

No. 2010-7-28
July 28, 2010

Dear Primary Care Provider:

Zostavax – Shingles Vaccine Coverage under Medicare Part D

Zostavax is a covered benefit for SeniorCare Complete and AbilityCare programs under Medicare Part D.

South Country Health Alliance (SCHA) is offering providers a third option for billing Zostavax shingles vaccine and administration. At the time of the clinic visit providers **must assist** the enrollee/patient with completing the Zostavax Vaccine and Administration claim form. The Zostavax Vaccine and Administration Claim form must be mailed or faxed directly to SCHA.

Enrollees/Patients will need provider assistance to complete the form:

1. Page one contains enrollee/patient information
2. Page two contains provider information
3. Either the enrollee/patient or provider office can mail/fax the form to SCHA.

Mailed or fax the form to:

SCHA Member Services
110 West Fremont Street
Owatonna, MN 55060
Fax number: 507-431-6328

It is recommended that the provider and enrollee/patient keep a copy of the completed form for their records. SCHA will forward the forms to Prime Therapeutics for processing. Payment will be made directly to the provider's office. The form is located at http://www.mnscha.org/providers_pharmacy.htm, under Pharmacy Info.

Additional Billing and Payment options:

Zostavax vaccine and administration is paid by our Pharmacy Benefit Manager (PBM), Prime Therapeutics LLC. Prime Therapeutics offers Physician groups the following two methods in which to bill:

- eDispense Software – which allows providers to bill on line. Physicians can participate by enrolling in the eDispense network at <http://enroll.edispense.com>, and completing the brief enrollment process. Physicians can contact DSI with any questions at 866-522-EDVM (866-522-3386), or
- CMS 1500 form and mailing the request to Prime Therapeutics LLC

1. Address must be listed at the top of the claim:

Medicare Claims
Prime Therapeutics LLC
P.O. Box 14429
Lexington, KY 40512-4430

2. NDC and the name of the vaccine are required and must be listed on the claim. The NDC and drug name must be listed in box 24A (above the date of service) in the shaded area of box 24A. If the name will not fit in box 24A, list the drug name in box 19.

Continued



We have provided two web sites to locate NDC codes. <http://www.fda.gov/cder/ndc/>

- i. <http://www.accessdata.fda.gov/scripts/cder/ndc/gettradenamedet1.cfm?prodcode=4963&lblcode=00006>
- ii. <http://www.accessdata.fda.gov/scripts/cder/ndc/gettradenamedet1.cfm?prodcode=4107&lblcode=00006>

Reimbursement will be paid based on the NDC. Providers must bill the appropriate administration CPT/HCPCS to be eligible for reimbursement.

Thank you,

South Country Health Alliance
Provider Network Management