

UTAH STATE MEDICAID DUR COMMITTEE THE AMBER SHEET



Volume 14

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A Thought for the Season:

A tangerine and russet cascade of kaleidoscopic leaves creates a tapestry of autumn magic upon the emerald carpet of fading summer.

~ Judith A. Lindberg







Cough and Cold Season is Upon Us....

....and, along with cough and cold season, come many questions about what products Medicaid is covering for symptomatic relief.

Beginning July 1, 2006, Medicaid limited the products it will cover to the following list:

- Guaifenesin DM 600/30 tablets
- Guaifenesin with Hydrocodone liquid
- Promethazine with Codeine
- Robitussin and Generics
- Robitussin DM and Generics
- Diabetic Preparations of Covered Robitussins
- Pseudoephedrine
- Triaminic Oral Liquids

A word about Triaminic Coverage:

Many providers are calling us to ask why a particular Triaminic claim is being rejected. It may be for one of the following reasons:

- You are not billing for an oral liquid. Medicaid will not cover anything other than oral liquids.
- You are using an old NDC. Novartis recently reformulated many of its products, and we are only covering NDC's that are currently being manufactured.

If you are not sure which Triaminic NDC's are currently being manufactured, please contact your wholesaler for assistance.

Influenza and Pneumovax:

Medicaid pays for one influenza vaccination annually. The CDC states that an additional influenza vaccination is only recommended in children less than nine years of age who are receiving the influenza vaccine for the first time. Patients need to be informed that they should receive only one vaccination each year.

Pneumovax is a life time vaccination for the majority of patients. Patients should be informed by the prescribing provider that this is a one time vaccination. In rare instances a second vaccination may be provided to some individuals five years from the initial vaccination. Additional doses are not beneficial and are not recommended.

A Reminder About Changes in 2007:

Physician Billing Using NDC:

In order to comply with the Deficit Reduction Act of 2006, Section 6002, billings for medications administered in the physicians office must include the National Drug Code (NDC) from the container from which the medication is obtained and the number of units administered in addition to the "J" code normally used. This information should be included on the claim form that you are currently using, following the "J" code.

Billings for all drugs administered in the physician's office without NDC information will be denied for payment beginning with the reporting deadline of January 1, 2007, specified in the DRA for single source drugs.

National Provider Identifier

The NPI is part of the HIPAA mandate requiring a standard unique identifier for healthcare providers. This 10digit number will replace other identifiers such as the UPIN, HCldea, payer specific identifiers, Medicaid, Medicare, and CHAMPUS numbers. The NPI will be assigned and maintained by CMS (http://nppes.cms.hhs.gov). All providers (including pharmacies) may apply for an NPI beginning May 23, 2005. The provider's NPI can now be included on all pharmacy prescription claims. Please encourage all providers to apply now for their unique and soon-to-be-required NPI. Doing so will facilitate the transition process and will also decrease the possibility of any interruption in claims payment.

Pharmacies can bill using their own NPI OR their Medicaid Provider Number (not both) beginning December 1, 2006.

If you currently have an NPI, please fax it to 801-536-0471 with your Provider name and Medicaid Provider number. This information can also be mailed to Medicaid Provider Enrollment PO BOX 143106 Salt Lake City, UT 84114-3106.

Lovenox Billing:

As of January 1, 2007, when processing a prescription for Lovenox, it will be required that you bill by ml's not by the number of syringes that you dispensed. When a prior authorization is issued, it, too, will be based on ml's. For example, if a PA is granted for 14 of the 40mg (0.4ml) syringes, you will bill for 14 * 0.4 ml's, which totals 5.6 ml's.

New Drug Criteria & Limits Section in the Manuals:

Effective January 1, 2007, Medicaid will be publishing a revised version of this attachment. The prior authorization criteria that are already in place will not change; however the appearance of this new manual section should make the information much easier to access. This manual will be available for you to download at the Department of Health Medicaid website:

http://health.utah.gov/medicaid/tree/index.html



Utah Department of Health Health Care Financing Amber Sheet Box 143102 Salt Lake City UT 84114-3102

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Enbrel Billing:

Enbrel is supplied in pre-filled syringes of 0.98 ml's of a 50mg/ml injectable solution. We have had problems with some pharmacies billing 0.98 ml syringes with a quantity of "1" to reflect the number of dosage units dispensed. Billing the syringes this way is *incorrect*. As you know, Enbrel is an extremely expensive medication - even 0.02 ml inaccuracies add up quickly when costs are this high. Medicaid is taking this problem seriously, and effective *immediately*, Medicaid will only reimburse claims for quantities of Enbrel billed for multiples of 0.98. The following NDC's are affected:

- 58406043504
- **54868544400**
- **58406044504**
- **58406044501**
- 58406043501

And Don't Forget:

The Utah Point of Sale System recognizes only the metric system for products such as Aranesp, Sensipar, Kineret, Neupogen, etc. The POS System has minimum quantities that reflect the number of ml's in one package, and the maximums are calculated as multiples of these minimums.

Example: Neupogen 480mcg/1.6ml's can be billed for a minimum quantity of 1.6 units. Patients can receive up to 10 vials per months, so the maximum billable quantity is 16 units.

Chantix Coverage:



Chantix is a new smoking-cessation drug that patients generally take for 12-24 weeks. Medicaid is *not* required to pay for smoking-cessation aids, but has chosen to include Chantix for coverage in the smoking cessation program that is currently funded by the tobacco settlement money. Medicaid will pay for a LIFETIME maximum of 24

weeks of therapy until the tobacco settlement money runs out. Once this money runs out, Chantix will cease to be a covered benefit.

Ventavis Coverage:

The Prodose AAD system for the inhaled delivery of Ventavis will now be available through the medical supplies program using code K0730 for monthly rental.

Ventavis will continue to require a Prior Authorization for patients with pulmonary arterial hypertension, and remain non-covered for COPD, severe asthma, or acute pulmonary infection.

RSV Vaccination Information:

Medicaid will cover Synagis - the RSV Vaccine - if the following criteria are met:

- Infants of 28 week gestation may receive Synagis prophylactically during the first year of life.
- Infants of 29-35 weeks gestation may receive Synagis prophylactically during the 1st to 6th month of life.
- Any children under 24 months may receive Synagis if they have either
 - Clinical diagnosis of Broncho Pulmonary
 Dysplasia (BPD) or Chronic Lung Disease (CLD)
 requiring ongoing medical treatment
 - Hemodynamically significant Congenital Heart Disease (CHD) requiring ongoing treatment.
- Synagis is not available to any child with active RSV.
- The Utah Medicaid Synagis season is for a 6 month period beginning with Primary Children's Medical Center (PCMC) announced onset of RSV season.
- A total of 5 immunizations during this 6 month period will be approved, except when the patient begins the immunizations late in the season.
- A child who has started the series and then turns 2 may continue to a total of 5 immunizations or to the end of the season, whichever comes first.
- No approval will be given to a child 24 months of age or older.
- Physicians who provide the vaccine in the office should use code 90378 and the appropriate administration code for reimbursement.



To obtain a prior authorization, please call our prior authorization team at (801)538-6155 or (800)662-9651.

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