New York Managed Medicaid Plans processed by Caremark will cover COVID-19 specimen collection or CLIA waived COVID-19 testing at pharmacies in accordance with the New York Governor's Executive Order #202.24.

Following are billing instructions for the **Molina Healthcare** Medicaid Plans: **BIN**: 004336, **PCN**: ADV **GRP**: RX0546, RX6422, RX6423
Following are billing instructions for the **Molina Healthcare** Essential Plans: **BIN**: 004336, **PCN**: ADV **GRP**: RX6424

Following are billing instructions for the **Affinity by Molina Healthcare** Medicaid Plans: **BIN**: 004336, **PCN**: ADV **GRP**: RX21DC, RX21DD, RX21DE
Following are billing instructions for the **Affinity by Molina Healthcare** Essential Plans: **BIN**: 004336, **PCN**: ADV **GRP**: RX21DF

NCPDP D.0 Segment Field	Value
Service Provider ID (201-B1)	The Type 2 NPI for the pharmacy contracted for COVID-19 test services should be submitted.
Product/Service ID Qualifier (436-E1)	Enter a value of "03" NDC "09" HCPCS.
Product/Service ID (407-D7)	Enter a valid NDC for the test kit. If there is no test kit, enter a valid NDC for specimen collection. See chart below for Specimen collection or test kit.
Professional Service Code (440-E5)	MA – *Medication Administration* **Business Case:** Indicates that the test has been administered. Submission of this code may include the test kit that has also been dispensed to the patient, upon the order of a clinician. **(This code is used when the specimen only is being collected.)**
	PT - *Perform Laboratory Test* **Business Case:** Indicates that test analysis has been performed and results have been interpreted. Submission of this code includes services as defined in MA above in addition to informing the patient of test results and reporting the results to designated entities, when required. **(This code is used for collection and interpretation of the result)**
Quantity Dispensed (442-E7)	Enter a value of "1".
Day Supply (405-D5)	Enter a value of "1"
Ingredient Cost Submitted (409-D9)	Submit the cost of the individual test kit. Based on how/who supplied the test kit, this could be $0.00.
Dispensing Fee Submitted (412-DC)	Enter the cost of dispensing the test kit.

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Incentive Amount Submitted (483-E3)	Enter the cost for any professional services such as collection, interpretation, and reporting of results.
Prescriber ID (411-DB)	The NPI of the provider authorized to order the test should be submitted. This may be a pharmacist.
Prescription Origin Code (419-DJ)	Enter "5" for pharmacy.
Provider ID (444-E9)	Enter the NPI of the authorized provider administering the test.
Place of Service (307-C7)	Indicate the location the service was provided.

Diagnosis Code (424-DO)	If testing results are available prior to the claim request being submitted and the pharmacy wants to communicate them, the applicable ICD-10 code could be submitted.

Reimbursement:

- Reimbursement for COVID-19 testing for NY Medicaid Plans is effective for claims beginning May 22,2020 and will remain in effect for the remainder of the disaster emergency declared by Executive Order #202.24.
- Reimbursement for the specimen collection, test kit and test administration will be based on Caremark's contract with the pharmacy
- Only test kits with an FDA approved Emergency Use Authorization (EUA) are covered
- Specimen collection without a test kit is also covered.
- Pharmacies that are performing and billing for COVID-19 testing should not separately bill for specimen collection. Reimbursement for the test includes specimen collection and generating the lab report.

For Diagnostic testing (test kits) for additional approved tests under the EUA please see link:
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations-medical-devices#covid19ivd

Specimen Collection Only: The UPC/NDC/Procedure code can be used to cover all generic specimen collection (regardless of the test)

NDC/UPC/Procedure/HCPCS Code		Reimbursement
60004-0417-80	CLIA certificated laboratory	
99999-0992-11	CLIA certificated laboratory	
G2023	Reimbursement Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	$23.46

Collection/Kit & Testing Combined: Procedure/HCPCS code

U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCov (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	$51.31
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	$51.31

Examples only and is not limited to the following:

11877-0011-26	ID NOW COVID-19 In Vitro Kit
14613-0339-08	Sofia2 SARS Antigen FIA In Vitro Kit

11877-0011-26	Abbot ID NOW

Please be aware that the Medicaid program prohibits providers from billing members for charges for COVID-19 protective measures including personal protective equipment (PPE). Please ensure that only the copay returned in the NCPDP response field is collected from a Medicaid member, and no additional charges are added for PPE.

COVID-19 Vaccine Additional Doses for Immunocompromised Individuals Pharmacy Billing Guidance

On August 13, 2021, the Advisory Committee on Immunization Practices (ACIP) met and recommended an additional dose for immunocompromised individuals who have received the Pfizer-BioNTech or Moderna COVID-19 vaccine.

For all Plans covering COVID-19 vaccine administration under the pharmacy benefit, Providers must submit additional dose claims for immunocompromised individuals covered by these Plans with a Submission Clarification Code (SCC) (NCPDP field 42Ø-DK) value of "Ø7".

Providers should note that, per the Emergency Use Authorization (EUA), the additional dose for immunocompromised individuals should be administered at least 28 days following the first two doses of the vaccine.

When submitting claims for additional doses of COVID-19 Vaccine, the Provider must document how the Eligible Person meets the criteria to receive an additional dose. This may be in the form of an attestation from the Eligible Person (which should be noted by the pharmacist when the attestation is received verbally) or may also include documentation of the Eligible Person's qualifying condition or therapy in an accessible paper or electronic record. All documentation to support the administration of an additional dose must be retrievable for audit purposes.

