



Medi-Cal Rx Monthly Bulletin

March 1, 2023

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 below changes have been made to the [Contract Drugs List](#) posted to the Medi-Cal Rx Web Portal, effective March 1, 2023.

Drug Name	Description	Effective Date
Colesevelam HCL	Removed Code I restriction.	March 1, 2023
Esomeprazole Magnesium	Additional formulation (packets) added with restriction.	March 1, 2023
Lansoprazole	Additional formulation (disintegrating tablets) added with restriction.	March 1, 2023
Lenacapavir	Added to CDL with restriction.	March 1, 2023
Mirabegron	Added to CDL.	March 1, 2023
Mosunetuzumab-axgb	Added to CDL with restriction.	March 1, 2023
Phenobarbital	Additional strength (64.8 mg) added.	March 1, 2023
Remdesivir	Updated Code I restriction.	March 1, 2023
Rizatriptan	Removed Code I restriction.	March 1, 2023
Semaglutide	Additional strength (2 mg/3 ml) added.	March 1, 2023
Sumatriptan	Removed Code I restriction.	March 1, 2023
Sumatriptan Succinate	Removed Code I restriction.	March 1, 2023

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

The below changes have been made to the [Contract Drugs List – Over-the-Counter Drugs](#) posted to the Medi-Cal Rx Web Portal, effective March 1, 2023.

Drug Name	Description	Effective Date
Ibuprofen	Additional formulations (chewable tablets and capsules) added.	March 1, 2023

3. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 5.0.

Updates

Section	Update Description	Effective Date
<i>Section 12.1 – Noncovered Nutrition Products</i>	<ul style="list-style-type: none"> Added language. 	March 1, 2023
<i>Section 12.2 – Prescription Requirements</i>	<ul style="list-style-type: none"> Added language. 	March 1, 2023
<i>Section 12.3 – Criteria/ Authorization</i>	<ul style="list-style-type: none"> Added language about enteral nutrition products prior authorization policy. 	March 1, 2023
<i>Section 12.3.2 – Specialized Products Criteria</i>	<ul style="list-style-type: none"> Added language. 	March 1, 2023
<i>Section 12.3.5 – Specialty Infant Products Criteria</i>	<ul style="list-style-type: none"> Updated language from “breast milk” to “human milk.” 	March 1, 2023
<i>Section 12.4 – Documentation Requirements</i>	<ul style="list-style-type: none"> Added language that the age, height (length), weight, and body mass index “must be recent, within the last 3 to 6 months.” 	March 1, 2023

Section	Update Description	Effective Date
<i>Section 12.5 – Billing Requirements and Limitations</i>	<ul style="list-style-type: none"> Removed the sentence, “Billing quantities must be appropriate for the product size (quantity) dispensed and product description on the list of Covered Enteral Nutrition Products.” 	March 1, 2023
<i>Section 17.5 – COVID-19 Oral Antiviral Product Coverage</i>	<ul style="list-style-type: none"> Added information about Remdesivir (Veklury). 	March 1, 2023
<i>Section 18.2 – Mpox Treatment Drugs (NEW!)</i>	<ul style="list-style-type: none"> Added information about product availability, billing, dosages, and reimbursement for Tecovirimat (TPOXX). 	March 1, 2023

4. Evusheld® No Longer Authorized to Prevent COVID-19

What Pharmacy Providers and Prescribers Need to Know

Effective for dates of service (DOS) on or after January 26, 2023, the Department of Health Care Services (DHCS) will no longer reimburse Evusheld® (tixagevimab co-packaged with cilgavimab) as a pharmacy benefit. Evusheld is a monoclonal antibody for the pre-exposure prophylaxis of COVID-19 in certain adults as well as pediatric individuals 12 years of age and older weighing at least 40 kg. On January 26, 2023, the [U.S. Food and Drug Administration \(FDA\) announced](#) that Evusheld is no longer authorized for use in the U.S. until further notice by the FDA.

