



Medicaid Update

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New York State Medicaid Perinatal Care Standards

The New York State (NYS) Department of Health (DOH) has issued new **NYS Medicaid Perinatal Care Standards**, which incorporate and replace the previously published *NYS Prenatal Care Standards*, in full. The official *NYS Medicaid Perinatal Care Standards* policy document is available on the NYS DOH “Medicaid Perinatal Care Standards” web page, located at: https://www.health.ny.gov/health_care/medicaid_standards/perinatal_care/.

The updated standards are **effective August 1, 2022**, for NYS Medicaid fee-for-service (FFS), and **effective October 1, 2022**, for NYS Medicaid Managed Care (MMC) Plans [inclusive of Mainstream MMC Plans, Human Immunodeficiency Virus (HIV) Special Needs Plans (HIV-SNPs), as well as Health and Recovery Plans (HARPs)]. This policy is applicable to all Medicaid perinatal care providers who provide prenatal/antepartum care, intrapartum care, and/or postpartum care. This includes medical care facilities, public or private not-for-profit agencies or organizations, physicians, licensed nurse practitioners, licensed midwives practicing on an individual or group basis, and MMC Plans that contract with these providers.

Questions and Additional Information:

- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS 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.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information* document, located at: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.

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Attention: Inpatient Hospital Providers Billing for Alternate Level of Care Status

The New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) has recently identified hospital inpatient billings for an acute level of care when the Medicaid member was in an alternate level of care (ALC) status, which has resulted in overpayments to inpatient facilities. Hospitals must accurately report the ALC status of a patient when billing Medicaid to ensure appropriate payment. Hospitals should adjust claims for overpayments and should also self-disclose overpayments to the Office of the Medicaid Inspector General (OMIG). Information regarding self-disclosure can be found on the OMIG "Self-Disclosure" web page, located at: <https://omig.ny.gov/provider-resources/self-disclosure>.

New York State Codes, Rules, and Regulations (NYCRR) Title 10, §86-1.15(h), available at <https://regs.health.ny.gov/content/section-86-115-definitions>, defines ALC services as "those services provided by a hospital to a patient for whom it has been determined that inpatient hospital services are not medically necessary, but that post-hospital extended care services are medically necessary, consistent with utilization review standards, and are being provided by the hospital and are not otherwise available." In addition, ALC claims for Medicaid members who have Coverage Code 20 (Community Coverage without Long Term Care) assigned, will be denied. If an individual assigned Coverage Code 20 no longer requires acute care and is being moved to ALC status, the inpatient facility must contact the local social services district of fiscal responsibility to determine the patient's eligibility for ALC care. Providers can refer to the NYCRR Title 18, §505.20, available at: <https://regs.health.ny.gov/content/section-50520-alternate-care>, for more information regarding inpatient hospital responsibilities when a Medicaid member is in an ALC status.

NYS DOH has also published the following guidance's to address the appropriate billing for Medicaid members in ALC status:

- *Billing Guidance for the Reporting of Alternate Level of Care* article, published in the July 2019 issue of the *Medicaid Update*, available at: https://www.health.ny.gov/health_care/medicaid/program/update/2019/jul19_mu.pdf,
- *Billing Guidance for Reporting Alternate Level of Care* article, published in the June 2020 issue of the *Medicaid Update*, available at: https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no11_jun20.pdf.

For more information regarding inpatient billing, providers should refer to the eMedNY New York State UB-04 Billing Guidelines – Inpatient Hospital, available at: https://www.emedny.org/ProviderManuals/Inpatient/PDFS/Inpatient_Billing_Guidelines.pdf.

Questions and Additional Information:

- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS coverage and policy questions should be directed to the OHIP Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- Medicaid Managed Care (MMC) reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY New York State Medicaid Program Information for All Providers – Managed Care Information document, located at: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.

