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Medicaid Update

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Topical Fluoride Varnish Application: Expansion of Provider Types

New York State (NYS) Medicaid reimburses for topical fluoride treatment administered by medical providers. Medicaid reimburses for topical fluoride both dental and non-dental settings. **Effective immediately**, an amendment to the Education Law permits **registered dental assistants (RDAs) and licensed practice nurses (LPNs)** to apply topical fluoride varnish.

In the Dental Setting, Current Dental Terminology (CDT) code **"D1206"** describes topical fluoride varnish. Medicaid pays for this service when a dentist, dental hygienist, or dental assistant performs it under the direct personal supervision of a licensed dentist in the course of the performance of dental services. When billing NYS Medicaid, CDT code **"D1206"** should be billed by the supervising dentist.

In non-dental settings, topical application of fluoride varnish is permissible under the scope of practice of registered nurses (RNs), LPNs, and RDAs. Fluoride varnish can be applied by **LPNs**, registered nurses, and physician assistants to optimize treatment. When billing NYS Medicaid, CPT code **"99188"** provided by a LPN, should be billed by the supervising physician.

Providers should be trained and competent in fluoride varnish application. Training information can be accessed through the New York State Department of Health "Improving the Oral Health of Young Children: Fluoride Varnish Training" website and Oral Health Information for Child Health Care Providers" web page.

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Providers should refer to the *Dental Policy and Procedure Code Manual – New York State Medicaid, 2025 Dental Policy and Procedures*, *Medicaid Update* and other pertinent guidance documents for additional information.

CDT Code	Billed By	Description	NYS Medicaid Rate
D1206	Dentists	Topical application of fluoride varnish Prophylaxis once per three-month period for NYS Medicaid members, from eruption of first tooth through 20 years of age; prophylaxis once per six-month period for NYS Medicaid members ages 21 through 64; only appropriate for those individuals with a Restriction Exception code of RE-"RT" (Teamwork Brain Injury Program) or RE-"RP" (Rehabilitation Services Program-Physical Disabilities Program (PD/RSP)/Independent Living Center Exemption), or in cases where salivary gland function has been compromised through surgery, radiation, or disease.	$30.30
99188	Physician Assistants and NPs	Topical fluoride varnish once per three-month period for NYS Medicaid members, from eruption of first tooth through five years of age (inclusive).	$30.30

Questions and Additional Information:

- NYS Medicaid fee-for-service (FFS) coverage and policy questions should be directed to the dental fee-for-service contact at 866-369-7697 or by email at dentalfee@dxc.com.
- Managed Care Plan coverage and policy questions should be directed to the managed care plan. Managed care plan contact information can be found in the attachment "Dental Medicaid Managed Care Plan Contacts" on the Dental Provider Information page.
- NYS Medicaid FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.

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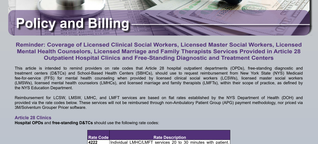

Policy and Billing

Reminder: Coverage of Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists Services Provided in Accredited Outpatient Hospital Clinics and Free-Standing Diagnostic and Treatment Centers

This article is intended to remind providers on certain rules. Article 28 hospital outpatient departments (OPDs), free-standing diagnostic and treatment centers (D&TCs) and School-Based Health Centers (SBHCs) should use to request reimbursement from New York State (NYS) Medicaid for services provided by Licensed Clinical Social Workers (LCSWs), Licensed Master Social Workers, Licensed Mental Health Counselors (LMHCs), Licensed Marriage and Family Therapists (LMFTs), within their scope of practice, as defined by the NYS Education Department.

Reimbursement for LCSW, LMSW, LMHC, and LMFT services are based on flat rates established by the NYS Department of Health (DOH) and provided via the rate codes below. These services will not be reimbursed through non-Ambulatory Patient Group (APG) payment methodology, nor proval via *Ambulatory Groups Prior Authorization*.

