



Medi-Cal Rx

Medi-Cal Rx Monthly Bulletin

December 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.

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

The following changes have been made to the [Medi-Cal Rx Contract Drugs List](#) and the * [Medi-Cal Rx Diagnosis Crosswalk](#) posted to the Medi-Cal Rx Web Portal, effective December 1, 2024.

Drug Name	Description	Effective Date
Clobetasol Propionate	Additional package size (60 gm) added to the <i>Medi-Cal Rx Contract Drugs List</i> (CDL) for cream and ointment.	December 1, 2024
Deutetrabenazine	* Prior authorization (PA) requirement removed for tardive dyskinesia.	December 1, 2024
Glucagon (synthetic)	Effective January 1, 2025: Labeler restriction (LR) added.	December 1, 2024
Roflumilast	Added to the CDL with quantity limit (QL) restriction.	December 1, 2024

2. Updates to the Medi-Cal Rx Provider Manual

The updates/additions below have been made to the [Medi-Cal Rx Provider Manual](#) version 25.0.

Updates

Section	Update Description	Effective Date
<i>Section 13.1 – Diabetic Testing Supplies – Test Strips, Lancets, Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i>	<ul style="list-style-type: none"> Section title changed from “<i>Diabetic Supplies – Test Strips and Lancets.</i>” Added language regarding quantity and frequency limits. Changed the hyperlinked list title from “<i>List of Contracted Diabetic Test Strips and Lancets</i>” to “<i>List of Contracted Diabetic Testing Supplies.</i>” Added language to Billing Requirements. Section formerly numbered 13.2 and titled “<i>Diabetic Supplies – Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i>” merged into 13.1. 	December 1, 2024

Section	Update Description	Effective Date
<i>Section 13.2 – Diabetic Supplies – Disposable Insulin Delivery Devices</i>	<ul style="list-style-type: none"> Section formerly numbered 13.3, now 13.2. Language refined. 	December 1, 2024
<i>Section 13.3 – Diabetic Supplies – CGM Systems</i>	<ul style="list-style-type: none"> Section formerly numbered 13.4, now 13.3. Changed the hyperlinked list title from “<i>List of Contracted Diabetic Test Strips and Lancets</i>” to “<i>List of Contracted Diabetic Testing Supplies.</i>” 	December 1, 2024
<i>Section 13.4 – Personal Home Blood Pressure Monitoring Devices and Blood Pressure Cuffs</i>	<ul style="list-style-type: none"> Section formerly numbered 13.5, now 13.4. 	December 1, 2024
<i>Section 13.5 – Non-Covered Medical Supplies</i>	<ul style="list-style-type: none"> Section formerly numbered 13.6, now 13.5. 	December 1, 2024
<i>Section 15.1.2 – Medical Supplies Dispensing Quantity Limitations</i>	<ul style="list-style-type: none"> Updated dispensing limitations for blood ketone test strips, urine test strips, and glucometers. 	December 1, 2024

3. State of Emergency Override Activation: Submission Clarification Code 13

Background

The purpose of this alert is to notify pharmacy providers that, pursuant to the Governor’s recent [Proclamation of a State of Emergency](#) due to damage from the Mountain Fire, Medi-Cal Rx is permitting emergency overrides on pharmacy claims for members residing in Ventura County. These overrides will be accepted effective for dates of service (DOS) November 7, 2024, through December 8, 2024; however, the Department of Health Care Services (DHCS) may extend this duration if needed.

What Pharmacy Providers Need to Know

This emergency override will allow applicable claim submissions to bypass certain edits by utilizing the Submission Clarification Code (SCC) of 13. An SCC of 13 will indicate a Payer-Recognized Emergency/Disaster Assistance Request.