Expanded List of Lactation Services Certifications: Breastfeeding Support Authorized for Payment

New York State (NYS) Medicaid has been providing payment for lactation counseling services since 2013. **Effective July 1, 2022**, for NYS Medicaid fee-for-service (FFS), and **effective September 1, 2022**, for NYS Medicaid Managed Care (MMC) Plans [including mainstream MMC Plans, Human Immunodeficiency Virus (HIV) Special Needs Plans (HIV-SNP) and Health and Recovery Plans (HARPs)], the list of allowable lactation certifications provided below, will be expanded to include those from nationally recognized accrediting agencies. NYS Medicaid payment is available for separate and distinct breastfeeding services provided by licensed medical professionals, who are also specially trained lactation counselors with the allowable certifications. Providers must be licensed as a physician, midwife (MW), nurse practitioner (NP), physician assistant (PA), or registered nurse (RN) and certified by a nationally recognized accrediting agency, as listed below, to be eligible for NYS Medicaid reimbursement for lactation counseling. Unlicensed providers and licensed professionals who are not listed below, even with certification in lactation counseling, are not eligible for NYS Medicaid reimbursement for lactation counseling.

Licensed Practitioners:

- Physician
- NP
- MW
- PA
- RN

Licensed Practitioner Allowable Certifications:

- International Board-Certified Lactation Consultant (IBCLC)
- Certified Lactation Specialist (CLS)
- Certified Breastfeeding Specialist (CBS)
- Certified Lactation Counselor (CLC)
- Certified Lactation Educator (CLE)
- Certified Clinical Lactationist (CCL)
- Certified Breastfeeding Educator (CBE)

Breastfeeding education and lactation counseling services must be ordered by a physician, NP, MW, or PA. Lactation consultants in this program are expected to practice within the scope of practice appropriate to their respective discipline, as defined by the Office of the Professions, New York State Education Department (NYSED).

Billing Medicaid FFS:

- Lactation counseling services may be billed directly to the NYS Medicaid program by a physician, NP, or MW with the proper certification (“**S9445**” and “**S9446**”). A physician who employs a properly certified PA or RN may bill NYS Medicaid for lactation counseling provided by these health care professionals (“**S9445**” and “**S9446**”).
- Hospital outpatient departments (OPD), free-standing clinics, or Federally Qualified Health Centers (FQHCs) that have “opted into” Ambulatory Patient Groups (APGs) and who employ NYS Medicaid program qualified certified lactation consultants, can also bill for lactation counseling services. FQHCs that have “not opted into” APGs, may bill their Prospective Payment System (PPS) rate for **individual** lactation counseling.

- When lactation counseling services are provided by a properly certified **physician** *in a hospital OPD*, the physician can submit a separate professional claim (“**S9445**” and “**S9446**”) for their services and receive NYS Medicaid reimbursement. The professional component for lactation counseling services provided by all other properly certified practitioners (NPs, MWs, PAs, and/or RNs) is included in the All Patients Refined Diagnosis Related Group (APR DRG) or the APG payment to the facility.
- When lactation counseling services are provided in a Diagnostic and Treatment Center (D&TC), the professional component for all properly certified practitioner types, including physicians, is included in the APG payment to the facility.
- Appropriate diagnosis codes must be utilized when billing for lactation counseling services.

Lactation Counseling Healthcare Common Procedure Coding System (HCPCS) Procedure Codes

Code	Code Description	Benefit Limitations	Price
S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	The initial lactation counseling session should be a minimum of 45 minutes. Follow up session(s) should be a minimum of 30 minutes each and occur within the 12-month period immediately following delivery.	\$45.00
S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	Up to a maximum of eight participants in a group session with a sixty minute minimum session length. One prenatal and one postpartum class, per recipient, per pregnancy.	\$15.00

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- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS 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.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers Managed Care Information* document at: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.

