



Medicaid Update

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Practitioner Administered Drug Modernization – Part 2: Prior Authorization Changes for Select Drugs in New York State Medicaid Fee-for-Services

New York State (NYS) Medicaid fee-for-service (FFS) is continuing its phased modernization of practitioner-administered drug (PAD) reimbursement and clinical review processes. With the program expanding to oversee both pharmacy and medical drug benefits, it is adopting a new name, **NYRx, the NYS Medicaid Drug program**. This change signals a broader transformation in how NYS Medicaid manages the NYS Medicaid FFS drug benefits. By moving PAD claims from a post-submission manual review to a real-time, criteria-based process, the program aims to ensure clinical appropriateness and accelerate provider reimbursement.

As announced in the March 2026 Special Edition issue of the *Medicaid Update*, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2026/docs/mu_no03_mar26_speced_pr.pdf, beginning November 19, 2026, NYS Department of Health will implement changes to the pricing benchmarks used to determine the maximum reimbursable amount for drugs provided and claimed separately by medical practitioners. Additionally, NYS Department of Health will implement an automated clinical editing prior authorization (PA) process for select PADs. For providers, these changes may reduce administrative burdens and improve claim reimbursement timelines.

PA Process for PADs

Prescribers will be required to obtain PA for these drugs/drug categories **before NYS Medicaid will cover the cost of the drug**. The change moves these drugs from the current "By Report" ("BR") manual pended claims process to a **streamlined PA framework**. The program utilizes a **sophisticated clinical editing system that leverages pharmacy and medical claim data to rapidly approve claims** that meet PA criteria. If the corresponding diagnosis, drug, or procedure code is already present in the claim history of the NYS Medicaid member, an approved PA can be generated **without additional prescriber involvement**.

Further information regarding medical coding can be found in the *Importance of Medical Coding on Practitioner Drug Claims* article published in the September 2023 issue of the *Medicaid Update*, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no14_sep23_pr.pdf.

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PADs Requiring PA

The PA process will **initially apply to select drugs** within certain drug classes. The **initial drug list, effective November 19, 2026**, is as follows:

- **Botulinum toxin agents:**
 - onabotulinumtoxinA (Botox®)
 - abobotulinumtoxinA (Dysport®)
 - rimabotulinumtoxinB (Myobloc®)
 - incobotulinumtoxinA (Xeomin®)
 - daxibotulinumtoxinA (Daxxify®)
- **Infliximab agents:**
 - infliximab (Remicade®)
 - infliximab-abda (Renflexis®)
 - infliximab-axxq (Avsola®)
 - infliximab-dyyb (Inflectra®)
 - infliximab-dyyb (Zymfentra®)
- **Major depression:** esketamine nasal spray (Spravato®)
- **Spinal muscular atrophy:** nusinersen (Spinraza®)
- **Duchenne Muscular Dystrophy (DMD):**
 - casimersen (Amondys 45)
 - eteplirsen (Exondys 51)
 - viltolarsen (Viltepso)
 - golodirsen (Vyondys 53)

Over the coming months, additional PADs will be incorporated according to the guidance outlined on the NYS Department of Health “Policies and Billing Guidance for Practitioner Administered Drugs” web page, located at: https://www.health.ny.gov/health_care/medicaid/program/practitioner_administered/ffs_practitioner_administer.htm.

Affected Category of Service Types and Billing Transaction

PA for select PADs apply for the following categories of service (COS) that are submitted via Professional ASC X12, 837 Health Care claim transactions:

- Free Standing or Hospital Based Ordered Ambulatory (COS “0163” for clinic-based, COS “0282” for hospital-based)
- Physician (COS “0460”)
- Nurse practitioner (COS “0469”)
- Midwife (COS “0525”)
- Podiatry services (COS “0500”)

Please note: Drugs administered in a facility or inpatient setting will continue to be reimbursed at the posted facility rates. This includes, but is not limited to, All Patient Refined-Diagnosis Related Groups (APR-DRG) and Ambulatory Patient Groups (APG).

This PAD guidance applies only to NYS Medicaid FFS members.

Please note: NYS Medicaid members enrolled in a Managed Care Organization (MCO) will continue to receive their medical benefits, including PA through their plan and providers should review the NYS Department of Health “Medicaid Managed Care Plan Information” web page, located at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/mcp/index.htm, for plan-specific requirements.