Data shows that Evusheld is [unlikely to be active](#) against certain SARS-CoV-2 variants. According to the most recent Centers for Disease Control and Prevention (CDC) [COVID Data Tracker](#), these variants are projected to be responsible for more than 90 percent of current infections in the U.S. This means that Evusheld is not expected to provide protection against developing COVID-19 if exposed to those variants. Therefore, pharmacy providers must not submit claims for Evusheld for DOS on or after January 26, 2023, as they will be denied.

There are [several treatments](#) – Paxlovid™ (nirmatrelvir co-packaged with ritonavir), Veklury® (remdesivir), and Lagevrio™ (molnupiravir) – that are expected to work against currently circulating variants and are authorized or approved to treat certain patients with mild-to-moderate COVID19 who are at a high risk for progression to a severe case, including hospitalization or death. Health care providers should assess whether these treatments are right for their patients.

What Pharmacy Providers and Prescribers Need to Do

- Refer to [Variant Proportions](#) in the U.S. on the CDC website for general information.
- Refer to the [California COVID-19 Response](#) website for California-specific information.

5. 30-Day Countdown – Reinstatement of Prior Authorization Requirements for 46 Drug Classes Including Medical Supplies

On February 24, 2023, prior authorization (PA) requirements will be reinstated for 46 additional Standard Therapeutic Classes (STCs), including medical supplies, for new start prescriptions for beneficiaries 22 years of age and older. “New starts” are defined as new therapies or medications not previously prescribed to the beneficiary during the 15-month lookback period.

Phase II, Wave 2 (P2/W2) will complete the reinstatement of PA requirements for new start prescriptions for beneficiaries 22 years of age and older. However, Medi-Cal Rx will continue to utilize PA and claims data to allow for grandfathering of previously approved PAs until Phase III of Reinstatement, as announced in the alert [90-Day Countdown – Phase III: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older](#).



- **New starts, for beneficiaries 21 years of age and younger within these 46 STCs, including medical supplies, will not be subject to PA reinstatement in Phase II.**



- Do not submit PA requests prior to February 24, 2023 for drugs or products in one of the following 46 STCs, including medical supplies, that will require a PA. If submitted, the PA request will be returned with a message that no PA is required.

Phase II, Wave 2 Drug Classes		
Adrenergics	B Complex with Vitamin C	Laxatives
All Other Antiobesity Preps	Bile Therapy	Mineralocorticoids
Allergens	Bronchodilators	Oxytocics
Amphetamine Preparations	Chloramphenicol	Parasympathetic Agents
Anesthetics Gen Inhalant	CNS Stimulants	Psychostimulants- Antidepressant
Anesthetics Gen Inject	Coal Tar	Rauwolfias
Anticonvulsants	Cold and Cough Preparations	Sedative Barbiturate
Antidiarrheals	Contraceptives, Non-Systemic	Sedative Non-Barbiturate
Antidotes	Cough Preparations/Expectorants	Trimethoprim
Antihistamines	Diagnostics	Vaginal Cleansers
Antinauseants	Digestants	Vasodilators Peripheral
Antineoplastics	Emetics	Xanthine Derivatives
Antipruritics	Enzymes	Medical Supplies *
Antispasmodic and Anticholinergic Agents	Hematinics and Blood Cell Stimulators	Miscellaneous **
Antithyroid Preps	Hemorrhoidal Preparations	
Ataractics-Tranquilizers	Hemostatics	

* **Note:** Diabetic supplies, including testing supplies and insulin syringes, are included with Medical Supplies. Diabetic supplies also include Continuous Glucose Monitoring (CGM) Systems and Disposable Insulin Delivery Devices (DIDDs), both of which require an approved Medi-Cal Rx PA for a paid claim. For more information regarding Medi-Cal Rx coverage of

Medical Supplies, refer to the *Medical Supplies* section in the [Medi-Cal Rx Provider Manual](#) and [Covered Products Lists](#) on the [Medi-Cal Rx Web Portal](#).

