



Medi-Cal Rx

How to Resolve Reject Code A6 for Orally Administered Enteral Nutrition Claims

November 1, 2023

Background

Effective November 10, 2023, Medi-Cal Rx will implement the use of Drug Use Review (DUR) service codes for pharmacy providers to attest when submitting enteral nutrition claims for dual Medicare Part B and Medi-Cal covered beneficiaries who orally consume enteral nutrition. The purpose of this alert is to inform pharmacy providers how to resolve claims for orally administered enteral nutrition denying with **Reject Code A6 – Product/Service May Be Covered Under Medicare Part B** using DUR service codes at point of sale (POS).

What Pharmacy Providers Need to Know

Pharmacy claims for orally administered enteral nutrition products are not a covered benefit of Medicare Part B and may be submitted directly to Medi-Cal Rx. When submitting to Medi-Cal Rx for Medicare Part B eligible beneficiaries, the claim will deny with Reject Code A6 with the following supplemental message: *"Pharmacy to verify if beneficiary is orally or tube fed. If orally fed, resubmit the claim with DUR/PPS reason for service code "TP." Do NOT resubmit with this code if beneficiary is tube fed. Claims for tube fed beneficiaries must be billed to Medicare first."*

What Pharmacy Providers Need to Do

Pharmacy providers should complete the following steps when submitting claims to Medi-Cal Rx for Medicare Part B eligible beneficiaries who orally consume enteral nutrition products.

1. Confirm the beneficiary has Medicare Part B coverage along with Medi-Cal.
2. Confirm the beneficiary is receiving the enteral nutrition product for oral consumption.

Note: For beneficiaries receiving enteral nutrition products via a feeding device, claims must be submitted to Medicare Part B as the primary payer and Medi-Cal Rx as a secondary payer. Refer to the [Medi-Cal Rx Billing Tips](#) for information on other coverage codes (OCCs) used for crossover claims.

3. Submit the claim directly to Medi-Cal Rx.

Note: An approved prior authorization (PA) is required for all enteral nutrition products. Overrides will only apply to the Medicare coordination of benefits (COB) requirement and will not apply to the Medi-Cal Rx utilization management (UM) claim edits.

4. When the claim denies with Reject Code A6, pharmacy providers may resolve the claim by resubmitting with the following DUR codes:
 - Reason for Service (NCPDP Field ID: 439-E4):
 - TP (payer/processor question)
 - Professional Services (NCPDP Field ID: 440-E5):
 - M0 (prescriber consulted)
 - P0 (patient consulted)
 - R0 (pharmacist consulted)
 - Result of Service (NCPDP Field ID: 441-E6):
 - 1B (filled prescription as is)
 - 1G (filled prescriber approval)

Note: These DUR codes will be accepted when claims are submitted to Medi-Cal Rx via point of service (POS), batch, web claims, or paper claims.

Claims are monitored for program integrity by the Department of Health Care Services (DHCS) Audits & Investigations (A&I) Division.

Reminders

- Only the products on the [List of Contracted Enteral Nutrition Products](#) are considered for coverage via Medi-Cal Rx.
- Product addition or inclusion on the [List of Contracted Enteral Nutrition Products](#) does not guarantee supply or individual-specific coverage.
- Products deleted from the [List of Contracted Enteral Nutrition Products](#) will no longer be reimbursable, even with an approved PA, on or after the effective date of deletion.
 - The Maximum Allowable Cost (MAC) for these products is no longer guaranteed.
 - Beneficiaries affected by deletions from the *List* should seek new prescriptions from their licensed prescriber, and new authorizations from their pharmacy provider, if applicable, for a comparable item that is listed. Continuing care does not apply.
- Medi-Cal Rx beneficiaries denied coverage of a requested Medi-Cal Rx product have the right to a fair hearing. A state hearing may be requested by contacting the California Department of Social Services, State Hearings Division, at the following address:

[State Hearings](#)

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

Resources

- For more information on Medicare COB billing, refer to the *COB General Instructions* section of the [Medi-Cal Rx Provider Manual](#).
- For more information on claim edits, refer to the [Medi-Cal Rx NCPDP Payer Specification Sheet](#) and the [Medi-Cal Rx Billing Tips](#).

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.