



Medi-Cal Rx Monthly Bulletin

November 1, 2022

The monthly bulletin consists of alerts and notices posted to the [Bulletins & News](#) page on the Medi-Cal Rx Web Portal. Sign up for the [Medi-Cal Rx Subscription Service](#) to be notified when new information is posted.

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1. Changes to the Contract Drugs List

The following changes have been made to the *Contract Drugs List*, effective November 1, 2022.

For more information, see the [Contract Drugs List](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Carbidopa	Added to CDL.	November 1, 2022
Chlorpromazine	Additional formulation (liquid) added.	November 1, 2022
Raloxifene	Added to CDL.	November 1, 2022
Sodium Chloride Injection	Additional vial sizes (20 ml and 50 ml) added.	November 1, 2022
Vancomycin	Additional formulations (capsules and solution) added with restrictions.	November 1, 2022
Water for Injection, Sterile Water for Injection, Bacteriostatic	Additional vial sizes (5 ml, 20 ml, 50 ml) added.	November 1, 2022

2. Changes to the Contract Drugs List – Over-the-Counter Drugs

The following changes have been made to the *Contract Drugs List – Over-the-Counter Drugs*, effective November 1, 2022.

For more information, see the [Contract Drugs List – Over-the-Counter Drugs](#) on the Medi-Cal Rx Web Portal.

Drug Name	Description	Effective Date
Magnesium Oxide	Added to CDL with restriction.	November 1, 2022

3. Updates to the Medi-Cal Rx Provider Manual

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

For more information, see the [Medi-Cal Rx Provider Manual](#) Version 1.19 on the Medi-Cal Rx Web Portal.

Updates

Section	Update Description	Effective Date
<i>Section 17.0 – COVID-19 Vaccine Coverage, Reimbursement, and OTC Antigen Test Kits</i>	<ul style="list-style-type: none">• Added verbiage regarding Pfizer-BioNTech COVID-19 bivalent vaccines• Added verbiage regarding Moderna COVID-19 bivalent vaccines	November 1, 2022
<i>Section 17.1 – Pediatric COVID-19 Vaccine Coverage</i>	<ul style="list-style-type: none">• Added verbiage regarding Pfizer-BioNTech COVID-19 bivalent vaccines	November 1, 2022

4. Now Active – Physician Administered Drug Policy Updates

The Physician Administered Drug (PAD) policy is updated as follows:

Pharmacy claims for PADs not typically approved for and dispensed by pharmacy providers will deny with **Reject Code 816 – Pharmacy Drug Benefit Exclusion**. An exception for pharmacy benefit approval may be considered via prior authorization request and may be covered as a pharmacy benefit.

Next Steps

- Pharmacy providers and prescribers are encouraged to assess their business processes and workflows to account for the PAD policy update.
- Refer to the [Medi-Cal Rx Bulletins & News](#) and [Medi-Cal Rx Forms & Information](#) pages of the [Medi-Cal Rx Web Portal](#) to stay up to date.
- Providers can learn more by consulting the [Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs](#) list.

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.

5. Now Active – Reinstatement of Limited Prior Authorization Requirements for 11 Drug Classes

What is Happening?

On September 16, 2022, prior authorization (PA) requirements were reinstated for 11 drug classes for new start medications for beneficiaries 22 years of age and older.

- “New start” is defined as either a new therapy or the first time the beneficiary has been prescribed the drug. Medi-Cal Rx will review claim date of service up to 15 months to determine if the beneficiary is new to therapy.
- New start prescriptions for children and youth 21 years of age and under within these 11 drug classes will not be subject to PA reinstatement.

Note: Medi-Cal Rx product-specific coverage criteria for enteral nutrition products and medical supplies products have not changed or been waived. For prescriptions requiring a PA that do not have an approved PA (or a historical claim) on file, PA requirements will remain in place.

Phase I, Wave III Drug Classes

- Diuretics
- Antilipemic agents (including statins and Omega-3 fatty acids)
- Hypoglycemics and glucagon
- Antihypertensives
- Coronary vasodilators (nitrates and pulmonary arterial hypertension agents)
- Cardiovascular agents (including antiarrhythmics and inotropes)
- Anticoagulants and antiplatelets
- Niacin, Vitamin B, and Vitamin C products

Note: For drug classes not listed above, the PA requirements will remain temporarily removed. Medi-Cal Rx will continue to utilize PA and claim data to allow grandfathering of previously approved PAs after July 2, 2022.