Reminder: Medicaid Enrollment Requirements and Compliance Deadlines for Managed Care Providers

As previously stated in the April 2022 *Medicaid Update* article titled *Medicaid Enrollment Requirements and Compliance Deadlines for Managed Care Providers*, located at https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no4_apr22_pr.pdf, **all Medicaid Managed Care (MMC) network furnishing, ordering, prescribing, referring and attending (OPRA) providers must be enrolled with New York State (NYS) Medicaid program. Effective September 1, 2022**, MMC Plans will deny payment to unenrolled pharmacies, other unenrolled practitioners, and providers for services provided and/or prescribed. Providers servicing MMC members should, without delay, begin the enrollment process and complete all required forms, including certifications.

Please note: The enrollment requirement is applicable **only** to enrollable provider types including pharmacies and most licensed practitioners. Non-enrollable provider types must not be terminated from MMC networks for failure to enroll in NYS Medicaid. Providers can refer to the *NYS Enrollable Providers* list, available through Excel at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.emedny.org%2Finfo%2FProviderEnrollment%2FManagedCareNetwork%2FNYS_Enrollable_Providers.xlsx&wdOrigin=BROWSELINK.

Criteria for NYS Medicaid Enrollment

Not all practitioner and pharmacy providers will meet criteria to qualify for enrollment. Providers can refer to the provider manuals available on the eMedNY “Provider Manuals” web page, located at: <https://www.emedny.org/ProviderManuals/index.aspx>, and on the eMedNY “Provider Enrollment and Maintenance” web page, located at: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>, by selecting the appropriate provider type from the right-hand box titled “Provider List Filter”.

How to Check Provider Enrollment Status

Providers can check their enrollment status by utilizing the tools available on the NYS DOH “Medicaid Enrolled Provider Lookup” web page, located at: <https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Lookup/ru78-uxr9>. Providers can search by entering their NYS Medicaid Provider ID or their National Provider Identifier (NPI). Providers are encouraged to use the table below **to determine their current enrollment status and the corresponding action necessary**, as required from the “Medicaid Type” provided in the result.

Providers who have submitted enrollment applications may check the status of their application in the Medicaid Pending Provider Listing file, which is updated weekly on the eMedNY “Medicaid Managed Care Network Provider Enrollment” web page, located at: <https://www.emedny.org/info/ProviderEnrollment/ManagedCareNetwork/index.aspx>.

Provider Type	"Medicaid Type"	Enrollment Status	Action Required
Pharmacy	FFS	Enrolled (qualified billing provider)	No action*
	MCO	Not Enrolled (MCO credentialed as a non-billing provider)	Enroll with Medicaid as a billing provider*
	No result	Not enrolled	Enroll with Medicaid as a billing provider*
Practitioner/ Prescriber	FFS	Enrolled (qualified billing provider)	No action**
	MCO	Not enrolled (MCO credentialed as a non-billing provider)	Enroll with Medicaid as a billing provider** or, if eligible, as an OPRA provider
	OPRA	Enrolled (qualified non-billing provider)	No action
	No result	Not enrolled	Enroll with Medicaid as a billing provider** or, if eligible, as an OPRA provider

*Pharmacy providers not enrolled in Medicare must also enroll in Medicare as a participating provider.

**Some billing practitioners do not require Medicare enrollment; providers must refer to the enrollment index, per their profession, for more information.

Questions and Additional Information:

- FFS coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at PPNO@health.ny.gov.
- Enrollment questions may be directed to the Medicaid Enrollment Unit by telephone at (800) 343-9000 or by email providerenrollment@health.ny.gov.
- MMC network-related questions should be directed to the enrollee's MMC Plan.
- MMC Plan contact information can be found on the NYS DOH "New York State Medicaid Managed Care (MMC) Pharmacy Benefit Information Center" homepage, located at: <https://mmcdruginformation.nysdoh.suny.edu/>.

New York State Medicaid Dental Services for Children in Foster Care Placement

Effective July 1, 2021, children in foster care placement were no longer excluded from New York State (NYS) Medicaid Managed Care (MMC) enrollment. Children who enter foster care placement receive a dental screening during their initial medical assessment. It is required that children in foster care are up to three years of age have their mouths examined at such medical examination and, where appropriate, referred for dental care. Children in foster care over the age of three are required to see a dentist at minimum, once a year, and must be provided dental care when needed.