Article 28 Clinics
Hospital OPDs and **free-standing D&TCs** should use the following rate codes:

Rate Code	Rate Description
4202	Individual LMHC/LMFT services 20 to 30 minutes with patient
4203	Individual LMHC/LMFT services 31 to 50 minutes with patient
4204	Individual LMHC/LMFT services 51 to 75 minutes with patient
4207	LCSW/LMSW services 20 to 30 minutes with patient
4208	LCSW/LMSW services 31 to 50 minutes with patient
4209	LCSW/LMSW services 51 to 75 minutes with patient

SBHCs
SBHCs should use the following rate codes:

Rate Code	Rate Description
4207	LMSW/LCSW/LMHC services 20 to 30 minutes with patient
4208	LMSW/LCSW/LMHC services 31 to 50 minutes with patient
4209	LMSW/LCSW/LMHC services 51 to 75 minutes with patient
4202	Individual LMHC services 20 to 30 minutes with patient
4203	Individual LMHC services 31 to 50 minutes with patient
4204	Individual LMHC services 51 to 75 minutes with patient

Reimbursement for the hospital OPD, D&TC and SBHC services described in the tables above, can be found on the NYS DOH "Information Payment Fee Schedule" web page.

Federally Qualified Health Centers and Rural Health Clinics
Federally Qualified Health Centers and **Rural Health Clinics** not opted in to receive payment via the APG reimbursement methodology should bill the Prospective Payment System rate for services rendered by the above-referenced behavioral health practitioners.

Questions:

- NYS Medicaid FFS claims and policy questions should be directed to the Office of Health Insurance Programs Division of Program Development and Management by telephone at (518) 473-2160 or by email at PTASupport@hp.ny.gov.
- Medicaid Managed Care (MMC) reimbursement, billing, and/or prospective payment questions should be directed to the MMC Plan of the enrollee. MMC Plan contact information can be found in the eMedNY New York State Medicaid Program Information for All Providers – Managed Care page.
- NYS Medicaid FFS claims questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid FFS provider enrollment questions should be directed to eMedNY Provider Enrollment at (800) 343-9000.

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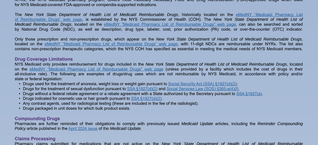

Pharmacy

NYRx Pharmacy Drug Coverage: Claims Processing Enhancements and Reminders

This communication serves as a reminder to all pharmacies of their responsibility to adhere to the policies and procedures of the New York State (NYS) Medicaid program for continued enrollment as well as NYS and federal laws, rules and regulations.

NYRx Drug Coverage Criteria
NYRx, the NYS Medicaid pharmacy program, covers most medically necessary Food and Drug Administration (FDA)-approved drugs when used for NYS Medicaid-covered FDA-approved or compendia-supported indications.

The *New York State Department of Health List of Medicaid Reimbursable Drugs*, historically located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, is established by the NYS Commissioner of Health (DOH). The *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, can also be searched and sorted by National Drug Code (NDC), as well as description, drug type, labeler, strength, and prior authorization (PA) code, or over-the-counter (OTC) indication.

Only those prescription and non-prescription drugs, which appear on the *New York State Department of Health List of Medicaid Reimbursable Drugs*, are eligible for payment by NYS Medicaid, except for those drugs which are subject to a PA, quantity limit, or other edit. Drugs not on the list, including certain non-prescription therapeutic categories, are not covered by NYS Medicaid, unless specified as essential in meeting the medical needs of NYS Medicaid members.

Drug Coverage Limitations
NYS Medicaid only provides reimbursement for drugs included in the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page (unless provided by a facility which includes the cost of drugs in their all-inclusive rate). The following are examples of drugs which are not reimbursable by NYS Medicaid, in accordance with policy and/or statutory limitations:

- Drugs used for the treatment of anorexia, weight loss or weight gain pursuant to Social Security Act (SSA) §1927(d)(2)
- Drugs for the treatment of sexual dysfunction pursuant to Public Health Law (PHL) §2807-y and Insurance Law (Ins) §3216(i)(40)
- Drugs without a federal rebate agreement or a rebate agreement with a State authorized by the Secretary pursuant to SSA §1927(a)
- Prescription drugs used for the treatment of erectile dysfunction (ED)
- Any compound drug, used for ruling-out diagnosis, not included in the fee of the radiologist
- Drugs packaged in unit doses for which bulk product exists.

