

## New York State Medicaid Guidance for Billing Respiratory Syncytial Virus (RSV) Vaccines

As of Oct. 1, 2023, New York State (NYS) Medicaid began reimbursing NYS Medicaid-enrolled providers for administration or dispensing of Respiratory Syncytial Virus (RSV) vaccines for adults and for the administration of nirsevimab for infants. Nirsevimab is a monoclonal antibody preparation for the prevention of RSV.

### RSV Vaccine Types

There are two RSV vaccines licensed for use in adults 60 years of age and older in the United States:

- RSVPreF3 (Arexvy, GSK)
- RSVpreF (Abrysvo, Pfizer)

The Current Procedural Technology (CPT) codes in the table below have been added to the Physician, Nurse Practitioner, Midwife, and Ordered Ambulatory fee schedules, in addition to the 3M APG Grouper Pricer for outpatient clinic reimbursement.

Procedure Code*	Procedure Description
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use

- Qualified pharmacies may administer the RSV vaccine, as recommended by the Advisory Committee on Immunization Practices (ACIP).

# Provider Alert

## Coverage of Infant RSV Vaccines

- Effective October 1, 2023, New York State (NYS) opened the ordering of nirsevimab for infants through the Vaccine for Children (VFC) program, as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).
- Healthfirst will reimburse its participating providers for the administration of monoclonal antibodies (nirsevimab) to:
  - Infants less than eight months of age who were born during an RSV season or who are entering their first RSV season.
  - Children eight to 19 months of age who are at increased risk of severe RSV disease and are entering their second RSV season.
- Providers must bill using the applicable CPT code below for the dose administered, appended with modifier "SL" (indicating a VFC product supplied at no cost) and CPT code "90460," to be reimbursed \$25.10 for the administration of nirsevimab.

Procedure Code*	Procedure Description
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use.

## Questions and Additional Information

If you have questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm. Additional information related to RSV can be found at [RSV \(Respiratory Syncytial Virus\) | CDC](#).

\*Please refer to the NYS website for additional information on the Coverage Policy and Billing Guidance for Vaccinations: [New York State Medicaid Update - July 2020 Volume 36 - Number 12 \(ny.gov\)](#).

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst").