Medi-Cal Rx Monthly Bulletin

June 1, 2024

The monthly bulletin consists of alerts and notices posted to the Bulletin & 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.

1.   Changes to the Medi-Cal Rx Contract Drugs List

The below changes have been made to the *Medi-Cal Rx Contract Drugs List* posted to the Medi-Cal Rx Web Portal, effective June 1, 2024.

Drug Name	Description	Effective Date
Alendronate Sodium/ Cholecalciferol	Labeler code 00006 removed.	June 1, 2024
Epinephrine	Quantity limit (QL) removed from auto-injector.	June 1, 2024
Evolocumab	**Effective July 1, 2024:** Single-dose Pushtronex system end-dated.	June 1, 2024
Ganciclovir	QL removed from ophthalmic gel.	June 1, 2024
Granisetron Hydrochloride	QL removed from tablets.	June 1, 2024
Iloperidone	Labeler code 00078 removed. Additional formulation (titration pack) added to the *Contract Drugs List* (CDL).	June 1, 2024
Nystatin/Triamcinolone	Added to the CDL.	June1, 2024
Oxybutynin	Labeler code 52544 removed.	June 1, 2024
Pralsetinib	**Effective July 1, 2024:** Labeler code 72064 removed.	June 1, 2024
Risperidone	Additional formulation (oral disintegrating tablets) added to the CDL.	June 1, 2024
Smallpox/Mpox Vaccine	Added to the CDL with age restriction.	June 1, 2024
Saxagliptin HCL	Labeler restriction removed.	June 1, 2024

2.   Changes to the Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations

The below changes have been made to the *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations* posted to the Medi-Cal Rx Web Portal, effective June 1, 2024.

Drug Name	Description	Effective Date
Oxybutynin	Labeler code 52544 removed.	June 1, 2024

3. Changes to the Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs

The below changes have been made to the *Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs* posted to the Medi-Cal Rx Web Portal, effective June 1, 2024.

Drug Name	Description	Effective Date
Aripiprazole Extended-Release Long-Acting Injectable Suspension	Additional dosage form (prefilled syringe kit) added with prior authorization (PA) required.	June 1, 2024
Aripiprazole Lauroxil Extended-Release Long-Acting Injectable Suspension	Additional dosage form (prefilled syringe kit) added with PA required.	June 1, 2024
Esketamine HCL	Additional strength (56 mg) added with PA required.	June 1, 2024
Paliperidone Palmitate	Additional strengths (1,092 mg/3.5 ml and 1,560 mg/5 ml) added with PA required.	June 1, 2024

4. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the *Medi-Cal Rx Provider Manual* version 19.0.

Updates

Section	Update Description	Effective Date
Section 13.3 – Diabetic Supplies – Disposable Insulin Delivery Devices	• Updated language regarding billing, initial authorization, and reauthorization requirements.	June 1, 2024
Section 13.4 – Diabetic Supplies – CGM Systems	• Updated language regarding prior authorization (PA) request submissions, initial authorization, and reauthorization requirements.	June 1, 2024
Section 13.5 – Personal Home Blood Pressure Monitoring Devices and Blood Pressure Cuffs	• Added language regarding prescription requirements. • Updated language regarding billing requirements. • Added language regarding non-covered products.	June 1, 2024

Section	Update Description	Effective Date
Section 15.1.3 – Controlled Substance Policy	• Updated language regarding utilization limits for controlled drug products. • Added a table displaying max day supply, quantity limit, and refill threshold of controlled substances.	June 1, 2024
Section 15.1.4 – Opioid Limitations (**NEW!**)	• Added language regarding opioid limitations.	June 1, 2024
Section 15.1.5 – Benzodiazepine Limitations	• Section formerly numbered 15.1.4, now 15.1.5. • Expanded language regarding benzodiazepine limitations.	June 1, 2024
Section 15.1.6 – Buprenorphine Limitations (**NEW!**)	• Added language regarding claims submitted for buprenorphine products.	June 1, 2024
Section 20.4 – How to Report FWA	• Updated the phone number for Prime Therapeutics' Special Investigations Unit (SIU) Fraud, Waste, and Abuse (FWA) Hotline. • Removed the fax number. • Added language regarding anonymous reporting.	June 1, 2024

5. How to Address Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria

Background

As announced in the *30-Day Countdown: Implementation of Reject Code 80* alert, **Reject Code 80 – Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria** was implemented on April 30, 2024, for members 22 years of age and older. The purpose of this alert is to provide pharmacy providers and prescribers with information regarding how to address Code I restrictions for treatment diagnosis or indication for use.

> **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 implemented claim utilization management (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).**

How to Identify Code I Diagnosis Restricted Drugs

Pharmacy providers and prescribers 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 (CDLs) 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.

Note: Claims submitted to Medi-Cal Rx will not deny for Reject Code 80 if an accepted diagnosis meeting the Code I diagnosis restriction is found in member's Medi-Cal medical record.

What Prescribers Need to Do

If the drug prescribed is impacted by a Code I diagnosis restriction, the prescriber should perform the following steps:

- 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.

What Pharmacy Providers Need to Do

If the drug is impacted by a Code I diagnosis restriction and the member does not have an approved PA, or if the accepted diagnosis is not in the member's medical record, the claim will deny with Reject Code 80. Pharmacy providers may gather diagnosis information by speaking with the member, prescriber, or other source with knowledge of the diagnosis, when applicable. Pharmacy providers should consider the following to address Reject Code 80:

- If the prescription is submitted without a diagnosis or ICD-10 code(s), pharmacy providers are encouraged to speak with a reliable source with knowledge of the diagnosis or ICD-10 code(s) to verify the diagnosis restriction is met.

  – If the ICD-10 code(s) are provided by the prescriber or prescriber's office, resubmit the claim with the ICD-10 code(s).
  Note: Medi-Cal Rx will accept up to five ICD-10 code(s) upon claim adjudication.

  – If the diagnosis is provided by the prescriber, member, or other reliable source, review the *Medi-Cal Rx Diagnosis Crosswalk* to identify accepted ICD-10 code(s) and resubmit the claim with the ICD-10 code(s).
  Note: The dispensing pharmacy provider may identify the appropriate ICD-10 code(s) to submit on the claims within the scope of their professional discretion.

  – If the diagnosis is provided, meets the requirement, and accepted ICD-10 code(s) cannot be identified, the dispensing pharmacy provider may attest the Code I diagnosis restriction is met and resubmit the claim using submission clarification code (SCC) 7 – Medically Necessary.
  Note: SCC 7 should only be used to communicate the restriction has been met.

- If the prescription is submitted without a diagnosis or ICD-10 code(s) and the pharmacy providers cannot verify the diagnosis or ICD-10 code(s), initiate a PA request to the prescriber seeking this information. Once the information is received, resubmit the claim and/or submit a PA request.

- If the diagnosis or ICD-10(s) are available and do not meet the Code I diagnosis restriction, submit a PA request via an approved Medi-Cal Rx submission method establishing medical necessity for an alternate diagnosis.

PA Requests

Pharmacy providers and prescribers 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
- *Medi-Cal Rx Diagnosis Crosswalk Navigation Video*
- *NCPDP Payer Specification Sheet*
- *Medi-Cal Rx Billing Tips*
- *Medi-Cal Rx Provider Manual*
- *Prior Authorization Submission Reminders*

6. Medical Supplies: Updates to the Billing Policy for Contracted Blood Pressure Monitoring Devices and Cuffs

Effective retroactive to January 1, 2024, the coordination of benefits (COB) billing policy for Medi-Cal Rx contracted blood pressure monitoring devices and cuffs has been updated in an effort to improve Medi-Cal Rx claim adjudication for dual eligible Medicare and Medi-Cal beneficiaries.

What Pharmacy Providers and Prescribers Need to Know

Pharmacy providers and prescribers should review the *List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs* to identify contracted product NDCs eligible for coverage via Medi-Cal Rx. The *List* also provides information regarding quantity and billing restrictions for these products. Claims submitted to Medi-Cal Rx for dual eligible Medicare and Medi-Cal beneficiaries for contracted blood pressure monitoring devices and cuffs may be billed directly to Medi-Cal Rx.

What Pharmacy Providers and Prescribers Need to Do

If after reviewing the *List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs* it is determined that:

1. The personal blood pressure monitoring device or cuff is found on the *List*, then pharmacy claims may be submitted for those products to Medi-Cal Rx.

    a. For dual eligible Medicare and Medi-Cal beneficiaries, these products can be billed directly to Medi-Cal Rx without COB information.
    b. Previously denied COB claims for contracted products with date of service (DOS) on and after January 1, 2024, should be resubmitted to Medi-Cal Rx.
    c. Medi-Cal Rx claim utilization management (UM) edits may apply.

2. The personal blood pressure monitoring device or cuff is **not** covered by Medi-Cal Rx, or coverage denied by Medi-Cal Rx, then medical claims for these products should be submitted to the member's Medi-Cal fee-for-service or the managed care plan (MCP) using a [CMS-1500 form](#) with the appropriate HCPCS code.

Resources

*   [*List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs*](#)
*   [*Reminder Billing Tips: Non-Covered Medical Supplies*](#)
*   [DHCS Other Health Coverage](#)
*   [*Durable Medical Equipment (DME): Other DME Equipment*](#)
*   [Medi-Cal Managed Care Health Plan Directory](#)

7.   Medi-Cal Rx Provider Portal Troubleshooting and Support

Background

The purpose of this alert is to provide pharmacy providers and prescribers with guidance to troubleshoot technical issues when accessing the Medi-Cal Rx Provider Portal, as well as contact information to seek assistance.

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should utilize the following troubleshooting tips to address Medi-Cal Rx Provider Portal technical issues:

*   Double-check that entries are correct (for example, spelling of names, correct dates, etc.).
*   Remove any pop-up blockers.
*   Check your organization's security settings or other restrictions.
*   Clear the cache and cookies.

For password reset requests or questions regarding multifactor authentication (MFA), providers may contact the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273.

For other concerns, providers may contact Medi-Cal Rx Education & Outreach (E&O) at MediCalRxEducationOutreach@primetherapeutics.com for assistance. When emailing E&O, include the following information in a secured email:

- Provider's National Provider Identifier (NPI)
- Member's first and last name, date of birth (DOB), and Member ID
- Drug name, strength, formulation, quantity, and days' supply
- Dispense as written (DAW) code (if applicable)
- Screenshot of the error message
- Description of user activity prior to the error notification

8. Reminder Billing Tips: Non-Covered Medical Supplies

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 Contract Drugs & Covered Products Lists 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 Contract Drugs & Covered Products Lists 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.

> **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 [Contract Drugs & Covered Products Lists](#) 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 *[Medi-Cal Rx Provider Manual](#)* and the covered products lists located on the [Contract Drugs & Covered Products Lists](#) 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 California Children's Services web page for general information on how to submit a Service Authorization Request (SAR) or call CCS directly (County Offices for California Children's Services).
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.

9. Removal of Appendix H – List of Physician Administered Drugs with Reject Code 816

Background

The purpose of this alert is to inform pharmacy providers and prescribers that Medi-Cal Rx has removed *Appendix H – List of Physician Administered Drugs (PADs) with Reject Code 816* from the *Medi-Cal Rx Provider Manual* effective May 1, 2024.

What Pharmacy Providers and Prescribers Need to Know

Appendix H of the *Medi-Cal Rx Provider Manual* identified examples of physician administered drugs (PADs) excluded from the Medi-Cal Rx pharmacy benefit. The removal of *Appendix H* will **not** impact claims.

- Claims submitted for PADs that are considered a pharmacy benefit to Medi-Cal Rx will adjudicate and deny according to Medi-Cal Rx claim utilization management (UM) edits when applicable.
- Claims submitted for PADs that are considered a medical benefit will continue to deny with **Reject Code 816 – Pharmacy Drug Benefit Exclusion** with the following supplemental message: *"Pharmacy Drug Benefit Exclusion. Exception for pharmacy benefit approval may be considered via PA request. May be covered as a medical benefit."*

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should complete the following steps for coverage determination:

1. Review the following resources on the Medi-Cal Rx Web Portal to determine if the PAD is eligible for coverage as a Medi-Cal Rx pharmacy benefit:

   – Contract Drugs & Covered Products Lists page
   – *Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs*

2. Include rationale for why the PAD must be billed as a pharmacy claim to Medi-Cal Rx and cannot be billed as a medical claim to the medical benefit for coverage when submitting a prior authorization (PA) request for a PAD.

> » Review the alert titled *Reminder: Medi-Cal Rx Billing Policy for Physician Administered Drugs* for additional information.
> » The Department of Health Care Services (DHCS) will continue to evaluate PADs eligible for coverage via Medi-Cal Rx and make updates to the *Medi-Cal Rx Pharmacy Reimbursable Physician Administered Drugs* list when applicable.

10. Availability of Extencilline on the Medi-Cal Rx Contract Drugs List

Background

The purpose of this alert is to notify pharmacy providers and prescribers that pursuant to U.S. Food and Drug Administration (FDA) authorization for temporary importation, as announced in *FDA Announcement on Availability of Extencilline*, Medi-Cal Rx will cover Extencilline (benzathine benzylpenicillin injection, powder, for suspension) for the treatment of pregnant individuals with syphilis and infants with congenital syphilis.

What Pharmacy Providers and Prescribers Need to Know

Effective May 1, 2024, Extencilline (benzathine benzylpenicillin injection, powder, for suspension) was added to the *Medi-Cal Rx Contract Drugs List* (CDL) for the strengths and dosages listed in the following table:

Drug Name	NDC	Dosage	Strength/ Package Size	Billing Unit
Benzathine Benzylpenicillin	81284-0521-01	Powder for injection	1.2 mm unit	Each
Benzathine Benzylpenicillin	81284-0522-01	Powder for injection	2.4 mm unit	Each

> **Extencilline (benzathine benzylpenicillin) is to be used only for pregnant individuals with syphilis and infants with congenital syphilis.**

Coverage for this product will be effective for claims with a date of service (DOS) on and after January 16, 2024. Pharmacy providers may retroactively bill Medi-Cal Rx for this product.

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should review the CDL for coverage of Extencilline and any applicable utilization management (UM) restrictions.

- The product can be obtained through Direct Success at Distribution@dsuccess.com or 1-877-404-3338.
- For additional information related to the product, contact Provepharm, the U.S. distribution partner, at MedicalAffairs@provepharm.com or call 1-610-601-8600.

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.