New York State Department of Health | Medical Program

Medicaid Update

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Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists

Effective October 1, 2021, per the enacted New York State (NYS) Budget for Fiscal Year (SFY) 2020-2021, in accordance with SPA 21-0014 (Part B) of State Medicaid Plan (SMP) of United States, the NYS Department of Health (DOH) is implementing a Medicaid Fee-for-Service (FFS) Statewide Formulary for Opioid Dependence Agents for NYS Medicaid Managed Care (MMC). Under this statewide formulary, NYS Medicaid FFS and MMC will:

- Include a single preferred product
- Cover coverage parameters are consistent across the Medicaid Program,
- preferred products are available without prior authorization (PA) when prescribed consistent with Food and Drug Administration (FDA) prescriber guidelines,
- Use preferred products require PA, and as
- Use standard clinical criteria for approval of a non-preferred drug in accordance with NYS Office of Public Health Law.

Opioid Dependence Formulary – Effective October 1, 2021

Opioid Dependence Agents	Formulary
Buprenorphine/Naloxone	Preferred
Buprenorphine	Non-Preferred
Methadone	Non-Preferred
Naltrexone	Non-Preferred

Opioid Antagonists Agents – Naloxone

Opioid Antagonists Agents	Formulary	Opioid Antagonists Agents	Formulary
Naloxone HCL	Preferred	Evzio (Naloxone)	Non-Preferred
Generic Naloxone	Non-Preferred	Kloxxado	Non-Preferred
CVS/VYXOX Kit	Non-Preferred	Narcan Nasal Spray	Non-Preferred
CVS/VYXOX Unit Dose	Non-Preferred	Walgreens Naloxone	Non-Preferred

Opioid Dependence Agents – Naloxone

Opioid Dependence Agents	Formulary	Opioid Dependence Agents	Formulary
Buprenorphine/Naloxone	Preferred	Methadone	Non-Preferred
Buprenorphine	Non-Preferred	Naltrexone	Non-Preferred

Opioid Antagonists Agents – Naloxone

Opioid Antagonists Agents	Formulary	Opioid Antagonists Agents	Formulary
Naloxone HCL	Preferred	Evzio (Naloxone)	Non-Preferred
Generic Naloxone	Non-Preferred	Kloxxado	Non-Preferred
CVS/VYXOX Kit	Non-Preferred	Narcan Nasal Spray	Non-Preferred
CVS/VYXOX Unit Dose	Non-Preferred	Walgreens Naloxone	Non-Preferred

To view MMC and Medicaid FFS billing information, providers can refer to the Statewide Formulary for Opioid Dependence Agents and Opioid Antagonists article in the Medicaid Update.

Medicaid Managed Care Members Prescribed Opioids Receive Excessive Communication Messages for the Prescribed Drug: Providers can refer to SFY 2020-21 Budget Language Relating to Opioid Prescribing Notification, Medicaid Fee-For-Service Pharmacy Reimbursement Fact Sheet, and Clarification and Reminder: Pharmacy Providers Serving Medicaid Managed Care Members Prescribed Opioids Cause Excessive Concern articles in the Medicaid Update.

Medicaid Fee-For-Service Pharmacy Reimbursement Fact Sheet: Providers can refer to the Medicaid Fee-For-Service Pharmacy Reimbursement Fact Sheet for information on the Medicaid Fee-For-Service Pharmacy Reimbursement.

Clarification and Reminder: Pharmacy Providers Serving Medicaid Managed Care Members Prescribed Opioids Cause Excessive Concern: Providers can refer to the Clarification and Reminder: Pharmacy Providers Serving Medicaid Managed Care Members Prescribed Opioids Cause Excessive Concern article in the Medicaid Update for information on the Medicaid Managed Care Members Prescribed Opioids Cause Excessive Communication Messages.

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All Providers

Clarification on Previous Guidance:

National Drug Code Usage for Physician Administered Drugs with Ambulatory Patient Groups

Previous guidance regarding the Ambulatory Patient Groups (APG) for Medicaid and APG Group, states that an accurate National Drug Code (NDC) must be reported on the claim for a drug administered in a hospital setting, when a NDC is required for a drug administered in an APG. This Medicaid Update article clarifies coding details for the same drug on the same date of service and does not affect previous guidance. The previous April 2021 Medicaid Update guidance titled Reporting of the National Drug Code is Required for all Fee-for-Service Practitioner Administered Drugs, provides the reporting requirements for NDC for practitioner administered drugs.

Billing Drugs from the APG Group:

Providers should not bill multiple claim lines with the same physician administered drug (summary) referred to as J-code drugs on the same date of service, even if the drugs administered have different NDCs. If a provider bills in the manner and the drug is assigned to a single APG group, the provider will be overpaid, as the payment for the APG is based on the number of units billed for the same drug administered on the same date of service. Providers should bill the total units for the same J-code drug on one claim line, if the same number of units were administered. If the same number of units were administered on different days, providers should choose one NDC to be used consistently for the same J-code drug on the claim line for the same date of service and the number of units billed for the APG Group. Retail claims were excepted. Providers are required to adjust their claims and bill the appropriate or one claim for the services on July 1, 2021.

