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Topical Fluoride Varnish Application: Expansion of Provider Types

New York State (NYS) Medicaid reimburses for topical fluoride treatment (varnish) to prevent dental caries (cavities) in children. Varnish is applied to both dental and non-dental settings (**in-office immediately**), an amendment to the Education Law permits **registered dental assistants (RDAs) and licensed practical nurses (LPNs)** to apply topical fluoride varnish.

In the Dental Setting, Current Dental Terminology (CDT) codes **"D1206"** (topical application of fluoride varnish) and **"D1208"** (topical application of fluoride, excluding varnish) are used for direct personal supervision of a licensed dentist in the course of the performance of dental services. When billing NYS Medicaid, CDT codes **"D1206"** must be billed by the supervising dentist.

In non-dental settings, topical application of fluoride varnish is reimbursable when performed by a NYS Medicaid enrolled provider. Current Procedural Terminology (CPT) code **"99188"**, Fluoride varnish can be applied by **LPNs**, registered nurses, and physician assistants to optimize treatment. When billing NYS Medicaid, CPT code **"99188"** must be billed by a LPN, should be billed by the supervising physician.

Providers should be trained and competent in fluoride varnish application. Training resources can be accessed through the [New York State Department of Health's Oral Health Program](#) and the [Centers for Medicare & Medicaid Services Oral Health Initiative Materials and Oral Health Information for Child Health Care Providers' web page](#).

Providers should refer to the [Dental Policy and Procedure Code Manual – New York State Medicaid: 2025 Dental Policy and Procedures](#) for more information.

CDT and CPT Codes	Billed By	Description	NYS Medicaid Rate
CDT code **D1206**	Dentists	Topical application of fluoride varnish Reimbursable once per member per month, per practitioner, per practice location, from eruption of first tooth through 20 years of age Limited to members who have been identified with at least 1 NYC Plan of Care Risk Factor(s) as identified in the Preventive Services Assessment (PSA) at the Periodicity Schedule, Risk Assessment, Anticipatory Guidance/Counseling and Oral Health Services Periodicity Schedule, Risk Assessment, Anticipatory Guidance/Counseling and Oral Health Services Restriction Exception code of 50, "R1" (Traumatic Brain Injury (TBI) Waiver Only) or "R2" (Children's Health Home Program (CHHP) Managed Care Exemption), or in cases where salivary gland function has been compromised through surgery, radiation, or disease	$30.00
CPT code **99188**	Physicians and NPs	Reimbursable once per three-month period for NYS Medicaid members, from eruption of first tooth through six years of age (inclusive)	$30.00

Questions and Additional Information:

- NYS Medicaid fee-for-service coverage and policy questions should be directed to the Office of Health Insurance Programs Division of Program Coverage and Reimbursement via phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- Medicaid Managed Care (MMC) implementation, policy and/or enrollment requirement questions should be directed to the MMC Plan of the enrollee. MMC Plan contact information can be found in the [eMedNY New York State Medicaid Program Information for All Providers – Managed Care document](#).
- NYS Medicaid FFS claims questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid FFS provider enrollment questions should be directed to eMedNY Provider Enrollment at (800) 343-9000.

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Policy and Billing

Reminder: Coverage of Licensed Clinical Social Workers, Licensed Master Social Workers, Licensed Mental Health Counselors, Licensed Marriage and Family Therapists Services Provided in Article 28 Outpatient Hospital Clinics and Free-Standing Diagnostic and Treatment Centers

This article is intended to remind providers in Article 28 hospital outpatient departments (OPDs), free-standing diagnostic and treatment centers (D&TCs) and School-Based Health Centers (SBHCs), about use to request reimbursement from New York State (NYS) Medicaid Fee-for-Service (FFS) and Medicaid Managed Care (MMC) Plans for services provided by Licensed Clinical Social Workers (LCSWs), Licensed Master Social Workers (LMSWs), Licensed Mental Health Counselors (LMHCs) and Licensed Marriage and Family Therapists (LMFTs) within their scope of practice, as defined by the NYS Education Department.

Reimbursement for LCSW, LMSW, LMHC, and LMFT services are based on flat rates established by the NYS Department of Health (DOH) and provided via the rate codes below. These services will not be reimbursed through non-Ambulatory Patient Group (APG) payment methodology, nor priced via McKesson's Grouper Price Assessor.