What Providers Need to Do

Providers must ensure an approved PA is obtained **prior** to the drug administration. When requesting PA, providers must submit the total quantity of National Drug Code (NDC) units. This should represent the amount (volume) of drug administered to the patient.

To determine if a PAD requires PA, providers may:

- **consult the NYS Department of Health “Policies and Billing Guidance for Practitioner Administered Drugs” web page**, located at: https://www.health.ny.gov/health_care/medicaid/program/practitioner_administered/ffs_practitioner_administer.htm; and/or
- **verify via ePACES** by submitting a real-time claim through Electronic Point of Service Claims (ePACES), located at: <https://epaces.emedny.org/>. If a PA is required, the claim will return **Edit 00186: Procedure Requires PA** (see Table 1) on the remittance statement of the provider. Providers should refer to the *ePACES Professional Real-Time Claim Reference Guide*, located at: https://www.emedny.org/selfhelp/ePACES/PDFS/5010_ePACES_Professional_Real_Time_Claim_Reference_Guide.pdf, for further technical assistance.

Table 1

Edit #	Edit Description	Claim Adjustment Reason Code	Healthcare Claim Status Code	Remark Code	Information and How to Resolve
00186	Required prior approval for procedure not found.	243: Services not authorized by network/primary care providers.	84: Service not authorized.	N517: Resubmit a new claim with the requested information.	A prior approval number is required for the service billed but is not on the claim. Resolution: Resubmit claim upon obtaining an approved PA number through either CoverMyMeds® or PAXpress™.

For information and assistance with other commonly rejected claim edits, providers should refer to the links below:

- *New York Medicaid Fee-For-Service (FFS) Practitioner Administered Drugs (PADs): Top Edit Resource for Professional Claims* (https://www.emedny.org/nyrx/PAD_Top_Edit_Resource.pdf)
- eMedNY “Edit/Error Knowledge Base (EEKB) Search Tool” web page (https://www.emedny.org/HIPAA/5010/edit_error/)

How to Obtain PA (Available 24/7)

Providers can obtain PAs through the following modalities:

- **Electronic** (preferred method), which can be submitted through:
 - **PAXpress™** (<https://paxpress-nypa.acentra.com/ords/pax/r/paxpress/home>)
 - PAXpress™ requires an active ePACES account (same ePACES username and password).
 - PAXpress™ is only applicable to the following user types: Primary admin, supervisor, general user, or secondary admin.
 - If an ePACES user type needs to be changed to access PAXpress™, the user type should allow 24 hours for the update to process.
 - User types should refer to the eMedNY *PAXpress User Manual*, located at: https://www.emedny.org/info/paxpress/paxpress_user_manual.pdf.

- **CoverMyMeds®** (<https://www.covermymeds.health/>)
 - Providers should review the CoverMyMeds® “Quick Guide to CoverMyMeds Prior Authorization Requests” web page, <https://www.covermymeds.health/articles/provider-insights/quick-guide-to-covermymeds-prior-authorization-requests>, to become familiar with the process.
 - Provider should visit the CoverMyMeds® Log In web page, located at: https://oidc.covermymeds.com/login?return_url=%2Foauth%2Fauthorize%3Fclient_id%3D-QXKSuZr5mOEba23vs1QzqnFiQFwSVj70BG2nrD3SI%26nonce%3D6f5100d1826fbfee93e57b58fda3d0b3%26redirect_uri%3Dhttps%253A%252F%252Faccount.covermymeds.com%252Fauth%252Fcm oidc%252Fcallback%26response_type%3Dcode%26scope%3Dopenid%2520profile%2520email%2520offline_access%26state%3D675a7d1686bed952abd7883cb64b77c9, to create an account, complete a profile, and explore the platform.
 - Providers must ensure that all information in your profile is accurate. It is also recommended that if an authorized agent is utilized for electronic PA submissions, providers must ensure their profiles are validated with the prescriber NPI.
- **Telephone:** Contact the Prime Therapeutics Call Center at (877) 309-9493.
- **Fax:** Send completed PA forms to (800) 268-2990.

