



# Training Video

## For NYS Medicaid Providers

Pharmacy

# Key Objectives

Familiarize providers with the  
NYS Medicaid Pharmacy Program (NYRx)  
**Billing Medical Supplies**

# NYRx Medical Supplies

Medical supplies may be provided by a pharmacy.

Pharmacies must have Category of Service (COS) **0441** or **0441/0442\*** to provide medical supplies.

It is recommended that providers be familiar with the specific policy and procedure or medical supply code manual and reference it for specific information on coding and other provider specific information.

*\*Pharmacies that choose to bill via the professional or medical claim format need to be enrolled and have a Medicaid COS "**0442**", assigned to them.*

# NYRx Medical Supplies

Medical Supplies for Pharmacies can include:

Enteral and Parenteral Therapy

Medical / Surgical Supplies

Hearing Aid Battery

Vaccinations

Diabetic Supplies

Family Planning

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### Provider Manuals

Welcome! Your Provider Manual to the New York Medicaid Program offers you a wealth of information about Medicaid, as well as specific instructions on how to submit a claim for rendered services.

[Information for All Providers](#) gives you pertinent policy and resource information!

Click on your provider manual below, and read about specific rules governing the provision of your care and service to Medicaid recipients. This section also contains billing instructions, as well as pertinent procedure codes and fee schedules.

Click on the link to the [Department of Health's Medicaid Update website](#). This monthly publication is mailed to active providers, and informs providers of up-to-date changes in the Medicaid Program. This website has an index that makes finding relevant articles an easy task!

Your provider manual, along with recent Medicaid Update articles, will act as an effective guide to your participation in Medicaid.

#### SELECT A PROVIDER MANUAL

 <a href="#">Pharmacy</a>	 <a href="#">Physician</a>
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 <a href="#">Residential Health</a>	 <a href="#">School Supportive Health Services Program (SSHSP)</a>
 <a href="#">Transportation</a>	 <a href="#">Vision Care</a>

Adobe Reader is required to view documents.

  
 **[MEVS and Supplemental Documentation](#)**  
**Medicaid Eligibility Verification System (MEVS) Reference Material**

The following information is a list of MEVS resources, including quick reference guides and the full manual.

- [MEVS/DVS Provider Manual](#)
- [MEVS Quick Reference Guides](#)
- [Choosing which MEVS method is right for you](#)

  
**Supplemental Documentation**

The following information *is not part of your provider manual*. However, it may be useful information, and is placed here for your convenience.

- [FTP Batch Procedure Manual](#)

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## Pharmacy Provider Manual



### Pharmacy Manual



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##### **Billing Guidelines**



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##### **➤ [Medicaid List of Reimbursable Drugs \(Formulary File\)](#)**



##### **➤ [Preferred Diabetic Supply List \(PDSL\) - Magellan](#)**



##### **➤ [ProDUR-ECCA D.0 Provider Manual](#)**



[ProDUR-ECCA Standards Manual](#) (links to NCPDP D.0 Companion Guide)



[Enteral Formula Prior Authorization webinar](#)

#### \* Featured Links



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#### MOST RECENT COMMUNICATION

[Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers in Medicaid](#) - March 27, 2023 (PDF 201KB)

[NYS Department of Health Rules and Regulations, Title 10](#)

[NYS Department of Health Rules and Regulations, Title 18](#)

[NYS Preferred Drug Program - Prior Authorization Forms/Worksheets](#)



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#### \* Other Info



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Provides up-to-date changes that may affect your participation in the Medicaid Program.

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# NYRx Prime Therapeutics State Government Solutions Website

## – Preferred Diabetic Supply Program

NYRx, the Medicaid Pharmacy Program

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Preferred Diabetic Supply Program

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### Preferred Diabetic Supply Program



You will need Adobe® Reader to view any printable PDF document(s).  
Click the button to the left to download a free copy of Adobe® Reader.