Article 28 Clinics
Hospital OPDs and **free-standing D&TCs** should use the following rate codes:

Rate Code	Rate Description
4202	Individual LMHC/LMFT services 30 to 50 minutes with patient
4203	Individual LMHC/LMFT services 51 to 80 minutes with patient
4204	Individual LMHC/LMFT services 81 to 110 minutes with patient
4207	LCSW/LMSW services 30 to 50 minutes with patient
4208	LCSW/LMSW services 51 to 80 minutes with patient
4209	LCSW/LMSW services 81 to 110 minutes with patient

SBHCs
SBHCs should use the following rate codes:

Rate Code	Rate Description
1057	SBHC-LCSW/LMSW services 30 to 50 minutes with patient
1058	SBHC-LCSW/LMSW services 51 to 80 minutes with patient
1059	SBHC-family services LCSW/LMSW with or without patient present
1060	SBHC-family services LMHC/LMFT with or without patient present
1061	SBHC-LMHC/LMFT services 30 to 50 minutes with patient
1062	SBHC-LMHC/LMFT services 51 to 80 minutes with patient

Reimbursement for the hospital OPD, D&TC and SBHC rates are referenced in the tables above, can be found on the NYS DOH "Alternative Payment Fee Schedule" web page.

Federally Qualified Health Centers and Rural Health Clinics
Federally Qualified Health Centers and **Rural Health Clinics** not opted in to receive payment via the APG reimbursement methodology should bill the Prospective Payment System rate for these services as encounter behavioral health practitioners.

Questions:

- Medicaid FFS coverage and policy questions should be directed to the Office of Health Insurance Programs Division of Program Development and Management by telephone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- Medicaid Managed Care (MMC) implementation, policy and/or enrollment requirement questions should be directed to the MMC Plan of the enrollee. MMC Plan contact information can be found in the [eMedNY New York State Medicaid Program Information for All Providers – Managed Care document](#).
- NYS Medicaid FFS claims questions should be directed to the eMedNY Call Center at (800) 343-9000.
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Pharmacy

NYRx Pharmacy Drug Coverage: Claims Processing Enhancements and Reminders

This communication serves as a reminder to all pharmacies participating in the NYRx pharmacy benefits to policies and procedures of the New York State (NYS) Medicaid program for continued enrollment as well as NYS and federal laws, rules and regulations.

NYRx Drug Coverage Criteria
NYRx, the NYS Medicaid pharmacy program, covers most medically necessary Food and Drug Administration (FDA)-approved drugs when used for FDA-approved indications and/or compendia-supported indications.

The *New York State Department of Health Publication of Medicaid Reimbursable Drugs*, updated periodically, is available at the [eMedNY "Publication of Medicaid Reimbursable Drugs" web page](#). The *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the [eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page](#), can also be searched and sorted by National Drug Code (NDC), as well as description, drug type, labeler, route of administration (RA) code, and administration (RA) code.

Only those prescription and non-prescription drugs, which appear on the *New York State Department of Health List of Medicaid Reimbursable Drugs*, are reimbursable. Drugs that are not listed are considered non-covered drugs. Prior authorization (PA) is required for certain drugs, drugs with certain prescription limitations, therapeutic categories, or for certain NDCs that are specified as non-covered drugs in the respective sections of NYS Medicaid reimbursement.

Drug Coverage Limitations
NYS Medicaid applies reimbursement for drugs included in the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the [eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page](#), subject to the following limitations. The following are examples of drug coverage limitations applied by NYS Medicaid, in accordance with policy and/or published notices:

- Drugs used for the treatment of anorexia, weight loss or weight gain purposes (see [Social Security Act (SSA) §1927(d)(2)]).
- Drugs for the treatment of sexual dysfunction (see [SSA §1927(d)(2)], and [Public Health Law (PHL) §3309(1)]).
- Drugs without a federal rebate agreement or a rebate agreement with a State authorized by the Secretary pursuant to [SSA §1927(a)].
- Drugs manufactured by a labeler not participating in the NYS Drug Rebate Program.
- Any contract agents, used for radiological purposes, not included in the fee of the radiologist.
- Drugs packaged in unit doses for which bulk product exists.

Compounding Drugs
Pharmacies are further reminded of their obligations to comply with previously issued Medicaid Update articles, including the *Reminder Compounding Policy* article published in the [April 2022 issue](#) of the Medicaid Update.

