Updates to the Medi-Cal Rx Provider Manual

September 1, 2022

The updates/additions below have been made to the *Medi-Cal Rx Provider Manual*.

For more information, see the *Medi-Cal Rx Provider Manual* Version 1.17 on the Medi-Cal Rx Web Portal.

Updates

Section	Update Description	Effective Date
Section 3.6 – Medi-Cal Rx Website	• Removed the word "therapeutic" from verbiage related to Continuous Glucose Monitoring (CGM) systems	September 1, 2022
Section 4.6.13 – Medical Supply Reimbursement	• Removed the word "therapeutic" from verbiage related to Continuous Glucose Monitoring (CGM) systems	September 1, 2022
Section 8.2.1 – Long-Term Care Claims Processing	• Removed the word "therapeutic" from verbiage related to Continuous Glucose Monitoring (CGM) systems	September 1, 2022
Section 12.3.5 – Specialty Infant Products Criteria	• Added the following verbiage: – "Extensively Hydrolyzed Specialty Infant…" • Added additional criteria for approval of Extensively Hydrolyzed Specialty Infant (EH) products with probiotics: – "…the beneficiary must meet all of the criteria listed below. Product-specific criteria may also apply…"	September 1, 2022

Section	Update Description	Effective Date
	– "Have a current diagnosis of CMPA or intolerance to breast milk or regular infant formula…" – "Have a birth weight greater than 1000 grams; and the formula is not used in the prevention of a chronic or acute disease or condition" • Removed the following verbiage from the criteria for approval of Extensively Hydrolyzed Specialty Infant (EH) products with probiotics: – "Born full term (between 37 and 42 weeks)" • Added additional criteria for approval for amino based (100 percent) products with probiotics: – "Have a birth weight greater than 1000 grams." – "The formula is not used in the prevention of a chronic or acute disease or condition." • Removed the following verbiage from the criteria for approval of amino based (100 percent) products with probiotics: – "Born full term (between 37 and 42 weeks)"	
Section 13.0 – Medical Supplies	• Removed the word "therapeutic" from verbiage related to Continuous Glucose Monitoring (CGM) systems	September 1, 2022
Section 13.4 – Diabetic Supplies – Continuous Glucose Monitoring (CGM) Systems	• Removed the word "Therapeutic" from Section Heading	September 1, 2022

Section	Update Description	Effective Date
	• Removed the word "therapeutic" from verbiage related to Continuous Glucose Monitoring (CGM) systems • Updated verbiage of first paragraph to the following: – "Continuous Glucose Monitors may be covered by Medi-Cal Rx with an approved PA meeting the established criteria." • Updated verbiage under bullets of **Billing Requirements** to the following: – "Quantity, frequency, and age restrictions apply. Please refer to the list of *Covered Continuous Glucose Monitoring (CGM) Systems* for product-specific criteria and restrictions." – "Claim quantities are limited to twenty-five (25)…within three (3) months documentation of ongoing therapeutic CGM use, and a current or new PA request for a therapeutic CGM. This restriction does not apply to non-therapeutic CGM systems." • Updated verbiage under bullets of **Prior Authorization Requirements for CGM** to the following: – "For therapeutic CGM and beneficiaries…using Point-of-Care diabetic supplies would **not** be eligible for approval of therapeutic CGM since it replaces…"	

Section	Update Description	Effective Date
	– "For therapeutic CGM and beneficiaries residing in a LTC facility setting…"	
Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations	• Removed the word "therapeutic" from verbiage related to Continuous Glucose Monitoring (CGM) systems	September 1, 2022
Section 15.1.3 – Controlled Substance Policy	• Renamed heading from "Opioid Management" to "Controlled Substance Policy"	September 1, 2022
Section 15.8 – Physician Administered Drugs (PAD)	• Added the following verbiage: – "A Physician Administered Drug (PAD)…typically administered to a beneficiary and billed…in locations that include, but are not limited to, physician's offices, clinics, and hospitals, and are not self-administered by a beneficiary or caregiver." • Updated reference of "Medi-Cal Rx website" to "Medi-Cal Rx Web Portal" • Added the following verbiage: – "**NOTE:** PADs not listed on the *Pharmacy Reimbursable Physician-Administered Drugs* list will reject with either *NCPDP EC 70 – Product/Service Not Covered* or *NCPDP EC 816 – Drug Benefit Exclusion, may be covered by Medical*. Claims that reject with *NCPDP EC 70* must be billed to the beneficiary's medical plan. Claims that reject with *NCPDP EC 816* will return the following supplemental message: "*Pharmacy Drug Benefit*	September 1, 2022

