



NYS Medicaid FFS Program Pharmacists as Immunizers Fact Sheet (Update October 2018)

NYS Education Law (6527, 6801, 6802, 6909) and regulations (8 NYCRR 63.9) permits licensed pharmacists who obtain additional certification to administer the following vaccines: Zoster, pneumococcal, meningococcal, tetanus, diphtheria, and pertussis vaccines when administered to patients 18 years of age or older; Influenza vaccines when administered to patients 2 years of age and older.

Administration of select vaccines by qualified pharmacists employed by, or under contract with, Medicaid enrolled pharmacies is reimbursable under NYS Medicaid.

The following conditions apply:

- Only Medicaid enrolled pharmacies that employ or contract with NYS certified pharmacists to administer vaccines will receive reimbursement for immunization services and products. Pharmacy interns cannot administer immunizations in New York State.
- Services must be provided and documented in accordance to NYS Department of Education laws and regulations. Visit <http://www.op.nysed.gov/prof/pharm/pharmimmunizations.htm> for additional information, including the reporting of all immunizations administered to persons less than 19 years of age to the State Department of Health using the NY State Immunization Information System (NYSIIS) or to the New York Citywide Immunization Registry.
- Pharmacies will only be able to bill for **Medicaid non-dual eligible enrollees**. Dual eligible enrollees will continue to access immunization services through Medicare.
- Medicaid Managed Care members will continue to access immunization services through their health plans. For Medicaid Managed Care Organization (MCO) billing guidance please contact the plan.
- Reimbursement for these vaccines may be based on a patient specific order or non-patient specific order. These orders must be kept on file at the pharmacy. The ordering prescriber's NPI is required on the claim for the claim to be paid.
- The Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for individuals **under the age of 19** are provided to Medicaid members (both FFS and MCO) free of charge by the Vaccines for Children (VFC) program.
 - Pharmacies wishing to administer VFC-available vaccines to Medicaid members under 19 years of age may enroll in the VFC program.
 - NYS Medicaid should **NEVER** be billed for the cost of any vaccine for persons under 19 years of age when it is available through the VFC Program. This applies to both FFS and MCO. **Pharmacies that bill Medicaid for the cost of vaccines when it is available through the VFC Program are subject to recovery of payment.**
 - Pharmacies that are not enrolled in the VFC program may choose to provide vaccines for members under 19 years of age at no charge to the member or Medicaid program, and be reimbursed an immunization fee of \$17.85 by NYS Medicaid.

- For more information on the VFC Program go to:

Outside of New York City (NYC): https://www.health.ny.gov/prevention/immunization/vaccines_for_children/

NYC: <https://www1.nyc.gov/site/doh/providers/nyc-med-cir/vaccines-for-children-requirements.page>

Billing Instructions for FFS:

- Consistent with Medicaid immunization policy, pharmacies will bill the administration fee and, when applicable, acquisition cost of the vaccine using the appropriate procedure codes. Procedure codes can be found [here](#). Please note that **NDCs are not to be used** for billing the vaccine product to Medicaid FFS. Reimbursement for the cost of the vaccine for ages 19 and above will be made at no more than the *actual* acquisition cost to the pharmacy. No dispensing fee or enrollee co-payment applies. Pharmacies will bill with a quantity of “1” and a day supply of “1”.

Vaccine claims submitted via the NCPDP D.0 format

Table 1

| NCPDP D.0 Claim Segment Field | Value |
|---------------------------------------|---|
| 436-E1 (Product/Service ID Qualifier) | value of "09" (HCPCS), which qualifies the code submitted in field 407-D7 (Product/Service ID) as a procedure code |
| 407-D7 (Product/Service ID) | Enter an applicable procedure code listed in Table 2 and/or 3. Up to 4 claim lines can be submitted with one transaction. |

NCPDP D.0 Companion guide can be found at: <https://www.emedny.org/HIPAA/5010/transactions/index.aspx>

Billing for immunizations for ages 19 and over:

For administration of multiple vaccines on the same date to patients ages 19 and older, procedure code 90471 should be used for administration of the first vaccine and 90472 for administration of ANY other vaccines administered on that day. One line should be billed for 90472 indicating the additional number of vaccines administered (insert quantity of 1 or 2).

Billing for immunizations for ages under 19:

For VFC-eligible vaccines, whether enrolled in the VFC Program or not, the pharmacy would submit procedure code 90460 (administration of free vaccine) for administration of first or subsequent doses; and submit the appropriate vaccine procedure code(s) with a cost of \$0.00.

The following procedure codes should be billed for select influenza for ages 2 and over; pneumococcal and meningococcal vaccines for age 18 and over; and zoster for age 50 and over:

Table 2

| Procedure Code | Procedure Description |
|-----------------------|---|
| 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, 2 dose schedule, for intramuscular use |
| 90621 | Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use |
| 90653 | Influenza virus vaccine (IIV), preservative free, for use in individuals 65 years of age and above, for intramuscular use |
| 90656 | Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular use |
| 90658 | Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use |
| 90661 | Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use |
| 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use |

| | |
|-------|---|
| 90670 | Pneumococcal conjugate vaccine, 13-valent, for intramuscular use |
| 90672 | Influenza virus vaccine, quadrivalent, live, for intranasal use in individuals 2 years of age through 49 |
| 90673 | Influenza virus vaccine, trivalent, derived from recombinant DNA, preservative free, for intramuscular use for 18 years of age and older |
| 90674 | Influenza virus vaccine; quadrivalent, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use |
| 90682 | Influenza virus vaccine, quadrivalent, (RIV4), derived from recombinant DNA, preservative and antibiotic free for intramuscular use |
| 90686 | Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use |
| 90688 | Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, with preservative, for intramuscular use |
| 90714 | Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older, for intramuscular use |
| 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older, for intramuscular use |
| 90732 | Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years of age or older, for subcutaneous or intramuscular use |
| 90733 | Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use, age 2 years of age and older |
| 90734 | Meningococcal conjugate vaccine, Serogroups A,C,Y and W-135 (trivalent), for intramuscular use, age 11 through 55 |
| 90736 | Zoster (shingles) Vaccine, live, for subcutaneous injection, age 50 and older |
| 90750 | Zoster (shingles) Vaccine, age 50 and older for intramuscular use |
| 90756 | Influenza virus vaccine, quadrivalent, antibiotic free, for intramuscular use |

The procedure codes below should be used for the actual administration of the vaccines listed above by a pharmacist:

Table 3

| Procedure Code | Procedure Description |
|----------------|---|
| 90473 | Immunization administration of seasonal influenza intranasal vaccine for ages 19 and above \$8.57 |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) \$13.23 |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (list separately in addition to code for primary procedure) \$13.23 |
| 90460 | Immunization administration of free vaccine through VFC Program for ages under 19 years \$17.85 |

Please check the Pharmacy Provider manual [here](#) for updates on procedure codes found in Table 2 and 3 for vaccines, under 'OTC and Supply Fee Schedule'.

Contact the eMedNY Call Center at (800) 343-9000 for questions regarding FFS billing.
Contact the individual managed care plan for questions regarding MCO billing.

Additional information on influenza can be found at NYS Department of Health's website at <http://www.health.ny.gov/diseases/communicable/influenza/>
CDC vaccine and immunization information can be found at <http://www.cdc.gov/vaccines/>