Compounding Drugs
Pharmacies are further reminded of their obligations to comply with previously issued Medicaid Update articles, including the Reminder Compounding Policy article published in the April 2021 issue of the Medicaid Update.

Claims Processing
Pharmacies are reminded that medications that are not active on the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, are not covered under the Medicaid Fee-for-Service Prescription Drug Program (NYDOH) messaging. Reaction messages has been updated to provide additional detail regarding coverage status. Pharmacy reject messages are returned in the NCPCP Response Transaction, which can be decoded by NYS Medicaid, in accordance with policy and/or Code for a transaction is returned within the additional message information. **525-FQ** and indicates the MEVS error for rejected transactions.

Field #	Field Description	NCPCP Reject Message
09657	Item not eligible for payment or 90 date limit	NDC Product not on formulary Requires additional MEVS
09658	Terminated	NDC Product not covered because is outside of the product FDA/Advisory Bulletin and Differential Equation marketing date
02183	NDC not federal participation	NDC Product not covered non-participating manufacturer
02184	NDC is a Drug Efficacy Study Implementation (DESI) drug	"M" NDC not covered Requires additional MEVS
02185	NDC Product Not Single Source	"M" NDC not covered
02186	Procedure code required instead of NDC	"M" Incorrect product/service ID for processor/payer Additional MEVS error: "525-FQ" NDC/Administration primary code not covered

Frequently Rejected Drugs as of April 2025

NDC Name	Field Description	NCPCP Reject Reason
Pantoprazole Sodium 40Mg Tablet Delayed Release Provider	Product not on formulary	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for COVIDs. Providers should refer to the New York State Department of Health List of Medicaid Reimbursable Drugs, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
UNDECYREN 1 Cbd capsule Non-participating Medicaid Drug Rebate Program	Product not on formulary	Medicaid Drug Rebate Program is required to participate in the MDRP for coverage.
Zaptuvod 2.5mg/0.5ml	State Plan exclusion	Indications for weight loss are not covered pursuant to SSA §1927(d)(2)
OneTouch Verio test strips	Product not on formulary	NYRx provides coverage of select diabetic testing supplies. Providers should refer to the NYRx Preferred Diabetic Supply Program.
Vitagoro 1-PEE-CM State exclusion 20-50 mg/ml oral syrup	State Plan exclusion	Limited coverage of combination cough and cold products are covered for children under age 6 years. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page.
Vitagoro 2.25mg/0.5ml State Plan exclusion		Indications for weight loss are not covered pursuant to SSA §1927(d)(2).
Thera-M Plus tablet	Product not on formulary	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for COVIDs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
Aspirin EC 81mg	Product not on formulary	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for COVIDs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
Benzoyl Peroxide	Product not on formulary	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for COVIDs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.

Resources:

- NYRx Pharmacy Bulletins – How to Identify and Resolve Rejections
- *New York State eMedNY Billing Guidelines – Pharmacy (located on the eMedNY "Pharmacy Manual" web page)*
- *New Medicaid Pharmacy Program: Top 340 Resource document*

Questions:

- Questions regarding the guidance should be directed to NYRxBoard@hp.ny.gov.
- NYRx billing questions should be directed to the eMedNY Call Center at (800) 343-9000. The eMedNY Call Center hours are Monday through Friday from 7 a.m. to 10 p.m., and Saturday through Sunday from 8:30 a.m. to 5:30 p.m.

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Pharmacy Reminder: Coordination of Benefits Processing Instruction for New York State Medicaid

New York State (NYS) Medicaid providers are required to bill applicable third parties that may be liable for a claim before billing NYS Medicaid. NYS Medicaid is always the payer of last resort. Federal regulations require that all other available resources be used before NYS Medicaid pays for medical services. Medicaid Managed Care Plans (MMCP) are required to pay claims for services they authorize only submitted NYS Medicaid compliant claims, as is the NYS Medicaid program.

Providers must exhaust all existing benefits prior to billing the NYS Medicaid. Providers should always ask a NYS Medicaid member if they have other third-party coverage to ensure the proper payer is billed. Pharmacies are responsible to submit pharmacy claims electronically to NYS Medicaid. Pharmacies are required to coordinate with the proper primary payer. This includes submitting a claim under the appropriate coverage benefit, medical or pharmacy.