Children may enter foster care having never seen a dentist. It is critical that these children receive expedited access to care. Providers must consider making an extra effort to accommodate these children into their dental practice by ensuring availability of appointments. As a reminder, the cost of analgesic and anesthetic agents, including nitrous oxide, is **included** in the reimbursement for dental services under the NYS Medicaid dental policy, which is available in the eMedNY *New York State Medicaid Program Dental Policy and Procedure Code Manual*, located at: https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf. By enrolling in the NYS Medicaid program, providers have agreed to provide this service when medically necessary as part of the dental procedure. MMC Plans are also required to cover nitrous oxide when medically necessary; reimbursement for nitrous oxide is determined by the terms of the contract between the provider and the plan and may be included in rates for service or separate. Providers should check the terms of their contracts with the MMC Plans they participate with on appropriate billing for analgesic and anesthetic agents.

Foster parents should never be charged for services that are already covered. For additional information, providers can refer to the *Medicaid Beneficiaries Cannot be Billed* article, published in the February 2014 issue of the *Medicaid Update*, located at: https://www.health.ny.gov/health_care/medicaid/program/update/2014/feb14_mu.pdf.

Questions and Additional Information:

- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
 - FFS 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.
 - MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee's MMC Plan.
 - MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers Managed Care Information* document, located at: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.
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New York State Department of Health Telehealth Consumer Survey: New Provider Resource Flyers Available, Survey Will Remain Open Until August 1, 2022

In order to better understand patient perspectives on telehealth, the New York State (NYS) Department of Health (DOH) Office of Health Insurance Programs (OHIP) has partnered with the Office of Addiction Services and Support (OASAS), Office of Mental Health (OMH), Office of Children and Family Services (OCFS), and the Office for People with Developmental Disabilities (OPWDD) to conduct the *Telehealth Consumer Survey*. **All NYS residents, whether they have used telehealth services or not, are encouraged to complete the survey, which will close on August 1, 2022.** Survey results will be used to inform future telehealth policy development within NYS. Providers are asked to encourage their patients to complete the survey before August 1, 2022.

The survey is available in 11 languages – Arabic, Bengali, Chinese, English, Haitian-Creole, Italian, Korean, Polish, Russian, Spanish, and Yiddish – and only takes approximately five minutes to complete. Additionally, providers can *now* access printable Portable Document Format (PDF) flyers to handout or place in waiting rooms and offices for patient, consumer, and network use. The flyer, which contains an easy-to-scan QR code, is available in 11 languages. To directly access the survey and flyers, visit the NYS DOH “Telehealth Consumer Survey” web page, located at: https://www.health.ny.gov/health_care/telehealth_survey/, or scan the QR code provided below using your mobile device.



Questions

All questions regarding the *Telehealth Consumer Survey* should be sent to the NYS DOH at Telehealth.Policy@health.ny.gov.

Unwinding from the COVID-19 Public Health Emergency: New York State Department of Health Shares Strategy to Help Consumers Maintain Coverage

In early 2020, the United States Department of Health and Human Services (HHS) declared a Public Health Emergency (PHE) in response to the Coronavirus Disease 2019 (COVID-19) pandemic, allowing New York (NY) residents enrolled in Medicaid, Child Health Plus (CHP), and the Essential Plan (EP) to keep their coverage without requiring an annual eligibility review. To view the official PHE announcement, providers can refer to the HHS “Public Health Emergency Declarations” web page at: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>. For more information on the federal PHE wind down, providers can refer to the *Unwinding and Returning to Regular Operations after COVID-19* web page, located at: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.

As NY prepares for the transition out of the PHE, the move to resume eligibility reviews could result in a large number of beneficiaries becoming disenrolled. The NYS Department of Health (DOH) is working with partners, local districts, and other stakeholders to inform consumers about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid, CHP or EP.