** All other drugs not otherwise listed except for enteral nutrition products.

Resources

- For more information about P2/W2, refer to [Medi-Cal Rx Phase II – Frequently Asked Questions \(FAQs\)](#).
- For more information about Medi-Cal Rx Reinstatement, visit the [Medi-Cal Rx Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and select **Medi-Cal Rx Reinstatement**.
- Review the [Medi-Cal Rx Reinstatement of Prior Authorizations and Retirement of the Transition Policy: Phases II, III, and IV](#) presentation.
- Refer to the [Medi-Cal Rx Bulletins & News](#) and [Medi-Cal Rx Forms & Information](#) pages for guidance on how to successfully submit PAs.
- Refer to the [Medi-Cal Rx Provider Manual](#) for coverage policy and criteria.
- Assess business processes and workflows to account for the reinstatement of PA edits for the drug classes.

6. Medical Supplies: How to Prepare for Retirement of the Transition Policy

What Pharmacy Providers and Prescribers Need to Know

On January 12, 2023, Medi-Cal Rx published the alert [How to Prepare for Retirement of the Transition Policy](#). Medi-Cal Rx would like to remind pharmacy providers and prescribers that medical supplies, which includes diabetic supplies, are also impacted by the retirement of the Transition Policy for beneficiaries 22 years of age and older. Pharmacy providers and prescribers should plan ahead and take action!

Beneficiaries 22 years of age and older can be transitioned to covered alternatives that may not require a prior authorization (PA). Review the Medi-Cal Rx Covered Products Lists of medical supplies and products found on the [Medi-Cal Rx Web Portal](#) on the [Contract Drugs & Covered Products Lists](#) page, or the links listed below, for listings of

covered or contracted products. If a covered alternative is not appropriate, providers can submit a PA to Medi-Cal Rx beginning February 24, 2023.



Reminder: Covered medical supplies on the Medi-Cal Rx Covered Products Lists are subject to quantity and frequency restrictions.

What Pharmacy Providers and Prescribers Need to Do

1. Consider covered therapies that may not require a PA, if clinically appropriate.
 - a. Review the Medi-Cal Rx Covered Products Lists found on the [Medi-Cal Rx Web Portal](#) on the [Contract Drugs & Covered Products Lists](#) page:
 - [Covered Diabetic Test Strips and Lancets](#)
 - [Covered Disposable Insulin Delivery Devices](#)
 - [Covered Emergency Use of Authorization \(EUA\) COVID-19 Antigen Tests](#)
 - [Covered Medical Supplies Product Descriptions and Billing Information](#)
 - [Covered Pen Needles](#)
 - [Covered Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs](#)
 - [Covered Self-Monitoring Blood Glucose Systems \(Glucometers\), Control Solutions, and Lancing Devices](#)
 - [Covered Sterile Syringes with Needles \(non-insulin\)](#)
 - [Covered Continuous Glucose Monitoring \(CGM\) Systems](#)
 - Prescribers: Refer to your ePrescribing application.
2. If a change in therapy is not appropriate, plan ahead! Submit PA requests beginning February 24, 2023.
 - a. Early PA requests can be submitted via the Medi-Cal Rx PA Submission Methods:
 - [CoverMyMeds®](#)
 - [Medi-Cal Rx Secured Provider Portal](#)
 - NCPDP P4 Transaction
 - Fax
 - U.S. Mail

- b. Review PA resources by selecting the **Prior Authorization (PA)** tab on the [Forms & Information](#) page.
3. Review the *Medical Supplies* section in the [Medi-Cal Rx Provider Manual](#).

Resources

For more information about Medi-Cal Rx Reinstatement, visit the [Medi-Cal Rx Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and select **Medi-Cal Rx Reinstatement**.

For more information regarding the Retirement of the Pharmacy Transition Policy, refer to the [90-Day Countdown – Phase III: Retirement of the Transition Policy for Beneficiaries 22 Years of Age and Older](#) alert.