Prospective PAs that are requested prior to the transition policy being phased out for beneficiaries currently on a drug therapy and covered under the transition policy **will not** be accepted at this time.



- When prescribing a drug in one of these drug classes for a patient who has not been on the drug within the last 15 months, check the [Covered Products List](#).
- For beneficiaries already on a drug therapy for grandfathered drugs, the transition policy will continue to allow access to care.

Next Steps

- Assess business processes and workflows to account for the reinstatement of PA edits for the drug classes.
- Review the alert titled [Update: Implementation of Phase I, Wave III – Reinstatement of Prior Authorizations for 11 Drug Classes](#) posted July 26, 2022.
- Refer to the [Medi-Cal Rx Bulletins & News](#) and [Medi-Cal Rx Forms & Information](#) pages of the [Medi-Cal Rx Web Portal](#) for guidance to successfully submit PAs.
- Review PA policy updates in the [PA Reinstatement Reference Guide](#).

6. Submission of Pricing Prior Authorization for Brand Medically Necessary Medications: Dispense as Written 1 (DAW 1)

What Pharmacy Providers Need to Know

Medi-Cal Rx wants to ensure that pharmacy providers are aware of how to identify and when to submit a Brand Medically Necessary (BMN) prior authorization (PA) request for brand, multisource drugs for claims submitted with Dispense as Written 1 (DAW 1), substitution not allowed by prescriber.

Currently, pricing considerations are not reviewed for dispensing of a brand, multisource drug when a PA request has been approved via CoverMyMeds® for a drug not impacted by Phase I, Wave III (P1/W3) Reinstatement. Pharmacy providers are required to submit a separate BMN PA for reimbursement considerations at the National Average Drug Acquisition Cost (NADAC) or Wholesale Acquisition Cost (WAC) rate for dispensing of the brand, multisource drug.

Updated Guidance

- If a PA request is submitted by a prescriber via CoverMyMeds stating the request is to be reviewed for a brand drug **not** included in the 11 Standard Therapeutic Classes (STCs) of P1/W3 Reinstatement and the PA is approved in real-time, a pharmacy submitted BMN PA for reimbursement considerations via the [Medi-Cal Rx Provider Portal](#), NCPDP P4 transaction, fax, or U.S. Mail is **required**.
- If a PA request is submitted by a prescriber via CoverMyMeds for a brand, multisource drug included in the 11 STCs of P1/W3 Reinstatement and the PA is approved in real-time, a separate pharmacy submitted BMN PA for reimbursement considerations is **not required**.
- If a PA request is submitted via the [Medi-Cal Rx Provider Portal](#), NCPDP P4 transaction, fax, or U.S. Mail for any brand, multisource drug, a separate pharmacy submitted BMN PA for reimbursement considerations is **not required**.

Note: Medi-Cal Rx is taking additional steps to improve the BMN PA request process for pharmacy providers and is prioritizing drugs most frequently impacted. Updates will be provided in the coming weeks.

What Pharmacy Providers Need to Do

If the pharmacy receives **Reject Code 75 – Prior Authorization Required** for claims submitted with a DAW 1 for a brand, multisource drug, the following supplemental messaging will be provided:

“Brand Medically Necessary PA required. If Brand is not required, please use available generic.”

To seek reimbursement for a brand, multisource drug, the pharmacy must submit a BMN PA request via one of the following methods:

- [Medi-Cal Rx Provider Portal](#)
- Fax
- NCPDP P4 Transaction
- U.S. Mail

Note: For fax or U.S. Mail submissions, use the preferred [Medi-Cal Rx PA Request Form](#).

To complete the BMN PA request:

- Document the brand name of the drug requested.
- Clearly state that the request is for a “Brand Medically Necessary PA.”
- Clearly indicate “DAW 1” or include a remark that generic substitution is not permissible.
- Provide supporting information to justify that dispensing for the brand name drug is medically necessary.
- Include the drug’s National Drug Code (NDC) (recommended).