Pharmacies are being rejected by the primary payer for not submitting a coordination of benefits information. Providers, but not limited to:

- prior authorization (PA) needs to be obtained from the primary payer;
- claims need to be billed to the primary payer (including Medicare Part B, or billing Medicare Part B for services covered by Medicare Part D and getting a rejection);
- submitting to the wrong third-party causing claims to bypass incorrectly (third-party claims that incorrectly bypass the primary payer responsibility of coverage and payment, causing claims to be rejected or denied);
- the applicable coverage benefit (medical versus pharmacy) is not billed;
- billing of the appropriate service code (National Drug Code (NDC) versus Healthcare Common Procedure Coding System (HCPCS) code);
- billing the incorrect National Provider Identifier (NPI) for the prescribing provider;
- resolve by obtaining an accurate NDC or use the TRICARE's Quality Care Assurance (QCA) process to request a coverage determination or the need to change dispensing to a network pharmacy.

Pharmacies that have difficulty billing primary insurance for the above situations, should advise prescribers and NYS Medicaid members of potential delays as well as options for resolution. If claim issues are resolved, the pharmacies may then resubmit the claims to NYS Medicaid after the claims are properly adjudicated with the primary payer.

Reminder
Providers must maintain evidence and documentation, which are subject to audit, for a minimum of six years following the date of NYS Medicaid payment. This evidence should include, but not be limited, to details of claims to primary payers (including applicable TPL plan responses, and payment information. Prescribers are responsible for prescribing, per plan formulary, and to pursue any claim issues such as, but not limited to:

- necessary PA or exceptions on non-formulary or non-preferred drugs;
- prescription medications that are quantity limit, dispense limit, or quantity limit exceeded;
- selection of an in-network pharmacy that is contracted with the primary payer's network.

If following the values are not reported correctly, the claim will be a pre-adjudication edit in National Council for Prescription Drug Programs (NCPDP) field **340-CX** with Reject Code **569** (*Patient Not Eligible/Invalid Other Payer ID*). **It is important to use the proper codes for both primary payer ID and qualifier to receive the correct payment.**

Payer Type	339-6G (Other Payer ID Qualifier)	340-7C (Other Payer ID)	391-NP (Other Payer Patient Responsibility Qualifier)
Commercial TPL	06	00	07, 04, 08, 09, 07, 08, or 12
Medicare Part A	01	Medicare ID	04, 08, or 12
Medicare Part B	Medicare Advantage: 03 Medicare Managed Care	Medicare ID	07, 04, 08, 09, 07, 08, or 12

Other Coverage Code "2" (Field 308-CB) - Patient Has Other Coverage This Claim Covered
The following codes are said entries for field 391-NP (*Other Payer-Patient Responsibility Amount Qualifier*) when the claim is submitted to primary insurance:
"07" = Deductible
"08" = Coinsurance
"09" = Co-pay amount
"04" = Patient pay amount
"12" = Patient liability
"07" = Health care assistance amount
"12" = Coverage gap amount
"08" = Patient liability

Other Coverage Code "3" (Field 308-CB) - Patient Has Other Coverage This Claim Covered
NYS will not accept a combination of Other Coverage Code of "3" in NCPDP field **308-CB** (*Other Coverage Code*) with reject codes in field **472-6E** (*Other Payer Patient Codes*) indicating another third-party is responsible for payment. Only reimbursable over-the-counter (OTC) drugs may be submitted with Other Coverage Code "3" when the patient is covered as a benefit from the primary payer. The pre-adjudication edit will return NCPDP Reject Code "56" - *Inv/ Other Payer Patient Code*, for all other entries.

Other Coverage Code "4" (Field 308-CB) - Patient Has Other Coverage Payment Not Collected
If value code "4" is submitted in field **308-CB** for situations where the prior payer did not make a payment, the system will enforce that the following conditions are met:

- NCPCP field **391-NP** (*Other Payer Amount Paid Qualifier*) is present from the primary payer;
- NCPCP field **391-NP** (*Other Payer-Patient Responsibility Amount Qualifier*) is present from the primary payer;
- NCPCP field **392-NQ** (*Other Payer-Patient Responsibility Amount*) is present from the primary payer;
- **392-NQ** (*Other Payer-Patient Responsibility Amount*) segment is included from the primary payer.