NDC PA Requirements

As a reminder, Healthcare Common Procedure Coding System (HCPCS) codes represent the service/drug procedure (e.g., J-codes, Q-codes) and are billed in units based on the dosage description defined by the Centers for Medicare and Medicaid Services (CMS), while the NDC quantity reflects the actual manufacturer-specific product amount (vial/each, milliliter, gram). HCPCS units are for reimbursement based on standardized billing units, whereas NDC quantity is for tracking inventory and accurate payment, often requiring conversion from milligrams (MG) to milliliters (ML), units (UN), or grams (GR). While both units are required for proper claim submission, **all PA requests must be submitted using the NDC quantity, including any waste from single use containers.**

For additional information on PA submission of the NDC quantity, providers should refer to these additional resources:

- eMedNY PAXpress User Manual (https://www.emedny.org/info/paxpress/paxpress_user_manual.pdf)
- CoverMyMeds® “Quick Guide to CoverMyMeds Prior Authorization Requests” web page (<https://www.covermymeds.health/articles/provider-insights/quick-guide-to-covermymeds-prior-authorization-requests>)

PAD Waste

When requesting a PA, the provider must enter the **total quantity of NDC**, including any waste from single-use containers. As a reminder, NYS Medicaid FFS will reimburse providers for the unused, appropriately discarded portion of a drug or biologic from a single-use vial or single-use package that is not administered to the patient. **Drug waste from multi-use vials/packages will not be reimbursed.**

PAD Search Tool

The PAD Search Tool lists covered HCPCS codes for providers billing drugs separately and includes valid NDC/HCPCS combinations. The NDC/HCPCS must be listed accordingly on the crosswalk to be a covered benefit. **The tool also aims to assist providers in utilizing the correct HCPCS units and NDC quantity**, as required by the 2005 Federal Deficit Reduction Act. Information related to both the NDC package size and HCPCS billing unit are displayed. Results can be expanded to view additional details of the HCPCS code.

Practitioner Administered Drug (PAD) Search Tool

The Practitioner Administered Drug (PAD) Search Tool is a list of practitioner-administered drugs that can be billed to the medical benefit using an appropriate Healthcare Common Procedure Coding System (HCPCS) code and National Drug Code (NDC). Practitioner-administered drugs are drugs, other than vaccines, that are covered under section 1927(k)(2) of the Social Security Act, and are typically administered by a medical professional in a practitioner's office or other outpatient clinical setting. Reimbursement for practitioner-administered drugs is allowed only if the drug qualifies for rebate in accordance with 42 USC 1396r-8.

The purpose of this tool is to aid FFS providers with medical billing of drugs administered in an office or outpatient clinical setting. Due to the frequency of updates to this search tool, it may not be all inclusive and should not be used to determine NYS Medicaid coverage exclusion.

The procedure manual review column represents current drugs reviewed for invoice and/or clinical criteria (please see search tips for further clarification). The PA required column information will be populated in a future update (please see procedure manual review column).

Use the Search Tool below to search for covered drugs. You can search either by a full name or code, or a partial name or code.

Note: The PAD search tool continues to be updated based on user feedback.

Find File Information

Search By:

Value:

Sort By:

☒ Drug Name

☐ J-Code

☐ Crosswalked NDC

☐ Category of Service

NDC Code (↑)

Search

 [View/Download PDF of Reimbursable Drugs](#)

Providers should utilize the red "SEARCH TIPS" tab on the left side of the eMedNY "Practitioner Administered Drug (PAD) Search Tool" web page, located at: <https://www.emedny.org/info/pad/>, for definitions and further descriptions. Providers should refer to the *Practitioner Administered Drug Search Tool Now Available on the eMedNY Website* article published in the March 2024 issue of the *Medicaid Update*, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2024/docs/mu_no3_mar24_pr.pdf, for detailed instructions regarding the PAD Search Tool and search results.

PROCEDURE CODE (J-CODE)	CROSSWALKED NATIONAL DRUG CODE	DRUG NAME	DRUG GENERIC NAME	PROCEDURE MANUAL REVIEW CODE	COS CODE	PROVIDER CATEGORY OF SERVICE (COS)	PA REQUIRED CODE
J0585	00023114501	BOTOX 100 UNIT VIAL	ONABOTULINUMTOXINA	REQUIRED	0163	CLINIC BASED ORDERED AMBULATORY	PRIOR APPROVAL NOT REQUIRED
		PROCEDURE NAME	BILLING UNIT TYPE	DRUG PACKAGE SIZE	HCPCS CODE DOSAGE DESCRIPTION		
		INJECTION, ONABOTULINUMTOXINA, 1 UNIT	EACH TABLETS KITS ETC	1.000	1 UNIT		

Please note: Drugs requiring PA will display "Prior Approval Required" under the "PA Required Code" header after November 19, 2026. Select drugs will continue to require manual review. An update to this search tool is planned for early 2027 to provide a better user experience. Additional fields will be included to provide pricing details such as the maximum reimbursable amount and pricing source.

