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Medicaid Update

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Provider Directory

Medicaid Members are Exempt from Copayments for COVID-19 Related Treatment and Preventive Care

New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) members are exempt from copayments for COVID-19 related treatment and preventive care, including COVID-19 related testing, emergency room services, and medical services and supplies, including personal protective equipment and equipment. This coverage also includes treatment for post-acute-COVID-19 syndrome (PASC), also known as "long COVID". PASC is a chronic condition that can last weeks or years after initial infection. NYS Medicaid FFS and MMC also cover, without copayments, treatments for conditions that are exacerbated by COVID-19 such as sepsis, pneumonia, and acute respiratory failure or are presumed to be COVID-19 during the period when they are diagnosed with, or presumed to have, COVID-19. This includes hemoglobinopathies, immune deficiency concerns, and all other as well as other chronic conditions.

Professional claims submitted for COVID-19 related testing, evaluation, and treatment services should include the COVID-19 diagnosis code. Facility claims should include the COVID-19 diagnosis code in the principal diagnosis field for inpatient hospital services/Diagnosis and Treatment Centers (DRTCs). Partially Qualified Health Clinics (PQHCs) and Federally Qualified Health Centers (FQHCs) should include the COVID-19 diagnosis code in the principal diagnosis field for services related to COVID-19. Previous guidance was provided in the March 2020 Special Edition of the Medicaid Update, "Medicaid Coverage and Payment Policies for Testing and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19)".

Pharmacy claims/Electronic Drug Utilization Review/Prospective evaluation and intervention claims should include the COVID-19 diagnosis code in the Diagnosis Code Pointer field. Medicaid Managed Care Plan members can be found in the Medicaid Managed Care Enrollment Verification (MCEV) tool. Fee-for-service Medicaid members can be found in the eMedNY Web Portal Eligibility verification tool.

Questions and Additional Information

- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9860.
- Medicaid Managed Care (MMC) claim questions should be directed to the Department of Health Office of Program Development and Management (OPDM) by telephone at (518) 473-2160 or by email at PCSMedicaid@health.ny.gov.
- Medicaid Managed Care (MMC) enrollment, billing, and/or documentation requestions questions should be directed to the MMC Plan.
- MMC plan contact information can be found in the eMedNY New York State Medicaid Program Information for All Providers Manual Table of Contents.

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COVID-19 Vaccine Counseling Covered

Effective December 1, 2020, New York (NYS) Medicaid fee-for-service (FFS), Medicaid Managed Care (MMC) Plans (including mainstream MMC, Health Home Care Management Organizations, Health Home Care Coordination Organizations, and Health Home Care Management Organizations Serving Children) and Office of Mental Health Services Certified Collaborative Care Model providers will cover COVID-19 vaccine counseling provided to Medicaid members in the COVID-19 vaccine. MMC Plans must configure their payment systems to later than February 7, 2021 to apply the dates of service or after December 1, 2021.

The vaccine types have been approved for COVID-19 vaccine counseling:

- Pfizer-BioNTech COVID-19 Vaccine
- Moderna COVID-19 Vaccine
- Janssen COVID-19 Vaccine
- Pharmacists
- Other providers billing entered underlying
- Medicaid Managed Care Plan (MMC) Plans
- Other qualified rate-based providers

Reimbursement for COVID-19 vaccination counseling is limited to unprovisioned individuals who have not received an identified dose of the COVID-19 vaccine and do not have an appointment to receive an initial/first dose of the COVID-19 vaccine, but who are eligible to receive the COVID-19 vaccination. In providing counseling to eligible individuals, it is appropriate to recommend vaccination and provide information about the vaccine, including the Centers for Disease Control and Prevention Number (CDC) of the available vaccine. The counseling must be delivered in the presence of the children and their parents, guardians, or caregivers.

