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Information for DMEPOS Providers and Pharmacies dispensing Medical Supplies for Members affected by the Managed Care NYRx/ Fee for Service Benefit Transition beginning April 1, 2023

On April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) had their pharmacy benefits and some medical supplies transitioned to Fee for Service through Durable Medical Equipment Providers and NYRx for pharmacies. See the March 2023 Special Edition Medicaid Update found here:

https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no4_mar23_speced_pr.pdf for more information on the Pharmacy Benefit Transition.

This transition includes all items found in the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Procedure Code Manual in sections 4.1, 4.2, and 4.3. See the provider manual at the following link for more specific information - <https://www.emedny.org/ProviderManuals/DME/>

DMEPOS Providers Dispensing Medical Supplies

DMEPOS providers may still service Managed Care Plan members that have been transitioned to FFS for medical supplies. This includes infusion sets for insulin pumps, continuous glucose monitoring supplies, enteral formulas and all other items found in sections 4.1, 4.2 and 4.3 of the manual. Providers should follow all current Fee for Service billing Guidelines.

Prior Approval and Prior Authorization will Pend for Manual Review for claim submitted without Authorization

Approvals and authorizations for medical supplies included in the transition have been relaxed. Claims that do not have an authorization will PEND for manual review for managed care members and will be paid during the initial part of the transition. Providers will be notified when approval and authorization requirements will be re-started. Providers should start to become familiar with FFS approval guidelines as soon as possible. For information on authorizations, please see the [Medicaid Update Volume 39 number 4.](#)

Continuous glucose monitoring (CGM) Supplies

CGM supplies may be billed by a pharmacy or a DMEPOS medical supply dealer. Pharmacy providers dispensing CGM supplies found on the [Preferred Diabetic Supply Program](#) should utilize this Program for reimbursement (Dexcom 6, 7 and Freestyle Libre). Pharmacy providers requests for Dexcom 5, any Medtronic CGM, other CGM not found in the Preferred Diabetic Supply Program should bill using the corresponding HCPCS code. All CGM dispensed by DMEPOS providers should be submitted using HCPCS codes. DMEPOS providers should submit for prior authorization by the Dispensing Validation System (DVS) or prior approval, if necessary, prior to reimbursement. Authorizations have been relaxed for the transition.

Enteral Formula

Enteral formula is a defined benefit found in [18NYCRR 505.5 \(g\)](#) or in the [DMEPOS Procedure Code manual](#) starting on page 35.

The Enteral Web Portal and Interactive Voice Response (IVR) System are two parts of the enteral product prior authorization system. Payment for those items listed in the procedure code manual marked with an asterisk (*) is dependent upon prior authorization through the automated system. The ordering practitioner must access the portal at [MEDICAIDENTERALPORTAL.health.ny.gov](#) or [www.emedny.org](#) home screen or alternatively, use the telephonic IVR system (1-866-211-1736) for the prior authorization number. The fiscal order, including the authorization number, is sent to the dispensing provider. The dispensing provider uses the portal or IVR to verify the information and submit the correct billing code.

Enteral formula is billed using the HCPCS B series codes on either a Pharmacy (NCPDP) or a DMEPOS supply (Professional) claim. Formula is reimbursed by caloric units – one caloric unit equals 100 calories. Worksheets are available in the manual to assist providers in using the automated approval systems. Recordings of provider trainings for enteral policy and using either the IVR or web-based portal are available on the [DME Provider Manual Page](#). Dispensing providers are encouraged to begin reaching out to the ordering providers to begin the entry of medical information into the DIRAD system so that authorizations can be activated as soon as possible. Authorizations have been relaxed for the Pharmacy Benefit Transition but will be reinstated in the future.

Incontinence Products – Diapers, Underpads, and Liners

Incontinence products (diapers, underpads and liners) may be dispensed by a pharmacy or a DMEPOS provider but can only be billed with HCPCS Procedure codes using the Professional Claim type. Pharmacy (NCPDP) claims type will not be

accepted. Quantities are limited by diagnosis for these products and a diagnosis must be submitted on each claim. Please see the [Incontinence Ordering Tool](#) for additional information. Diapers are also subject to [minimum quality standards](#) for products dispensed to Medicaid members. Pharmacies and DMEPOS providers are required to produce the information upon request.

Resources

For questions related to DMEPOS supplies, contact the Bureau of Medical Review at 1 (800) 342-3005, option 4 or email at OHIPMEDPA@health.ny.gov.

Information regarding the Preferred Diabetic Supply Program is found here: <https://newyork.fhsc.com/providers/diabeticsupplies.asp>

For prior authorization for products in the Preferred Diabetic Supply Program, prescribers may call Magellan at (877) 309-9493.

For policy questions regarding the Preferred Diabetic Supply Program call (518) 486-3209 or email NYRx@health.ny.gov.