

DATE: 12.13.23

TO: METROPLUSHEALTH PROVIDERS

RE: NEW YORK STATE MEDICAID COVERAGE OF RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY (NIRSEVIMAB) FOR INFANTS

IMPACTED PLANS: MEDICAID, AND HIV SNP

SUMMARY

Effective October 1, 2023, New York State (NYS) is providing coverage for the administration of Nirsevimab for infants through the Vaccines for Children (VFC) program.

Nirsevimab is a monoclonal antibody preparation for the prevention of Respiratory Syncytial Virus (RSV) in infants, as recommended by the Advisory Committee on Immunization Practices (ACIP) of the Center of Disease Control and Prevention (CDC).

Billing and Reimbursement Guidelines for NYS Medicaid Enrolled and Qualified Providers:

- Per State guidelines, MPH will not reimburse for the cost of Nirsevimab.
- MetroPlusHealth will provide reimbursement for the administration of Nirsevimab.
- Providers must bill using the applicable CPT code in the table below for the dosage, appended with **modifier “SL”** (indicating a VFC product supplied at no cost), and CPT code **“90460”** for the administration of nirsevimab.

CPT Code	Code Description
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use.
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use.

- Providers can refer to the *Advisory Committee on Immunization Practices - Vaccines for Children Program - Vaccines to Prevent Respiratory Syncytial Virus (RSV) document*, for additional information.

For FFS guidance, questions, and additional information:

- FFS coverage and policy questions: FFSMedicaidPolicy@health.ny.gov. FFS billing/claim questions should be directed to the eMedNY Call Center at (800) 343-9000.