Resources

Refer to the following resources for information concerning which drugs are impacted by P1/W3 Reinstatement:

- [Now Active – Reinstatement of Limited Prior Authorization Requirements for 11 Drug Classes](#)
- [Phase I, Wave III List of Drugs Impacted by Prior Authorization Reinstatement](#)

For additional information, refer to the following resources:

- [Prior Authorization Reinstatement Reference Guide](#)
- [Medi-Cal Rx Prior Authorization \(PA\) Job Aid](#)
- The *Prior Authorization Overview, Request Methods, and Adjudication* section in the [Medi-Cal Rx Provider Manual](#)
- [Dispense as Written \(DAW\), Brand Medically Necessary \(BMN\), and Reimbursement – Frequently Asked Questions \(FAQs\)](#)

7. Diabetic Supplies: Update to the Minimum Quantity for FreeStyle Libre 3

Effective October 1, 2022, specific therapeutic and non-therapeutic Continuous Glucose Monitoring (CGM) Systems are now pharmacy-billed medical supply benefits through Medi-Cal Rx. The FreeStyle Libre 3 minimum dispensed quantity has been updated to “1.” This change is retroactive to October 1, 2022. Providers can resubmit previously rejected or denied claims with a date of service on or after October 1, 2022, for this device.

Coverage will continue to be restricted to products on the [List of Covered Continuous Glucose Monitoring Systems](#), will require a prior authorization (PA) for reimbursement, and is subject to specific coverage criteria. The current *Transition Policy* remains in effect; no reinstatement date for CGM has been announced.

Product addition or inclusion on the [List of Covered Continuous Glucose Monitoring Systems](#) does not guarantee supply or individual specific coverage.

8. Medical Supplies: Continuous Glucose Monitoring Systems and Disposable Insulin Delivery Devices Updates

What Pharmacy Providers Need to Know

This communication is an update to the alert titled [Medical Supplies: Continuous Glucose Monitoring Systems and Disposable Insulin Delivery Devices Updates](#) published on October 4, 2022.

- Providers may now submit claims to Medi-Cal Rx, retroactive to October 1, 2022, for covered Continuous Glucose Monitoring (CGM) Systems. For more information about the CGM policy and product changes, refer to the October 4, 2022 alert titled [Diabetic Supplies: Updates to Continuous Glucose Monitoring Systems](#).
- Providers may also now submit claims to Medi-Cal Rx, retroactive to October 1, 2022, for Disposable Insulin Delivery Devices (DIDD). For more information about the DIDD policy and product changes, refer to the October 7, 2022 alert titled [Medical Supplies: Disposable Insulin Delivery Devices Updates](#).
 - Prescription requirements and product coverage criteria, quantity restrictions, and billing frequency limits apply.
 - Claims must be submitted with a date of service on or after October 1, 2022.

What Pharmacy Providers Need to Do

- Review the [List of Covered Continuous Glucose Monitoring Systems](#), [List of Covered Disposable Insulin Delivery Devices](#), and [Medi-Cal Rx Provider Manual](#) for specific information about CGM and DIDD coverage.

- Review the October 4, 2022 alert titled [Diabetic Supplies: Updates to Continuous Glucose Monitoring Systems](#).
- Review the October 7, 2022 alert titled [Medical Supplies: Disposable Insulin Delivery Devices Updates](#).

9. Diabetic Supplies: Updates to Continuous Glucose Monitoring Systems

Retroactive to October 1, 2022, specific therapeutic and non-therapeutic Continuous Glucose Monitoring (CGM) Systems are now pharmacy-billed medical supply benefits through Medi-Cal Rx. Specifically, for **Fee-for-Service Medi-Cal beneficiaries**, retroactive to October 1, 2022, CGM claims previously paid as a medical benefit billed on a *Centers for Medicare & Medicaid Services (CMS) 1500* form via a Healthcare Common Procedure Coding System (HCPCS) code must be submitted as a National Drug Code (NDC)-billed pharmacy claim to Medi-Cal Rx. These HCPCS codes will deny for CGM-billed medical claims submitted with a date of service after December 1, 2022.

Coverage will continue to be restricted to products on the [List of Covered Continuous Glucose Monitoring Systems](#), will require a prior authorization (PA) for reimbursement, and is subject to specific coverage criteria. The current Transition Policy remains in effect; no reinstatement date for CGM has been announced. Refer to the updated *List of Covered Continuous Glucose Monitoring Systems* and the *Diabetic Supplies – Continuous Glucose Monitoring (CGM) Systems* section of the [Medi-Cal Rx Provider Manual](#), concerning CGM systems specific coverage information.

- Product addition or inclusion on the *List* does not guarantee supply or individual specific coverage.
- Products deleted from the List will no longer be reimbursable, even with an approved PA, on or after the effective date of deletion. The Maximum Acquisition Cost (MAC) and the Maximum Allowable Product Cost (MAPC) for these products are no longer guaranteed.