Claims Processing
Pharmacies are reminded for medications that are not active on the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the [eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page](#), will be suspended and requires National Council for Prescription Drug Programs (NCPDP) messaging. Pharmacies receiving the recently been updated to provide additional detail regarding coverage criteria. Reject messages are returned in the NCPDP Batch Standard (D.0) Telecommunication Standard Specification (NCPDP) Claim Reject Code for a transaction is returned within the additional message information **526-FQ** and indicates the MEVS error for rejected transactions.

Error #	Edit Description	NCPDP Reject Message
00683	Item not eligible for payment on bill date	76 Product not on Formulary
02182	NDC not billed	70 Product/service is outside of the product/service domain (FDA/Medicaid Solvere and Medicaid Rx) or marketing date
02183	NDC not federal participant	70 Product/service is not covered non-participating manufacturer.
02184	NDC is a Drug Efficacy Study Implementation (DESI) drug	70 Product not covered Requires additional MEVS 526-FQ Indicates the MEVS code is invalid.
02185	NDC excluded from State coverage	70 NDC not covered
02264	Procedure code required if billed NDC	76 Incorrect product/service ID for processor/payer 526-FQ Indicates the MEVS error for rejected transactions.

Frequently Rejected Drugs as of April 2025

NDC Name	Edit Description	NCPDP Reject Message
Phenylephrine Vapor 1000 Powder	Non-covered Medicaid Rx	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for OTCs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
UNCEPHED 1 GM capsule	Non-participant Drug Rebate Program	Medicaid Rx Drug Rebate Program Update: Legal Requirements Update required to participate
Zapzoura2 3.5mg/0.5ml	State PA exclusion	Indications for weight loss are not covered pursuant to [SSA §1927(d)(2)]
OneTouch Verio test strips	Product not on formulary	NYRx provides coverage of select diabetic testing supplies. Providers should refer to NYRx Preferred Diabetic Supply Formulary, located on the eMedNY website.
Ryonyna-FSE-DK State 2.5-30-10 mg/0.4 ml syring	State PA exclusion	Indications for weight loss are not covered pursuant to [SSA §1927(d)(2)]. Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for OTCs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
Wegovy 2.25mg/0.5ml Thera-R Plus tablet	State PA exclusion Product not on formulary	Indications for weight loss are not covered pursuant to [SSA §1927(d)(2)]. Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for OTCs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
Aspirin EC 81mg	Product not on formulary	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for OTCs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.
Benzoyl Peroxide	Product not on formulary	Pharmacy may search for an alternative NDC. NYRx provides coverage of select NDCs for OTCs. Providers should refer to the *New York State Department of Health List of Medicaid Reimbursable Drugs*, located on the eMedNY "Medicaid Pharmacy List of Reimbursable Drugs" web page, to determine available alternative therapies.

Resources:

- [NYS Pharmacy Regulations – How to Identify and Resolve Issues](#)
- *New York State eMedNY Drug Bulletins – Pharmacy (located on the [eMedNY "Pharmacy Manual" web page](#))*
- [New Medicaid Pharmacy Program: Top-Off Resource document](#)

Questions:

- Questions regarding this guidance should be directed to NYRx@health.ny.gov.
- NYRx Willingness (participation) should be directed to the eMedNY Call Center at (800) 343-9000. The eMedNY Call Center hours are Monday through Friday from 7 a.m. to 10 p.m., and Saturday through Sunday from 8:30 a.m. to 3:30 p.m.

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Pharmacy Reminder: Coordination of Benefits Processing Instruction for New York State Medicaid

New York State (NYS) Medicaid providers are required to bill applicable third parties that may be liable for a claim before billing NYS Medicaid. NYS Medicaid is always the payer of last resort. Federal regulations require that all other available resources be used before NYS Medicaid makes payment. Providers must bill Medicare first for dual eligible claims. Providers must also bill other insurance carriers, including managed care plans, according to the NYS Medicaid payment rules.

Providers must exhaust all existing benefits prior to billing the NYS Medicaid. Providers should always ask a NYS Medicaid member if they have other third-party coverage to ensure the appropriate payment hierarchy is processed and to determine the appropriate claim submission process. NYS Medicaid Pharmacies are required to coordinate with the proper primary payer. This includes submitting a claim under the appropriate coverage benefit, medical or pharmacy.