Key Differences in Calculating HCPCS Units and NDC Quantity Amounts

- **HCPCS Units:** Based on total dosage administered divided by the descriptor in the J-code description. This measure is specific to the HCPCS code for the drug. This is defined by the “HCPCS Code Dosage Description” within the PAD Search Tool.
- **NDC Quantity:** Based on the unit of measure for that specific drug (e.g., ML for liquid, UN for vials, GR for grams). This is defined by the “Billing Unit Type” value within the PAD Search Tool. **Please note:** This measure is specific to each NDC.

Billing Examples

- **Drug: Botox® 200-unit vial**
 - **HCPCS billing units:**
 - “J0585”: Injection, onabotulinumtoxinA
 - One HCPCS unit = one **unit** of Botox®
 - 150 units administered to a patient with chronic migraines = 150 HCPCS units
 - **NDC billing quantity:**
 - NDC 00023-3921-02: Botox® 200-unit vial
 - One NDC quantity = one each (vial) = 200 units of Botox®
 - 150 units administered to a patient with chronic migraines = 0.75 NDC quantity*

**When completing PA requests, include total units, including waste in the request by rounding up to the nearest unit. Providers must continue to bill for reimbursement as previously advised.*

Example Electronic Claim

New Claim - 837 Professional

Ln	Line Item Ctl#	*Svc Dates	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	*DX Pointer	*Emgcy	More	Del.
1		From: To:	J0585		150 Unit			☐ Yes ☒ No		

Drug Identification

National Drug Code: 00023114501

National Drug Unit Count: 0.75 Unit

Prescription Number or Compound Drug Association Number: ☐ Prescription Number ☐ Link Sequence Number

Drug: Remicade® 100 mg Vial

- HCPCS billing units:
 - “J1745”: Injection, Infliximab, Excludes Biosimilar, 10 mg
 - One HCPCS Unit = 10 mg of Remicade®
 - 400 mg administered to a patient = 40 HCPCS units
- NDC billing quantity:
 - NDC 57894-0030-01: Remicade® 100 mg Vial
 - One NDC quantity = one vial = 100mg of Remicade
 - 400 mg administered to a patient = four NDC quantity

Example Electronic Claim

New Claim - 837 Professional

General Claim Information		Professional Claim Information		Provider Information		Diagnosis		Other Payers		Service Line(s)	
* Indicates required field(s)											
Ln	Line Item Ctl#	*Svc Dates	*Proc & Mod	*Chrg Amount	*Svc Count	Place of Svc	*DX Pointer	*Emgcy	More	Del.	
1		From:	J1745		40 Unit			☐ Yes ☒ No			
		To:									

Drug Identification

National Drug Code:

National Drug Unit Count:

Prescription Number or Compound Drug Association Number: ☐ Prescription Number ☐ Link Sequence Number

Paper Billing for Unclassified Codes Listed “BR”

As a reminder, there are certain drugs on the *NYS Medicaid Physician Drug and Drug Administration Services Fee Schedule*, located at: [https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FPhysician%2FPDFS%2FPhysician Manual Fee Schedule Sect3.xls&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FPhysician%2FPDFS%2FPhysician%20Manual%20Fee%20Schedule%20Sect3.xls&wdOrigin=BROWSELINK), and on the *NYS Medicaid Ordered Ambulatory Fee Schedule*, located at: [https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FOrderedAmbulatory%2FPDFS%2FOrderedAmbulatory Fee Schedule.xls&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2FProviderManuals%2FOrderedAmbulatory%2FPDFS%2FOrderedAmbulatory%20Fee%20Schedule.xls&wdOrigin=BROWSELINK), that are designated "BR", such as cell and gene therapies, or PADs that are newly Food and Drug Administration-approved or have no assigned HCPCS code. These drugs will continue to be billed via paper claim on a *Medical Assistance Health Insurance Claim Form* (eMedNY 150003 form), located at: https://www.emedny.org/info/phase2/PDFS/eMedNY_150003.pdf. Manufacturer invoices within six months of purchase are required showing the acquisition cost of the drug administered, including all discounts, rebates, and incentives, per program policy. In addition, providers are required to report the NDC and quantity. **Please note:** This quantity may be different from the number of billed HCPCS units.

