

Reminder Billing Tips: Non-Covered Medical Supplies

May 1, 2024

Background

Medical supplies are a partially carved out Medi-Cal Rx pharmacy benefit. The *Medical Supplies* section of the *Medi-Cal Rx Provider Manual* and the covered products lists located on the <u>Contract Drugs & Covered Products Lists</u> page of the Medi-Cal Rx Web Portal identify medical supplies that are eligible for coverage via Medi-Cal Rx. Medical supplies that are **not** found on these lists are **not** eligible for coverage via Medi-Cal Rx. The purpose of this alert is to remind pharmacy providers and prescribers that only specific medical supplies, products, and devices are eligible for coverage and billable to Medi-Cal Rx.

- » Not all medical supplies are covered through Medi-Cal Rx.
- » Medical supplies not covered or denied coverage by Medi-Cal Rx may be eligible for coverage through the member's medical benefit.

The intent of the Department of Health Care Services (DHCS) is to ensure that Medi-Cal managed care members have the same access to these products and devices as Medi-Cal fee-for-service members when establishing the scope of benefit for Medi-Cal Rx.

What Pharmacy Providers and Prescribers Need to Know

Pharmacy providers and prescribers should review the *Medical Supplies* section of the *Medi-Cal Rx Provider Manual* and the covered products lists located on the <u>Contract Drugs & Covered Products Lists</u> page to identify medical supplies that are eligible for coverage via Medi-Cal Rx. Claims submitted for covered products should be submitted as pharmacy claims to Medi-Cal Rx.

For medical supplies not covered or denied coverage by Medi-Cal Rx, pharmacy providers and prescribers should submit claims to the member's medical benefit, Medi-Cal fee-for-service or managed care plans (MCPs). Members and providers should contact the medical plan for coverage policy and billing information.

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Medical Supplies

For more information on medical supplies that are covered by Medi-Cal Rx, refer to the *Medical Supplies* section in the *Medi-Cal Rx Provider Manual* and the covered products lists located on the

<u>Contract Drugs & Covered Products Lists</u> page.

Products or devices denied coverage through Medi-Cal Rx might be covered benefits through the member's medical benefit, and members and providers should contact the medical plan for coverage policy and billing information.

MCP Obligations

As a reminder, Medi-Cal MCPs have an obligation to provide access to medical supplies not carved out to Medi-Cal Rx and not covered by Medi-Cal Rx via the medical benefit to their members. MCPs should review the following resources available on the Medi-Cal Rx Web Portal and Medi-Cal Providers website to determine if the medical supply is a pharmacy or medical benefit:

- Medi-Cal Rx Provider Manual
- Contract Drugs & Covered Products Lists page
- DHCS Provider Manual
- Medical Supplies section of the DHCS Provider Manual

MCPs should not direct providers to bill Medi-Cal Rx when the medical supply is not eligible for coverage via the pharmacy benefit.

What Pharmacy Providers and Prescribers Need to Do

If after reviewing the *Medical Supplies* section of the <u>Medi-Cal Rx Provider Manual</u> and the covered products lists located on the <u>Contract Drugs & Covered Products Lists</u> page it is determined that:

- 1. The medical supply product or device is covered and/or found on the list, then pharmacy claims may be submitted for those products to Medi-Cal Rx.
 - **Note:** Coordination of benefits (COB) claim processing and Medi-Cal Rx coverage restrictions apply.
- 2. The medical supply product or device is **not** covered by Medi-Cal Rx, then claims for these products or devices should be submitted to Medi-Cal fee-for-service or the MCP.
 - **Note:** Medical claims may also be submitted to the member's medical benefit for medical supplies denied coverage by Medi-Cal Rx.

Additional Billing Options

Medical supplies not covered by Medi-Cal Rx might be a medical benefit and should be billed to the medical plan as a medical claim. Billing questions regarding medical claims should be directed to the MCP, California Children's Services (CCS), Genetically Handicapped Persons

Program (GHPP), Medi-Cal fee-for-service, or the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

Additional Coverage	Billing Options
Fee-for-service and EPSDT	Fee-for-service Medi-Cal members and members eligible to receive benefits through EPSDT should be billed on a medical claim by the pharmacy provider and include the following: 1. CMS-1500 form a. Appropriate HCPCS code i. Refer to Medical Supplies Billing Codes, Units and Quantity Limits for covered HCPCS codes. ii. Submitted via point of sale (POS) or paper showing medical necessity. b. Refer to the DHCS Provider Manual: Part 2 – Pharmacy. c. These claims might require a Treatment Authorization Request Form (TAR), in addition to the CMS-1500 form. Note: Refer to the specific coverage criteria in the
	DHCS Provider Manual for requirements. 2. Invoice or catalog page a. Must show the product description and price. b. Invoice should be dated within 12 months of the date of claim submission. Refer to Medical Supplies: Billing Examples for additional assistance.
CCS	For Medi-Cal members with CCS coverage, refer to the <u>California</u> <u>Children's Services web page</u> for general information on how to submit a Service Authorization Request (SAR) or call CCS directly (<u>County Offices for California Children's Services</u>).
MCPs	For Medi-Cal members enrolled in an MCP, the member should contact their individual MCP for coverage and billing policy as it varies between plans. Refer to the Medi-Cal Managed Care Health Plan Directory.

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.