



New York Medicaid Guidance for Billing Monoclonal Antibody Treatments

New York State (NYS) Medicaid will reimburse NY Medicaid-enrolled pharmacies for administration or dispensing of COVID-19 therapeutics, including monoclonal antibody (mAb) treatments with no member cost share.

The mAb must be approved or granted Emergency Use Authorization through the FDA and must be ordered and administered in accordance with FDA approval or authorization. Evusheld (tixagevimab and cilavimab) must be prescribed for an individual patient by a physician, nurse practitioner, or physician assistant licensed or authorized under New York State law to prescribe monoclonal antibodies for prevention of COVID-19.

mAb Name*	Setting
Evusheld (tixagevimab and cilavimab)	Healthcare
Evusheld (tixagevimab and cilavimab)	Home

*Please refer to NYS website for updates on included therapies:

health.ny.gov/health_care/medicaid/covid19/guidance/docs/guidance_for_therapy_at_pharmacies.pdf

A plan sponsor may choose not to cover COVID-19 mAb therapy dispensing and administration through the pharmacy benefit. Please check the claim adjudication response for determination of coverage prior to reconstitution and administration.

Providers submitting claims for COVID-19 mAb therapy paid for by the federal government or paid for by any program supplying provider with no associated cost (zero cost) COVID-19 mAb therapy must submit claims with either \$0.01 in the Ingredient Cost Submitted field (NCPDP field # 409-D9) or the combination of \$0.00 in the Ingredient Cost Submitted field and a value of '15' in the Basis of Cost Determination field (NCPDP field # 423-DN).

Claims Submission Information

Submit 'MA' in the Professional Service Code field (NCPDP field # 440-E5) of the DUR/PPS Segment along with a positive amount in the Incentive Amount Submitted field (NCPDP field # 438-E3) of the Pricing Segment when administering infusible and injectables.

Submit the appropriate Quantity (e.g., 3 ml) and Days Supply of '1'. Inappropriate Quantities or Days Supply may cause the claim to reject.

Provider Alert

Field #	NCPDP Segment and Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code	MA (Medication Administration)
409-D9	Pricing Segment Ingredient Cost Submitted	≥\$0.01 Submit Therapy Cost (If government-supplied, see below)
438-E3	Pricing Segment Incentive Amount Submitted	≥\$0.01 Submit Administration Fee (Equal or greater than expected Applicable Administration Fee)
426-DQ	Pricing Segment Usual and Customary Charge	≥ Incentive Amount Submitted
307-C7	Patient Segment Place of Service	12 (If submitting for Home Setting)

Government-Supplied COVID-19 Therapy Programs

When submitting administration claims for a COVID-19 mAb therapy provided without cost through a government program, pharmacies must populate specific values in the following fields:

Field #	NCPDP Field Name	Required Vaccine Administration Information for Processing
409-D9	Ingredient Cost Submitted	\$0.00
423-DN	Basis of Cost Determination	15 (Free product or no associated cost)

As an example, included is a section of a Payer Sheet. Only NCPDP Segments/Fields pertinent to special COVID-19 mAb therapy billing instructions are shown.

Provider Alert

CLAIM Segment Segment Identification (NCPDP Field # 111-AM) = 'Ø7'

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	Product/Service ID Qualifier	03	M	NDC
4Ø7-D7	Product/Service ID	0310-7442-02	M	Evusheld NDC shown as example
442-E7	Quantity Dispensed	3 ml	R	
4Ø5-D5	Days Supply	1	R	

DUR/PPS Segment Segment Identification (NCPDP Field # 111-AM) = 'Ø8'

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR / PPS Code Counter	1	R	
44Ø-E5	Professional Service Code	MA	R	MA (Medication Administration)

Pricing Segment Segment Identification (NCPDP Field # 111-AM) = '11'

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	Ingredient Cost Submitted	\$0.01	R	Use \$0.00 for free product
438-E3	Incentive Amount Submitted		R	
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination	01	R	Use 15 for free product

Provider Alert

**Patient Segment
Segment Identification (NCPDP Field # 111-AM) = 'Ø1'**

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø7-C7	Place of Service	12	R	