7. Reminder: Establishing Medical Necessity

What Pharmacy Providers and Prescribers Need to Know

Medi-Cal Rx would like to remind pharmacy providers and prescribers to review the [Medi-Cal Rx Contract Drugs & Covered Product Lists](#) to reduce the necessity for prior authorization (PA) submission. If covered therapies are not appropriate and a PA must be submitted to Medi-Cal Rx, pharmacy providers and prescribers should complete all required fields and provide relevant clinical information on PA requests to establish medical necessity. For additional information regarding PA submissions, refer to the alert titled [Prior Authorization Submission Reminders](#).

What Pharmacy Providers and Prescribers Need to Do

When a PA is necessary to be submitted to Medi-Cal Rx, consider including the following information, if applicable, to support clinical justification:

- Diagnosis/Diagnoses
- Quantity/Days Supply
- Other products tried and the reason(s) why those products do not meet the needs of the beneficiary
- Contraindications and allergies
- Chart notes/Lab reports

- Supporting literature, compendia, or treatment guidelines *

* Recommended when submitting a PA for off-label use.

Resources

To review covered therapies that may not require a PA, refer to the following resources:

- [Medi-Cal Rx Contract Drugs & Covered Products Lists](#)
- [Medi-Cal Rx Approved NDC List](#)
- Prescribers: Refer to your ePrescribing application.

For assistance with submitting PAs, refer to the following resources:

- [Medi-Cal Rx Prior Authorization \(PA\) Job Aid](#) – Resource for submitting a PA via the Medi-Cal Rx Secured Provider Portal.
- [Medi-Cal Rx Provider Manual](#)

8. Boostrix™ Claims System Issue

What Pharmacy Providers Need to Know

On February 7, 2023, Medi-Cal Rx identified a claim processing issue related to Boostrix™ (Diphtheria/Pertussis/Tetanus) Vaccine, pre-filled syringes NDC 58160084252 and NDC 58160084234. Between the dates of January 20, 2023, and February 7, 2023, pharmacy providers may have received an erroneous reject message of **NCPDP Reject Code 75 – Prior Authorization Required** when submitting claims to Medi-Cal Rx. This system issue has been resolved and claims are no longer rejecting with Reject Code 75.

Note: This vaccine is included on the [Medi-Cal Rx Contract Drug List](#) and is considered a covered benefit:

- Medi-Cal beneficiary is 19 years of age or older.
- Use of this vaccine must be based on the guidelines published by the Centers for Disease Control and Prevention (CDC).

What Pharmacy Providers Need to Do

If a pharmacy provider submitted a claim for Boostrix syringes between the dates of January 20, 2023, and February 7, 2023, and the claim was denied with a **NCPDP Reject Code 75 – Prior Authorization Required**, the pharmacy provider should resubmit the claim to Medi-Cal Rx for reimbursement.

9. Drug Use Review (DUR): Additive Toxicity (AT) – System Issue Resolved

On January 9, 2023, Medi-Cal Rx announced a system issue in the alert [Drug Use Review \(DUR\) Alert System Issue: Additive Toxicity \(AT\)](#).

Medi-Cal Rx has resolved the system issue with **NCPDP Reject Code 88 – DUR (Drug Use Review) for Reason for Service Code Additive Toxicity (AT)**. The Medi-Cal Rx system is now correctly adjudicating claims. Prior to claim payment, Medi-Cal Rx will alert dispensing pharmacists to evaluate the risk of potential AT against medical necessity for that drug.

This system issue was resolved on February 6, 2023.

10. Age Restrictions on Psychotropics – System Issue Resolved

What Pharmacy Providers Need to Know

On January 20, 2023, Medi-Cal Rx announced a system issue in the alert [Age Restrictions on Psychotropics System Issue](#).

Medi-Cal Rx has resolved the system issue and all age restriction edits for psychotropics have been removed. Pharmacy providers will no longer receive rejections in error while processing these claims.

This system issue was resolved on January 25, 2023.