#### Product Information

Title	Date
<a href="#">Preferred Supply List - Effective March 1, 2023</a>	03/01/2023
<a href="#">View the Price List available through eMedNY</a>	

#### Provider Manuals

Title
<a href="#">DME Provider Manual</a>
<a href="#">Pharmacy Provider Manual</a>

#### Notifications

Notice Date	Title
02/08/22	<a href="#">Preferred Diabetic Supply Program Update</a>
06/28/21	<a href="#">Preferred Diabetic Supply Program Update</a>


# Medicaid Preferred Diabetic Supply Program List Example

## NYRx Diabetic Supplies

Effective: 03/01/23

Manufacturer	Product	NDC	Description
ABBOTT	FREESTYLE FREEDOM LITE	99073070914	Meter
ABBOTT	FREESTYLE INSULINX	99073071143	Meter
ABBOTT	FREESTYLE LITE METER	99073070805	Meter
ABBOTT	FREESTYLE PRECISION NEO METER	57599517501	Meter
ABBOTT	PRECISION XTRA MONITOR	57599881401	Meter
ABBOTT	FREESTYLE INSULINX TEST STRIP	99073071231	Strips
ABBOTT	FREESTYLE INSULINX TEST STRIPS	99073071227	Strips
ABBOTT	FREESTYLE LITE TEST STRIP	99073070822	Strips
ABBOTT	FREESTYLE LITE TEST STRIP	99073070827	Strips
ABBOTT	FREESTYLE PREC NEO TEST STRIPS	57599157701	Strips
ABBOTT	FREESTYLE PREC NEO TEST STRIPS	57599157904	Strips
ABBOTT	FREESTYLE TEST STRIPS	99073012050	Strips
ABBOTT	FREESTYLE TEST STRIPS	99073012101	Strips
ABBOTT	PRECISION XTRA TEST STRIPS	57599972804	Strips
ABBOTT	PRECISION XTRA TEST STRIPS	57599987705	Strips
ABBOTT	FREESTYLE LIBRE 14 DAY READER	57599000200	Reader
ABBOTT	FREESTYLE LIBRE 14 DAY SENSOR	57599000101	Sensor
ABBOTT	FREESTYLE LIBRE 2	57599080000	Sensor
ABBOTT	FREESTYLE LIBRE 2	57599080300	Reader
ABBOTT	FREESTYLE LIBRE 3	57599081800	Sensor
ABBOTT	PRECISION XTR B-KETONE STRIP	57599074501	Ketone Strips
ASCENSIA	CONTOUR METER	00193718901	Meter
ASCENSIA	CONTOUR NEXT METER	00193737701	Meter

# NYRx Website - Information for Providers



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Welcome to NYRx, the Medicaid Pharmacy Program



Information for Medicaid Members

Search Pharmacies and Covered Drugs

The New York State Medicaid Pharmacy program, NYRx, covers medically necessary FDA approved prescription and non-prescription drugs for Medicaid members. Prescription drugs require a prescription order with appropriate required information. Non-prescription drugs, often referred to as Over-the-Counter or OTC drugs, require a fiscal order (a fiscal order contains all the same information contained on a prescription). Certain drugs/drug categories require the prescribers to obtain prior authorization. Information on this benefit can be found in the New York State Medicaid [State Plan Amendment](#).

Beginning April 1, 2023, Medicaid members enrolled in mainstream Managed Care (MC) plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will have their [pharmacy benefits transitioned](#) to NYRx, the Medicaid Pharmacy program. The transition will not apply to members enrolled in Managed Long-Term Care plans (e.g., PACE, MAP, and MLTC), the Essential Plan, or Child Health Plus.

Pharmacy program and billing policy and other pharmacy related information can be found in the [NYS MMIS Pharmacy Provider Manual](#) and the Department's [Medicaid Update](#). You may also contact us at [NYRx@health.ny.gov](mailto:NYRx@health.ny.gov) or (518) 486-3209 for Medicaid pharmacy policy related questions.

