



## Billing for No-Cost Drugs and Biologicals

Healthfirst requires that providers record all substances administered to patients and that a charge be reported, even for no-cost drugs and biologicals. When this occurs, the provider or qualified healthcare professional should submit a token **charge of \$0** for the item.

### Tips for Claims Submission

The following tips will assist providers with verifying benefits, navigating prior authorizations, and submitting claims for drug administration:

1. Determine if the drug is covered as a medical or pharmacy benefit and if there are any applicable prior authorization requirements.
2. Accurately complete and submit a prior authorization request (if required)
  - a. If required, include a Letter of Medical Necessity that outlines the patient's medical history and the rationale for therapy.
  - b. Consider attaching a copy of the package insert and any other supporting documentation.
3. Ensure medical records include full and proper documentation of patient's history, prior therapy, and rationale for treatment.
4. Determine any special distribution requirements (e.g., free to the facility via a NYS benefit, mandatory use of a specific specialty pharmacy, or requirements to buy-and-bill).
5. Specify the proper number of units on the Claim Form.
6. Verify that all identification numbers and names are entered correctly.
7. Use correct ICD-10-CM codes, including fourth or fifth digits.
8. Verify the use of proper HCPCS and CPT codes.
  - a. Example: If the drug has been delivered in the patient's name from a specialty pharmacy or was received at no charge to the facility, enter the appropriate administration CPT code (i.e., 96372) and enter the appropriate HCPCS code (i.e., J0401) with a **charge of \$0**.
9. If applicable, confirm that the correct revenue code is used with the appropriate supporting HCPCS code.
10. File the claim in a timely fashion.

# Provider Alert

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## Responsibility Reminder

- Providers should administer drugs and biologicals in the most cost-effective and clinically appropriate manner.
- Providers will utilize the most appropriately sized single-use vial or combination of single-use vials to deliver the ordered dose of medication and minimize waste.
- Reimbursement for drugs and biologicals will be made in accordance with the provider's contract.

Please refer to the Healthfirst Provider Manual, NYS Medicaid guidance, and the article **Billing and Coding: Complex Drug Administration Coding (A58620) (cms.gov)** for applicable requirements and limitations.

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.