



April 9, 2020

Vaccine Coverage and Billing

Molina Healthcare of New York, Inc. (Molina) supports our members receiving vaccinations from pharmacists. Adult members (19 years of age and older) can receive the flu vaccine from either a pharmacist or their health care provider. Adult members 60 years of age and older can also receive the Shingles vaccine from either a pharmacist or their health care provider.

Now, under our current benefit, pediatric members (18 years of age and younger) can receive the flu vaccine from their health care providers or their pharmacist, if they choose.

To our pharmacy providers, please see the billing guide for our plan.

Pharmacy Services Department
Molina Healthcare of New York, Inc.

5232 Witz Drive | North Syracuse, NY 13212

This update applies to:
All Network Pharmacies

States:
New York

Line of Business:
Medicaid

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk:
1-800-364-6331

Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at caremark.com/pharminfo > NCPDP Payer Sheets.

Vaccines for New York State Medicaid-Enrolled Children

Pharmacies Not Enrolled in Vaccines for Children

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 Vaccines for Children (VFC) Program. **Pharmacies that bill Medicaid for the cost of vaccines that are available through the VFC Program are subject to recovery of payment, regardless of whether or not the vaccine was obtained through the VFC Program.**

Pharmacies that are not enrolled in the VFC program may choose to provide vaccines for Medicaid members under 19 years of age provided that there is no charge to the member or Medicaid program for the cost of the vaccine. Pharmacies will be reimbursed an immunization fee.

Claims Submission Information

When submitting claims for vaccines administered to New York Medicaid plan children, populate the value "MA" in the Professional Service Code Field and populate a value greater than zero in the Incentive Amount Submitted Field. Additionally, VFC claims must be submitted as a free product. Please use the following information to properly submit VFC claims:

| Field # | NCPD Field Name | Required Vaccine Administration Information for Processing |
|---------|----------------------------------|--|
| 44Ø-E5 | Professional Service Code Field | MA (Medication Administration) |
| 438-E3 | Incentive Amount Submitted Field | ≥ \$0.01 (Submit Administration Fee) |
| 409-D9 | Ingredient Cost Submitted | \$0.00 |
| 412-DC | Dispensing Fee Submitted | ≥ \$0.01 (Submit Dispensing Fee) |
| 426-DQ | Usual and Customary Charge | >\$0.00 |
| 423-DN | Basis of Cost Determination | 15 (Free product or no associated cost) |

Submit the appropriate quantity (e.g., 0.5ml) and the appropriate days supply (up to 30). Inappropriate quantities or days supply may cause the claim to reject.

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Pharmacy Update

February 8, 2019

For more information on the VFC program go to:

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

Outside of NYC: https://www.health.ny.gov/prevention/immunization/vaccines_for_children/

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