The following Medtronic CGM products have been added to the *List of Covered Continuous Glucose Monitoring Systems* and are covered Medi-Cal benefits:

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	MAC/MAPC Price per each
Enlite® Sensor, 5 each per pack	76300000805	104.0600
Guardian® Sensor 3, 5 each per pack	43169070405	121.6600
Guardian® Sensor 3, 5 each per pack	63000017962	121.6600
Guardian® Sensor 3, 5 each per pack	63000033698	121.6600
Guardian® Sensor 3, 5 each per pack	63000035844	121.6600
Guardian® Link 3 Transmitter Kit, 1 each	43169095568	895.1300
Guardian® Link 3 Transmitter Kit, 1 each	63000028678	895.1300
Guardian® Link 3 Transmitter Kit, 1 each	63000031699	895.1300
Guardian® Link 3 Transmitter Kit, 1 each	63000035751	895.1300
Guardian® Connect Transmitter, 1 each	76300000260	852.5000
Guardian® Connect Transmitter, 1 each	63000028585	852.5000
FreeStyle LIBRE 3 Sensor kit, 1 each	57599081800	61.1600

Note: Corresponding insulin pumps for some CGM devices will continue to remain a Durable Medical Equipment (DME) and billable as a medical benefit billed on a *CMS 1500* form via an HCPCS code. Refer to the DME section of the [Part 2 Medi-Cal Provider Manual](#) on the [Medi-Cal Provider website](#) for coverage and billing information for DME insulin pumps and accessories.

Medi-Cal Managed Care members should contact their individual [Medi-Cal Managed Care Plan \(MCP\)](#) for specific CGM coverage policy, criteria, and reimbursement. CGM is a partial carved-out medical supply; therefore, MCPs can determine if they will continue to provide the benefit themselves or through Medi-Cal Rx.

10. Medical Supplies: Disposable Insulin Delivery Devices Updates

The purpose of this alert is to notify pharmacy providers of the implementation of new policies regarding diabetic supplies, Disposable Insulin Delivery Devices (DIDD). Refer to the alert titled [Medical Supplies: Updates to the List of Covered Disposable Insulin Delivery Devices](#), published on September 1, 2022. The changes added Omnipod 5 G6 Intro Kit, Omnipod 5 G6 Pods, and Omnipod DASH Intro Kit as Medi-Cal Rx National Drug Code (NDC)-billed pharmacy benefits, effective October 1, 2022.

Providers may now submit claims to Medi-Cal Rx, retroactive to October 1, 2022, for covered DIDD products.

For all DIDD products, the billing language has been updated for clarification. Pharmacy providers should bill for a minimum of either 5 pods or 30 pods, and the amount per package with a maximum of a 90-day supply. The Maximum Allowable Cost (MAC)/Maximum Allowable Product Cost (MAPC) is per pod, and packages cannot be broken. Omnipod kits should be billed as "1" each, regardless of the quantity of pods contained within the kit and should not be broken. The Omnipod kits should be billed as "1" each for a one-time-only fill with no refills available on the kits. The MAC/MAPC is per kit.

Product Label Name	Medi-Cal 11 Digit Billing Number (NDC)	MAC/MAPC Price Per Each	Effective Date of Change
Omnipod 5 G6 Intro Kit (Gen 5), 1 kit	08508300001	519.500	October 1, 2022
Omnipod 5 G6 Pods (Gen 5), 5 pods	08508300021	51.9500	October 1, 2022
Omnipod DASH Intro Kit (Gen 4), 1 kit	08508200032	519.500	October 1, 2022

Refer to the [List of Covered Disposable Insulin Delivery Devices](#) for specific NDCs to bill for refills and additional coverage criteria and restrictions.

Additionally, this updates the manufacturer information for the V-Go® DIDD systems to MannKind Corporation.

Note: Product addition or inclusion on the [List of Covered Disposable Insulin Delivery Devices](#) does not guarantee either supply or individual specific coverage.

Products deleted from the [List of Covered Disposable Insulin Delivery Devices](#) will no longer be reimbursable, even with an approved prior authorization, on or after the effective date of deletion. The MAC for these products is no longer guaranteed.

11. Diabetic Supplies Updates: Changes to the Lists of Covered Diabetic Test Strips and Lancets and Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices, Effective November 20, 2022

Effective on and after November 20, 2022, LifeScan test strips, lancets, self-monitoring blood glucose meters and their accessories will no longer be Medi-Cal Rx-covered pharmacy benefits.