DOH’s Strategy

Federal guidance allows States 14 months to redetermine eligibility with 60 days advanced notice. In NY, this means renewing eligibility for 8.8 million people, including:

- 1.4 million **new** enrollees who have never renewed coverage with DOH, **and**
- 7.4 million who have not renewed their coverage in more than two years.

As part of this effort, DOH will update consumer notices and eligibility and enrollment systems. Consumers will be sent renewal notices describing the action needed, if any, to renew their coverage. To manage the volume, consumers will maintain their regular renewal “cycles” so that approximately one out of 12 of the population will renew each month. Additional details about this timeline will be delivered when HHS announces the end date of the PHE.

Communications

Additionally, a public education campaign has been initiated by NY State of Health, the state’s official Marketplace. The campaign will:

- prepare Medicaid, CHP and EP enrollees for the renewal process, communicate upcoming changes and encourage consumers to opt into NY State of Health text messages that will alert them when it is time to renew their coverage (New Yorkers can sign up for text alerts by texting START to **1-866-988-0327**);
- remind consumers to update their contact information to ensure renewal information from the Marketplace reaches them; **and**
- ensure consumers take the necessary steps to renew coverage and transition to other coverage if they are no longer eligible for Medicaid, CHP or EP.

For more information regarding NY State of Health’s communications prior to the end of the PHE, visit the NY State of Health *Important Changes Are Coming to New York Medicaid, Child Health Plus and the Essential Plan* web page, located at: <https://info.nystateofhealth.ny.gov/COVID-19-Changes>.

Help Us Spread the Word

An outreach toolkit, located on the NY State of Health “Unwinding from the COVID-19 Public Health Emergency: A Communications Tool Kit to Keep New Yorkers Covered” web page, at: <https://info.nystateofhealth.ny.gov/PHE-tool-kit>, is available to help prepare consumers for the changes coming once the PHE ends. Providers can use these regularly updated resources to help communicate with their patients enrolled in Medicaid, CHP or EP about the important steps they need to take to maintain their health coverage.

Questions

For questions or feedback, providers should email pheunwind@health.ny.gov.

Update to New York Independent Assessor Implementation Date for Initial Assessment Process Based on an Immediate/Expedited Need for Personal Care Services and/or Consumer Directed Personal Assistance Services

On May 18, 2022, the *Medicaid Update* published a Special Edition issue which outlined the implementation of the New York Independent Assessor (NYIA) for personal care services (PCS) and/or consumer directed personal assistance services (CDPAS). This update is to revise the implementation date of Section IV, in the May 18, 2022 Special Edition to **October 1, 2022** for the assessment type described below **only. Effective October 1, 2022**, the NYIA will begin to conduct the initial assessment process for:

- individuals seeking PCS and/or CDPAS based on an immediate need for PCS and/or CDPAS, **and**
- Medicaid MCO members seeking PCS and/or CDPAS for the first time through an expedited process.

All other information provided in the May 18, 2022 Special Edition regarding guidance and policies will remain in effect.

Questions

All questions should be directed to independent.assessor@health.ny.gov.

Identification, Specimen Collection, Testing, and Vaccine Administration for Suspected Cases of Orthopoxvirus/Monkeypox

The Centers for Disease Control and Prevention (CDC) is tracking multiple cases of orthopoxvirus/monkeypox that have been reported in several countries that do not normally report orthopoxvirus/monkeypox, including the United States (U.S.). The CDC is urging healthcare providers in the U.S. to be on alert for patients who have rash illnesses consistent with orthopoxvirus/monkeypox, as explained on the CDC Monkeypox “Clinical Recognition” web page, located at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html>.

An orthopoxvirus/monkeypox rash may look like blisters or pimples, and can appear on the face, inside the mouth, or on other areas of the body such as the genitals, anus, hands, or feet. In addition to a rash, other symptoms may include fever, chills, headache, swollen lymph nodes, exhaustion, muscle aches, and backache. Additional information on the symptoms related to orthopoxvirus/monkeypox can be found on the CDC Monkeypox “Signs and Symptoms” web page, located at: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>. Updated total cases of confirmed orthopoxvirus/monkeypox in New York State (NYS) can be found on the NYS Department of Health (DOH) “Monkeypox” web page, located at: <https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/#:~:text=As%20of%20July%20201%2C%202022,an%20in%20Suffolk%20County>.