What Pharmacy Providers Need to Do

If pharmacy providers dispensed the psychotropic medication, received NCPDP Reject Code 60, 70, or 75 in error, and held the claim due to this system issue, pharmacy providers should resubmit the claim to Medi-Cal Rx for reimbursement. Claims erroneously rejected due to the age restriction system error will now process. Rejections due to other claim edits will remain in place.

11. Update on Age Restrictions of Psychotropics

Summary

On June 1, 2022, Medi-Cal Rx released an alert (see [Age Restrictions of Psychotropics Updated](#)) stating that all age restrictions for Attention Deficit Hyperactivity Disorder (ADHD) medications, antidepressants, and antipsychotics were updated to reflect the U.S. Food and Drug Administration (FDA)-approved age ranges. Beginning January 17, 2023, all age restriction edits have been removed for all psychotropics.

What Does this Mean for Pharmacy Providers?

Psychotropics will no longer deny for **NCPDP Reject Code 60 – Product/Service Not Covered For Patient Age**. A prior authorization (PA) may still be required for drugs within these drug classes if other coverage restrictions apply.

Note: The [Medi-Cal Rx Contract Drugs List](#) has been updated to reflect this update.

12. Mpox Treatment Drug, Tecovirimat (TPOXX® or ST-246), as a Medi-Cal Pharmacy Benefit

What Pharmacy Providers and Prescribers Need to Know

Effective for dates of service (DOS) on or after August 17, 2022, the Department of Health Care Services (DHCS) will reimburse the dispensing fee as a pharmacy benefit for the Mpox treatment drug, Tecovirimat (TPOXX®), when dispensed in accordance with the provisions of the U.S. Food and Drug Administration (FDA) Expanded Access Program and the Centers for

Disease Control and Prevention (CDC)'s [Guidance for Tecovirimat Use; Expanded Access Investigational New Drug Protocol During 2022 U.S. Mpox Outbreak](#).

Currently, there are no available FDA-approved treatments for Mpox. However, TPOXX is an antiviral drug that is FDA-approved for the treatment of smallpox in adults and pediatric patients. Its use for treatment of Mpox is permitted through an FDA-regulated Expanded Access Investigational New Drug (EA-IND) protocol through CDC, which facilitates access to and use of TPOXX for treatment of Mpox. TPOXX is the recommended first-line treatment for most patients during the current outbreak.

Prior authorization (PA) is not required for reimbursement.

Important Billing Instructions

- The pharmacy must ensure that the prescriber has completed all the required forms for EA-IND, including FDA Form 1572 (or is affiliated with an organization that has completed the form) as specified by CDC.
 - The pharmacy must confirm with the prescriber that the Patient Consent Form has been signed. For additional details, see [Expanded Access IND Protocol](#).
 - Note that treatment with TPOXX can begin upon receipt of the medication and after obtaining informed consent. Forms requested under the EA-IND can all be returned to CDC after treatment begins.
- Since TPOXX is supplied free by the federal government and made available through public health departments, pharmacies will not be reimbursed for the cost of the drug, but will be reimbursed the professional dispensing fee.
- All eligible retroactive claims for DOS on or after August 17, 2022, will be processed. Pharmacy providers are to submit eligible claims for reimbursement.
- Any concerns regarding delay in reimbursement should not cause pharmacy providers to decline dispensing of TPOXX to patients.

Pharmacy providers may bill for the dispensing of TPOXX NDCs using NCPDP D.0 web, batch, and paper claims according to the table below.

Billable NDCs and billing quantity are both outlined below:

NDC	Label Name	Generic Name	PA required (Y or N)	Minimum Age	Claim Quantity
50072001030	TPOXX	Tecovirimat	N	0	20 ml (200 mg/20 mL in SDV)
50072020042	TPOXX	Tecovirimat	N	0	42 capsules (Each bottle contains 42 x 200 mg capsules)

Product Availability

- TPOXX is available from the U.S. Strategic National Stockpile (SNS). It can be ordered from CDPH and does not need to go through CDC.
- Clinicians and care facility pharmacists requesting TPOXX should contact their [local health department](#) for current local availability. Pre-positioned supply may be the fastest route to obtain Tecovirimat.
 - The local health department Medical Health Operational Area Coordinator (MHOAC) will submit a resource request to CDPH, and medications will be shipped to the health care facility.
- CDC can assist in the diagnosis and management of patients with suspected Mpox. If treatment drugs are needed or additional information is required, providers should contact the CDC Emergency Operations Center at 1-770-488-7100, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time; at other times call 1-404-639-2888.