[https://www.health.ny.gov/health\\_care/medicaid/program/pharmacy.htm](https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm)

# NYRx Information for Providers – Medical Supplies



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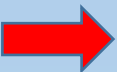
## Information for Providers

link)	<ul style="list-style-type: none"><li>• Insulin</li><li>• Feminine Products</li><li>• Topical Products</li><li>• Smoking Cessation</li><li>• Vitamin/Mineral - when prescribed for a deficiency</li></ul> <p>For detailed information on covered non-prescription/OTC drugs including National Drug Codes (NDC's) and maximum reimbursable amounts (MRA) refer to the <a href="#">New York State Medicaid Pharmacy List of Reimbursable Drugs</a>.</p>
Foster Care	Effective July 1, 2021, the Foster Care Drug Carve-Out List will no longer apply and members will access the pharmacy benefit via the managed care plan, or Medicaid Fee For Service, depending on enrollment status.
Mandatory Generic Program (external link)	With the exception of drugs subject to the Preferred Drug Program or the Dispense Brand when Less than Generic program, State law excludes Medicaid coverage of brand name drugs when the Federal Food and Drug Administration (FDA) has approved a generic product, unless a prior authorization is received. <ul style="list-style-type: none"><li>• <a href="#">Mandatory Generic Clinical Exemption Request Form</a> (PDF)</li></ul>
Medicaid Redesign homepage	<ul style="list-style-type: none"><li>• <a href="#">MRT 11 &amp; MRT 15: Pharmacy Related Proposal</a></li></ul>
Medical Supplies	<ul style="list-style-type: none"><li>• <b>Preferred Diabetic Supply Program (PDSP)</b><ul style="list-style-type: none"><li>◦ The New York State Medicaid Program participates in a Preferred Diabetic Supply Program (PDSP) to provide New York State Medicaid enrollees access to quality glucose meters and test strips, while at the same time reducing overall program costs.</li></ul></li><li>• Medical Supplies Billed via NDC<ul style="list-style-type: none"><li>◦ Select pen needles, syringes, and lancets may either be billed to NYRx, the Medicaid Pharmacy Program, by pharmacy providers on a pharmacy claim using the product's 11-digit National Drug Code (NDC) or the Healthcare Common Procedure Coding System (HCPCS) code.</li><li>◦ <a href="#">Medical Supply Codes Available via NDC</a></li></ul></li><li>• Medical Supplies billed via HCPCS code<ul style="list-style-type: none"><li>◦ Additional supplies may be billed to NYRx, the Medicaid Pharmacy Program, under the appropriate HCPCS code found in the <a href="#">the NYRx, Medical Supply Codes Billable by a Pharmacy</a> document.</li><li>◦ Reimbursement for Enteral Therapy, Parenteral Therapy, listed Non-prescription Drugs and Medical/Surgical Supplies is limited to the lower of:<ul style="list-style-type: none"><li>▪ The price as indicated in the <a href="#">OTC and Supply Fee Schedule</a>; or</li><li>▪ The usual and customary price charged to the general public</li></ul></li></ul></li></ul>

[https://www.health.ny.gov/health\\_care/medicaid/program/pharmacy/provider\\_info.htm](https://www.health.ny.gov/health_care/medicaid/program/pharmacy/provider_info.htm)

# Medical Supplies Billed via NDC

- Medical Supplies Billed via NDC
  - Select pen needles, syringes, and lancets may either be billed to NYRx, the Medicaid Pharmacy Program, by pharmacy providers on a pharmacy claim using the product's 11-digit National Drug Code (NDC) or the Healthcare Common Procedure Coding System (HCPCS) code.
  - [Medical Supply Codes Available via NDC](#)



Pen needles, syringes, and lancets reimbursable through NYRx are subject to the products listed on the Pharmacy List of Reimbursable Drugs found at: <https://www.emedny.org/info/formfile.aspx>. These products can be searched in various ways such as NDC, description, generic product name, etc. Additionally, the full formulary file can be downloaded in CSV format.



HCPCS CODE	DESCRIPTION	MAX UNITS	Fee (per ea.)
A4206	SYRINGE WITH NEEDLE, STERILE, 1CC OR LESS, EACH	200	\$0.19
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH	200	\$0.21
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH	200	\$0.30
A4259	LANCETS, PER BOX OF 100	2*	\$5.40
A4215	NEEDLE, STERILE, ANY SIZE, EACH	200	\$0.34
A4245	ALCOHOL WIPES, PER BOX	5*	\$1.39
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	108	\$0.39
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	2	\$27.75
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK	2	\$16.50
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	1	\$6.93

\*Only when billing with HCPCS code. Submit total number of units per package when billing by NDC.

# NYRx Medical Supplies Billing – Diabetic Supplies

Billing of Preferred Diabetic Supply items will be by National Drug Codes (NDCs) number using the correct qualifier.