Testing

Testing for monkeypox is available at the NYS DOH Wadsworth Center Biodefense Laboratory and the New York City (NYC) Public Health Laboratory. Specimen collection and submission must be coordinated with the Local County Health Department (LCHD) and/or NYS DOH. Within NYC, coordination must be done in consultation with the NYC Health Department.

The NYS DOH Wadsworth Center will accept specimens collected and transported in *viral transport media (VTM)* or collected and transported *dry*. Specimens in VTM can be tested for orthopoxvirus, varicella zoster virus, and herpes simplex viruses I and II. Specimens collected dry can only be tested for orthopoxvirus. Testing for other viruses should be done locally. Providers can refer to the NYS DOH, Wadsworth Center “Monkeypox Testing Guidance” web page, located at: <https://www.wadsworth.org/monkeypox-testing-guidance>, for additional testing information. The NYC Public Health Laboratory will only accept specimens collected and transported dry, *not* collected/transported in VTM. They will only be tested for orthopoxvirus. Testing for other viruses should be done locally. Providers can refer to the *Instructions for Submission of Specimens for Monkeypox Testing to the New York City Public Health Laboratory*, located at: <https://www1.nyc.gov/assets/doh/downloads/pdf/labs/monkeypox-specimen-testing.pdf>, for more information.

Commercial labs that are approved to conduct testing and enrolled in NYS Medicaid may bill for testing. The following five commercial labs currently plan to offer testing: Aegis Science, LabCorp, Mayo Clinic, Quest Diagnostics Nichols Institute, and Sonic Healthcare. Additional billing guidance will be provided when available.

Reporting

Healthcare providers must immediately report suspected cases of orthopoxvirus/monkeypox to their LCHD. Reporting should be to the county where the patient resides. For reporting outside of NYC, contact information can be found on the NYS DOH "County Health Departments" web page, located at: https://www.health.ny.gov/contact/contact_information/. Providers who are unable to reach the LCHD where the patient resides must contact the NYS DOH Bureau of Communicable Disease Control (BCDC) by telephone at (518) 473-4439 during business hours or (866) 881-2809 during evenings, weekends, and holidays. NYC residents suspected of monkeypox infection should be reported to the NYC Health Department Provider Access Line (PAL) by telephone at (866) 692-3641.

For additional information including specimen collection and virus images, providers can refer to the following Health Advisory released on June 17, 2022 by the Wadsworth Center, NYC Public Health Laboratory, and CDC: https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/docs/2022-06-17_han.pdf.

Vaccines

The CDC is providing two, free immunizations, licensed by the U.S. Food and Drug Administration (FDA), **JYNNEOS** (also known as Imvamune or Imvanex) and **ACAM2000**. NYS Medicaid will reimburse for administration of this vaccine. LCHD Article 28 clinics may bill NYS Medicaid for the administration of this vaccine by submitting an ordered ambulatory claim with Current Procedural Terminology (CPT) code “**90471**” (immunization administration), appended with modifier **FB** (indicating free vaccine). A diagnosis code of **B04** (indicating Monkeypox) must be included on the claim. Current reimbursement for each vaccine administration reported will be in the amount of \$13.23.

Article 28 clinics that partner with LCHDs for vaccine administration should follow the billing guidelines listed above. Similarly, private practitioners [i.e., physicians, nurse practitioners (NPs), and midwives (MWs)] may bill a professional claim for vaccine administration using the billing guidelines listed above.