Section	Update Description	Effective Date
	Exclusion. Exception for pharmacy benefit approval may be considered via PA request. May be covered as a medical benefit." Claims should be submitted via the beneficiary's medical insurance, but may, under some circumstances, be submitted to Medi-Cal Rx for a PA review and determination."	
17.0 – COVID-19 Vaccine Coverage, Reimbursement, and OTC Antigen Test Kits	• Added the following NDCs to *Table 17.0-1: COVID-19 Billable NDCs and Maximum Quantity Limitations*: – 80777028005 | Moderna COVID BIV Boostr (Unap) – 80777028099 | Moderna COVID BIV Boostr (Unap) – 80631010010 | Novavax COVID19 Vac. Adj (Unapp) – 80631010001 | Novavax COVID19 Vac. Adj (Unapp) • Added the following verbiage: – A diagnosis code is recommended but is not required to be included on the claim. • Deleted the following verbiage: – **NOTE:** A diagnosis code is recommended but is not required to be included on the claim. • Deleted the following verbiage under "**For Pfizer-BioNTech COVID-19 or Pfizer <u>Booster</u> Dose(s):**" – Effective for dates of service on or after November 19, 2021, the FDA amended the Emergency Use	September 1, 2022

Section	Update Description	Effective Date
	Authorization (EUA) for the Pfizer-BioNTech coronavirus disease 2019 (COVID-19) Vaccine to allow for the administration of a booster dose to individuals 18 years of age and older who received their second dose of a primary vaccination series at least six months ago. • Added the following verbiage: – Effective for dates of service on or after November 19, 2021: • The FDA amended the Emergency Use Authorization (EUA) for the Pfizer-BioNTech coronavirus disease 2019 (COVID-19) Vaccine to allow for the administration of a booster dose to individuals 18 years of age and older who received their second dose of a primary vaccination series at least six months ago. • Deleted the following verbiage under "**For Moderna COVID-19 <u>Booster</u> Dose(s):**" – Effective for dates of service on or after March 29, 2022, booster doses are available to beneficiaries who meet the following criteria: • Eligible individuals include: – Individuals aged 50 years and older. – Individuals aged 18 years and older who have	

Section	Update Description	Effective Date
	undergone solid organ transplantation, or who are living with conditions that are considered to have an equivalent level of immunocompromised at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine. – Individuals who were administered a J&J or Janssen COVID-19 Vaccine for both primary dose and booster dose. – **NOTE:** Booster doses of the Moderna COVID-19 Vaccine are *limited to a* ***half-dose (0.25 mL)*** of the primary series. – **NOTE:** The following NDCs are limited to booster doses only: • NDC: 80777027505 (MODERNA COVID-19 BOOSTER) • NDC: 80777027599 (MODERNA COVID-19 BOOSTER) • Added the following verbiage: – Effective for dates of service *on or after* November 19, 2021: • The U.S. FDA amended the EUA for the Moderna COVID-19 Vaccine to allow for the administration of a booster dose to individuals 18 years	

Section	Update Description	Effective Date
	of age and older who received their second dose of a primary vaccination series at least six months ago. – Effective for dates of service *on or after* March 29, 2022, booster doses are available for beneficiaries who meet the following criteria: • Eligible individuals include: – Individuals aged 50 years and older. – Individuals aged 18 years and older who have undergone solid organ transplantation, or who are living with conditions that are considered to have an equivalent level of immunocompromised at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine. – Individuals who were administered a Janssen COVID-19 vaccine for both primary dose and booster dose. – **Heterologous COVID-19 Booster Dose(s):** – **COVID-19 Booster Dose for Immunocompromised:**	

Section	Update Description	Effective Date
	• Added *Table 17.0-5: COVID-19 Vaccine Age Limitations for DOS on or after 06/17/2022* • Added *Table 17.0-6: COVID-19 Vaccine Age Limitations for DOS on or after 07/13/2022*	
17.1 – Pediatric COVID-19 Vaccine Coverage	• Added the following verbiage: – Effective for dates of service *on or after* June 17, 2022, the FDA authorized the use of the Moderna and Pfizer-BioNTech COVID-19 vaccines for children 6 months of age and up. – **For Pfizer-BioNTech COVID-19 Vaccines** • The FDA amended the EUA to include use of the vaccine in children 6 months through 4 years of age. • The vaccine is administered as a 3 dose primary series (3 mg/0.2 mL). – The first and second doses should be separated by 3 weeks (21 days). – The second and third doses should be separated by 8 weeks (56 days). • **For Moderna COVID-19 Vaccines** – The FDA amended the EUA to include use of the vaccine in children 6 months through 17 years of age.	September 1, 2022

Section	Update Description	Effective Date
	• The vaccine is administered as a 2 dose primary series. – The first and second doses should be separated by at least one month (28 days). – A third primary series dose may be administered at least one month (28 days) following the second dose for individuals in this age group who have been determined to have certain kinds of immunocompromise. – **NOTE:** For the following ages, the doses are limited to the following: • Individuals aged 6 months to 5 years: 25 mcg • Individuals aged 6 to 11 years: 50 mcg • Individuals aged 12 to 17 years: 100 mcg • Added the following NDCs to *Table 17.1-1: COVID-19 Pediatric Billable NDCs and Maximum Quantity Limitations*	

Section	Update Description	Effective Date
	– 59267007801 | Pfizer COVID (6m-4y) Vac (Unap) – 59267007804 | Pfizer COVID (6m-4y) Vac (Unap) – 80777027905 | Moderna COVID (6m-5y) Vac (Unap) • Added *Table 17.1-3: COVID-19 Vaccine Age Limitations for DOS on or after June 17, 2022*	

Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.