Claims services may be rejected by the primary payer for the following reasons, but not limited to:

- prior authorization (PA) needs to be obtained from the primary payer;
- billing Medicare Part B for services covered by Medicare Part D, or billing Medicare Part B for services covered by both primary payer D and pending a rejection;
- submitting to the wrong third-party causing claims to bypass incorrectly third-party claims that incorrectly bypass the primary plan responsibility of payment, and claims are rejected by the primary payer; and
- billing the acceptable benefit criteria under the primary payer.

- billing of the appropriate service code (National Drug Code (NDC) versus Healthcare Common Procedure Coding System (HCPCS) code);
- billing the appropriate place of service (pharmacy versus medical);
- resolve by obtaining a corrected claim from the Third-Party Liability (TPL) payer, or by submitting documentation of the need to change dispensing to a network pharmacy.

Pharmacies that have difficulty billing primary insurance for the above situations, should advise prescribers and NYS Medicaid members of potential delays as well as options for resolution. If claim issues are resolved, the pharmacies may then resubmit the claims to NYS Medicaid after the claims are properly adjudicated with the primary payer.

Reminder
Pharmacies must maintain evidence and documentation, which are subject to audit, for a minimum of six years following the date of NYS Medicaid payment. This evidence should include, but not be limited to, the prescription, signature log, PA forms, billing invoices, applicable TPL plan responses, and payment information. Prescribers are responsible for prescribing, per plan formulary, and to pursue any claim issues such as, but not limited to:

- prescription medications that are not covered;
- prescription medications that require step, edit, dose edit, or PA; and
- selection of an in-network pharmacy for dual eligible Medicaid members.

If following the values are not reported correctly, the claim will be a pre-adjudication edit in National Council for Prescription Drug Programs (NCPDP) field **354-NS** with Reject Code **"75"** (*Missing/Invalid Other Payer Patient ID Qualifier*). **It is important to use the proper codes for both primary payer ID qualifier and payer ID to receive the correct payment.**

Payer Type	339-6G (*Other Payer ID Qualifier*)	340-7C (*Other Payer ID*)	351-NP (*Other Payer Patient Responsibility Amount Qualifier*)
Commercial TPL	06	ZZ	01, 04, 08, 09, 07, 05, or 12
Medicare Part D	06	ZZ	01, 04, 08, 09, 07, 05, or 12
Medicare Part C, Medicare Advantage, Medicare Managed Care	06	ZZ	01, 04, 08, 09, 07, 05, or 12

Other Coverage Code "3" (Field 308-C9) – Patient Has Other Coverage This Claim Covered
The following codes are valid entries to be entered for field 301-NP (*Other Payer Patient Responsibility Amount Qualifier*) when the claim is submitted to primary insurance:

"01" = Deductible
"04" = Coinsurance
"08" = Patient pay amount
"09" = Prepaid amount
"07" = Health plan assistance amount
"12" = Coverage gap amount
"05" = Remaining patient liability (*For use of the component pieces, however, if the components do not sum to patient pay amount, the use of 351-NP (Other Payer Patient Responsibility Amount Qualifier) value of "08" is allowed.*

Other Coverage Code "4" (Field 308-C9) – Patient Has Other Coverage Payment Not Collected
If value code **"4"** submitted in field **308-C9** for situations where the prior payer did not make a payment, the system will enforce that the following conditions are met:

- NCPDP field **431-DW** (*Other Payer Amount Paid*) is equal to zero.
- NCPDP field **351-NP** (*Other Payer Patient Responsibility Amount Qualifier*) is present from the primary payer.
- NCPDP field **352-NQ** (*Other Payer Patient Responsibility Amount*) is present from the primary payer.
- **352-NQ** (*Other Payer Patient Responsibility Amount*) segment is included in the response.

If any of the above conditions are **not** met, the system will deny the claim and return NCPDP Reject Code **"539"** (*Other Payer Patient Responsibility Amount Invalid*).

