NEW YORK STATE | Department of Health

# Medicaid Update

The Official Newsletter of the New York State Medicaid Program

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## Medicaid Hospital Inpatient Billing Discharge Status Codes

Hospitals must correctly identify and properly code whether patients are **transferred *or* discharged**, since this will affect Medicaid hospital inpatient billing and payments. For additional information, providers can refer to the May 2013 issue of the *Medicaid Update* article titled *Medicaid Billing –Patient Status Codes*, found at: https://www.health.ny.gov/health_care/medicaid/program/update/2013/may13_mu.pdf.

**Effective August 21, 2021**, according to the New York Codes, Rules and Regulations (NYCRR), Title 10, §86-1.15, discharges (in a general hospital acute care setting) shall mean those inpatients whose admission to the facility occurred on or after December 1, 2009, and:

- the patient is released from the facility to a non-acute care setting; or
- the patient dies in the facility; or
- the patient is transferred to a facility or unit that is exempt from the case-based payment system, except when the patient is a newborn transferred to an exempt hospital for neonatal services; or
- the patient is a neonate being released from a hospital (providing neonatal specialty services) back to the community hospital of birth for weight gain.

A transfer patient is defined as a patient who:

- is not discharged, as stated above,
- is not transferred among two or more divisions of merged or consolidated facilities
- is not assigned to a Diagnosis Related Group (DRG) specifically identified as a DRG for transferred patients only, and
- meets one of the following conditions:
    - is transferred from an acute care facility reimbursed under the DRG case-based payment system to another acute care facility reimbursed under the same system; or is transferred to an out-of-state acute care facility; or
    - is a neonate who is being transferred to an exempt hospital for neonatal services.

Hospitals must ensure the accuracy of the patient discharge status coding on correct Medicaid claims.

### Additional Information:

- For additional information regarding NYCRR, Title 10, §86-1.15, and transfer payments (NYCRR, Title 10, Part 86-1.21), providers should refer to the NYS Department of Health (DOH) "New York Codes, Rules and Regulations" web site at: https://www.health.ny.gov/regulations/nycrr/title_10/.
- For inpatient billing guidelines, providers should refer to the eMedNY *NYS UB-04 Billing Guidelines* at: https://www.emedny.org/ProviderManuals/Inpatient/PDFS/Inpatient_Billing_Guidelines.pdf.

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**Kathy Hochul**
*Governor*
State of New York

**Howard A. Zucker, M.D., J.D.**
*Commissioner*
New York State
Department of Health

**Brett R. Friedman**
*Acting Medicaid Director*
Office of Health Insurance Programs

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# In This Issue…

## Attention: Applied Behavior Analysis Providers

Applied Behavior Analysis (ABA) services provided by New York State (NYS) Medicaid enrolled Licensed Behavior Analysts (LBAs), Certified Behavior Analyst Assistants (CBAAs), or other individuals specified under Article 167 of NYS Education Law working under the supervision of LBAs will be carved out of the Medicaid Managed Care (MMC) benefit package. **Effective October 1, 2021**, NYS Medicaid enrolled LBAs can bill Medicaid fee-for-service (FFS) for ABA services provided to MMC members until further notice. The *ABA Provider Manual and Fee Schedule*, published by the NYS Department of Health (DOH) via eMedNY "Applied Behavior Analysts (ABA)" web page located at: https://www.emedny.org/ProviderManuals/ABA/index.aspx, provides coverage policy, billing guidance and fee schedules for ABA services.

### Additional Information:

- Additional information regarding ABA services can be found in the article titled *Coverage of Applied Behavior Analysis* in the July 2021 issue of the *Medicaid Update*, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no09_jul21_pr.pdf.
- **Please note:** Current Procedural Terminology (CPT) code **"97156"** [Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, with or without the patient present, face-to-face with guardian(s)/caregiver(s), for 15 minutes each] has been added to the published *ABA Provider Manual and Fee Schedule*.
- CPT code **"97156"** can only be billed when the service is delivered in concert with care of the patient as part of the patient treatment plan.

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## Reminder: Existing New York State Medicaid Policy for Drugs, Supplies, and Procedures Used for Sexual or Erectile Dysfunction

**In accordance with Chapter 645 of the Laws of 2005**, the New York State (NYS) Medicaid program ***does not cover*** prescription or physician administered drugs used for the treatment of sexual dysfunction (SD) or erectile dysfunction (ED). Additionally, Medicaid ***does not reimburse*** any supplies or procedures used to treat SD/ED for persons required to register as sex offenders. Providers must verify that Medicaid members receiving any procedures or supplies which may be used for these indications are not listed as registered sex offenders. There may be limited exceptions where some of these services are covered for members on the sex offender list, if their conditions are not related to SD/ED. These situations will require medical review by NYS Department of Health (DOH) for Medicaid fee-for-service (FFS) and by each impacted Medicaid Managed Care (MMC) Plan.