What Pharmacy Providers Need to Do

Pharmacy providers serving members residing within Ventura County based on ZIP code, and who are requesting an emergency override due to the State of Emergency, should enter SCC 13 when submitting claims under the following circumstances:

- Reject Code 76 – Plan Limitations Exceeded
- Reject Code 80 – Diagnosis Restriction
- Reject Code 83 – Duplicate Paid/Captured Claim
- Reject Code 88 – DUR Reject Error (such as, early refill, ingredient duplication, therapeutic duplication, etc.)
- Reject Code 606 – Brand Drug/Specific Labeler Code Required
- Reject Code 60 – Product/Service Not Covered for Patient Age
- Reject Code 61 – Product/Service Not Covered for Patient Gender
- Reject Code 75 – Prior Authorization Required

- » SCC 13: By submitting SCC 13 on the claim, the pharmacy provider is attesting that the prescription and refill supply is dispensed in response to the natural disaster situation related to the recent *Proclamation of a State of Emergency* due to the Mountain Fire.
- » Reject Code 88: Pharmacy providers maintain their ability to override an early refill at point of sale (POS) if medically necessary.

Resources

- California Proclamation of State of Emergency:
 - [Mountain Fire](#)
- [NCPDP Payer Specification Sheet](#)
- [Medi-Cal Rx Billing Tips](#)
- [NCPDP Emergency Preparedness Guidance](#)
- Reject Code 88 Information:
 - [NCPDP Reject Code 88 DUR Reference Guide](#)
 - [Appendix A: Reject Code 88 DUR: Service Codes Scenarios](#)

4. 90-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger

Background

The purpose of this alert is to inform pharmacy providers and prescribers that Medi-Cal Rx will reinstate claim edits and prior authorization (PA) requirements for members 21 years of age and younger on January 31, 2025.

As part of Pediatric Integration, Medi-Cal Rx will implement the California Children's Services (CCS) Panel Authority policy in which CCS Panel Providers will have prescribing authority for a limited list of medications and supplies under a set of utilization management (UM) policies selected for this authority. The CCS Panel Authority policy will apply to specific CCS Panel Providers only and for members younger than 21 years of age.

What Pharmacy Providers and Prescribers Need to Know

Beginning January 31, 2025, claim edits and PA request requirements will apply to all Medi-Cal Rx covered pharmacy claims for members 21 years of age and younger. For more information on claim and PA request requirements, refer to the [Medi-Cal Rx Provider Manual](#).

In recognition of the training and experience required by CCS Panel Providers to care for pediatric members with complex medical conditions, Medi-Cal Rx will implement the CCS Panel Authority policy for specific CCS Panel Providers. CCS Panel Authority policy will apply to PA request requirements for select drugs, enteral nutrition products, and medical supplies when the following conditions are met:

- The member is younger than 21 years of age.
- The prescription is written by a CCS Panel Provider who has been given CCS Panel Authority by the Department of Health Care Services (DHCS).

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should review the resources posted on the new Pediatric Integration tab on the Medi-Cal Rx Web Portal. To access this tab, navigate to the [Education & Outreach](#) page on the [Medi-Cal Rx Web Portal](#) and select the **Pediatric Integration** tab.

Beginning January 17, 2025, Medi-Cal Rx will host a weekly webinar about Pediatric Integration to support stakeholder readiness. Pharmacy providers and prescribers should plan to attend a webinar prior to implementation on January 31, 2025.

Pharmacy providers and prescribers are also encouraged to review the following resources to learn more about Medi-Cal Rx and Pediatric Integration.

Medi-Cal Rx Resources

- [Medi-Cal Rx Provider Manual](#)
- [Medi-Cal Rx Billing Tips](#)
- [Claim Submission Reminders](#)
- [Medi-Cal Rx Web Claims Submission User Guide](#)
- [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#)
- [Medi-Cal Rx CDL and Approved NDC List Navigation](#) YouTube video
- [Five Ways to Submit a Prior Authorization Request](#)
- [Prior Authorization Submission Reminders](#)
- [Submitting a Prior Authorization \(PA\) Request via the Medi-Cal Rx Secured Provider Portal](#) YouTube video
- [How To Resolve Reject Code 76 – Plan Limitations Exceeded](#)
- [How to Resolve Claim Reject Code 78: Cost Exceeds Maximum](#)
- [NCPDP Reject Code 83 – Duplicate Paid/Captured Claim](#)