The following codes are **valid entries** for field **351-NP** (*Other Payer Patient Responsibility Amount Qualifier*) when the Other Coverage Code of **"4"** is submitted in field **308-C9** (*Other Coverage Code*):
Blank = Not Specified
"01" = Deductible
"04" = Amount Reported from previous payer as Exceeding Periodic Benefit Maximum
"08" = Co-pay Amount
"09" = Prepaid Amount
"07" = Co-insurance Amount
"05" = Health Plan Assistance Amount
"12" = Coverage Gap Amount
"99" = Remaining patient liability (*For use of the component pieces, however, if the components do not sum to patient pay amount, the use of 351-NP (Other Payer Patient Responsibility Amount Qualifier) value of "08" is allowed.*

The following codes are **invalid entries** for field **351-NP** (*Other Payer Patient Responsibility Amount Qualifier*) when the Other Coverage Code of **"4"** is submitted in field **308-C9** (*Other Coverage Code*). The pre-adjudication edit will return the NCPDP Reject Code **"539"** (*Other Payer Patient Responsibility Amount Invalid*):
"02" = Product/Service/Brand Drug Amount
"03" = Product/Service Drug Amount
"06" = Product/Service Non-Preferred Formulary Selection Amount
"10" = Provider Network Selection Amount
"11" = Non-Preferred Pharmacy Formulary Selection Amount
"13" = Processor Fee Amount

Additional information regarding the fields shown above can be found in the eMedNY New York State Department of Health (NYS DOH) Office of Health Insurance Programs (OHIP) Standard Companion – Transaction Information document (NCPDP D.0 Companion Guide). Billing questions should be directed to the eMedNY Call Center at (800) 343-9000.

Questions:

If a patient has a work-related injury for which they have an open Workers Compensation case, Workers' compensation coverage must be utilized prior to billing NYS Medicaid. Claims billed to NYS Medicaid for these services will be denied with the following claim edit:

Error #	Edit Description	NCPDP Reject Message
01833	Workers Compensation Insurance Coverage Exists	19 - M1 Other Coverage Code and Additional MEVS Reject Code: 7917 - Client Has Other Insurance

Please note: The following outlined guidance supersedes previous instructions for billing a non-workers compensation claim as a secondary claim.

Effective immediately, if the drug claim is not related to the Workers Compensation case of the patient, such as a maintenance medication for an untreated chronic condition. NYRx may be billed as the primary payer with an Explanation of Benefits (EOB) from the Workers' Compensation case, the pharmacy may bill NYRx as primary with the Eligibility Clarification Code of **"2"** in field **309-CB**. Providers must ensure all other responsible payers are included on the claim, if applicable.

Billing Reminders:

- Providers must bill accurately.
- Providers must accept NYS Medicaid payment as payment in full.
- Providers must bill usual and customary charges.
- All narrative or free-text submissions resulting in NYS Medicaid payment are subject to audit and recovery and may result in NYS Medicaid enrollment termination for the provider.

Questions:

- Questions regarding billing COB claims can be directed to eMedNY at (800) 343-9000.
- Questions regarding this policy should be directed to NYRx@health.ny.gov.

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Provider Directory

Office of the Medicaid Inspector General:
To report fraud, waste or abuse complaints/allegations, call 1-877-87FRAUD, (877-873-7283, or visit [Office of Medicaid Inspector General (OMIG) web site](#).

Provider Manuals/Companion Guides, Enrollment Information/Forms/Training Schedules:
Please visit the [eMedNY website](#).

Providers wishing to listen to the current week's check/EFT amounts:
Please call (800) 297-9349 (available Thursday PM for one week for the current week's amount).

For questions about billing and performing MEVS transactions:
Please call the eMedNY Call Center at (800) 343-9000.

Provider Training:
Please enroll online for a [provider seminar](#). For individual training requests, call (800) 343-9000.

Beneficiary Eligibility:
Call the Touchtone Telephone Verification System at (800) 697-1171.

Medicaid Provider Education Programs:
For current information on best practices in pharmacotherapy, please visit the following websites:

- [Drug Utilization Review Board (DURB)](#)
- [Prescriber Education Program in partnership with SUNY](#)

eMedNY
For a number of services, including: change of address, updating an enrollment file due to an ownership change, enrolling another NPI, or revalidating an existing enrollment, please visit [eMedNY's Provider Enrollment page](#) and choose the appropriate link based on provider type.

Comments and Suggestions Regarding This Publication
Please contact the editor, Angela Lince, at medicaidupdate@health.ny.gov

Pathways Campaign

If a patient has a work-related injury, for which they have an open Workers Compensation case, Workers' compensation coverage must be utilized prior to billing NYS Medicaid. Claims billed to NYS Medicaid for these services will be denied with the following claim edit:

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This Medicaid Update is a monthly publication of the New York State Department of Health.

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