Resources

- [TPOXX Package Insert](#)
- [Mpox Tecovirimat Treatment Information for Healthcare Providers](#)
- [Guidance for Tecovirimat Use; Expanded Access Investigational New Drug Protocol During 2022 U.S. Mpox Outbreak](#) – CDC guidance regarding TPOXX use.
- [Information for Healthcare Providers: Tecovirimat \(TPOXX\) for Treatment of Mpox](#) – CDC guidance on requesting TPOXX through the SNS.
- [Expanded Access IND Protocol: Use of Tecovirimat \(TPOXX®\) for Treatment of Human Non-Variola Orthopoxvirus Infections in Adults and Children](#)

For population of claim form fields other than those identified in this guidance, review the [Medi-Cal Rx Provider Manual](#).

Additional guidance on Mpox can be found on both the [California Department of Public Health](#) (CDPH) and [CDC](#) websites.

13. Updates to Over-the-Counter (OTC) COVID-19 Antigen Test Kits, Effective March 1, 2023

The Maximum Allowable Product Costs (MAPC) for Medi-Cal Rx covered over-the-counter (OTC) antigen tests have been updated on the [List of Covered Emergency Use of Authorization \(EUA\) COVID19 Antigen Tests](#), effective March 1, 2023. Refer to the Excel list for specific product information.

Effective March 1, 2023, the following prices have been updated and will be the amount reimbursed per test as a covered Medi-Cal Rx pharmacy benefit. Quantity and frequency limitations apply.

Product Description	Billing Code (11-digit NDC like number)	MAPC for Each	Effective Date
BINAXNOW™ COVID-19 AG SELF TEST, 1 kit, 2 each	11877001140	\$8.00	03/01/2023
CARESTART™ COVID-19 AG HOME TEST, 1 kit, 2 each	50010022431	\$5.00	03/01/2023
FLOWFLEX™ COVID-19 AG HOME TEST, 1 kit, 1 each	82607066026	\$3.00	03/01/2023
FLOWFLEX COVID-19 AG HOME TEST, 1 kit, 2 each	82607066027	\$3.00	03/01/2023
IHEALTH® COVID-19 AG RAPID TEST, 1 kit, 2 each	56362000589	\$5.00	03/01/2023
INTELISWAB® COVID-19 RAPID TEST, 1 kit, 2 each	08337000158	\$5.00	03/01/2023

Product Description	Billing Code (11-digit NDC like number)	MAPC for Each	Effective Date
QUICKVUE™ AT-HOME COVID-19 TEST, 1 kit, 2 each	14613033972	\$7.00	03/01/2023

Product addition or inclusion on the *List* does not guarantee supply nor individual specific coverage. Coverage is restricted to specific 1-test-per-kit or 2-tests-per-kit OTC EUA COVID-19 U.S. Food and Drug Administration (FDA)-authorized, self-administered COVID-19 antigen tests listed in the *List*. Covered tests require dispensing from a pharmacy, written (or electronic equivalent) on a prescription pad signed by a licensed prescriber or a pharmacist. Packages/kits cannot be broken or sold as individual tests.

The following coverage criteria applies:

- Restricted to EUA for the diagnostic condition of suspected COVID-19 (Code I Restriction), **AND**
- Restricted to up to 8 tests (4 kits for 2 tests/kit) per 30 days per beneficiary, **AND**
- No refills allowed; the beneficiary would need to obtain a new prescription for each dispensing.

