



Upcoming Changes to Billing Requirements for Medicaid Fee-for-Service Professional Drug Claims

Effective October 1, 2024, in preparation for changes per the enacted 2024/25 budget to the reimbursement of practitioner administered drugs (PADs), the Department will streamline the process of pending claims for manual pricing “By Report” (“BR”). This will allow the program to focus on drugs with criteria, that are newly FDA-approved or have no assigned Health Common Procedure Code System (HCPCS) code i.e., “unclassified”. Unclassified codes include but are not limited to the following:

- “J3490” – Unclassified drugs
- “J3590” – Unclassified biologicals

The above drug codes 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/paper.aspx>. Manufacturer invoice is 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 National Drug Code (NDC) and quantity. Drugs obtained via the 340B program must be identified by appending a “UD” modifier to the 340B drug line.

Paper claims will still be accepted for HCPCS codes that exceed unit maximums or frequency. Additionally, there are still requirements for other clinical criteria to be met for certain drugs. To learn more about the additional clinical criteria, practitioners should visit the NYS DOH “New York State Medicaid Fee-for-Service Practitioner Administered Drug Policies and Billing Guidance” web page, located at:

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

All other PADs with an assigned a HCPCS code may be billed via an electronic claim format (837P) for the following categories of service (COS) and with date of service (DOS) that is on or after October 1, 2024:

- **Physician (“COS 0460”)**
 - Additional information can be found on the eMedNY “Physician Manual” web page at: <https://www.emedny.org/ProviderManuals/Physician/>.
- **Nurse Practitioner (“COS 0469”)**
 - Additional information can be found in the eMedNY “Nurse Practitioner Manual” web page at: <https://www.emedny.org/ProviderManuals/NursePractitioner/>.
- **Midwife (“COS 0525”)**
 - Additional information can be found on the eMedNY “Midwife Manual” web page at: <https://www.emedny.org/ProviderManuals/Midwife/>.

- **Free Standing or Hospital Based Ordered Ambulatory (“COS 0163” for Clinic Based and “COS 0282” for Hospital Based)**
 - Additional information can be found on the eMedNY “ Free Standing or Hospital Based Ordered Ambulatory Manual” web page at: <https://www.emedny.org/ProviderManuals/OrderedAmbulatory/>
- **Podiatry Services (“COS 0500”)**
 - Additional information can be found on the eMedNY “Podiatry Manual” web page at: <https://www.emedny.org/ProviderManuals/Podiatry/>.

Please note: The practitioner is expected to limit the NYS Medicaid claim amount to the actual invoice cost of the drug dosage administered and maintain that documentation.

Practitioners should refer to the associated eMedNY provider manual web pages linked above, for additional program policy and billing guidance. It is recommended that providers use electronic claims submission whenever possible. These changes should ease practitioner burden by decreasing paper claim submission and associated invoice documentation for claims with a date of service (DOS) on or after October 1, 2024. It also will have a positive effect on the timing of remittance, thus shortening the turnaround time for payment.

Questions and Additional Information:

- NYS Medicaid fee-for-service (FFS) drug coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- NYS Medicaid FFS billing/claim questions should be directed to the eMedNY Call Center at (800) 343-9000.