



Medi-Cal Rx

30-Day Countdown:

Implementation of Reject Code 80

March 29, 2024; Updated April 4, 2024

Background

The purpose of this alert is to notify pharmacy providers and prescribers that Medi-Cal Rx will implement claim utilization management (UM) edits for **Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria** for members 22 years of age and older on April 30, 2024.

Members 21 years of age and younger will not be impacted at this time.

What Pharmacy Providers and Prescribers Need to Know

Effective April 30, 2024, Medi-Cal Rx will implement claim UM edits for Code I diagnosis restriction (Reject Code 80) for members 22 years of age and older. If the Code I diagnosis requirement is not met, claims submitted to Medi-Cal Rx will deny with Reject Code 80 with the following supplemental message: *"Code I Restriction: requires a valid ICD-10 diagnosis code or Submission Clarification Code = 7."*

Prescription documentation requirements apply to Code I diagnosis restricted drugs. Prescribers and pharmacy providers must document the treatment diagnosis and keep that information readily available for auditing purposes.

Code I drugs are subject to the prescription documentation requirements in *California Code of Regulations (CCR)*, Title 22, Section 51476(c). Refer to CCR, Title 22, Section 51313.3(b).

What Pharmacy Providers and Prescribers Need to Do

Prescribers and pharmacy providers may identify Code I diagnosis restricted drugs and the Medi-Cal Rx accepted diagnosis by reviewing the following resources:

- Refer to the [Medi-Cal Rx Diagnosis Crosswalk](#) to identify accepted diagnosis or International Classification of Disease – 10th Revision (ICD-10) code(s) to meet the Code I diagnosis restriction.

- Refer to the Medi-Cal Rx Contract Drugs Lists to identify the drugs with Code I diagnosis restrictions by navigating to the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#).

Prescribers

Prescribers have the following options to demonstrate that the diagnosis restriction is met:

- Provide a diagnosis or ICD-10 code(s) with the prescription.
- Provide a diagnosis or ICD-10 code(s) communicated verbally to the pharmacy provider.

- » Prescribers are encouraged to provide multiple diagnoses, when medically appropriate, as applicable to the drug/product. This will assist the claim adjudication process.
- » For members newly diagnosed with a condition, there will be a delay in the diagnosis code being added to the member's medical record. Prescribers are encouraged to provide the diagnosis or ICD-10 code with the prescription.

- Submit a prior authorization (PA) request via an approved Medi-Cal Rx submission method establishing the Code I diagnosis restriction is met or establishing medical necessity for an alternate diagnosis.

Pharmacy Providers

Pharmacy providers have the option to attest the diagnosis restriction is met or submit a PA request.

- Attest the diagnosis restriction is met via one of the following options:
 - ICD-10 Attestation
 - If the pharmacy software requires resolution with an ICD-10 code, the pharmacy provider should enter the appropriate ICD-10 code related to the diagnosis (diagnosis confirmed by the member, prescriber, or other source of knowledge with the diagnosis).
 - Submission clarification code (SCC) 7 Attestation
 - The dispensing pharmacy provider may also attest the Code I restriction is met by using SCC 7 – Medically Necessary to manage claims submitted for Code I restricted drugs with a diagnosis/type of illness restriction when an ICD-10 code is not available (diagnosis confirmed by the member or other source of knowledge with the diagnosis).
- Submit a PA request via an approved Medi-Cal Rx submission method establishing the Code I diagnosis restriction is met or establishing medical necessity for an alternate diagnosis.

Prior Authorization Requests

Prescribers and pharmacy providers may submit a PA request using one of the following approved Medi-Cal Rx submission methods:

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

Note: Refer to the *Prior Authorization Request Overview, Request Methods, and Adjudication* section in the [Medi-Cal Rx Provider Manual](#) for information on the methods available to submit a PA request.

Resources

- [Medi-Cal Rx Diagnosis Crosswalk](#)
- [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#)
- [NCPDP Payer Specification Sheet](#)
- [Medi-Cal Rx Provider Manual](#)
- [Prior Authorization Submission Reminders](#)

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@primetherapeutics.com.