NDCs are available through the Preferred Diabetic Supplies list on the Prime Therapeutics State Government Solutions website.

NCPDP D.0 Claim Segment Field	Value
 436-E1 (Product/Service ID Qualifier)	Enter value of <b>"03"</b> which qualifies the code submitted in field 407-D7 (Product/Service ID) as a National Drug Code (NDC).
 407-D7 (Product/Service ID)	Enter an applicable NDC.

# eMedNY.org Website

## Pharmacy Provider Manual



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[ProDUR-ECCA Standards Manual](#) (links to NCPDP D.0 Companion Guide)



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[Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers in Medicaid](#) - March 27, 2023 (PDF 201KB)

[NYS Department of Health Rules and Regulations, Title 10](#)

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#### \* Other Info



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This information is *not* part of your provider manual, however, it may be useful information and is placed here for your convenience.

## Pharmacy Provider Manual – Medical Supply Codes

### Medical Supply Codes Billable by a Pharmacy

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# NYRx Medical Supplies Billing – Procedure Codes

Pharmacies are able to bill Procedure Codes via the NCPDP D.0 format using a specific qualifier to identify a Procedure Code.

National Drug Codes (NDCs) are not typically used for billing most Medical Supply items.\*

Claims submitted via the National Council for Prescription Drug Programs (NCPDP) D.0 format

NCPDP D.0 Claim Segment Field	Value
 436-E1 (Product/Service ID Qualifier)	Enter value of "09" which qualifies the code submitted in field 407-D7 (Product/Service ID) as a procedure code.
 407-D7 (Product/Service ID)	Enter an applicable procedure code.

\* except for select medical supplies and those subject to the Preferred Diabetic Supply Program

# Authorizations

Procedure Codes found in the Medical Supply Code section of the Pharmacy Manual may require Prior Authorization.

- Dispensing Validation System (DVS)
- Interactive Voice Response (IVR) / Enteral Web Portal
- Prior Approval

# Authorizations

## Dispensing Validation System (DVS)

- B4088#** Gastrostomy/jejunostomy tube, low-profile, any material, any type, each one/3 months
- For beneficiaries who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube

CODE	DESCRIPTION	FEE	BR	MAX UNITS	PA
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PRO	172.00		1	6

Procedures with '#' - DVS (Dispensing Validation System) required.

If billing NCPDP format – a DVS is authorized when a claim is submitted and approved for payment.

If billing Professional format – a DVS authorization is required either through ePACES or 278(DVS) transaction.

**A PA Code of '6' in Medical Supply Fee Schedule indicates a DVS**

# Authorizations

## Enteral Authorizations – IVR / Web Portal

**B4150\***

Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

up to 600  
caloric units

CODE	DESCRIPTION	FEE	BR	MAX UNITS	PA
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE	0.49		600	4

Procedures with '\*' (asterisk) – 2 methods for Authorization:

- Interactive Voice Response (IVR) telephone prior authorization
  - (866) 211-1736
- Enteral Web Portal
  - [eMedNY.org](http://eMedNY.org)
  - <https://medicaidenteralportal.health.ny.gov/portal/>

Prescribers (Ordering Providers) will initiate Authorization

Dispensers (Pharmacy/DME) will activate Authorization and include on claim

**A PA Code of '4' in Medical Supply Fee Schedule indicates an Enteral PA**

# Authorizations

## Prior Approval

B4222 Parenteral nutrition supply kit, home mix, per day

B4224 Parenteral nutrition administration kit, per day

CODE	DESCRIPTION	FEE	BR	MAX UNITS	PA
B4224	PARENTERAL NUT ADMINISTRATION			90	1

Procedures with ‘  ’ (underline) – 3 methods for Authorization:

- Prior Approval - processed on a paper form: eMedNY 361501
- ePACES Prior Approval Request
- 278(PA) Transaction

A PA Code of ‘1’ in Medical Supply Fee Schedule indicates a Prior Approval

# NYRx Medical Supplies Billing - **Exceptions**

## Diapers / Underpads / Liners

### Claims:

- ePACES
- HIPAA Compliant 837 Professional
- Paper Claim (eMedNY 150003)
- Not billable through NCPDP

