



NYRx, the New York State Medicaid Pharmacy Program Pharmacists as Immunizers Fact Sheet

(Updated 8/9/2023 - Updates are **highlighted**)

In accordance with New York State (NYS) Education law, pharmacists certified to administer immunizations are authorized to administer to patients 18 years of age and older, as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control and Prevention (CDC). The following vaccines can now be obtained by NYS Medicaid members, 18 years of age and older:

- COVID-19
- Hepatitis A
- Hepatitis B
- Herpes zoster (shingles)
- Human papillomavirus
- Influenza (2 years of age and older)
- Measles, mumps, and rubella
- Meningococcal
- Pneumococcal
- **Respiratory syncytial virus**
- Tetanus, diphtheria, and pertussis
- Varicella

NYS Medicaid coverage policy and billing guidance for the administration of COVID-19 vaccines can be found [here](#). **Please note: while the COVID-19 vaccines are still provided at no charge, the claim is billed as one single procedure code, with reimbursement for administration included in that code.**

The following conditions apply:

- Only Medicaid-enrolled pharmacies will receive reimbursement for immunization services. Services must be provided and documented in accordance with state laws and regulations, including the reporting of all immunizations administered to persons less than 19 years of age to either the State Department of Health (DOH), using the New York State Immunization Information System (NYSIIS), or to the New York Citywide Immunization Registry (CIR). Additional information can be found [here](#).
- 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 (MMC) enrollees will now access immunization services through **NYRx at the pharmacy**.
- 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. For patient-specific orders, the ordering prescriber's National Provider Identification (NPI) is required on the claim for the claim to be paid.
- Vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) for individuals **younger than 19 years of age** are provided to Medicaid members, both fee-for-service (FFS) and MMC, free of charge by the Vaccines for Children (VFC) program.
 - Pharmacies wishing to administer VFC-available vaccines to Medicaid members younger than 19 years of age may enroll in the VFC program. **Note: The VFC program is currently enrolling pharmacies to receive the influenza vaccine only.** Pharmacies immunizing patients 18 years of age with pneumococcal, meningococcal, tetanus, diphtheria and pertussis, hepatitis A, hepatitis B, human papillomavirus, measles, mumps, and rubella, and varicella vaccines **may not** bill Medicaid for the costs of these vaccines. Patients younger than 19 years of age, and enrolled in Medicaid, are VFC-eligible and may receive these vaccines through a VFC healthcare practice or clinic. **Pharmacies that bill Medicaid for the cost of vaccines that are 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 younger than 19 years of age, at no charge to the member or Medicaid program, and will be reimbursed an administration fee of **\$25.10** by NYS Medicaid.
 - Additional information on the VFC Program, based on location, can be found at the following links:
 - [New York City](#)

- [Outside New York City](#)

Billing Instructions to NYRx:

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: National Drug Codes (NDCs) are not to be used for billing the vaccine product to NYRx. Reimbursement for the cost of the vaccine for individuals 19 years of age and older 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 National Council for Prescription Drug Programs (NCPDP) D.0 format

NCPDP D.0. Claim Segment Field	Value
436-E1 (Product/Service ID Qualifier)	Enter value of "09" 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 B and/or C. Up to four claim lines can be submitted with one transaction.

Please see the [NYS Medicaid Pharmacy Manual Policy Guidelines](#) document for further guidance on origin code and serial number values that must be submitted on the claim for "pharmacy dispensing" when applicable for non-patient specific orders.

NCPDP D.0 Companion guide can be found [here](#).

Billing for Immunizations of Members 19 Years of Age and Older:

For administration of multiple vaccines on the same date to members 19 years of age 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 Members younger than 19 Years of Age:

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, then submit the appropriate vaccine procedure code(s) with a cost of \$0.00. A system edit will ensure that, when there is an incoming claim for the administrative fee (procedure code "90460"), there is also a claim in history for a VFC-eligible vaccine procedure code, reimbursed at \$0.00. If no history claim is found, then the claim will be denied for the edit 02291.