Products deleted from the list will no longer be reimbursable, even with an approved prior authorization (PA), on or after November 20, 2022, and continuing care does not apply. The Maximum Acquisition Cost (MAC) for these products will no longer be guaranteed.

Medi-Cal Rx beneficiaries with coverage through California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), or Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) may continue to receive these deleted test strips and lancets with an approved PA demonstrating medical necessity and that no other contracted product could provide the required benefit.

Approval for CCS, GHPP, or EPSDT claims would be restricted to beneficiaries with a recent utilization history for the deleted LifeScan products; new-starts or replacement of meters and meter accessories of these LifeScan deleted products would be denied. Noncovered meters and meter accessories are a Durable Medical Equipment (DME) benefit and could be covered if billable on a *Centers for Medicare & Medicaid Services (CMS) 1500 Form*, either through Medi-Cal Fee-for-Service with an approved Treatment Authorization Request (TAR) or Service Authorization Request (SAR), or through the individual Medi-Cal managed care plan.

Medi-Cal Rx covers a variety of other manufacturers' diabetic testing supplies; providers and beneficiaries should review other covered products and contact their prescriber for a new prescription for products on the covered lists.

Table 1: Product Deletions	
Product Name	Billing Code (11-digit NDC-like number)
OneTouch Verio Flex® Meter System including 1 lancing device, 1 each	53885004401
OneTouch Verio Reflect® Meter System including 1 lancing device, 1 each	53885092701
OneTouch Verio® Level 3 (Mid) Control Solution (1 vial), 1 each	53885027302
OneTouch Verio® Level 4 (High) Control Solution (1 vial), 1 each	53885027402
OneTouch Verio Test Strips Box 100	53885027210
OneTouch Verio Test Strips Box 25	53885027025
OneTouch Verio Test Strips Box 50	53885027150
OneTouch Delica Plus 30 Gauge Lancets Box 100	53885001110
OneTouch Delica Plus 33 Gauge Lancets Box 100	53885000810
OneTouch UltraSoft Lancets Box of 100	53885039310

Product addition or inclusion on the list does not guarantee supply nor individual specific coverage.

The [List of Covered Diabetic Test Strips and Lancets](#) and [List of Covered Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#) have been updated on the [Medi-Cal Rx Web Portal](#).

12. Enteral Nutrition Update: Changes to the List of Covered Enteral Nutrition Products, Effective November 1, 2022, December 1, 2022, and January 1, 2023

The [List of Covered Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#). The effective date of the changes are November 1, 2022, December 1, 2022, and January 1, 2023.

Effective November 1, 2022, PKU Easy Microtabs, tablets, unflavored, 110 g, Metabolic protein equivalent tablets have been updated for the billing code. The manufacturer and distributor, Galen US, Inc., is no longer the manufacturer. POA Pharma has been updated as the manufacturer, and Nexus Patient Services is the sole distributor for PKU Easy Microtabs on and after November 1, 2022. Providers can contact Nexus Patient Services for information on the process for obtaining PKU Easy Microtabs at the contracted Maximum Acquisition Cost (MAC) price at the toll-free number 1-833-875-0200 or at the email address info@nexuspatientservices.com.

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Description of Change
PKU Easy Microtabs, tablets, unflavored, 4x110 g	10885034100	Added

The prior Medi-Cal 11-digit billing number (NDC) for this product has been terminated, effective December 1, 2022, from the [List of Covered Enteral Nutrition Products](#) and can be found on the deletions tab.

Effective January 1, 2023, the following additions have occurred:

Product Label Name	Medi-Cal 11-Digit Billing Number (NDC)	Description of Change
Liquid Hope Peptide High Protein, 341 g	57858000432	Added
Nourish Peptide Berry Medley, 341 g	57858000444	Added
Kate Farms Standard 1.4, chocolate, 325 ml	11112003044	Added
Boost VHC Very Chocolate, 24 x 8 oz carton	43900034470	Added
COMPLETE Pediatric Peptide 1.5 Cal, Unflavored, 6x1000 ml	43900022872	Added
COMPLETE Peptide 1.5 Cal, Unflavored, 6x1000 ml	43900033871	Added
COMPLETE Pediatric Standard 1.0, Vanilla 24x250 ml	43900017509	Added
COMPLETE Pediatric Standard 1.0, Vanilla 6x1000 ml	43900035118	Added
COMPLETE Pediatric Standard 1.4, Vanilla 24x240 ml	43900080617	Added
COMPLETE Pediatric Standard 1.4, Vanilla 6x1000 ml	43900080643	Added
COMPLETE Standard 1.4, Vanilla 24x250 ml	43900049106	Added
COMPLETE Standard 1.4, Vanilla 6x1000 ml	43900074815	Added
Kflo, unflavored, 4:1 ratio, 24x250 ml	12539002577	Added
PKU Start, unflavored, 4x400 g	60385094058	Added