To view Example 1 of what not to do in a drug claim for an APG Group, providers can refer to the Clarification on Previous Guidance: National Drug Code Usage for Physician Administered Drugs with Ambulatory Patient Groups article in the Medicaid Update.

To view Example 2 of how to properly bill the above claim for a drug from an APG Group, providers can refer to this month's issue.

Billing Drugs from the APG Group:

Providers may continue to use multiple lines to denote different NDCs when billing well for physician administered drugs through the APG Fee Schedule. Providers can refer to the 340B Drug Pricing Program article in the Medicaid Update for more information.

Questions and Additional information:

- For Medicaid FFS coverage and policy questions described in the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPM) at (518) 473-1780 or by email at medicaidpharmacy@health.ny.gov
- For FFS billing/prior questions described in the Medicaid Call Center at (800) 343-9000

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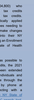
Medicaid Consumer Fact Sheets Now Available

Following a recommendation from the Medicaid Director at 5:00 pm EST on May 28th, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Program (OHIP) created Medicaid Consumer Fact Sheets to provide fact sheets on Medicaid benefits. Each fact sheet provides information regarding the benefit, who is covered, how to find providers, and how to access Medicaid benefits that can be used to help members stay healthy. Topics include doula visit diseases, diabetes, high blood pressure, and asthma, and how to find a primary care provider, how to find a dentist, how to find a pediatrician, and how to find an opening necessary. Fact sheets can be found on the MRT-2 Chapter 2 Appendix, and are available in English, Spanish, Traditional Chinese, Russian, Haitian Creole, Bengali, and Korean. The most recently added Doula Call Diseases fact sheet is available in English, Spanish, Traditional Chinese, Haitian Creole, and Italian.



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NY State of Health: Higher Income New Yorkers May Now Qualify for Financial Assistance to Lower the Cost of Health Coverage

New Medicaid Financial assistance is now available through NY State of Health, the State's official health plan marketplace, for higher-income individuals. This financial assistance is available to those individuals and families who have a household income (HI) that is equal to or greater than 138 percent (%) but less than 400% of the federal poverty level (FPL). Financial assistance is available to those individuals and families who are available to those individuals and families who are eligible for advance premium tax credits (APTC) and cost sharing reductions (CSR) through the State's Marketplace.

It's not too late

Visit nystateofhealth.ny.gov to get covered.

Call NY State of Health at 1-855-355-5777 for assistance.

Individuals who lost and moderate income (MAGI) Medicaid coverage in 2020 may now be eligible for financial assistance through NY State of Health. Individuals who lost and moderate income (MAGI) Medicaid coverage in 2020 may now be eligible for financial assistance through NY State of Health. Individuals who lost and moderate income (MAGI) Medicaid coverage in 2020 may now be eligible for financial assistance through NY State of Health. Before applying, individuals and their families should carefully review their 2020 income and family size information to determine if they may be eligible for financial assistance through the Marketplace. Visit nystateofhealth.ny.gov to get covered. Call NY State of Health at 1-855-355-5777 for assistance.

Additional information:

To learn more about the NY State of Health enrollees benefit from the APDHL providers can visit the New NY State of Health Enrollees Benefit from the Extension Medicaid Plan web page.

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Pharmacy

New York State Medicaid Fee-for-Service Program: Pharmacists as Immunizers Fact Sheet

In accordance with New York State (NYS) Education Law Section 6802(1-a), pharmacists may administer immunizations to persons 18 years of age and older (under pneumococcal, meningococcal, tetanus, diphtheria, and pertussis vaccines). For patients two years of age and older, pharmacists may administer influenza vaccines. Additional information can be found on the NYS Department of Health (DOH) Immunization Program website.

Only Medicaid enrolled pharmacies will receive reimbursement for immunization services and products. Services must be provided and documented in accordance with the Medicaid Fee-for-Service (FFS) Pharmacy Program Manual. Medicaid FFS does not reimburse for immunizations for persons less than 18 years of age, or for those who are not Medicaid FFS members. Medicaid FFS does not reimburse for immunizations administered in the New York City Department of Health and Mental Hygiene (NYC DOHMH) using the New York City Vaccines Immunization Registry (CIR).