Pfizer-BioNtech, and Moderna, COVID-19 Booster Update Pharmacy Billing Guidance

The U.S. Food and Drug Administration has amended the emergency use authorization (EUA) for the **Pfizer-BioNTech COVID-19 Vaccine** and **Moderna COVID-19 Vaccine** to allow for a booster dose. Consult the individual EUA's for current guidance.

NCPDP's interim solution for booster dosing is to utilize Submission Clarification Code (SCC) (NCPDP field # 42Ø-DK) value of "Ø7" in combination with SCC value of "1Ø". Or, the use of SCC 1Ø alone.

When a booster dose, Providers should submit SCC 1Ø alone, or SCC Ø7 and SCC 1Ø together on a COVID 19 booster vaccine administration claim where that claim meets the EUA and CDC guidance for a booster shot.

Zero Cost COVID-19 Oral Antivirals Pharmacy Billing Guidance

Providers submitting claims for Zero Cost COVID-19 Oral Antivirals shall submit claims with either $0.01 in the Ingredient Cost Submitted field (NCPDP field 4Ø9-D9) or the combination of $0.00 in the Ingredient Cost Submitted field (NCPDP field 4Ø9-D9) and a value of "15" in the Basis of Cost Determination field (NCPDP field 423-DN).

Providers are reminded that they must follow all US Government requirements for participation in the distribution program for COVID-19 oral antivirals, including the requirement to dispense regardless of health plan coverage and the prohibition against collecting any member cost share.

Providers should submit claims utilizing Submission Clarification Code (SCC) (NCPDP field # 42Ø-DK) value of "99". For contracted Providers receiving NCPDP Reject 40, "Pharmacy Not Contracted With Plan On Date Of Service", when submitting a COVID-19 oral antiviral claim without the SCC code, Provider should resubmit the claim utilizing SCC code "99".

As an example of claim submission requirements, included is a section of a Payer Sheet. Only NCPDP Segments/Fields pertinent to COVID-19 oral antiviral claim submission are shown in the example.

CLAIM Segment Segment Identification (111-AM) = "Ø7"				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC
4Ø7-D7	PRODUCT/SERVICE ID	00069-1085-30	M	Pfizer NDC shown as example
442-E7	QUANTITY DISPENSED	30	R	
4Ø5-D5	DAYS SUPPLY	5	R	

Pricing Segment Segment Identification (111-AM) = "11"				
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED	$0.01	R	Use $0.00 for free product
426-DQ	USUAL AND CUSTOMARY CHARGE	$10.01	R	Usage of a value less than the enhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee
423-DN	Basis of Cost Determination	01	R	Use 15 for free product
430-DU	Gross Amount Due	$10.01	R	Usage of a value less than the enhanced dispensing fee will result in the provider receiving the submitted value and not the enhanced dispensing fee

New York Medicaid Guidance for At-Home COVID-19 Testing Coverage Pharmacy Billing Guidance **UPDATE**

Implementation of adjudication coding for at-home testing coverage for most New York Medicaid Managed Care Plan Sponsors should be completed by January 17, 2022.

The New York Department of Health (DOH) has issued updated guidance to the NYS Medicaid coverage of COVID-19 diagnostic and screening tests with "at-home" sample collection and no member cost share.

Providers receiving a reject message (e.g., reject code: 70 - NDC not covered, etc.) on COVID-19 at-home testing claims filled prior to January 17, 2022, should re-submit rejected claims after January 17, 2022.

If the Provider receives <<Reject 40 - Pharmacy Not Contracted With Plan/Processor On Date Of Service>>, submit a value of '12 - DME Replacement Indicator' in the Submission Clarification Code (NCPDP field # 42Ø-DK) to override the reject.

A fiscal order is no longer required for the first eight (8) tests per month. Two (2) OTC tests per claim, with no refills, can be submitted with a limit of two (2) tests per week. Additional tests may be covered with a fiscal order (a request written by a NY Medicaid Enrolled Provider to provide non-prescription drugs or medical/surgical supplies electronically prescribed or written on an Official NYS Prescription form).

In accordance with 42 C.F.R. § 447.512(b), pharmacies must provide a U&C Price when submitting pharmacy claims for prescription and OTC (nonprescription) items. U&C is defined as the lowest price charged to the general public after all applicable discounts, including promotional discounts and discounted prices associated with loyalty programs.

Reminder:
When submitting the quantity of tests, the quantity should be reflective of the number of individual tests. If a 2-pack test kit is dispensed, submit the quantity of '2' in the Quantity Dispensed field (NCPDP field # 442-E7).

Currently covered tests include:

Test Name	NDC
BinaxNOW COVID-19 Antigen Self-Test	11877-0011-40
QuickVue At-Home COVID-19 Test	14613-0339-72
InteliSwab COVID-19 Rapid Test	08337-0001-58
CareStart COVID-19 Antigen Home Test	50010-0224-31
iHealth COVID-19 AG Rapid Test	56362-0005-89
Flowflex Kit Home Test	82607-0660-26
Flowflex Kit Home Test	82607-0660-27

*Refer to eMedNY formulary search page for list of covered tests.

Link to guidance:
www.health.ny.gov/health_care/medicaid/covid19/docs/guidance_home_covid_testing.pdf