

Prior Authorization Submission Medi-Cal Rx Reminders

May 16, 2022

All administrative services related to Medi-Cal pharmacy benefits that are billed on pharmacy claims have transitioned to Medi-Cal Rx. Adherence to the following reminders will ensure effective prior authorization (PA) submissions.

Prior Authorization – Submission Methods

The following table shows the five (5) approved methods for submitting a PA to Medi-Cal Rx.

- CoverMyMeds®
- Medi-Cal Rx Secured Provider Portal for submission of Prior Authorization
- National Council for Prescription Drug Programs (NCPDP) Transaction Using the Pharmacy **POS System**
- Fax
- Mail

Note: Using a different method will result in a denial.

- PAs cannot be submitted by phone.
- A beneficiary cannot initiate a PA.
- Submit a PA only once using one of the five approved methods.

Approved PA Submission Methods	
PA Submission Method	How to Submit
CoverMyMeds®	PA submission through CoverMyMeds is the most efficient and preferred method to submit a PA to Medi-Cal Rx. CoverMyMeds interacts with the Medi-Cal Rx Point-of-Sale (POS) claims processing system and with the Medi-Cal Rx Clinical Decision Module (CDM) to present covered alternatives and real-time PA determinations. Only a prescriber can submit a completed PA directly through CoverMyMeds. Some pharmacies can initiate a request through CoverMyMeds, which provides the information included in the case initiation to the prescriber. PAs submitted through any other channel will not display in CoverMyMeds. More information on using CoverMyMeds can be found in the Medi-Cal Rx: CoverMyMeds® How-To Guide or on the CoverMyMeds website.

Approved PA Submission Methods		
PA Submission Method	How to Submit	
Medi-Cal Rx Secured Provider Portal for submission of Prior Authorization	Registration is required to submit a PA via the Medi-Cal Rx Secured Provider Portal. Refer to the <u>User Administration Console</u> (<u>UAC</u>) <u>Quick Start Guide</u> for more information on how to register for UAC. Both pharmacies and prescribers can submit a PA via the <u>Medi-Cal Rx Secured Provider Portal</u> .	
National Council for Prescription Drug Programs (NCPDP) Transaction Using the Pharmacy POS System	P4 transactions are submitted directly from the pharmacy using the NCPDP layout. The pharmacy can request and submit a PA on behalf of the beneficiary or provider. If submitting a PA request via a pharmacy POS, pharmacies must go to the Medi-Cal Rx Secured Provider Portal to upload attachments or fax additional information to the Medi-Cal Rx Customer Service Center (CSC) when needed. Refer to the Medi-Cal Rx Options for PA Submission Guide for detailed information.	
Fax	Providers can submit a PA request via fax to 1-800-869-4325. When submitting a PA via fax, utilize the preferred Medi-Cal Rx PA Request Form. Other accepted PA forms: • Medi-Cal Form 50-1 • Medi-Cal Form 50-2 • California Form 61-211	
Mail	Providers can submit PA requests via mail: Medi-Cal Rx Customer Service Center ATTN: PA Request P.O. Box 730 Rancho Cordova, CA 95741-0730 When submitting a PA via mail, utilize the preferred Medi-Cal Rx PA Request Form. Other accepted PA forms: • Medi-Cal Form 50-1 • Medi-Cal Form 50-2 • California Form 61-211	

Prior Authorization – Completion Reminders

Below are some helpful reminders when completing PA requests.

