



Medi-Cal Rx

# Mass Adjustment for TPOXX Drug Reimbursement for Impacted Claims with a Date of Service August 20, 2022, through October 1, 2024 November 26, 2024

## Background

The purpose of this alert is to inform pharmacy providers that Medi-Cal Rx initiated a mass adjustment related to Tecovirimat (TPOXX®) drug reimbursement for claims with a date of service (DOS) on or after August 20, 2022, through October 1, 2024.

## What Pharmacy Providers Need to Know

Medi-Cal Rx identified a claims processing issue affecting a select number of claims with a DOS on or after August 20, 2022, through October 1, 2024, for Tecovirimat (TPOXX) drug with NDC 50072020042. For these claims, the Medi-Cal Rx reimbursement calculation used an incorrect ingredient cost which may have resulted in an incorrect pharmacy provider reimbursement. Medi-Cal Rx updated the claim reimbursement calculation to correctly calculate the TPOXX drug reimbursement per the Department of Health Care Services' (DHCS) policy.

Medi-Cal Rx has identified the impacted net paid claims and will be adjusting these claims on behalf of pharmacy providers which may result in an amount you owe DHCS, or no net change to the amount you were already reimbursed.

Adjustments have been made for some of the impacted claims with a DOS on or after August 20, 2022, through October 1, 2024, and will appear on the December 10, 2024, remittance advice (RA). Adjustments for the remaining claims with a DOS on or after August 20, 2022, through October 1, 2024, will be processed at a later date and a separate alert will be published when the next adjustment commences.

## What Pharmacy Providers Need to Do

No action is required by pharmacy providers at this time.

Adjustments for some of the impacted claims with a DOS on or after August 20, 2022, through October 1, 2024, will appear on the December 10, 2024 RA. On the RA, impacted pharmacy providers will see a reversal of the original claim and a new claim processed (same member, Rx number, DOS, NDC, etc.) to reflect the adjustment.

If an impacted pharmacy provider disagrees with an adjustment, they may take one of the following actions:

- Submit a [Provider Claim Appeal Form \(DHCS 6571\)](#) within three months of the new Medi-Cal Rx RA date.
- Submit a [Provider Claim Inquiry Form \(CIF\) \(DHCS 6570\)](#) within six months of the new Medi-Cal Rx RA date.

The forms contain completion instructions and are located on the [Forms & Information](#) page on the [Medi-Cal Rx Provider Portal](#).

For more information about this and other mass adjustment activities, refer to the [Mass Adjustments](#) page located on the [Medi-Cal Rx Provider Portal](#). For additional assistance, pharmacy providers may send a secured email to [MediCalRxEducationOutreach@primetherapeutics.com](mailto:MediCalRxEducationOutreach@primetherapeutics.com) and include, if appropriate, any claim-specific information with the correspondence.

## Contact Information

If you have any questions regarding the mass adjustment, 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](mailto:MediCalRxEducationOutreach@primetherapeutics.com).