Treatment

Tecovirimat, also known as TPOXX or ST-246, is FDA-approved for the treatment of human smallpox disease caused by Variola virus in adults and children. Tecovirimat is used for other orthopoxvirus infections, including monkeypox, and is not FDA-approved; therefore, the CDC holds non-research expanded access Investigational New Drug (EA-IND) protocol that allows for the use of tecovirimat for primary or early empiric treatment of non-variola orthopoxvirus infections, including monkeypox, in adults and children of all ages. Additional information on how to order tecovirimat will be provided when available.

Questions and Additional Information:

- Additional Information regarding orthopoxvirus/monkeypox is available on the NYS DOH “Monkeypox” web page, located at: <https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/>, and on the NYC Health “Monkeypox (Orthopoxvirus)” web page, located at: <https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page>.
- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- FFS 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.
- Medicaid Managed Care (MMC) general coverage questions should be directed to the OHIP Division of Health Plan Contracting and Oversight (DHPCO) by email at covques@health.ny.gov or by telephone at (518) 473-1134.
- MMC reimbursement, billing, and/or documentation requirement questions should be directed to the enrollee’s MMC Plan.
- MMC Plan contact information can be found in the eMedNY *New York State Medicaid Program Information for All Providers – Managed Care Information* document, located at: https://www.emedny.org/ProviderManuals/AllProviders/PDFS/Information_for_All_Providers_Managed_Care_Information.pdf.

Reminder: Pharmacy Billing Guidance Exceptions for Non-Enrolled Prescribers

The New York State (NYS) Medicaid program requires enrollment of all **licensed** providers who serve Medicaid members, including prescribing practitioners identified on pharmacy claims per the Centers for Medicare and Medicaid Services (CMS) and federal regulations. However, under the Medicaid Provider Enrollment Compendium (MPEC), located at: <https://www.medicaid.gov/sites/default/files/2021-05/mpec-3222021.pdf>, there are two exceptions to the provider enrollment requirement.

Interns, Residents and Foreign Physicians in Training – Unlicensed Physicians

In accordance with NYS Education Law (NYSED), Article 131 §6526, unlicensed physicians who are residents, interns, and foreign physicians participating in training programs, are authorized to prescribe. NYS Medicaid recognizes the authority under which these unlicensed providers may prescribe; however, these physicians are not eligible for enrollment into the NYS Medicaid program without a license. MPEC allows unlicensed physicians to provide ordering/prescribing/referring/attending (OPRA) services to NYS Medicaid members. The State Medicaid Agency (SMA) is not required to enroll a provider type, such as unlicensed physicians, for the purpose of complying with 42 of the Code of Federal Regulations (CFR) §455.410(b) or §455.440, located at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-E/section-455.410> or <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-455/subpart-E/section-455.440>, when the provider type *is ineligible* to enroll in the NYS Medicaid Program.

Guidance and Billing

Additional guidance regarding claim submission for prescriptions written by unlicensed physicians can be found in articles within both the December 2018 (https://health.ny.gov/health_care/medicaid/program/update/2018/dec18_mu.pdf) and May 2019 (https://health.ny.gov/health_care/medicaid/program/update/2019/may19_mu.pdf) issues of the *Medicaid Update*.

Documentation

With regard to any prescriptions issued to a NYS Medicaid enrollee by any unlicensed prescriber, records should be contemporaneously created and maintained supporting the issuance of such prescription. This requirement applies to all residents, interns and foreign physicians who participate in any medical training program. The documentation must include the National Provider Identifier (NPI) of the prescriber and NYS Medicaid provider who is responsible for supervising the prescribing unlicensed resident, intern or foreign physician in a training program.

All records related to the issuance of a prescription by non-enrolled prescribers are subject to production upon request by NYS, including but not limited to, by NYS Department of Health (DOH), Office of the Medicaid Inspector General (OMIG), Office of the State Comptroller (OSC) and the NYS Office of the Attorney General.