- For paper PAs, only submit one of the following PA forms:
 - Medi-Cal Rx Prior Authorization Request Form
 - Medi-Cal Form 50-1
 - Medi-Cal Form 50-2
 - California Form 61-211
- Provide a complete signature and date on the paper PA form. Stamps and initials are not a valid form of signature.
- Be sure to complete all required fields on the form such as provider phone number, fax number, National Provider Identifier (NPI), service address, etc.
- Provide all necessary information for a decision (i.e., if stating covered alternatives are not acceptable, provide context or other pertinent information such as lab results with dates).
- Provide all beneficiary diagnoses and the corresponding <u>International Classification of Diseases</u>, 10th revision (ICD-10).
- Provide tried/failed medications if applicable.
- Quantity and days of supply must be included.
- Do not use unknown location for the Beneficiary Location field on the PA portal.
- Do not use the beneficiary's Managed Care Plan (MCP) ID. Only use the following:
 - Beneficiary Identification Card (BIC) number
 - Cardholder Identification Number (CIN)
 - Health Access Plan (HAP) identification number
- All controlled drugs, including opioids (Drug Enforcement Administration [DEA]
 Schedule 2-5), have a maximum 35-day supply per dispensing. Any claims submitted for more than 35 days will require a PA.
 - Note: Exceptions for new start opioid therapy may apply.
 - Further information can be found in the Opioid Management section of the <u>Medi-Cal Rx Provider Manual</u>.
- Pharmacies may use Drug Utilization Review (DUR) service codes to override opioid claims rejecting for MME 90-500. For opioids claims with MME >500, a PA is required.
 - The DUR codes can be found in the Medi-Cal Rx DUR/PPS Codes for Opioid MME Alert section of the Medi-Cal Rx Provider Manual.

See the *Prior Authorization Overview, Request Methods, and Adjudication* section of the <u>Medi-Cal Rx Provider Manual</u> for more information.

When submitting a PA via mail or fax, the PA form will need to be printed, completed, and then either mailed or faxed.

Prior Authorization – Case Decision

A PA submitted to Medi-Cal Rx will either be approved, approved with modifications, deferred, or recommended for denial.

- If the PA is **approved**, an approval correspondence will be sent to the requesting provider.
- If the PA is **approved with modifications**, an approval correspondence will be sent to the requesting provider with the approved changes and is considered **modified**. A modification will generate a Notice of Action (NOA) to the beneficiary with a copy delivered to the requesting provider.
- If the PA is **deferred**, it was determined that additional information is needed. The reason why the PA was placed in a deferred status for up to 30 days will be provided to the submitter. If the submitter does not send a response within 30 days, the PA will be administratively denied.
- The PA is recommended for denial if the submitted information does not meet medical necessity. The request will be forwarded to the California Department of Health Care Services (DHCS) for second-level review. When a PA is forwarded to DHCS, the PA submitter will receive notification of the status after DHCS has completed the second-level review and a decision has been reached.

Prior Authorization – Claim Denials

Reject Code 75 (PA Required): If you have evidence the beneficiary has a valid (approved) PA and/or a prior paid claim in your system, please resubmit the claim to Medi-Cal Rx with a value of **55555** in the Prior Authorization Number Submitted field (**462-EV**). Your attestation is subject to audit.

Prior Authorization – Resources

The following resources are available on the <u>Medi-Cal Rx Web Portal</u> to assist with submitting a PA:

- Covered Products List
- Medi-Cal Rx Drug Lookup Tool
- <u>Medi-Cal Rx Prior Authorization (PA) Job Aid</u> Resource for submitting a PA via the Medi-Cal Rx Secured Provider Portal
- <u>Prior Authorization (PA) Case Review Process Flyer</u> Flyer illustrating the case review process for claims that do not meet automatic PA rules
- Medi-Cal Rx Pharmacy Transition Policy
- <u>Five Ways to Submit a Prior Authorization (PA) Flyer</u>
- Medi-Cal Rx Provider Manual

Contact Information

Medi-Cal Rx provides a wide range of contacts and resources for your convenience.

Department	Contact Information
Customer Service Center	Toll-free number: 1-800-977-2273, which is available
(CSC)	24 hours a day, 7 days a week, 365 days per year.
Pharmacy Service	Email Education & Outreach (E&O) requests to
Representatives (PSRs)	MediCalRxEducationOutreach@primetherapeutics.com
Live Chat & Messaging	For assistance, visit the Medi-Cal Rx Provider Portal
	Contact Us page.