



# Information Bulletin for Primary Care Network Providers



July 2006

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### Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is available on-line. There is a link to the PCN Manual on the Medicaid Provider's web site: <http://health.utah.gov/medicaid/provhtml/provider.html> The link is at the bottom of the Provider's web page. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

**This bulletin is available in editions for people with disabilities.**

**Call Medicaid Information:  
538-6155 or toll free 1-800-662-9651**

**PCN web site: <http://health.utah.gov/pcn>  
PCN Information**

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
- From other states, call 1-801-538-6155.

**Medicaid web site: <http://health.utah.gov/medicaid>  
Requesting a publication?**

- Send a Publication Request Form.
- by FAX: 1-801-536-0476
  - by mail to: Division Of Health Care Financing  
Box 143106, Salt Lake City UT 84114-3106

**06 - 88 Pharmacy Changes Effective 7/1/06**Long Acting Opiates and Methadone

An error in program interpretation reveals that prescriptions for Methadone have been allowed in the system concomitantly with long acting opiate prescriptions. Effective 7/1/06, this error will have been corrected and these duplications in therapy will no longer be allowed.

Strattera- A stand alone therapy for ADHD

Effective July 1, 2006, prescription therapies for Strattera will not be covered in combination with other ADHD stimulant therapies within the same 30 day period.

Bupropion for Smoking Cessation- ICD-9 Diagnosis Code Required

Effective July 1, 2006, prescription claims submitted for adjudication for any Bupropion product (Wellbutrin, Zyban, Buproban, Bupropion) will require one of the following ICD-9 diagnosis codes to be entered by the pharmacist: 311 (depressive disorder, not otherwise specified) for all depression related diagnosis or uses not associated with smoking cessation, and 305.1 (tobacco use disorder) for all smoking cessation uses. Only these two codes will pay; therefore, the pharmacist must categorize all prescriptions into one or the other. This will not affect the availability of any of these products since physicians will not need to write any diagnosis on the prescription.

Cough and Cold Preps

Beginning July 1, 2006 only the following legend cough and cold preparations will be available for coverage through the PCN Program:

Legend cough and cold agents used for symptomatic relief:

- Guaifenesin with DextroMethorphan (DM) 600/30 tab
- Guaifenesin with Hydrocodone 100/5 liquid
- Promethazine with Codeine

New Law for Brand vs Generic

Utah law requires the use of "A" rated generics when available. The legislature passed a new law this year that allows PCN to reimburse for a brand name version when investigation reveals that manufacturer rebates cause the name brand to cost less than the generic. These instances will be rare and will be subject to strict requirements on the part of manufacturers to maintain the savings in order to qualify. Notice will be provided if and when these instances occur.

Heparin Flushes

Recent Federal rulings have disqualified heparin flushes for coverage under the PCN pharmacy program. Any product used to "flush" or maintain an IV line is not considered a pharmaceutical and is no longer covered. ■

**06 - 89 Code Requiring Prior Approval**

83914 Mutation identification by enzymatic ligation or primer extension, single  
Prior approval . . . . . Criteria: Attach documentation to claim

## Genetic Counseling and Genetic Testing

1. PCN does not cover testing completed for general population screening where there is no symptomatic evidence or family history of genetic disease, nor is screening covered for investigational or research purposes. PCN will only consider genetic screening tests for coverage when there is a significant family history of a treatable genetic disorder occurring within a three-generation family group sheet.
2. If the physician reviews the family history and determines a medically necessary reason to complete cytogenetic testing in an adult **information must be submitted for medical review of coverage prior to completion of code 83914.** ■

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