Product addition or inclusion on the [List of Covered Enteral Nutrition Products](#) does not guarantee supply nor individual specific coverage. Products deleted from the [List of Covered Enteral Nutrition Products](#) will no longer be reimbursed, even with an approved prior authorization, on or after the effective date of deletion. The MAC for these products is no longer guaranteed.

Medi-Cal Rx beneficiaries, who were denied enteral nutrition products and believe the denial was in error, may ask for a state hearing by contacting the California Department of Social Services, State Hearings Division, at the following address:

P.O. Box 944243, MS 21-37

Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal Rx beneficiaries who are members of a Medi-Cal Managed Care Plan (MCP) can contact their individual plan directly for possible coverage, billed as a medical benefit on a CMS 1500 medical claim form. Each Medi-Cal MCP determines enteral nutrition coverage outside of Medi-Cal Rx since enteral nutrition is a partial carve-out Medi-Cal Rx benefit.

13. Medical Supplies: Removal of Prior Authorization Requirement for Covered Blood Pressure Cuffs, Effective November 1, 2022

Effective November 1, 2022, covered blood pressure cuffs on the [List of Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs](#) will no longer require a prior authorization (PA) for coverage. A Code 1 Indicator for diagnosis on the prescription is required.

These blood pressure cuffs work with covered personal home use blood pressure monitors for use during personal home blood pressure monitoring. Covered products continue to be restricted to the [List of Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs](#). Quantity and billing restrictions also apply. Refer to the [List of Covered Medical Supplies Product Descriptions and Billing Information](#) for billing and reimbursement information.

14. Enteral Nutrition: Powder Dispensed in Packets, Billing Units Reminder

This alert is a reminder for enteral nutrition products supplied in packets (Unit of Measure: Each [EA]). Providers should calculate the grams needed to meet the beneficiary's nutrition needs for a 31-day supply and submit a quantity as close to the required total grams and that

is divisible to the package size. Rounding up does not include rounding up to six packs or full cases of product. To avoid underpayment, providers should be aware of and bill appropriate amounts based on the grams per packet.

Refer to the Medi-Cal Rx [List of Covered Enteral Nutrition Products](#) for specific packet-covered products. The product-specific criteria for the packet products have been updated to notify providers to bill claims in correct amounts.

Product addition or inclusion on the [List of Covered Enteral Nutrition Products](#) does not guarantee supply nor individual specific coverage. Products deleted from the [List of Covered Enteral Nutrition Products](#) will no longer be reimbursable, even with an approved prior authorization (PA), on or after the effective date of deletion. The Maximum Acquisition Cost (MAC) for these products is no longer guaranteed.

Medi-Cal Rx beneficiaries, who were denied enteral nutrition products and who believe the denial was in error, may ask for a state hearing by contacting the California Department of Social Services, State Hearings Division.

P.O. Box 944243, MS 21-37

Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal Rx beneficiaries who are members of a Medi-Cal Managed Care Plan (MCP) can contact their individual plan directly for possible coverage, billed as a medical benefit on a *CMS-1500* medical claim form. Each MCP determines enteral nutrition coverage outside of Medi-Cal Rx since enteral nutrition is a partial carve-out Medi-Cal Rx benefit.

15. Diabetic Supplies: Continuous Glucose Monitoring (CGM) Systems Billing Units Reminder, Effective October 1, 2022

This alert is a reminder that Continuous Glucose Monitoring (CGM) Systems should be billed based on the number of items in the package. For example, one (1) box of sensors with a quantity of three (3) sensors inside would be billed as "3." To avoid underpayment, providers should be aware of and bill for minimum and maximum quantities per product National Drug Code (NDC). This information is available in the product-specific criteria section in the [List of Covered Continuous Glucose Monitoring \(CGM\) Systems](#). Products with incorrect billing units will deny.

- Sensors should be billed for a minimum supply of 30 days and a maximum supply of 90 days.
- Transmitters should be billed for a minimum days supply of 1 day and a maximum supply of either 90 days or 365 days, depending on the product, with a limitation of 1 per maximum days supply.