For National Council for Prescription Drug Programs (NCPDP) claims transactions that are denied for edit 02291, the corresponding Medicaid Eligibility Verification System (MEVS) Denial Reason code "738" will be returned *"History Not Found for Administrative Vaccine Claim"* and NCPDP Reject code "85" *"Claim Not Processed."*

The following procedure codes should be billed for select influenza vaccines for those two years of age and older; pneumococcal, meningococcal, hepatitis A, hepatitis B, human papilloma virus, measles, mumps, and rubella, tetanus, diphtheria, and pertussis, **respiratory syncytial virus, varicella, and zoster vaccines for those 18 years of age and older in accordance with [ACIP recommendations](#):**

Procedure Code	Procedure Description
90619	Meningococcal conjugate vaccine, Serogroups A, C, W, Y, two dose schedule, for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, Serogroup B, two dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B, a two or three dose schedule, for intramuscular use
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage, two dose schedule, for intramuscular use
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use
90651	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (9Vhpv), a two or three dose schedule, for intramuscular use
90662	Influenza virus vaccine (IIV4-HD), split virus, preservative free, enhanced immunogenicity via increased antigen content, for use in individuals 65 and above, for intramuscular use

Procedure Code	Procedure Description
90670	Pneumococcal conjugate vaccine (PCV13), 13-valent, for intramuscular use
90671	Pneumococcal conjugate vaccine (PCV15), 15-valent, for intramuscular use
90672	Influenza virus vaccine, quadrivalent (LAIV4), live, for use in individuals two years through 49 years of age, for intranasal use
90674	Influenza virus vaccine; quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, for use in individuals two years of age and older, for intramuscular use
90677	Pneumococcal conjugate vaccine (PCV20), 20-valent, for intramuscular use
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use
90682	Influenza virus vaccine, quadrivalent, (RIV4), derived from recombinant DNA, preservative and antibiotic free, for use in individuals 18 years of age and older, for intramuscular use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for use in individuals 12 to 35 months, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for use in individuals three years of age and older, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 dosage, for use in individuals 24 through 35 months of age, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, for use in individuals three years of age and older, with preservative, for intramuscular use
90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, for individuals 65 years of age and older, for intramuscular use
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for intramuscular use

Procedure Code	Procedure Description
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for intramuscular use
90716	Varicella virus vaccine, live, for subcutaneous use
90732	Pneumococcal polysaccharide vaccine (PPSV23), 23-valent, adult, or immunosuppressed patient dosage, for subcutaneous or intramuscular use
90734	Meningococcal conjugate vaccine, Serogroups A, C, Y and W-135 (trivalent), for intramuscular use
90739	Hepatitis B vaccine, adult dosage, two dose schedule, for intramuscular use
90740	Hepatitis B vaccine, dialysis, or immunosuppressed patient, three dose schedule, for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage, three dose schedule, for intramuscular use
90746	Hepatitis B vaccine, adult dosage, three dose schedule, for intramuscular use
90747	Hepatitis B vaccine, dialysis, or immunosuppressed patient, four dose schedule, for intramuscular use
90750	Zoster (shingles) vaccine, for use in individuals 19 years of age and older with immunocompromising conditions, for intramuscular use
90756	Influenza virus vaccine, quadrivalent (ccIV4), antibiotic free, use in individuals two years of age and older, for intramuscular use
90759	Hepatitis B vaccine, for use in individuals 18 years of age and older, three dose schedule, for intramuscular use

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

Procedure Code	Procedure Description
90460	Immunization administration of free vaccine through VFC Program for members younger than 19 years of age \$25.10
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) \$13.36

Procedure Code	Procedure Description
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) \$13.36
90473	Immunization administration of seasonal influenza intranasal vaccine for ages 19 years and older \$8.66

Vaccine Counseling:

Pharmacists offering vaccine counseling services to members 18 years of age or younger can reference the coverage and reimbursement policy outlined in the [Early and Periodic Screening, Diagnostic, and Treatment Program Childhood Vaccine Counseling Coverage Benefit article](#) published in the March 2022 issue of the Medicaid Update.

Billing Instructions for MMC:

NYRx should be billed for any vaccine administered by a pharmacy provider. For non-pharmacy providers, individual MMC plans should be contacted for their specific reimbursement and billing guidance. Plan information can be found by visiting the following [website](#).

Questions and Additional Information:

- Additional information on influenza is available on the NYS DOH web page, titled [What You Should Know About the Flu](#).
- NYRx billing and claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYRx Pharmacy coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.