Note: Prior authorization (PA) requests for quantities outside the allowed amounts will be denied unless ordered or administered by a provider following an individualized clinical assessment and with appropriate clinical justification provided. In order to receive a test or test kit, the beneficiary must be eligible for Medi-Cal on the date of service (DOS). Refer to the [Medi-Cal Rx Provider Manual](#) on the [Medi-Cal Rx Web Portal](#) for additional coverage and reimbursement information.

Prior Alerts

- [COVID-19 Antigen Tests Coverage Reminder](#)
- [Medi-Cal Rx Coverage of Over-the-Counter COVID-19 Antigen Test Kits](#)

14. Enteral Nutrition Updates to the *List of Covered Enteral Nutrition Products*, Effective January 1, 2023

The billing code and product description for Vitaflo® USA, PKU Sphere® 20, Liquid, Vanilla, has been updated in the Medi-Cal Rx system. The correct Medi-Cal 11-digit billing number (NDC) is 12539002584. Providers can resubmit denied claims with the updated billing number, retroactive to January 1, 2023.

The [List of Covered Enteral Nutrition Products](#) has been updated on the [Medi-Cal Rx Web Portal](#).

Note: Product addition or inclusion on the *List* does not guarantee supply nor individual specific coverage.

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

PO 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. Claims Processing Reminders for Medicare Medi-Cal Plans

Background

On January 1, 2023, as announced in [Now Active – Cal MediConnect Transition to Medicare Medi-Cal Plans](#), beneficiaries enrolled in Cal MediConnect (CMC) transitioned to Medicare Medi-Cal Plans (MMPs or Medi-Medi Plans). This alert serves as a reminder for pharmacy providers who may be impacted by this transition when submitting pharmacy claims.

For some pharmacy claims adjudicated for dual eligible Medicare and Medi-Cal beneficiaries, Medi-Cal is payer of last resort. Medicare Part D drugs should be billed to Medicare only; Medi-Cal does not reimburse for Part D coinsurance (co-pays). Claims for drugs that are covered under Medicare Part B are billable to Medi-Cal for Medicare coinsurance and/or deductible. For drugs that can be covered under either Part B or Part D benefit, **Medicare policy determines under which benefit a specific claim can be processed**, which in turn determines if Medi-Cal will reimburse the coinsurance.

Secondary claims can be either automatically submitted to Medi-Cal after Medicare payment (generally this is done in traditional Medicare) or can be submitted as Coordination of Benefits (COB) to Medi-Cal Rx (generally in Medicare Advantage). When COB pharmacy claims are processed, the pharmacy provider may utilize resources such as the [Medi-Cal Rx Provider Manual](#) and [Medi-Cal Rx Billing Tips](#) to populate necessary fields to submit a COB claim.

Refer to the following information regarding processing pharmacy claims for dual beneficiaries:

- Medicare Part B with Medi-Cal Rx: Depending on the beneficiary's dual Medicare enrollment, claims can be sent to Medi-Cal for coinsurance payment automatically (also known as the crossover claims) or a provider would need to submit a COB claim through Medi-Cal Rx. In general, traditional Medicare Part B claims would automatically crossover and the provider should not submit a separate COB claim to Medi-Cal Rx. If a dual beneficiary is enrolled in a Medicare Advantage plan, those pharmacy claims for drugs covered under Part B will generally not "crossover" automatically, and the pharmacy would be expected to submit a COB pharmacy claim as instructed in the [Medi-Cal Rx Provider Manual](#) and the [Medi-Cal Rx Payer Specification Sheet](#).

- Medicare Part D with Medi-Cal Rx:
 - If the drug is a Medicare Part D EXCLUDED drug: Medi-Cal Rx can be billed directly.
 - If the drug is a Medicare Part D drug: Claim must be billed to Medicare Part D. Medi-Cal Rx is not considered a secondary payer in this situation and will not pay the Medicare Part D medication claims, deductibles, or copayments.