### Medicaid Fee-For-Service

For SD/ED procedures, physician administered drugs or supplies that require Prior Approval (PA), the NYS Department of Health (DOH) will verify if members are registered as sex offenders during the PA process. Prior to performing inpatient procedures related to SD/ED treatment, providers must contact the Bureau of Medical Review at (800) 342-3005. Outpatient pharmacy services that provide phosphodiesterase type-5 (PDE-5) inhibitors require PA to ensure clinical criteria are met. Specific clinical criteria can be found on the *NYS Medicaid Fee-For-Service (FFS) Preferred Drug List* at: https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf. Providers seeking PA can contact the Magellan Clinical Call Center at (800) 343-9000.

## Medicaid Managed Care Plans

Prior to approving requests for any SD/ED related drugs, supplies, or procedures, MMC Plans [including mainstream MMC Plans, HIV (Human Immunodeficiency Virus) Special Needs Plans (SNPs), as well as Health and Recovery Plans (HARPs)] are required to submit requests for information regarding enrollee status on the sex offender registry to the NYS DOH through the Health Commerce System (HCS) Erectile Dysfunction Verification System (EDVS), each time there are requests for these services.

**NYS Medicaid FFS has compiled the following list of services used for the treatment of SD/ED:**

| Current Procedural Terminology (CPT) Codes and Physician administered (J-Code Drugs) | Descriptions |
|---|---|
| **"37788"** | Penile revascularization, artery, with or without vein graft |
| **"37790"** | Penile venous occlusive procedure |
| **"54400"** | Insertion of penile prosthesis; non-inflatable (semi-rigid) |
| **"54401"** | Insertion of penile prosthesis; inflatable (self-contained) |
| **"54405"** | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir |
| **"54408"** | Repair of component(s) of a multi-component, inflatable penile prosthesis |
| **"54410"** | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session |
| **"54411"** | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| **"54416"** | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session |
| **"54417"** | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| **"55870"** | Electroejaculation |
| **"J0270"** | Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) * |
| **"J0275"** | Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered) * |
| **"J0775"** | Injection, collagenase, clostridium histolyticum, 0.01 mg * |
| **"J2440"** | Injection, papaverine hydrochloride injection (HCl), up to 60 mg * |
| **"J2760"** | Injection, phentolamine mesylate, up to 5 mg * |
| **"L7900"** | Male vacuum erection system |
| **"L7902"** | Tension ring, for vacuum erection device, any type, replacement only, each |

***Please note:** In the inpatient setting, alprostadil and papaverine may be covered for the treatment of a condition other than sexual or erectile dysfunction for which the drugs have been approved by the Food and Drug Administration (FDA). Additionally, physician-administered collagenase, clostridium histolyticum and phentolamine mesylate may be covered for the treatment of a condition, other than sexual or erectile dysfunction, for which the drug has been approved by the FDA and prior approval has been received.