If any of the above conditions are **not** met, the system will deny the claim and return NCPCP Reject Code **"539"** (*Other Payer-Patient Responsibility Amount Qualifier Invalid*).

The following codes are *valid entries* for field **391-NP** (*Other Payer-Patient Responsibility Amount Qualifier*) when the Other Coverage Code of "4" is submitted in field **308-CB** (*Other Coverage Code*):
Block + Not Specified
"01" = Deductible
"02" = Amount Required from previous payer as Exceeding Periodic Benefit Maximum
"03" = Co-pay Amount
"04" = Patient Pay Amount
"07" = Co-insurance Amount
"08" = Health Plan Assistance Amount
"09" = Coverage Gap Amount
"10" = Patient Liability Amount

The following codes are *invalid entries* for field **391-NP** (*Other Payer-Patient Responsibility Amount Qualifier*) when the Other Coverage Code of "4" is submitted in field **308-CB** (*Other Coverage Code*). The pre-adjudication edit will return the NCPCP Reject Code **"539"** (*Other Payer-Patient Responsibility Amount Qualifier Invalid*):
"12" = Product/Selection/Brand Drug Amount
"05" = Co-pay Amount
"06" = Product Selection/Non-Preferred Formulary Selection Amount
"13" = Provider Network Selection Amount
"14" = Non-Preferred Formulary Selection Amount
"15" = Processor Fee Amount

Additional information regarding the fields shown above can be found in the eMedNY New York State Department of Health (NYS DOH) Office of Health Insurance Programs (OHIP) Standard Companion – Transaction Information document (NCPDP 5.0 Companion Guide). Billing questions should be directed to the eMedNY Call Center at (800) 343-9000.

Pharmacy Compliance
If a patient has a work-related injury for which they have an open Workers Compensation case, Workers' compensation coverage must be utilized prior to billing NYRx. Claims billed to NYRx for a patient when another party is responsible for payment will be denied with the following claim edit:

Field #	Field Description	NCPCP Reject Message
01813	Workers Comp Claim Indicator	14 - MI Other Coverage Code and Additional MEVS Reject Code 2912 - Client has Other Insurance

Please note: The following updated guidance supersedes previous guidance for billing a non-workers compensation claim as a secondary claim.

Effective immediately, if the drug claim is not related to the Workers Compensation case of the patient, such as a maintenance medication for an unrelated chronic condition, NYRx may be billed as the primary payer with an Eligibility Qualifier Code, claim verifying the drug is not related to Workers Compensation case, the pharmacy may bill NYRx as primary with the Eligibility Qualification Code of **"2"** in field **309-CB**. Providers must ensure all other responsible payers are included on the claim, if applicable.

Billing Reminders:

- Providers must bill accurately.
- Providers must accept NYS Medicaid payment as payment in full.
- Providers must bill NYS Medicaid as payer of last resort.
- All inaccurate or false claim submissions resulting in NYS Medicaid payment are subject to audit and recovery and may result in NYS Medicaid enrollment termination for the provider.

Questions:

- Questions regarding billing COB claims can be directed to eMedNY at (800) 343-9000.
- Questions regarding this policy should be directed to NYRxBoard@hp.ny.gov.

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Provider Directory

Office of the Medicaid Inspector General:
To report fraud, waste or abuse complaints/allegations, call 1-877-87FRAUD, (877) 873-7283, or visit Office of Medicaid Inspector General Official web site.

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:
Please visit the official website.

Providers wishing to listen to the current week's eMedNY provider calls:
Please call (800) 343-9000 (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. For individual training request, call (800) 343-9000.

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

Medical Provider Education Program:
For current information on best practices in pharmacotherapy, please visit the following websites:
- Medical Provider Education Program
- Prescribe Education Program in partnership with SUNY

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 eMedNY's Provider Enrollment page and choose the appropriate link based on provider type.

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

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