eligibility to bill for vaccine counseling and the plan's coverage policy prior to including the codes on claims.

## Vaccine Coverage for Uninsured Patients

Some state health departments provide some or all recommended routine immunizations to patients without insurance for free or at a reduced fee. Health departments may purchase vaccines using Section 317 funds, state funds, or other funding. However, health department funding and infrastructure for vaccinating uninsured adults may be limited.

Some uninsured patients may qualify for manufacturers' patient assistance programs to obtain vaccines. Vaccine providers and their patients may contact manufacturers' directly or access resources such as [www.rxassist.org](http://www.rxassist.org) and <https://mat.org> for more information.

## Summary of Vaccine Coverage Through the Pharmacy

Insurer	Vaccine Type	Bill to Medical or Pharmacy Benefit	Notes
Medicare Part B	Influenza	Medical	
	Pneumococcal	Medical	
	COVID-19	Medical	
	Hepatitis B	Medical	Starting January 1, 2025, Part B will cover hepatitis B vaccination for those without a completed hepatitis B vaccination series or whose vaccination history is unknown. A physician's order will no longer be required for hepatitis B vaccination under Part B, which will facilitate roster billing by mass immunizers.
Standalone Medicare Part D Plan	All ACIP-recommended vaccines (covered with no cost-sharing to the patient) except those covered by Medicare Part B (influenza, pneumococcal, COVID-19, and hepatitis B vaccines) administered by in-network providers.	Pharmacy	Medicare Part D covers ACIP-recommended vaccines not covered by Part B, including shingles vaccine, and Td/Tdap vaccines for prevention. Td/Tdap vaccine for wound management is covered by Medicare Part B.
Medicare Advantage Plans with Part D Benefits (MAPD)	All ACIP-recommended vaccines covered with no cost-sharing to the patient when administered by an in-network provider.	Pharmacy or Medical	Depending on MAPD, vaccine claims may be submitted via: <ul style="list-style-type: none"> <li>• pharmacy claim (Part D or similar plan)</li> <li>• medical plan (not the traditional Part B roster billing)</li> </ul>
State Medicaid Plans	Effective October 1, 2023, all ACIP-recommended vaccines must be covered with no cost-sharing to the patient when administered by an in-network provider. Find more information on <a href="#">state plans here</a> .	Medical or Pharmacy	Depending on the state, the Medicaid plan may either be administered by the state (FFS) or a private plan (Managed Care). FFS and Managed Care Medicaid plans may have different policies about whether a pharmacy can bill for vaccines and vaccinations and if they are covered under the medical benefit, pharmacy benefit, or both.  If vaccines are only covered under the medical benefit, pharmacists may need to be credentialed as providers (this includes FFS and Managed Care plans).
Commercial/ACA/Employee-Sponsored Plans <sup>1</sup>	At a minimum, plans must cover all ACIP-recommended vaccines, with no cost-sharing for the patient when administered by an in-network provider.	Medical or Pharmacy	Some plans allow vaccines to be billed as a prescription; however, some limit this benefit to medical plans only.
<b>Selected National Health Plans</b>			
Tricare	All ACIP-recommended vaccines, with no cost-sharing for the patient.	Medical or Pharmacy	
Federal Blue Cross Blue Shield	All ACIP-recommended vaccines, with no cost-sharing for the patient.	Medical or Pharmacy	

<sup>1</sup>ACA requirements do not apply to "grandfathered" plans and therefore covered individuals may have cost sharing for recommended vaccines.

Abbreviations: PDP = Prescription Drug Plan  
MAP = Medicare Advantage Plan  
ACA = Affordable Care Act  
ACIP = Advisory Committee on Immunization Practices  
FFS = Fee for Service

# Pharmacy Management Systems

Pharmacy benefit manager (PBM) reimbursement for brand-name prescriptions (which includes all vaccines) is generally based on a percentage of the average wholesale price (AWP) plus a dispensing fee. Most pharmacy plans that cover vaccines also pay an administration fee as part of the prescription claim submitted to the PBM. The payment amount for the administration fee varies by plan and may be paid instead of or in addition to a dispensing fee.

Pharmacists should review their contract rates for vaccines to ensure they include an administration fee for all vaccines. Below are the National Council for Prescription Drug Programs (NCPDP) fields that must be populated on a prescription claim for a vaccination to qualify for the administration fee. Please note that these NCPDP field codes should only be included on claims that cover both dispensing and administration of covered vaccines.

NCPDP Field*	Field Description	Code To Be Submitted
438	Incentive amount submitted	Dollar amount of administration fee associated with vaccine
439	Reason for service code	PH: Preventative Health
440	Professional service code	MA: Medication Administered
441	Result of service code	3N: Medication Administered

\*Check with the pharmacy software vendor for the exact location of the field (normally located with the drug utilization review and override codes)