



MVP Medicaid Pharmacy Billing Guidance for Monoclonal Antibody Treatment

Overview

- Pharmacies enrolled in NY Medicaid will be reimbursed for the 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 administered 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 the NYS website for updates: [New York State \(NYS\) Medicaid Policy and Billing Guidance for Reimbursement of COVID-19 Monoclonal Antibody \(mAb\) Therapeutic Dispensing or Administration at Pharmacies](#)
- 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 # 409-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). Please see the Claim Submission Information section below.



Claim Submission Information

NCPDP D.0. Claim Segment Field	Value
440-E5 DUR/PPS Segment Professional Service Code	MA (Medication Administration)
409-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
307-C7 Patient Segment Place of Service	12 (If submitting for Home Setting)

Claim Submission Information for Government-Supplied COVID-19 Therapy Programs

For administration of claims for a COVID-19 mAb therapy provided without cost through a government program, pharmacies must populate specific values in the following fields:

NCPDP D.0. Claim Segment Field	Required Vaccine Administration Information for Processing
409-D9 Ingredient Cost Submitted	\$0.00
423-DN Basis of Cost Determination	15 (Free product or no associated cost)

If you have any questions, please call the Pharmacy Help Desk at **1-800-364-6331**.