The NYS Medicaid program will cover the COVID-19 vaccine counseling provided to eligible individuals who have not received an identified dose of the COVID-19 vaccine and do not have an appointment to receive an initial/first dose of the COVID-19 vaccine, but who are eligible to receive the COVID-19 vaccination. In providing counseling to eligible individuals, it is appropriate to recommend vaccination and provide information about the vaccine, including the New York City (NYC) Department of Health and Mental Hygiene (DOHMH) and the Centers for Disease Control and Prevention (CDC) Number of the available vaccine. The counseling must be delivered in the presence of the children and their parents, guardians, or caregivers.

COVID-19 vaccine counseling sessions must be documented in the medical or pharmacy record. To view all required documentation, providers can refer to the Medicaid Managed Care Enrollment Verification (MCEV) tool.

To view all reimbursement information for provider types (individual practitioners, pharmacists, and other qualified providers), please refer to the Medicaid Fee Schedule. Medicaid Managed Care Plan (MMC) Plans can be found in the eMedNY New York State Medicaid Program Information for All Providers Manual.

Questions and Additional Information

- Fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9860.
- Medicaid Managed Care (MMC) claim questions should be directed to the Department of Health Office of Program Development and Management (OPDM) by telephone at (518) 473-2160 or by email at PCSMedicaid@health.ny.gov.
- Medicaid Managed Care (MMC) enrollment, billing, and/or documentation requestions questions should be directed to the MMC Plan.
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Expansion of Coverage of Mental Health Counseling Provided by Article 28 Outpatient Treatment Clinics and Free-Standing Diagnostic and Treatment Centers to Pregnant and Postpartum Individuals

New York State (NYS) Medicaid fee-for-service (FFS) and Medicaid Managed Care (MMC) Plans will cover mental health counseling services provided to pregnant and postpartum individuals in Article 28 outpatient treatment clinics as well as free-standing Diagnostic and Treatment Centers (DRTCs). Previously, these services were only covered when provided by a licensed clinical social worker (LCSW). Mental health counseling services provided by other licensed practitioners will continue to be covered when provided in Article 28 outpatient treatment clinics and DRTCs.

Change is effective January 1, 2021 for NYS Medicaid fee-for-service (FFS) and effective April 1, 2021 for Medicaid Managed Care (MMC).

Fee Schedule

Outpatient Hospital Departments and DRTCs must use the following rates to submit claims for reimbursement from Medicaid FFS for mental health counseling provided to pregnant and postpartum individuals:

Code	Description	Rate
90791	Psychiatric diagnostic evaluation	$97.00
90792	Psychiatric diagnostic evaluation with medical services	$97.00
90832	Individual therapy/psychotherapy, 30 minutes face-to-face; with patient and/or family member	$71.00
90834	Individual therapy/psychotherapy, 45 minutes face-to-face; with patient and family member	$91.00
90837	Individual therapy/psychotherapy, 60 minutes face-to-face; with patient and family member	$121.00
90846	Family psychotherapy (without the patient present), 50 minutes	$91.00
90847	Family psychotherapy (conjoint therapy) with patient present, 50 minutes	$91.00

Hospital Based Health Centers (HBHCs) must use the following rate codes to request reimbursement from Medicaid FFS for mental health counseling when provided to pregnant and postpartum individuals:

Code	Description	Rate
0900	Individual therapy/psychotherapy, without medical services; face-to-face/telephone and/or telepsychiatry	$71.00
0901	Individual therapy/psychotherapy, with medical services; face-to-face/telephone and/or telepsychiatry	$97.00
0902	Group therapy/psychotherapy, without medical services; face-to-face/telephone and/or telepsychiatry	$35.00
0903	Group therapy/psychotherapy, with medical services; face-to-face/telephone and/or telepsychiatry	$48.00

Medicaid Managed Care Plans (MMC) Plans will cover mental health counseling services provided by Article 28 outpatient treatment clinics and free-standing DRTCs listed below:

- Medicaid Managed Care (MMC) Plans will cover services provided by LCSW/LMSW in Article 28 certified clinics at a delayed article published in the March 2020 issue of the Medicaid Update.
- Medicaid Managed Care (MMC) Plans will cover services provided by Licensed Clinical Social Worker (LCSW) in Article 28 certified clinics and Diagnostic and Treatment Centers article published in the August 2020 issue of the Medicaid Update.
- Medicaid Managed Care (MMC) Plans will cover services provided by LCSW in Article 28 Outpatient Hospital Clinics and Free-Standing DRTCs providing outpatient with a psychiatrist and located in Medicaid Managed Care (MMC) Plans.
- Article Certification: Mental Counselors Coverage of the Health Counselors by LCSWs and LMSWs Approved for Article 28 Outpatient Hospital Clinics and Free-Standing DRTCs Medicaid Managed Care (MMC) Plans will cover services provided by LCSW/LMSW.

To view all reimbursement information for provider types (individual practitioners, pharmacists, and other qualified providers), please refer to the Medicaid Fee Schedule. Medicaid Managed Care Plan (MMC) Plans can be found in the eMedNY New York State Medicaid Program Information for All Providers Manual.

Questions and Additional Information

- FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPM) by telephone at (518) 473-2160 or by email at PCSMedicaid@health.ny.gov.
- FFS claim questions should be directed to the eMedNY Call Center at (800) 343-9860.
- Medicaid Managed Care (MMC) claim questions should be directed to the Department of Health Office of Program Development and Management (OPDM) by telephone at (518) 473-2160 or by email at PCSMedicaid@health.ny.gov.
- MMC Plan contact information can be found in the eMedNY New York State Medicaid Program Information for All Providers Manual.

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NY State of Health Announces New "Care at Home" Program

The NY State of Health (NYSH) Qualified Health Plan Performance Improvement Initiative (PIP) for 2022 Qualified Health Plans is implemented in partnership with the Medicaid Managed Care (MMC) Plans and Health Home Care Management Organizations (HHCMOs) provides consumers quality improvement initiatives to improve health care quality, access, and outcomes. The PIP is designed to reduce disparities and continues to refine expanded the quality measure set for Qualified Health Plans (QHPs).

More than 6.5 million individuals use in New York Medicaid are covered by health coverage through the Marketplace. Enrollment has steadily increased since the NYSH Marketplace opened in 2014. Medicaid Managed Care (MMC) and in 2021 due to the increased

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NY State of Health Announces 2022 Enrollment to Open

The NY State of Health Open Enrollment for Individual Market Qualified Health Plans (QHPs) for 2022 Qualified Health Plans is scheduled to open November 1, 2020 and close on January 31, 2021. The Open Enrollment period provides consumers quality improvement initiatives to improve health care quality, access, and outcomes. The PIP is designed to reduce disparities and continues to refine expanded the quality measure set for Qualified Health Plans (QHPs).

More than 6.5 million individuals use in New York Medicaid are covered by health coverage through the Marketplace. Enrollment has steadily increased since the NYSH Marketplace opened in 2014. Medicaid Managed Care (MMC) and in 2021 due to the increased

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Medicaid Consumer Fact Sheets Now Available

Medicaid consumer fact sheets are now available on the NY State of Health website. The fact sheets are available in English, Spanish, Russian, Chinese, Haitian Creole, Korean, Yiddish, Arabic, Bengali, Italian, Polish, Urdu, French, Tagalog, Gujarati, Japanese, Punjabi, Greek, Nepali, Farsi, Hindi, Portuguese, Mandarin, Cantonese, Vietnamese, Fulani, Ukrainian, Wolof, Mandinka, Serbian, Bosnian, Serbian, Bosnian, Croatian, Albanian, Khmer, Kinyarwanda, Mandarin, Cantonese, Nepali, Tibetan, Burmese, Karen, Kirundi, Swahili, Kinyarwanda, Kirundi, Swahili, Amharic, Oromo, Tigrinya, Somali, Arabic