| International Classification of Diseases, Tenth Revision (ICD-10) Inpatient Procedures | Descriptions |
|---|---|
| **"0VHS03Z"** | Insertion of Infusion Device into Penis, Open Approach |
| **"0VHS0YZ"** | Insertion of Other Device into Penis, Open Approach |
| **"0VHS33Z"** | Insertion of Infusion Device into Penis, Percutaneous Approach |
| **"0VHS3YZ"** | Insertion of Other Device into Penis, Percutaneous Approach |
| **"0VHS4YZ"** | Insertion of Other Device into Penis, Percutaneous Endoscopic Approach |
| **"0VHS7YZ"** | Insertion of Other Device into Penis, Via Natural or Artificial Opening |
| **"0VHS8YZ"** | Insertion of Other Device into Penis, Via Natural or Artificial Opening Endoscopic |
| **"0VHSX3Z"** | Insertion of Infusion Device into Penis, External Approach |
| **"0VUS07Z"** | Supplement Penis with Autologous Tissue Substitute, Open Approach |
| **"0VUS0JZ"** | Supplement Penis with Synthetic Substitute, Open Approach |
| **"0VUS0KZ"** | Supplement Penis with Nonautologous Tissue Substitute, Open Approach |
| **"0VUS47Z"** | Supplement Penis with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| **"0VUS4JZ"** | Supplement Penis with Synthetic Substitute, Percutaneous Endoscopic Approach |
| **"0VUS4KZ"** | Supplement Penis with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| **"0VUSX7Z"** | Supplement Penis with Autologous Tissue Substitute, External Approach |
| **"0VUSXJZ"** | Supplement Penis with Synthetic Substitute, External Approach |
| **"0VUSXKZ"** | Supplement Penis with Nonautologous Tissue Substitute, External Approach |
| **"0VWS07Z"** | Revision of Autologous Tissue Substitute in Penis, Open Approach |
| **"0VWS0JZ"** | Revision of Synthetic Substitute in Penis, Open Approach |
| **"0VWS0KZ"** | Revision of Nonautologous Tissue Substitute in Penis, Open Approach |
| **"0VWS47Z"** | Revision of Autologous Tissue Substitute in Penis, Percutaneous Endoscopic Approach |
| **"0VWS4JZ** | Revision of Synthetic Substitute in Penis, Percutaneous Endoscopic Approach |
| **"0VWS4KZ"** | Revision of Nonautologous Tissue Substitute in Penis, Percutaneous Endoscopic Approach |
| **"0VWSX7Z"** | Revision of Autologous Tissue Substitute in Penis, External Approach |
| **"0VWSXJZ"** | Revision of Synthetic Substitute in Penis, External Approach |
| **"0VWSXKZ"** | Revision of Nonautologous Tissue Substitute in Penis, External Approach |
| **"0VY50Z0"** | Transplantation of Scrotum, Allogeneic, Open Approach |
| **"0VY50Z1"** | Transplantation of Scrotum, Syngeneic, Open Approach |
| **"0VY50Z2"** | Transplantation of Scrotum, Zooplastic, Open Approach |
| **"0VYS0Z0"** | Transplantation of Penis, Allogeneic, Open Approach |
| **"0VYS0Z1"** | Transplantation of Penis, Syngeneic, Open Approach |
| **"0VYS0Z2"** | Transplantation of Penis, Zooplastic, Open Approach |

**Please note**: This list provides all known procedures at the time of publication but may not be all-inclusive. Providers are encouraged to use their clinical knowledge to apply this policy to similar drugs, procedures, and supplies. For specific questions, providers should contact the respective agency below. Managed Care providers should also contact their contracted MMC Plans for a comprehensive list of codes that may be excluded.

## Questions and Additional Information:

- Medicaid FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- Medicaid FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- MMC general coverage questions should be directed to OHIP Division of Health Plan Contracting and Oversight (DHPCO) by email at covques@health.ny.gov or by phone at (518) 473-1134.
- MMC reimbursement and/or billing requirements questions should be directed to the enrollee's MMC Plan. Providers can refer to the NYS Medicaid Program *Information for All Providers: Managed Care Information* document at: https://www.emedny.org/ProviderManuals/iAllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.
- PA questions should be directed to the OHIP Division of Operations and Systems (DOS) at (800) 342-3005.

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## Medicaid Consumer Fact Sheets Now Available

Following a recommendation from the Medicaid Redesign Team (MRT) II, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) created Medicaid consumer fact sheets focused on chronic health conditions. Each fact sheet provides information regarding how a condition can be prevented or managed, as well as relevant Medicaid benefits that can be used to help members stay healthy. Topics include sickle cell disease, diabetes, high blood pressure, asthma control, HIV-PrEP (Human Immunodeficiency Virus - Pre-Exposure Prophylaxis), and smoking cessation. Fact sheets can be found on the NYS DOH "MRT II Policies and Guidance" web page, at: https://health.ny.gov/health_care/medicaid/redesign/mrt2/policy/index.htm, and are available in English, Spanish, Traditional Chinese, Russian, Haitian Creole, Bengali, and Korean. The most recently added Sickle Cell Disease fact sheet is also available in Simplified Chinese, Polish, Yiddish, Arabic, 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 federal financial assistance is now available through NY State of Health to qualifying, higher-income individuals. This financial assistance is being implemented as part of the American Rescue Plan Act (ARPA) signed into law on March 11, 2021, which can be found at: https://www.congress.gov/bill/117th-congress/house-bill/1319/text.

