**Monoclonal antibody billing guidance**

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 administrated 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) | Health Care |
| 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**

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 # 4Ø9-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 # 44Ø-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.

|  |  |  |
| --- | --- | --- |
| **Field #** | **NCPDP Segment & Field Name** | **Required Vaccine Administration Information for Processing** |
| 44Ø-E5 | **DUR/PPS Segment**Professional Service Code | **MA**(Medication Administration) |
| 4Ø9-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** |
| 3Ø7-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** |
| 4Ø9-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.

| **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 (NCPDPD 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 |

| **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 |  |