Questions and Additional Information:

- For PAXpress™ or ePACES claims and technical support, providers should contact the eMedNY Call Center at (800) 343-9000. Provider training videos are located on the eMedNY “Provider Training Videos” web page, located at: <https://www.emedny.org/training/videos.aspx>.
- To access PAXpress™, providers should refer to the PAXpress™ website, located at: <https://paxpress-nypa.acentra.com/ords/pax/r/paxpress/home>.
- Providers should refer to the eMedNY *PAXpress User Manual*, located at: https://www.emedny.org/info/paxpress/paxpress_user_manual.pdf, which is designed for providers to request a PA from NYS Medicaid.
- For member eligibility information, providers should verify via ePACES or the Telephone Verification System at (800) 997-1111.
- For NYS Medicaid FFS manuals, providers should refer to the eMedNY “Provider Manuals” web page, located at: <https://www.emedny.org/ProviderManuals/index.aspx>.
- For Managed Care Plan information, providers should refer to the NYS Department of Health “Medicaid Managed Care Plan Information” web page, located at: https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/mcp/index.htm.
- For policy and billing guidance for PADs, providers should refer to the NYS Department of Health “Policies and Billing Guidance for Practitioner Administered Drugs” web page, located at: https://www.health.ny.gov/health_care/medicaid/program/practitioner_administered/ffs_practitioner_administer.htm.
- NYS Medicaid FFS drug policy questions should be directed to the Office of Health Insurance Programs Division of Program Development and Management by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.

Provider Directory

Office of the Medicaid Inspector General:

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

Medicaid Prescriber Education Program:

For current information on best practices in pharmacotherapy, please visit the following web page and website:

- NYS Department of Health “Medicaid Prescriber Education Program” web page (https://www.health.ny.gov/health_care/medicaid/program/prescriber_education/presc-educationprog)
- New York State Medicaid Prescriber Education Program website (<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 National Provider Identifier, or revalidating an existing enrollment, please visit the eMedNY “Provider Enrollment” web page, located at: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>, and choose the appropriate link based on provider type.

Beneficiary Eligibility:

Please call the Touchtone Telephone Verification System at (800) 997-1111 and/or refer to the *New York State Programs Medicaid Eligibility Verification System Instructions for Completing a Telephone Transaction*, located at: https://www.emedny.org/ProviderManuals/5010/MEVS%20Quick%20Reference%20Guides/5010_MEVS_Telephone_Quick_Reference_Guide.pdf, to successfully complete an eligibility transaction.

Questions Regarding Billing and Performing Medicaid Eligibility Verification System Transactions:

Please call the eMedNY Call Center at (800) 343-9000.

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:

Please visit the eMedNY website, located at: www.emedny.org.

Providers Interested in Listening to Check/EFT Amounts for the Current Week:

Please call (866) 307-5549 (available Thursday evenings, for one week, per the check/EFT amount of the current week).

Provider Training:

Please enroll online via the eMedNY “Provider Training” web page, located at: <https://www.emedny.org/training/index.aspx>, for training opportunities. For individual training requests, please call (800) 343-9000.

Comments and Suggestions Regarding the Medicaid Update:

Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.

Providers: OMIG Self-Disclosure Obligation Reminder

Pursuant to Social Services Law §363-d and Title 18 of the New York Codes, Rules and Regulations SubPart 521-3, any person who has received an overpayment under the New York State (NYS) Medicaid program is required to report, return, and explain the overpayment through the OMIG Self-Disclosure program. Self-disclosure information and resources, including submission instructions and required forms are located on the OMIG “Self-Disclosure” web page, at: <https://omig.ny.gov/provider-resources/self-disclosure>. Contact the OMIG Self-Disclosure Unit by email at selfdisclosures@omig.ny.gov or by telephone at (518) 402-7030.