



UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET



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Let's talk about the Weather

First, a howling blizzard woke us,
Then the rain came down to soak us,
Then before the eye could focus,
Crocus!

Anonymous

Vaccines for Children

Vaccines for Children is not providing ProQuad® at this time. The single entities are available and will be provided by VFC.

Prescriber Identifiers

Beginning April 1, 2006 (this is the third announcement), Medicaid will no longer accept the Physician last name in the prescriber identifier field. The only identifiers that will be accepted will be Medicaid assigned provider numbers and license numbers, valid DEAs, National Provider Identifier (NPI), or the HCIda identifier. Pharmacies may contact HCIda at: 1-480-477-1000, ext. 118 and request the number for the provider. Please be aware that deliberate manipulation of identifiers that results in falsified ID's, done in order to get a claim to adjudicate, can result in fines amounting to \$2000 per claim.

Residents, Interns, Doctors of Optometry, Homeopathic and Naturopathic Doctors not having a valid DEA number will not be able to obtain an HCIda identifier. Residents and Interns in a hospital will need to use the supervising physician identifier. Medicaid no longer accepts hospital, clinic, or pharmacy DEAs on prescription claims. All of the above may apply for an NPI. The NPI is part of the HIPAA mandate requiring a standard unique identifier for healthcare providers (it will eventually replace the HCIda). This 10-digit number will replace other identifiers such as the UPIN, payer specific identifiers, Medicaid, Medicare and CHAMPUS numbers. The NPI will be assigned and maintained by CMS (<http://www.nppes.gov>). Providers may apply for an NPI beginning May 23, 2005 and will be required to use it in electronic transactions by May 23, 2007

Aranesp

Please note: Aranesp must be billed by mL. Quantities must reflect syringe or vial size, and must be multiples thereof. Minimum quantities reflect the syringe size. Maximum quantities must be a multiple. Never bill "1" for a 0.3ml syringe.

Pharmacists note- When the doctor changes the dose

The necessity of obtaining an override for a medication refill in the event that a doctor changes the prescribed dose in mid-stream, can be lessened if the pharmacy computer has the ability to revise the previous billing for the days supply. Correct the days supply on the previous billing to reflect the new instructions from the doctor, and make a

notation on the prescription to that effect. By doing this, an "early refill" message can be avoided as well as the need to call Medicaid for an override. Caution: this only works for medications that do not have a 30 day cumulative dosage limit.

PA or Override?

Confusion exists between what constitutes an override vs. a prior authorization (PA), and when and how they are obtained. Medicaid requires a PA for certain drugs for which a set of clinical criteria has been established that govern whether or not Medicaid will or will not pay for the drug. These criteria are published in the Medicaid manual. The point of sale (POS) system will alert a pharmacist to the necessity of obtaining a PA when required. PA's are obtained by contacting the customer service desk (801-538-6155 or 1-800-662-9651 Monday thru Friday 8:30am to Noon, and 1pm to 4:30pm except Thursday which is 1:00pm to 4:30pm), and selecting options 3,3,2 to reach the prior authorization nurse. PA's for drugs are screened against the criteria by one of three Registered Nurses who can then either authorize or deny the PA based on the criteria. They cannot do overrides.

Overrides are necessary whenever a prescription is being filled for an excess quantity, too early, for an inappropriate age, for the wrong gender, or for more than allowed in a month, etc (list is not all-inclusive). Overrides are obtained by calling the customer service desk and selecting options 3,6 to speak with pharmacy customer service. Pharmacy customer service representatives can only issue overrides in certain limited instances. There are certain circumstances for which overrides will not be granted. Examples are requests involving a sleeping pill, early fills for pain medications, requests to replace lost, stolen, or destroyed medication, or vacation overrides. Exceptions are childrens anti-biotics, Insulin, anti-seizure or asthma meds, or meds treating life-threatening conditions.

Medicaid as secondary coverage

Whenever Medicaid is billed for any coverage, whether it be for primary or secondary coverage, Medicaid policy must be followed (Medicare excluded). For example: a Prior Authorization must be obtained for secondary Medicaid coverage if Medicaid requires a Prior, even though the Primary Insurance does not.

Food Supplements

Food Supplements have not been a covered benefit. Very strict Federal and State regulations are in place. An individual who has a non-functioning segment of the gastrointestinal tract, whose only source of nutrition is provided through a tube may obtain coverage for food supplementation. Supplementation through a tube may be obtained by Prior Authorization.

A new policy has been implemented for certain children with specific medical conditions who require "partial" enteral nutrition through a tube. Also, the new policy allows adults and children with Inborn Errors of Metabolism to receive oral supplemental nutrition and the policy spells out additional supplemental nutrition for children, aged 0-5 years, who are receiving nutrition help through WIC. Look at the upcoming July 2006 MIB for specific details.

Pre-part D issues

The Medicare Part-D program has forced the Medicaid program to take a very close look at coverage compliance with State and Federal Law, State regulations, and Medicaid Policy. Previous to Part-D, some exceptions slipped into the system and have gone largely unnoticed. Part-D has forced these to the surface where now they must be faced. This means some difficult changes for some clients and pharmacies.

A good example are diabetic test strips. For a **Medicare/Medicaid** dual eligible client, test strips should have always been covered under Medicare Part B. Because they are a covered item for all other Medicaid recipients, it was just easier for pharmacies to bill strips for all clients through Medicaid. That is no longer possible. For Medicare/Medicaid dual clients, strips and lancets can only be covered through Medicare Part-B, and that requires different billing methods.

Another is vitamin and mineral preparations. Some exceptions occurred with vitamin preparations containing folic acid. These were stretched to reach into the prenatal vitamin realm. Unfortunately, users other than pregnant women have been able to get them without much notice. Vitamins and Minerals are not a covered benefit in either the Medicare or the Medicaid programs (Note: In addition, prenatal vitamins are only reimbursed at 17.5¢/tablet regardless of brand). For OTC products, only those included on the Medicaid OTC List are covered.

Notice of changes in Adjudication-PLEASE POST

Effective with this Amber sheet, changes in the way two groups of medications are adjudicated will occur. These

changes do not affect access to the meds, but change the information required when submitting these claims.

Bupropion for Smoking cessation:

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. The pharmacist must categorize all prescriptions as one or the other. Physicians will not need to write any diagnosis on the prescription.

Short Acting analgesics with a cancer diagnosis:

A fix is now in place allowing short acting opiate analgesics to be dispensed without restrictions for patients with a valid cancer diagnosis. Physicians, must include the ICD-9 code on the written prescription. Pharmacists, must include the ICD-9 code when adjudicating the claim.

Strattera- a stand alone therapy

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

Electronic Funds Transfer

Electronic Funds Transfer will become mandatory for all Medicaid providers on July 1, 2006. It is strongly recommended that you do not wait until then before submitting a completed EFT form, along with a voided check or a letter from your bank stating your bank routing number and bank account number. The EFT form is available on the Medicaid website at <http://health.utah.gov/medicaid/> under "Enroll as a Utah Medicaid provider". If you would like a form sent to you or if you have any questions, contact Provider Enrollment at (801) 538-6155 or toll free at (800) 662-9651, press option 3 then 4. The mailing address for Provider Enrollment is PO Box 143106, Salt Lake City, Utah 84114-3106.