Out-of-State Licensed Prescribers

Under federal regulations, all ordering or referring physicians (ORPs), or other professionals, must be enrolled in the NYS Medicaid program. However, the MPEC allows for payment of prescription claims prescribed by out-of-state (OOS) licensed physicians or ORPs under limited circumstances. **Please note:** Federal regulations and NYS Medicaid policy require NYS Medicaid program enrollment for prescribers who do not meet the exceptions below, in order for their claims to be valid and enforceable against the NYS Medicaid program.

Guidance

The following billing guidance applies to OOS licensed prescribers who are either enrolled in Medicare with an “approved” status or are enrolled in another State’s Medicaid Plan. The prescription must be for:

- a **single instance** of emergency medical care or order for one Medicaid member over a 180-day period, **or**
- multiple instances of care provided to **one** Medicaid member when the services provided are more readily available in another State over a 180-day period; **and**
- the NPI of the prescriber must be entered on the claim form; **and**
- the claim represents an item provided; **and**
- the claim represents services covered under the NYS Medicaid program; **and**
- based upon the prescription, the item is furnished by a pharmacy, pursuant to a prescription written by an individual practitioner in an institutional setting at an OOS practice location (i.e., located outside the geographical boundaries of the NYS Medicaid program).

Pharmacy Billing:

In accordance with the above policies, the following claim submission overrides may be used:

- Prescriptions must be submitted with the NPI of the prescriber.
- Pharmacy claims will initially reject for National Council for Prescription Drug Programs (NCPDP) (NCPDP) Reject code **“889”** (Prescriber Not Enrolled in State Medicaid Program). This means the prescriber is **not** enrolled in NYS Medicaid.
- To override above rejection for the unlicensed resident, intern or foreign physician in a training program or OOS prescription situations described above:
 - In Field 439-E4 (Reason for Service Code): enter "**PN**" (*Prescriber Consultation*)
 - In Field 441-E6 (Result of Service Code): enter applicable value ("**1A**", "**1B**", "**1C**", "**1D**", "**1E**", "**1F**", "**1G**", "**1H**", "**1J**", "**1K**", "**2A**", "**2B**", "**3A**", "**3B**", "**3C**", "**3D**", "**3E**", "**3F**", "**3G**", "**3H**", "**3J**", "**3K**", "**3M**", "**3N**", "**4A**")
 - In Field 420-DK (Submission Clarification Code): enter "**02**" (*Other Override*)
- Pharmacists should use their professional judgement when using the above override according to the above policy, prescriber’s information at hand, and member history available.

Questions

Questions regarding this policy should be directed to the Medicaid Pharmacy Policy Unit by email at ppno@health.ny.gov or by telephone at (518) 486-3209.

Provider Directory

Office of the Medicaid Inspector General:

For suspected fraud, waste, or abuse complaints/allegations, please call 1-877-87FRAUD, (877) 873-7283, or visit the Office of Medicaid Inspector General (OMIG) web site at: www.omig.ny.gov.

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:

Please visit the eMedNY website at: www.emedny.org.

Providers wishing to listen to the current week's check/EFT amounts:

Please call (866) 307-5549 (available Thursday PM for one week for the current week's amount).

For questions about billing and performing MEVS transactions:

Please call the eMedNY Call Center at (800) 343-9000.

Provider Training:

Please enroll online for a provider seminar at: <https://www.emedny.org/training/index.aspx>. For individual training requests, please call (800) 343-9000.

Beneficiary Eligibility:

Please call the Touchtone Telephone Verification System at (800) 997-1111.

Medicaid Prescriber Education Program:

For current information on best practices in pharmacotherapy, please visit the following web sites:

- DOH Prescriber Education Program page:
https://www.health.ny.gov/health_care/medicaid/program/prescriber_education/presc-educationprog.
- Prescriber Education Program in partnership with SUNY: <http://nypep.nysdoh.suny.edu/>.

eMedNY

For a number of services, including: change of address, updating an enrollment file due to an ownership change, enrolling another NPI, or revalidating an existing enrollment, please visit the eMedNY Provider Enrollment page at: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>, and choose the appropriate link based on provider type.

Comments and Suggestions Regarding This Publication

Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov.