



Updates to the Medi-Cal Rx Provider Manual

May 1, 2024

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 18.0.

Updates

Section	Update Description	Effective Date
<i>Section 11.1 – Code I Restrictions</i>	<ul style="list-style-type: none">• Removed “type of illness” and replaced with “diagnosis.”• Removed language referencing <i>Medi-Cal Rx Provider Manual</i> sections.• Refined language pertaining to requirements that have not been met.	May 1, 2024
<i>Section 13.0 – Medical Supplies</i>	<ul style="list-style-type: none">• Refined opening paragraph.• Added language “Claims must be submitted with the Medi-Cal Rx 11-digit billing number, or NDC-like number, which is printed on each package (box). Products dispensed must be an exact match to a Medi-Cal Rx billing code in a list and the Medi-Cal Rx billing code submitted on the pharmacy claim submitted on the pharmacy claim menu.”• Added bullet “Common household items and articles of clothing are not covered (CCR, Title 22, Section 51320).”• Added “Medi-Cal Rx” to “Covered Disposable Outpatient Medical Supplies” header.• Removed bullet “Sterile Syringes with Needles (non-insulin) – Effective January 1, 2024, sterile syringes with needles (non-insulin) are no longer restricted to a covered list. Quantity limits and frequency restrictions will apply.”	May 1, 2024

Section	Update Description	Effective Date
	<ul style="list-style-type: none"> Removed “Note: Medicare covers some medical supplies for diabetes. When Medicare covers an item and the beneficiary is eligible for Medicare Part B, providers should bill Medicare before billing Medi-Cal Rx. Refer to <i>Section 10.0 – Coordination of Benefits (COB)</i> for additional information.” Removed verbiage “(Effective January 1, 2024)” from “Sterile Syringes with Needles” bullet. Added “Billing Requirements for Dual Covered Medicare Part B and Medi-Cal Members” header and language. 	
<p><i>Section 13.1 – Diabetic Supplies - Test Strips and Lancets</i></p>	<ul style="list-style-type: none"> Refined pre-existing language throughout section. Added “Prescription Requirements” header and language. Added “Billing Requirements” header and language. Refined “Quantity and Frequency Limits for Test Strips and Lancets” and added Table of Accepted Pregnancy-Related Diagnosis International Classification of Disease – 10th Revision (ICD-10) Codes. Added “Test Strips and Lancets PA Request Requirements” header and language. 	<p>May 1, 2024</p>
<p><i>Section 13.2 – Diabetic Supplies – Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i></p>	<ul style="list-style-type: none"> Refined pre-existing language throughout section. Removed “Claims are restricted to the...” Added “Contracted.” Refined “Prescription Requirements” language. Added “Quantity and Frequency Limits” header and language. 	<p>May 1, 2024</p>

Section	Update Description	Effective Date
<i>Section 13.5 – Personal Home Blood Pressure Monitoring Devices and Blood Pressure Cuffs</i>	<ul style="list-style-type: none"> Refined pre-existing language throughout section. Added “Billing Requirements” header and language. Removed language “A Code I diagnosis of any ICD-10-CM diagnosis code that justifies medical necessity for cardiovascular monitoring for a chronic condition or on a regular basis is required; documentation in the electronic file or on the prescription is required.” Added “Non-Contracted Products” and refined pre-existing language. 	May 1, 2024
<i>Section 14.1 – PA Request Overview</i>	<ul style="list-style-type: none"> Removed verbiage “(or the next business day if request is received after-hours).” 	May 1, 2024
<i>Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> Updated language throughout section. Removed Code I restriction verbiage throughout table. Removed lookback policy verbiage throughout table. 	May 1, 2024
<i>Section 15.8.1 – Coverage</i>	<ul style="list-style-type: none"> Refined pre-existing language throughout section. Added sentence “Medi-Cal Rx claim UM edits may apply for PADs found on these lists.” Removed sentence “Claims submitted to Medi-Cal Rx for PADs are subject to PA request requirements.” Removed verbiage “PA request requirements” and replaced with “UM edits.” 	May 1, 2024

Section	Update Description	Effective Date
<i>Section 15.8.2 – Reject Code 816</i>	<ul style="list-style-type: none"> Removed verbiage “Drugs found in <i>Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816</i> will reject...” Added sentence “Medi-Cal Rx will deny claims for PADs that should be submitted as a medical claim to the member’s respective MCP or through the Medi-Cal fee-for-service delivery system when applicable.” Removed sentence “Claims denying with Reject Code 816 should be submitted as a medical claim to the member’s respective MCP or through the Medi-Cal fee-for-service delivery system as applicable.” 	May 1, 2024
<i>Section 15.10 – Intravenous or Intra-Arterial Solutions</i>	<ul style="list-style-type: none"> Refined pre-existing language throughout section. Added verbiage “Note: Claims submitted to Medi-Cal Rx for a parenteral nutrition solution dispensed within 10 days following inpatient discharge can be submitted using SCC 57 – Discharge Medication for a 10-day supply. Providers may submit a PA request with clinical rationale establishing medical necessity for coverage considerations for a days’ supply exceeding 10 days.” 	May 1, 2024
<i>Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816</i>	<ul style="list-style-type: none"> Appendix removed. 	May 1, 2024

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 MediCalRxEducationOutreach@primetherapeutics.com.