Refer to the [List of Covered Continuous Glucose Monitoring \(CGM\) Systems](#) and the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#) for specific product coverage and information.

Product Description	Billing Code (11-digit NDC-like Number)	Minimum Billing Amount per Claim	Maximum Billing Amount per Claim	Maximum Days Supply per Claim
Enlite® Sensor, 5 each per pack	76300000805	5	15	90
Guardian® Sensor 3, 5 each per pack	43169070405	5	15	90
Guardian® Sensor 3, 5 each per pack	63000017962	5	15	90
Guardian® Sensor 3, 5 each per pack	63000033698	5	15	90
Guardian® Sensor 3, 5 each per pack	63000035844	5	15	90

Product Description	Billing Code (11-digit NDC-like Number)	Minimum Billing Amount per Claim	Maximum Billing Amount per Claim	Maximum Days Supply per Claim
Guardian® Link 3 Transmitter Kit, 1 each	43169095568	1	1	365
Guardian® Link 3 Transmitter Kit, 1 each	63000028678	1	1	365
Guardian® Link 3 Transmitter Kit, 1 each	63000031699	1	1	365
Guardian® Link 3 Transmitter Kit, 1 each	63000035751	1	1	365
Guardian® Connect Transmitter, 1 each	76300000260	1	1	365
Guardian® Connect Transmitter, 1 each	63000028585	1	1	365
FreeStyle Libre 3 Sensor Kit, 1 each	57599081800	1	9	90
Dexcom G6 Transmitter Kit, 1 each	08627001601	1	1	90
Dexcom G6 Sensor Kit, 3 each	08627005303	3	9	90
Dexcom G6 Receiver Kit, 1 each	08627009111	1	1	365
FreeStyle Libre Sensor Kit, 14 Day, 1 each	57599000101	3	9	90
FreeStyle Libre Reader Kit, 14 Day, 1 each	57599000200	1	1	365
FreeStyle Libre 2 Sensor Kit, 1 each	57599080000	3	9	90
FreeStyle Libre 2 Reader, 1 each	57599080300	1	1	365

Product addition or inclusion on the [List of Covered Continuous Glucose Monitoring \(CGM\) Systems](#) does not guarantee supply or individual specific coverage. Products deleted from the [List of Covered Continuous Glucose Monitoring \(CGM\) Systems](#) will no longer be reimbursable, even with an approved prior authorization (PA), on or after the effective date of deletion. The Maximum Acquisition Cost (MAC) for these products is no longer guaranteed.

Claim payments for CGM products are specific to Billing Code numbers (11-digit NDC-like number) that must meet all the following criteria:

- Listed in the [List of Covered Continuous Glucose Monitoring \(CGM\) Systems](#)
- Approved on a PA
- Dispensed to the beneficiary

Medi-Cal Rx beneficiaries, who were denied CGM products and who believe the denial was in error, may ask for a state hearing by contacting the California Department of Social Services, State Hearings Division.

P.O. Box 944243, MS 21-37
Sacramento, CA 94244-2430
Toll Free: 1-800-743-8525 or 1-855-795-0634
Fax: 1-833-281-0905

For Medi-Cal Rx beneficiaries who are members of a Medi-Cal Managed Care Plan (MCP), members can contact their individual plan directly for possible coverage, billed as a medical benefit on a *CMS-1500* medical claim form. Each MCP determines CGM coverage outside of Medi-Cal Rx since CGM is a partial carve-out Medi-Cal Rx benefit.

16. Enteral Nutrition Update: Changes to the List of Covered Enteral Nutrition Products, Retroactive to September 1, 2022

The billing code for Vitaflo USA, PKU Sphere 20, Liquid, Vanilla has been updated in the Medi-Cal Rx system. The correct Medi-Cal Rx 11-digit billing National Drug Code (NDC) is 12539002480. Providers can resubmit denied claims with the updated billing number, retroactive to September 1, 2022.

The [List of Covered Enteral Nutrition Products](#) will be updated on the [Medi-Cal Rx Web Portal](#) at a later date.

Product addition or inclusion on the list does not guarantee supply nor individual specific coverage.