CCS Paneled Providers

- [California Children's Services](#)
- [Becoming a California Children's Services Provider](#)
- CCS Panel Application on the [California Children's Services \(CCS\) Provider Paneling Portal](#)
- [California Children's Services Provider Lists](#)
- [California Children's Services \(CCS\) – Frequently Asked Questions \(FAQs\)](#)
- [California Children's Services \(CCS\) Program and Genetically Handicapped Persons Program \(GHPP\)](#) section in the [Medi-Cal Rx Provider Manual](#)

Enteral Nutrition and Medical Supplies

- Refer to the *Covered Products Lists* section in the [Contract Drugs & Covered Products Lists](#) page on the [Medi-Cal Rx Web Portal](#) to review the [List of Contracted Enteral Nutrition Products](#).
- Refer to the *Enteral Nutrition Products* section in the [Medi-Cal Rx Provider Manual](#) for additional information and criteria guidelines.
- Refer to the [Bulletins & News](#) and [Forms & Information](#) pages on the [Medi-Cal Rx Provider Portal](#) for guidance to successfully submit PA requests.

5. Activation of Reject Code 16 – Medi-Cal Rx Program Integrity Update

Background

The purpose of this alert is to notify pharmacy providers that Medi-Cal Rx implemented the following program integrity update beginning November 6, 2024:

- Activation of **Reject Code 16 – M/I Prescription/Service Reference Number**

What Pharmacy Providers Need to Know

Beginning November 6, 2024, utilization management (UM) claim edit Reject Code 16 will be applied to all claims for members of all ages. Claims will deny with Reject Code 16 when a single pharmacy provider submits additional claim(s) using the same prescription number and/or fill number already used on a claim that paid within the past 365 days.

What Pharmacy Providers Need to Do

Beginning November 6, 2024, if a pharmacy provider submits a claim that denies with Reject Code 16, they should complete the following actions:

1. Verify prescription information for the following:
 - Member information
 - Rx number
 - Fill number
2. If the claim is for a refill (same member, same prescription number, and same drug/product), resubmit the claim with a new fill number.
3. If the claim is for a different member or different drug/product, resubmit the claim with a new prescription number.

Resources

- [Claim Submission Reminders](#)
- [Medi-Cal Rx Provider Manual](#)
- [Medi-Cal Rx Billing Tips](#)

6. How to Resolve Reject Code 16 – M/I Prescription/Service Reference Number

Background

The purpose of this alert is to assist pharmacy providers in resolving **Reject Code 16 – M/I Prescription/Service Reference Number**. As announced in the alert titled [Activation of Reject Code 16 – Medi-Cal Rx Program Integrity Update](#), utilization management (UM) claim edit Reject Code 16 now applies to all claims for members of all ages, beginning November 6, 2024.

What Pharmacy Providers Need to Know

Claims will deny with Reject Code 16 when a single pharmacy provider submits a claim for a member with a paid claim in history for the same prescription number and/or fill number. Review the [Activation of Reject Code 16 – Medi-Cal Rx Program Integrity Update](#) alert for more information.

What Pharmacy Providers Need to Do

If a claim is denied with Reject Code 16, verify the following prescription information:

- Member information (name and date of birth)
- Prescription (Rx) number
- Fill number

Once the information is verified, complete one of the following actions, as appropriate:

1. If the claim is for a refill (same member, same prescription number, and same drug/product), resubmit the claim with a new fill number.
2. If the claim is for a different member or different drug/product, resubmit the claim with a new prescription number.