Pharmacists will only be able to bill Medicaid FFS for administering immunizations to Medicaid FFS members. Pharmacists will not be able to receive payment through Medicaid Managed Care (MMC) enrollees will continue to access immunization services through their health plans. For Medicaid Managed Care Plans members, pharmacists may provide immunizations and bill their managed care plan for reimbursement. Providers can access additional information on the NYS Medicaid Pharmacy Benefit Information Center web page. **Learn about the individual plan and choose "Pharmacy Vaccine Billing Guidance"**

Reimbursement for these services may be found in the Medicaid Fee-for-Service Pharmacy Reimbursement Fact Sheet. Pharmacists participating in the NYS Immunization Information System (NYSIIS) Pharmacy Program are required to report immunizations administered to NYSIIS. Medicaid FFS does not reimburse for the NYSIIS Pharmacy Program. Pharmacists participating in the NYS Immunization Information System (NYSIIS) Pharmacy Program are required to report immunizations administered to NYSIIS. Medicaid FFS does not reimburse for the NYSIIS Pharmacy Program. Medicaid FFS does not reimburse for VFC eligible vaccinations administered at the pharmacy.

- Pharmacies that are not enrolled in the VFC program may choose to provide vaccines for members under 19 years of age at no charge to the member.
- Pharmacies may bill the administration fee for immunizations provided to Medicaid FFS members.
- Pharmacies providing Medicaid covered immunizations must be enrolled in the Medicaid Fee-for-Service program. Pharmacies are not required to be enrolled in Medicaid for the costs of these services, but pharmacies are VFC-eligible such that they may receive these vaccines through a VFC healthcare practice site.
- NYS Medicaid should never be billed for the cost of any vaccine for persons under 19 years of age since it is available through the VFC Program. This prevents providers from being reimbursed twice for the same vaccine. Providers can refer to the Medicaid Fee-for-Service Pharmacy through the VFC Program and subject to mandatory reporting of payment.

Additional information on the VFC Program, based on vaccines, can be found at the following web pages:

- **New York State (NYS) Immunization Information System (NYSIIS) Pharmacy Program** and
- **Division of NYS** (NYS) New York State Vaccines for Children (VFC) Program" web page

Billing Instructions for Medicaid FFS:

Covered with Medicaid immunization policy, pharmacies may bill the vaccine administration fee and, when applicable, acquisition cost of the vaccine using the appropriate procedure codes. Rates for the administration fee and acquisition cost can refer to the Fee-for-Service Pharmacy Reimbursement.

Please note: National Drug Codes (NDCs) are not to be used for billing the vaccine product through Medicaid FFS. Reimbursement for the cost of vaccine products is included in the administration fee. Providers can refer to the Medicaid Fee-for-Service Pharmacy Reimbursement. Do dispensing by a member pharmacy, or pharmacy staff, is not a qualifying site of service for VFC vaccines.

Table 3: Vaccine products and administration codes for Medicaid Fee-for-Service Pharmacy Program, SCPDM V 3 Issued

90471 (Product/Service ID Qualifier)	Enter value of "**01**" which qualifies the code submitted in field 407-EP (Product/Service ID) as a procedure code.
90472 (Quantity Dispensed)	Enter the quantity of the vaccine units listed in Table 8 and/or 9. Up to four claim lines can be submitted per one transaction.
407-EP (Product/Service ID)	Enter the appropriate CPT code for the procedure administration code in Table 8.
412-EP (Unit Price)	Enter the administration fee.
414-EP (Ingredient Cost Submitted)	Use what vaccine "**0000000**" when qualifies for not-specified specific orders.
415-EP (Dispensing Fee Submitted)	Enter the administration fee.

For information on the Medicaid Fee-for-Service Pharmacy Program, providers can refer to NYS Medicaid Fee-for-Service Program. Pharmacists as Immunizers Fact Sheet article in this month's issue.

Pharmacists who are not enrolled in the Medicaid Program, but are providing influenza vaccines for ages two years of age and over, pneumococcal polysaccharide, tetanus, diphtheria, and pertussis vaccines for ages 18 years and over, can refer to the Pharmacists as Immunizers Fact Sheet article in this month's issue.

Questions and Additional information:

- Medicaid FFS billing/prior questions should be directed to the eMedNY Call Center at (800) 343-9000
- MMC coverage questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPM) at (518) 473-1780 or by email at medicaidpharmacy@health.ny.gov
- Pharmacists who are not enrolled in the NYS Medicaid Program and are interested in participating in the NYS Immunization Information System (NYSIIS) Pharmacy Program should contact the NYSIIS Help Desk at 1-866-529-1149 or by email at nysiis@health.ny.gov
- Pharmacists who are enrolled in the NYS Medicaid Program and are interested in participating in the NYSIIS Pharmacy Program should contact the Medicaid Call Center at (800) 343-9000
- Medicaid FFS billing/prior questions should be directed to the eMedNY Call Center at (800) 343-9000

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Clarification and Reminder:

Pharmacy Providers Servicing Medicaid Managed Care Members Prescribed Opioids Cause Excessive Concern

New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) programs are currently requesting a renewal of new prescribers from pharmacy providers. Providers can refer to a call. The "Letter for Pharmacy Providers Prescribers Medicaid Managed Care Members" and "Medicaid Update Clarification and Reminder" articles.

**This guidance is to clarify that most software systems will contact a member or caregiver, or caregiver, or caregiver,