UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET

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Dr. Lowry Bushnell, DUR Board Chairman
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Palladone: Now covered with written prior approval. However, the patient must have failed on three other long term opioids including methadone within the last 6 months. Failure on these three narcotics must be based on allergy or other adverse drug effects, not failure of efficacy. Chronic, non-malignant pain limited to 30 tablets per 30 days, any strength or combination of strengths. Cancer diagnosis' do not have cumulative limits.

Blood Glucose Meter Test Strips: Medicaid pays for all brand glucose test strips including: Truetrack, Accu-chek, Walgreens Test Strip, Ascensia Elite, Precision Sof-tact, One Touch Test Strips, Chemstrip BG, etc. Medicaid does not pay for the glucometer.

PHARMACIST: Medicaid only pays 30 non-sedating antihistamines per 30 days. Please advise your patients of this.

Prior approvals are measured in units of medication and a specific time span. When those units are used up early, the patient is simply out of luck until the time span has elapsed. Please advise patients of this.

Billing Medical Supplies: Please look on the patient's Medicaid card when billing medical supplies to see if he/she belongs to an HMO. If patient is in an HMO, all supplies are paid for by the HMO, not Medicaid.

Lovenox is billed by the syringe. Remember the Feds (CMS) have so dictated. For this drug, please disregard the NCPDP standard that requires it be billed by the ml.

Pharmacy Providers & HIPAA - Reminder to expect client calls! Due to confidentiality issues, Medicaid phone staff are limited in the client specific information that can be provided to a client on the phone. Medicaid phone staff are required to verify your 12 digit Medicaid provider number before giving specific client information. As we are unable to verify a client's identity, we will be referring the client back to the pharmacy for specific answers on fill dates. You are able to verify identity in person with valid ID. Your Medicaid provider number is located on your remittance advice.

Problem solving for compound claims **
If you are submitting a compound claim, be aware you are required to submit the following fields for a paid claim:

"Compound Dosage Form Description Code" (field ID #450-EF), which indicates the form the compound will be in its final form. Values are as follows:

01=Capsule	02=Ointment
03=Cream	04=Suppository
05=Powder	06=Emulsion
07=Liquid	10=Tablet
11=Solution	12=Suspension
13=Lotion	14=Shampoo
15=Elixer	16=Syrup
17=Lozenge	18=Enema

"Compound Dispensing Unit Form Indicator" (field ID #451-EG), which indicates how the final product will be measured. Values are as follows:
01=Each 02=Grams 03=Milliliters

"Compound Route of Administration" (field ID #452-EH) indicates how the final product will be used by the client. Values are as follows:

01=Buccal	02=Dental
03=Inhalation	04=Injection
05=Intraperitoneal	06=Irrigation
07=Mouth/Throat	08=Mucous
09=Nasal	10=Ophthalmic
11=Oral	12=Other/Miscellaneous
13=Otic	14=Perfusion
15=Rectal	16=Sublingual
17=Topical	18=Transdermal
19=Translingual	20=Urethral
21=Vaginal	22=Enteral

These fields are located in the compound segment. If you are not familiar with where these fields are located, the field ID numbers have been provided for you to discuss with your help desk or software vendor.

***When you submit a compound claim with non-covered ingredients, be aware you will receive a denial. To process the claim for covered ingredients only, submit the value (8 = Process compound for approved

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ingredients) in the "Submission Clarification Field", for reimbursement.

Diagnosis Codes - Do you know which medications require a diagnosis code? Here is a list of the medications Medicaid requires a diagnosis code for: Pediatric Amphetamines, Atypical Anti-psychotics, Long Acting Narcotics (over the cumulative limits) Actiq, and Duragesic/Fentanyl 100mcg. Each drug is covered for specific diagnosis codes. For the long acting narcotics, physicians should write the diagnosis code on the prescription only when the client is being treated for cancer. Medicaid staff do not have these codes for each client as we do not know what the physician is treating the client for.

Message returned of "possible client obligation"... this means the client is on the spend-down program to receive Medicaid. If a client is over the income limit to qualify for Medicaid, the client can in some instances become eligible by doing one of two things: (1) pay the amount of money over the allowed limit to the Medicaid caseworker or (2) be responsible for paying for medical services and/or prescription claims up to the amount of income they are over the limit. In the case of purchasing prescriptions, the client takes the receipts, or bills, back to their caseworker, showing they have met their "spend-down" obligation. Their caseworker will list these specific prescriptions on the client's case and print a card with the wording "NOT VALID WITHOUT MEEU ATTACHMENT". This attachment will show all medical claims or services this client has the obligation to pay. These cannot be reimbursed by Medicaid. If Medicaid's Point-of-Sale system returns the message of "possible client obligation", please ask to see the card AND the attachment. If the attachment has the prescription listed that you are trying to bill, please know Medicaid will not pay for the prescription or service. If you are billing for prescriptions not listed on the MEEU attachment and are still getting this message, please call the Medicaid pharmacy team for assistance with your claims.

Do you have questions you would like to see answered here? Let us know. Forward e-mails to dparke@utah.gov

Exceptions to the 30 days supply rule: Birth control pills, Prenatal vitamins (available for Traditional Medicaid clients only), Fluoride tablets, and Children's vitamins (age 5 and under).

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Plan Limit Exceeded message - This message will be returned in two instances: (1) when the drug has a cumulative limit and the prescription being submitted exceeds what Medicaid will cover, or (2) when the client is on PCN and is trying to fill a fifth prescription in a month. For a drug with a cumulative limit, the system will send back the cumulative total as of the billing date, indicating how many the client has had filled.