

Obtaining Physician-Administered Drugs through a Specialty Pharmacy—following the “White Bagging” Process for Healthfirst Medicaid Patients

What is White Bagging?

White Bagging refers to the distribution of patient-specific medication from a pharmacy, typically a specialty pharmacy, to the physician’s office, hospital, or clinic for patient administration.

As a Healthfirst provider, you can get Physician-Administered Drugs (PADs) delivered to your office at no cost through White Bagging when the medication is obtained from a Healthfirst in-network specialty pharmacy provider. This economical process improves efficiency by delivering requested medication directly to your practice.

Important Process Information

Providers must still adhere to Healthfirst’s Prior Authorization policies and ensure that approvals are obtained before requesting medications from the specialty pharmacy provider. Additionally, providers can only get reimbursed for the administration of the medication and will be reimbursed according to contracted rates. Providers may not submit a claim to Healthfirst for medication reimbursement, as it was obtained at no cost. Details on Medicaid PADs can be found on the [New York State Department of Health website](#).

How to Request Physician-Administered Drugs (PADs) through White Bagging

Step 1: Review the list of eligible PADs

- The list of PADs can be found on the [eMedNY website](#).

Step 2: Submit a Prior Authorization request through the Online Authorization Tool, Availity, Provider Services, or by fax

- **Online Authorization Tool**

- Log in to [Availity Essentials](#)
- Navigate to **Patient Registrations > Authorizations and Referrals > Authorizations**
- Select the relevant **Organization**
- Select **Healthfirst (New York)** in the payer dropdown
- Click **Submit** to open Healthfirst's online authorization tool
- Click **Begin** in the Authorization Request tab

IMPORTANT: Please ensure that you select one of the in-network **Specialty Pharmacy Providers** listed in Table 1 below.

- **Provider Services:**

- Call Provider Services at 1-888-801-1660, Monday to Friday, 8:30am–5:30pm.

IMPORTANT: Please tell Provider Services that the medication(s) will be obtained by White Bagging and specify the in-network Specialty Pharmacy Provider listed in Table 1 below

- **FAX:**

- Fax the Prior Authorization request and cover sheet to 1-212-801-3223.

IMPORTANT: Please specify on the fax cover sheet which in-network **Specialty Pharmacy Provider** listed in Table 1 will be supplying the medication(s). Additionally, please ensure the patient's demographics, Current Procedural Terminology (CPT) codes with associated units, and patient's clinical information is also included on the prior authorization request.

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Step 3: Billing for Physician-Administered Drugs (PADs)

Since providers can only bill for the administration of PADs, providers will need to use the following methodology found on the [NYSDOH website](#) and outlined below:

- **Indicate in Line 1 that the medication was supplied at no cost:**
 - Add the Healthcare Common Procedure Coding System (HCPCS) code of the selected medication.
 - Indicate a charged amount of \$0.01.
 - Add the “FB” modifier. This indicates that the medication was supplied at no cost.
- **Bill for the administration of the medication in Line 2:**
 - Add the CPT code of the selected medication.
 - Indicate the contracted rate for the administration of the medication.

Note: See Table 2 for an example.

Table 1. Healthfirst In-Network Infusion and Specialty Pharmacy Providers:

Provider	Telephone	Fax
ACCREDITO HEALTH GROUP	1-800-803-2523	1-877-329-4605
AMERICARE PHARMACEUTICALS	1-516-292-7948	1-516-696-3048
CVS SPECIALTY	1-800-237-2767	1-800-323-2445
OPTIONCARE	1-718-961-1634	1-718-762-8741
ORSINI PHARMACEUTICALS	1-800-410-8575	1-847-734-1822
SPECIALTY INFUSIONS	1-718-443-4000	1-718-443-5000

Provider Alert

Table 2. Billing Example:

	24. A. Date(s) of service						B. Place of Service	C. EMG	D. Procedures, Services, or Supplies (Explain Unusual Circumstances)					E. Diagnosis Pointer
	From			To					CPT/HCPCS		Modifier			
	MM	DD	YY	MM	DD	YY								
1														
	08	01	23				11		J0585	FB				1, 2, 3
2														
							11		64612					1, 2, 3

	F. \$ Charges		G. Days or Units		H. EPSDT Family Plan	I. ID. Qual.	J. Rendering Provider ID. #	ER INFORMATION
1								
	0	01	12			NPI		
2								
	16	00	1			NPI		

Line 1 represents how to bill when obtaining the medication at no cost using the FB modifier.

Line 2 represents how to bill for the medication administration reimbursement.

Questions?

If you have questions, please contact your network account manager, or Healthfirst Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm

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

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[HFproviders.org](https://www.healthfirst.org/providers)

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