



Training Video
For NYS Medicaid Providers

Pharmacy

Key Objectives

Familiarize providers with the
NYS Medicaid Pharmacy Program (NYRx)
Enteral Supplies

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NEW! For Practitioners ONLY
PROVIDER ENROLLMENT
PORTAL
ENROLL TODAY!

Pharmacy Benefit Transition
NEW YORK STATE Department of Health Medicaid NYRx
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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



[Ambulatory Patient Groups \(APG\)](#)



[Assisted Living \(ALP\)](#)



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[Clinic](#)

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](#)

Pharmacy Provider Manual



Licensed Clinical Social Worker (LCSW)



Limited License Home Care



Managed Care



Nurse Practitioner



Personal Care and Consumer Directed Personal Assistance Program



Pharmacy



Podiatry



Radiology Prior Approval



Residential Health



Transportation



Licensed Mental Health Counselor (LMHC) & Licensed Marriage and Family Therapist (LMFT)



Long Term Home Health Care



Midwife



OMH Certified Rehabilitation Services



Personal Emergency Response System (PERS)



Physician



Private Duty Nursing



Rehabilitation Services



School Supportive Health Services Program (SSHSP)



Vision Care

Medical Supply Codes Manual

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Pharmacy Manual



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

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Medical Supply Codes Manual

Medical Supply Codes Billable by a Pharmacy

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ENTERAL FORMULAE AND ENTERAL SUPPLIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
B4034#	Enteral feeding supply kit; syringe fed, per day	up to 30/mo
B4035#	Enteral feeding supply kit; pump fed, per day	up to 30/mo
B4036#	Enteral feeding supply kit; gravity fed, per day	up to 30/mo
	<ul style="list-style-type: none"> Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding, and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes. 	
B4081#	Nasogastric tubing with stylet	one
B4082#	Nasogastric tubing without stylet	up to 2
B4083#	Stomach tube - Levine type	up to 2
B4087#	Gastrostomy/jejunostomy tube, standard, any material, any type, each	one
B4088#	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	one/3 months
	<ul style="list-style-type: none"> 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 is replaced in the physician's office, ER or facility with an all-inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated. 	
B4100#	Food thickener, administered orally, per ounce	up to 180
B4149*	Enteral formula, manufactured blenderized natural foods 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
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
B4152*	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) 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
B4153*	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
B4154*	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins	up to 600 caloric units

4.1 ENTERAL AND PARENTERAL THERAPY

ENTERAL FORMULAE AND ENTERAL SUPPLIES

<u>CODE</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
B4034#	Enteral feeding supply kit; syringe fed, per day	up to 30/mo
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	<ul style="list-style-type: none"> Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding, and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes. 	
B4081#	Nasogastric tubing with stylet	one
B4082#	Nasogastric tubing without stylet	up to 2
B4083#	Stomach tube - Levine type	up to 2
B4087#	Gastrostomy/jejunostomy tube, standard, any material, any type, each	one
B4088#	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	one/3 months
	<ul style="list-style-type: none"> 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 is replaced in the physician's office, ER or facility with an all-inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated. 	
B4100#	Food thickener, administered orally, per ounce	up to 180
B4149*	Enteral formula, manufactured blenderized natural foods 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
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

Means: DVS (Dispensing Validation System)

- The DVS will be done in the NCPDP system when a claim is sent and approved for payment.
- No need to go into ePACES for DVS unless billing in ePACES (Professional Billing only.)

4.1 ENTERAL AND PARENTERAL THERAPY

ENTERAL FORMULAE AND ENTERAL SUPPLIES

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B4034#	Enteral feeding supply kit; syringe fed, per day	up to 30/mo
B4035#	Enteral feeding supply kit; pump fed, per day	up to 30/mo
B4036#	Enteral feeding supply kit; gravity fed, per day	up to 30/mo
	<ul style="list-style-type: none"> Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding, and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes. 	
B4081#	Nasogastric tubing with stylet	one
B4082#	Nasogastric tubing without stylet	up to 2
B4083#	Stomach tube - Levine type	up to 2
B4087#	Gastrostomy/jejunostomy tube, standard, any material, any type, each	one
B4088#	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	one/3 months
	<ul style="list-style-type: none"> 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 is replaced in the physician's office, ER or facility with an all-inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated. 	
B4100#	Food thickener, administered orally, per ounce	up to 180
B4149*	Enteral formula, manufactured blenderized natural foods 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
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

* Means: Prior Authorization

- Interactive Voice Response (IVR) telephone prior authorization
- Enteral Web Portal

PARENTERAL FORMULAE AND PARENTERAL SUPPLIES

- B4164 Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) – home mix
- B4168 Parenteral nutrition solution; amino acid, 3.5%,(500 ml = 1 unit) – home mix
- B4172 Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) – home mix
- B4176 Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) – home mix
- B4178 Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) – home mix
- B4180 Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) home mix
- B4185 Parenteral nutrition solution, per 10 grams lipids
- B4189 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein – premix
- B4193 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix
- B4197 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix
- B4199 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein – premix
- B4216 Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day
- B4220** Parenteral nutrition supply kit, premix, per day
- B4222 Parenteral nutrition supply kit, home mix, per day
- B4224 Parenteral nutrition administration kit, per day
- B5000 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – (Amirosyn RF, NephroAmine, RenAmine) – premix

_____ Means: Prior Approval

- Processed on a paper form: eMedNY 361501
- ePACES
- 278 Transaction

Medical Supply Fee Manual

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Pharmacy Manual



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Medical Supply Fee Manual

NYS Medicaid Pharmacy Services Fee Schedule

Effective Date: January 1, 2023

CODE	DESCRIPTION	FEE	BR	MAX UNITS	PA	CHANGE
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE FED,	3.12		30	6	
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PE	5.66		30	6	
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED,	4.30		30	6	
B4081	NASOGASTRIC TUBING WITH STYLET	16.17		1	6	
B4082	NASOGASTRIC TUBING WITHOUT STYLET	10.06		2	6	
B4083	STOMACH TUBE-LEVINE TYPE	1.07		2	6	
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD,	22.89		1	6	
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFIL	172.00		1	6	
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER	0.53		180	6	
B4105	IN-LINE CARTRIDGE CONTAINING DIGESTIVE ENZYME(S)	90.00		60	1	
B4149	ENTERAL FORMULA, MANUFACTURED BLENDERIZE	0.99		600	4	
B4150	ENTERAL FORMULA, NUTRITIONALLY COMPLETE	0.49		600	4	
B4152	ENTERAL FORMULA, NUTRITIONALLY COMPLETE,	0.38		600	4	
B4153	ENTERAL FORMULA, NUTRITIONALLY COMPLETE,	1.85		600	4	

New York Medicaid Program Enteral Formula Prior Authorization Dispenser Worksheet

NEW YORK STATE MEDICAID PROGRAM ENTERAL FORMULA PRIOR AUTHORIZATION DISPENSER WORKSHEET (Rev. 3/23)

To facilitate the process, be prepared to answer these questions when using the Enteral Prior Authorization portal at MEDICAIDENTERALPORTAL.health.ny.gov or Interactive Voice Response System at 1-866-211-1736.

Do not block your Caller ID. For audit purposes, Caller ID is recorded by the call line.

1. Enter the 11 digit-prior authorization number obtained by the prescriber and written on the fiscal order.
2. Member's Medicaid ID # (2 alpha/5 numeric/1 alpha)
3. Dispenser's 10-digit National Provider ID # (NPI):
4. Enter your Pharmacy (0161, 0288 or 0441) or DME (0160, 0287, 0321, 0323 or 0442) **Category of Service.**
5. Dispenser's email address and telephone number

6. Enter numeric portion of **HCPCS code** of enteral being prescribed.
(Refer to the DME Provider Manual/DME Provider Communications at eMedny.org for the link to the current Enteral Classification list)

The system will add the two-digit alpha BO modifier (indicating oral administration) to the HCPCS code, if applicable.

Products categorized under the same HCPCS code must be combined into one prior authorization request by the prescriber.

Please be sure of the Product Code being requested and the age of the member is appropriate.

B

7. To activate the prior authorization you must continue and validate the information below. Record caloric units authorized per month, the prior authorization activation date (today), refills, and the prior authorization expiration date. Use the same authorization number for each refill. Renewal authorizations cannot be activated until 10 days prior to expiration date of existing authorization.

CALORIC UNITS/MONTH

REFILLS

/ / ACTIVATION DATE

/ / EXP. DATE

Caloric units are calculated by the system from the prescriber's input of enteral formula calories per day, then divided by 100 and multiplied by 30 days to equal caloric units per month, i.e., a month's supply of formula.

Enteral Web Portal

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Reference and Contact Information

NYS Medicaid Pharmacy Program (NYRx):

518-486-3209 NYRx@health.ny.gov

https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm

Enteral Formula Prior Authorization Dispenser Worksheet:

<https://www.emedny.org/ProviderManuals/communications/Dispenser%20Worksheet.pdf>

Interactive Voice Response System (IVR):

866-211-1736

Web Portal Enteral Authorization:

<https://medicaidenteralportal.health.ny.gov/portal/>

eMedNY:

800-343-9000

www.emedny.org



Conclusion
Enteral Supplies



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