Resources

- Refer to the [Medi-Cal Rx Covered Products Lists](#).
- View the [Medi-Cal Rx 101: Cal MediConnect Transition webinar](#).
- Refer to the *Coordination of Benefits (COB)* section of the [Medi-Cal Rx Provider Manual](#).
- Refer to the [Medi-Cal Rx Billing Tips](#).
- Refer to the [Medi-Cal Rx Pharmacy Claim Processing for Other Health Care Benefits Coordination](#) alert.
- Refer to the [Coordination of Benefits – Billing Medicare Part B and D Claims](#) alert.
- For more information regarding Part D Medicare Coverage, refer to the [Medicare Part D Manual](#).
- For more information regarding Part B Medicare Coverage, refer to the [Medicare Coverage Database](#).

16. NCPDP Reject Code 83 – Duplicate Paid/Captured Claim

What Pharmacy Providers Need to Know

NCPDP Reject Code 83 – Duplicate Paid/Captured Claim occurs when more than one claim is submitted for the same beneficiary, drug, and date of service (DOS) in which the first claim is paid and the second claim is captured as a duplicate transaction.

What Pharmacy Providers Need to Do

1. Identify the claim has denied for Reject Code 83.
2. Review the beneficiary dispensing history to determine if the claim is a duplicate request.

3. Contact the Medi-Cal Rx Customer Service Center (CSC) for assistance when:
 - a. It cannot be determined if the claim is a true duplicate, and the pharmacy provider needs to know at which pharmacy the last claim was billed and resulted in a paid claim;
OR
 - b. It can be determined that the claim is not a true duplication * but is medically necessary, and it is to be filled for the same DOS as the previous paid claim;
OR
 - c. The claim is a duplication but is medically necessary and must be filled for the same DOS.

*** Examples of claims where it is not considered a true duplication include:**

- Same drug but multiple package sizes to meet the prescribed quantity.
- Same drug but different strengths to meet the prescribed strength.
- Same enteral nutrition product but multiple flavors required to achieve the prescribed quantity to not exceed a 31-day supply.
- Same blood factor product but additional doses required for treatment of active bleed.

Note: Requests for an administrative override of claims rejecting with Reject Code 83 will be reviewed for medical necessity.

17. Updated: Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816

A physician administered drug (PAD) may be either a medical or a pharmacy benefit. The list of covered PADs with Medi-Cal Rx can be found on the [Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs](#) list. Claims submitted to Medi-Cal Rx for PADs that are a medical benefit will deny with **NCPDP Reject Code 816 – Pharmacy Drug Benefit Exclusion**.

Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816, located in the [Medi-Cal Rx Provider Manual](#), has been updated. *Appendix H* identifies examples of PADs excluded from the Medi-Cal Rx pharmacy benefits. This list is subject to change. PAD claims denying for Reject Code 816 should be submitted as a medical benefit to the managed care plan (MCP) if the beneficiary is an MCP member or to the fee-for-service medical claims adjudicators if the beneficiary is not an MCP member.

Under limited circumstances, a PAD claim denying with Reject Code 816 may be considered for coverage under the Medi-Cal Rx pharmacy benefit. For the PAD to be reviewed for coverage as a pharmacy benefit, a prior authorization (PA) request must be submitted to Medi-Cal Rx. These requests will be reviewed by the Department of Health Care Services (DHCS) on a case-by-case basis.

18. Reminder: Clear Browser Cache

Medi-Cal Rx would like to remind pharmacy providers and prescribers who utilize the [Medi-Cal Rx Secured Provider Portal](#) to clear their web browser cache on a regular basis. Updates to the Medi-Cal Rx Secured Provider Portal are frequently made and the browser cache must be cleared to ensure all updates are reflected.

Prior to logging in, open the browser history and click the option to clear history and cache. It is recommended that this be done weekly to avoid issues with accessing routine updates to the [Medi-Cal Rx Web Portal](#).



When accessing the Medi-Cal Rx Secured Provider Portal, be sure to utilize Google Chrome, Microsoft Edge, or another supported web browser. Internet Explorer is not supported.

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.