### Authorizations:

DVS required through 278(DVS) / ePACES

- Not available through NCPDP

Prior Approval required for 2 procedure codes

- A4335 and T4543

# NYRx Medical Supplies Billing - **Exceptions**

## Diapers / Underpads / Liners

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>A4335</u>	Incontinence supply; miscellaneous	up to 1/month
A4554#	Disposable underpads, all sizes, (e.g., Chux's)	each (up to 300)
T4521#	Adult sized disposable incontinence product, brief/diaper, small, each (waist/hip 20"-34")	each (up to 250)
T4522#	Adult sized disposable incontinence product, brief/diaper, medium, each (waist/hip 28"-47")	each (up to 250)
T4523#	Adult sized disposable incontinence product, brief/diaper, large, each (waist/hip 40"-59")	each (up to 250)
T4524#	Adult sized disposable incontinence product, brief/diaper, extra large, each (waist/hip 60"-62")	each (up to 250)
T4529#	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each (12-23 lbs)	each (up to 250)
T4530#	Pediatric sized disposable incontinence product, brief/diaper, large size, each (24-35 lbs)	each (up to 250)
T4533#	Youth sized disposable incontinence product, brief/diaper, each (>35 lbs)	each (up to 250)
T4535#	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	each (up to 250)
T4537#	Incontinence product, protective underpad, reusable, bed size, each	each (up to 2)
T4539#	Incontinence product, diaper/brief, reusable, any size, each	each (up to 5)
T4540#	Incontinence product, protective underpad, reusable, chair size, each	each (up to 2)
<u>T4543</u>	Disposable incontinence product, brief/diaper, bariatric, each (waist/hip >62")	each (up to 250)



# NYRx Medical Supplies Billing – Edit / Error Code

Medical Supply claims submitted via the NCPDP D.0 format with some NDC\* numbers could deny.

Medical supplies should be billed using procedure codes.

\* Exceptions – Select Medical Supplies and Preferred Diabetic Supplies

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
00218	Provider Not Approved For Service	<b>6Z - Provider Not Eligible To Perform Service/Dispense Product</b>  *Additional MEVS Code: 705 - NDC Not on Formulary or bill DME HCPCS	<p>The Special Edition Medicaid Update highlights medical supply billing and resources.</p> <p>When billing NCPDP for medical supplies:</p> <ul style="list-style-type: none"><li>Items billed to NYRx using the HCPCS code should be submitted in the 11-digit NDC field with leading zeros. Enter the five-character alpha-numeric code (e.g., "<b>A4259</b>") in the last five spaces of the NDC field.</li><li>NCPDP Field Names: Product/Service ID- 407-D7 and Product/Service ID Qualifier- 436-E1 (valid values "<b>03</b>" = NDC, "<b>09</b>" = HCPCS).</li></ul> <p>Additionally, providers would need to be enrolled with a category of service (COS) of 0442 to provide medical supply products.</p>	<p>March 2023 MU <a href="https://www.health.ny.gov/health_care/medicaid/program/update/2023/no04_2023-03_speced.htm">https://www.health.ny.gov/health_care/medicaid/program/update/2023/no04_2023-03_speced.htm</a></p> <p><a href="https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf">https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf</a></p>



# Reference and Contact Information

- 1) NYS Medicaid Pharmacy Program (NYRx):  
1-518-486-3209 - [NYRx@health.ny.gov](mailto:NYRx@health.ny.gov)  
[https://www.health.ny.gov/health\\_care/medicaid/program/phar\\_immun\\_fact.htm](https://www.health.ny.gov/health_care/medicaid/program/phar_immun_fact.htm)
- 2) Preferred Diabetic Supply Program / Prime Therapeutics State Government Solutions:  
[newyork.fhsc.com](http://newyork.fhsc.com) or call 1-877-309-9493
- 3) Enteral Formula Prior Authorization Dispenser Worksheet:  
<https://www.emedny.org/ProviderManuals/communications/Dispenser%20Worksheet.pdf>
- 4) Web Portal Enteral Authorization:  
Web portal: <https://medicaidenteralportal.health.ny.gov/portal/>
- 5) eMedNY:  
800-343-9000 - [www.emedny.org](http://www.emedny.org)



Conclusion

Billing Medical Supplies



[www.emedny.org](http://www.emedny.org)