Example Scenarios

Review the following resolution information for commonly encountered scenarios where two claims are submitted by the same pharmacy National Provider Identifier (NPI) within 365 days:

Scenario	Claim #1 Details	Claim #2 Details	Resolution
Scenario #1: <ul style="list-style-type: none"> • Same Rx/Service Reference Number • Same Drug/Product • Different Member 	Rx Number: 12345 Fill Number: 00 Member: John A Smith Drug/Product: ABC NDC: 123 Status: Claim Paid	Rx Number: 12345 Fill Number: 01 Member: Jane B Doe Drug/Product: ABC NDC: 123 Status: Reject Code 16	Resubmit Claim #2 using a new Rx number.
Scenario #2: <ul style="list-style-type: none"> • Same Rx/Service Reference Number • Same Member • Different Drug/Product 	Rx Number: 12345 Fill Number: 00 Member: John A Smith Drug/Product: ABC NDC: 123 Status: Claim Paid	Rx Number: 12345 Fill Number: 01 Member: John A Smith Drug/Product: DEF NDC: 456 Status: Reject Code 16	Resubmit Claim #2 using a new Rx number.
Scenario #3: <ul style="list-style-type: none"> • Same Rx/Service Reference Number • Same Member • Same Drug/Product • Same Fill Number 	Rx Number: 12345 Fill Number: 00 Member: John A Smith Drug/Product: ABC NDC: 123 Status: Claim Paid	Rx Number: 12345 Fill Number: 00 Member: John A Smith Drug/Product: ABC NDC: 123 Status: Reject Code 16	Resubmit Claim #2 using the next fill number.

7. **Reminder: Dual Eligible Special Needs Plan Deeming Periods**

Background

Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) in California are required to maintain Medicare Advantage enrollment for their beneficiaries for at least a three-month deeming period if a beneficiary has lost Medi-Cal eligibility. The deeming period prevents disenrollment from the D-SNP plan and supports continued access to Medicare providers and Part D benefits while a beneficiary takes steps to restore their Medi-Cal eligibility.

What Pharmacy Providers and Prescribers Need to Know

Dual eligible beneficiaries enrolled in Medicare Advantage D-SNPs in California, including Medicare Medi-Cal Plans (Medi-Medi Plans), will maintain enrollment in the D-SNP for three to six months if they lose Medi-Cal eligibility. This permits beneficiaries an opportunity to address their Medi-Cal eligibility without disruption in their Medicare benefits and care. Pharmacies should continue to process medication orders under the beneficiary's D-SNP Medicare Part D plan during the deeming period.

What Pharmacy Providers and Prescribers Need to Do

To learn more about D-SNP deeming periods, refer to the [2024 Dual Eligible Special Needs Plan \(D-SNP\) Deeming Periods](#) fact sheet.

To learn more about D-SNPs, refer to the [Dual Eligible Special Needs Plans in California](#) page.

8. **Medi-Cal Rx Claim and Prior Authorization Request System Outage – Issue Resolved**

Background

The purpose of this alert is to notify pharmacy providers and prescribers that Medi-Cal Rx has resolved the previously announced system issue and is now accepting all claims and prior authorization (PA) requests.

What Pharmacy Providers and Prescribers Need to Do

Medi-Cal Rx experienced a system outage from October 19 – October 20 preventing the submission of claims and PA requests. This issue has now been resolved. Pharmacy providers and prescribers should begin submitting claims and PA requests to Medi-Cal Rx.

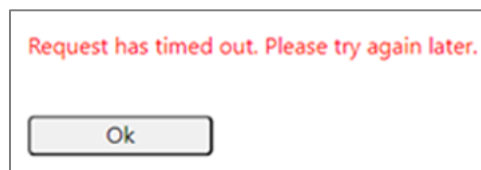
9. Medi-Cal Rx Finance Portal “Download All Files” Error – Issue Resolved

Background

The purpose of this alert is to notify pharmacy providers that Medi-Cal Rx has resolved a system issue impacting the Download All Files functionality when using Chain ID and downloading any file type from the Medi-Cal Rx Finance Portal.

What Pharmacy Providers Need to Do

Pharmacy providers may have experienced the following time out error when using Chain ID and selecting **Download All Files** from the Medi-Cal Rx Finance Portal.



Pharmacy providers who experienced this error are encouraged to try downloading again.

Send an email to MediCalRxFinancePortalSupport@primetherapeutics.com if you continue to experience this error or if you need additional assistance with the Medi-Cal Rx Finance Portal.

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.