Medi-Cal Rx beneficiaries, who were denied enteral nutrition products and believe the denial was in error, may ask for a state hearing by contacting the California Department of Social Services, State Hearings Division, at the following address:

P.O. Box 944243, MS 21-37

Sacramento, CA 94244-2430

Toll Free: 1-800-743-8525 or 1-855-795-0634

Fax: 1-833-281-0905

Medi-Cal Rx beneficiaries who are members of a Medi-Cal Managed Care Plan (MMCP) can contact their individual plan directly for possible coverage, billed as a medical benefit on a *CMS-1500* medical claim form. Each MMCP determines enteral nutrition coverage outside of Medi-Cal Rx since enteral nutrition is a partial carve-out Medi-Cal Rx benefit.

17. CoverMyMeds: Provider Support

Medi-Cal Rx would like to remind and inform pharmacy providers and prescribers about the functionalities of CoverMyMeds® and how to seek assistance from CoverMyMeds and Medi-Cal Rx regarding Prior Authorization (PA) submissions. CoverMyMeds is the preferred platform for PA submission to Medi-Cal Rx; refer to the following alert for [Prescriber Advantages of Using CoverMyMeds for Medi-Cal Rx PA Requests](#).

Facts About CoverMyMeds

- Medi-Cal prescribers who are registered with CoverMyMeds can submit an electronic PA request utilizing CoverMyMeds to Medi-Cal Rx.
 - Requests interact in real time, lowering administrative burden.
 - The system gathers the specific clinical information required by asking the prescriber questions and minimizing the need for additional outreach.
 - Clinical information submitted by the prescriber may allow for real-time PA approvals.

- Covered alternatives are often presented in real time to assist prescribers.
- Medi-Cal pharmacies who have integrated with CoverMyMeds can initiate a PA request to CoverMyMeds on behalf of the prescriber.
 - When the PA is initiated, it is placed in the prescriber's CoverMyMeds queue for review and submission to Medi-Cal Rx.
- The CoverMyMeds submission channel allows for providers to submit for all specialty medications.
- PA requests for controlled substances scheduled II, III, IV, and V may also be submitted through CoverMyMeds utilizing a digital signature. The PA request does not require a "wet"/physical signature.
- If a PA request is not required for the beneficiary and drug, messaging will be returned in real time to inform the submitter.
 - When a PA is submitted via CoverMyMeds, MediCal Rx systems run a trial adjudication and can determine if the beneficiary has claims history or a grandfathered PA to indicate that the drug falls within the [MediCal Rx Pharmacy Transition Policy](#) for that beneficiary.
- For PA requests submitted via CoverMyMeds, the status of the PA request is available via CoverMyMeds and the Medi-Cal Rx Provider Portal. If the request is denied by the Department of Health Care Services (DHCS), the PA submitter will also receive notification by fax or U.S. Mail.
- CoverMyMeds is integrated with more than 500 Electronic Health Record (EHR) vendors. This means that submitting an electronic PA may be done within the provider's EHR if integrated.
- When submitting a PA request through CoverMyMeds, the PA request will stay in the CoverMyMeds portal as a work in progress until it is completed and "Send to Plan" is selected. Be sure to finalize submission with "Send to Plan."

Provider Support from CoverMyMeds

When to Contact CoverMyMeds

- CoverMyMeds login or account-related questions:
 - How to allow multiple staff members to manage PA requests for multiple prescribers in the same office while having unique secure logins.
- Questions or issues with submitting PA requests from within the CoverMyMeds user interface:
 - If you need help with a live walk-through on how to create and send a request.
 - If you need help with a live walk-through on how to complete a PA request started by a pharmacy.
- EHR integration questions or troubleshooting.

How to Contact CoverMyMeds:

- Live Support: 1-866-452-5017
 - Monday – Friday, 8 a.m. – 11 p.m. ET
 - Saturday, 8 a.m. – 6 p.m. ET
- Chat feature in the bottom right corner of CoverMyMeds.
- General questions? Providers can refer to: [Frequently Asked Questions on the CoverMyMeds website.](#)

Additional Support from Medi-Cal Rx

In addition to CoverMyMeds support, Medi-Cal Rx is committed to assisting providers with resolution of CoverMyMeds PA issues. Send a secured email to Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com or call the Customer Service Center (CSC) at 1-800-977-2273. Customer Service Representatives are available 24 hours a day, 7 days a week, 365 days per year.

Provide the following documentation if available when requesting assistance. Indicate that the PA submission was made via CoverMyMeds and include the 8-character alpha numeric CoverMyMeds reference key with description of the issues, including the following:

- 14-digit beneficiary ID
- Beneficiary first and last name
- Beneficiary date of birth
- Date of submission
- Exact error message (if presented)
- Screenshots of the issue
- Date/time and representative name (if CoverMyMeds support has already been received)

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