

## Request for Dispensing Physicians to Bill Pharmacy Claims

This request will be reviewed and, if approved, you will receive a letter via USPS confirming that a category of service (COS) 0161 “D&TCs: Clinic Pharmacy” has been added to your provider file. This COS is a mechanism for you, as a dispensing physician, to be able to bill Medicaid for pharmacy claims. Dispensing physicians who are requesting this COS must be enrolled in the Medicaid program with a fee-for-service billing status.

Please follow the instructions below to determine if you are enrolled in Medicaid as a provider who is eligible to make this request.

1. Click the link below:

<https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Listing/keti-qx5t/data>

2. Once on this page on, located toward the upper right, you will see a search bar called “Find in this Dataset.” Enter the practitioner’s NPI in the search bar and search.
3. Confirm that the practitioner’s name and NPI are correct. Make note of the Medicaid Provider ID (first column), which will need to be entered below, and the Medicaid Type (fourth column).
4. If all of this information is correct and the Medicaid Type is FFS, you may continue to complete and submit this form to request enrollment as a Dispensing Physician. If any of the information is incorrect, you are not eligible to make this request.

Are you currently enrolled in the Medicaid Program as a Physician - Individual Billing Medicaid (COS 0460) or Practitioner Group (COS 0046 or 0090)?

- YES New York Medicaid Provider ID # \_\_\_\_\_
- NO If no, DO NOT PROCEED with application. Only an enrolled provider is eligible to bill pharmacy claims as a dispensing physician.

### MAILING INSTRUCTIONS

1. Keep a copy of all documents submitted
2. Send the completed enrollment form, required documents and additional forms to:

| STANDARD MAILING                                     | EXPEDITED / PRIORITY MAILING                                              |
|------------------------------------------------------|---------------------------------------------------------------------------|
| eMedNY<br>P.O. Box 4610<br>Rensselaer, NY 12144-4603 | eMedNY<br>ATTN: Box 4610<br>327 Columbia Turnpike<br>Rensselaer, NY 12144 |

**SIGNATURE AND AFFIRMATION**

As a Medicaid provider you agree to comply with the rules, regulations and official directives of the New York State Department of Health including, but not limited to Part 504 of 18NYCRR which can be found at the Department of Health’s website at: <https://regs.health.ny.gov/volume-c-title-18/126566803/part-504-medical-care-enrollment-providers> .

As a Medicaid provider you agree to abide by all applicable federal and State laws, including NY State Education Law Article 137 §6807(1)(b) and (2)(a) and Public Health Law §2312.

\_\_\_\_\_  
Print Provider’s Name and E-mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Provider’s Signature (original; no stamps)

\_\_\_\_\_  
Date (MM/DD/YYYY)