Nearly 120,000 enrollees with income below 400 percent federal poverty level (FPL) are already receiving enhanced tax credits and nearly 18,000 higher-income enrollees are eligible for these federal tax credits for the first time. Higher-income individuals enrolled outside of NY State of Health and uninsured individuals may also be eligible for enhanced tax credits available through NY State of Health. Before the ARPA, tax credits were not available to higher-income individuals and their families (i.e., those earning more than $51,040 and families of four earning more than $104,800). Through the ARPA, these federal tax credits are available to these individuals and their families when enrolling in a health plan through NY State of Health.

Individuals with low and moderate incomes (i.e., those earning up to $51,040 and families of four earning up to $104,800) who were previously eligible for tax credits are now eligible for higher tax credits. NY State of Health automatically applied higher tax credits without enrollees needing to take any action. Enrollees can make changes to their account by logging into their NY State of Health account, contacting an Enrollment Assistor, and/or calling NY State of Health at (855) 355-5777.

To allow as many individuals as possible to access these enhanced tax credits, the 2021 Open Enrollment Period has been extended through December 31, 2021. Individuals and families can apply for coverage through the NY State of Health website at: http://www.nystateofhealth.ny.gov, by phone at (855) 355-5777, or by connecting with a free enrollment assistor via the NY State of Health "Find a Broker/Navigator" search tool at: https://nystateofhealth.ny.gov/agent/hx_brokerSearch?fromPage=INDIVIDUAL&lang=en.

### Additional Information

To read more about how NY State of Health enrollees benefit from the ARPA, providers can visit the *How NY State of Health Enrollees Benefit from the American Rescue Plan* web page, found at: https://info.nystateofhealth.ny.gov/americanrescueplan.

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# Clozapine Risk Evaluation and Mitigation Strategy Deadline

***Effective immediately*, all providers and pharmacies that prescribe or dispense clozapine must re-certify in the Clozapine Risk Evaluation and Mitigation Strategy (REMS) by *November 15, 2021*.** Clozapine is Food and Drug Administration (FDA)-approved for treatment-resistant Schizophrenia and to reduce the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder. Clozapine is associated with severe neutropenia [absolute neutrophil count (ANC) less than 500/µL], and as part of the REMS, patient ANCs must be submitted monthly via *Patient Status* forms.

For prescribers, re-certification is required regardless of outpatient or inpatient setting. Providers and pharmacies that fail to re-certify cannot prescribe or dispense clozapine. Providers/pharmacies must also re-enroll their patients in Clozapine REMS by November 15, 2021. Patients who are not re-enrolled by their providers into Clozapine REMS cannot receive clozapine.

The modifications to the Clozapine REMS, which include the prescribing, dispensing, and receiving of clozapine into a single-shared program, were approved on July 29, 2021 by the FDA and can be found on the FDA "Clozapine Risk Evaluation and Mitigation Strategy (REMS) requirements will change on November 15, 2021" web page at: https://www.fda.gov/drugs/drug-safety-and-availability/clozapine-risk-evaluation-and-mitigation-strategy-rems-requirements-will-change-november-15-2021. Providers and pharmacies can re-certify or re-enroll their patients into the program by visiting the "Clozapine REMS" home page at https://www.newclozapinerems.com/home.

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# Provider Directory

### Office of the Medicaid Inspector General:
For suspected fraud, waste or abuse complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit Office of Medicaid Inspector General (OMIG) web site at: www.omig.ny.gov.

### Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:
Please visit the eMedNY website at: www.emedny.org.

### Providers wishing to listen to the current week's check/EFT amounts:
Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).

### For questions about billing and performing MEVS transactions:
Please call the eMedNY Call Center at (800) 343-9000.

### Provider Training:
Please enroll online for a provider seminar at: https://www.emedny.org/training/index.aspx. For individual training requests, call (800) 343-9000.

### Beneficiary Eligibility:
Call the Touchtone Telephone Verification System at (800) 997-1111.

### Medicaid Prescriber Education Program:
For current information on best practices in pharmacotherapy, please visit the following web sites:

- DOH Prescriber Education Program page: https://www.health.ny.gov/health_care/medicaid/program/prescriber_education/presc-educationprog.
- Prescriber Education Program in partnership with SUNY: http://nypep.nysdoh.suny.edu/.

### eMedNY
For a number of services, including: change of address, updating an enrollment file due to an ownership change, enrolling another NPI, or revalidating an existing enrollment, please visit the eMedNY Provider Enrollment page at: https://www.emedny.org/info/ProviderEnrollment/index.aspx, and choose the appropriate link based on provider type.

### NY Medicaid Electronic Health Record (EHR) Incentive Program
Contact the New York Medicaid EHR Call Center at (877) 646-5410 for assistance.

### Comments and Suggestions Regarding This Publication
Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.