



# MEDI-CAL UPDATE

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[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

Pharmacy Bulletin 653

April 2007

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## **Emergency Drug Benefit Claim Submission To End June 29, 2007**

The California Legislature enacted and Governor Arnold Schwarzenegger signed Assembly Bill (AB) 813, which established an Emergency Drug Benefit (EDB) program for individuals dually eligible for Medicare and Medi-Cal. The EDB program allowed the California Department of Health Services (CDHS) to continue covering the cost of medications for dual eligibles who were unable to obtain their medications from the Medicare Part D program for dates of service from May 17, 2006 through January 31, 2007.

Though not required to do so, CDHS is allowing the submission of retroactive claims through June 29, 2007. CDHS has determined that this five-month period (January 31, 2007 through June 29, 2007) is sufficient for providers to submit claims for drugs dispensed prior to February 1, 2007. Therefore, effective June 30, 2007, CDHS will begin denying all EDB claims for dates of service prior to February 1, 2007.

For detailed instructions on the appropriate uses of the EDB program and how to submit claims, view the CDHS Emergency Drug Benefit for Dual Eligible *Updated Information* bulletin on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). From the home page, click the “Medicare Part D” link in the “What’s New” area, then click the “California Emergency Drug Benefit – Instructions to Providers” link in the “Medi-Cal Web Site Resources” area.

## **Medi-Cal List of Contract Drugs**

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs*.

### **Addition, effective March 23, 2007**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
<b>LAPATINIB</b>		
<u>Tablets</u>	<u>250 mg</u>	<u>ea</u>

Please see **Contract Drugs**, page 3

**EDS/MEDI-CAL HOTLINES**

Border Providers .....(916) 636-1200  
CDHS Medi-Cal Fraud Hotline ..... 1-800-822-6222  
Telephone Service Center (TSC) ..... 1-800-541-5555  
Provider Telecommunications Network (PTN)..... 1-800-786-4346

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*For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.*



***OPT OUT** is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), and click the “Learn how...” OPT OUT link on the right side of the home page.*

**Stop Illegal Tobacco Sales**

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

**MEDI-CAL FRAUD**

**IS AGAINST THE**

**LAW**

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.**

**CDHS MEDI-CAL FRAUD HOTLINE  
1-800-822-6222**

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (continued)

Addition, effective May 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* <u>CARVEDILOL PHOSPHATE</u>		
<u>Extended release capsules</u>	<u>10 mg</u>	<u>ea</u>
	<u>20 mg</u>	<u>ea</u>
	<u>40 mg</u>	<u>ea</u>
	<u>80 mg</u>	<u>ea</u>
* <u>Restricted to use for the treatment of mild to severe heart failure. (Labeler Code 00007 [GlaxoSmithKline Group of Companies] only.)</u>		

Change, effective April 2, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* TEGASEROD		
Tablets	2 mg	ea
	6 mg	ea
* <u>Restricted to use in women with irritable bowel syndrome whose primary bowel symptom is constipation with dates of service on or between March 1, 2003 and April 1, 2007.</u>		

Change, effective May 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* METOPROLOL SUCCINATE		
+ Tablets, extended-release	25 mg	ea
	50 mg	ea
	100 mg	ea
	200 mg	ea
* <u>(NDC Labeler Code 00186 [AstraZeneca LP] only.)</u>		

+ Frequency of billing requirement

These updates are reflected on manual replacement pages drugs cdl p1a 22 (Part 2), drugs cdl p1b 36 and 50 (Part 2), drugs cdl p1d 7 (Part 2) and drugs cdl p4 7 and 12 (Part 2).

### Medical Supply Changes: Two-Piece Ostomy Products

The California Department of Health Services (CDHS) recently negotiated contracts with manufacturers to obtain a maximum acquisition cost (MAC) for two-piece ostomy products and their associated skin barriers. The MAC established by these contracts will set the maximum amount that a Medi-Cal provider will pay and/or be reimbursed for these products. Only listed two-piece ostomy products and their associated skin barriers may be benefits.

#### Medical Supply Updates

The following medical supply product codes have been added for two-piece ostomy products and their associated skin barriers:

9906Q, 9907K, 9907L, 9907M and 9907R

The products and product codes with the maximum allowable amounts will be listed in the forthcoming *Medical Supply Products: Ostomy* sections of the Part 2 manual.

#### Billing Transition

Effective for dates of service on or after June 1, 2007, the new two-piece ostomy products and their associated skin barriers and pricing will be implemented. Providers may begin billing two-piece ostomy products and their associated skin barriers using the new product codes effective June 1, 2007. Only listed two-piece ostomy products and their associated skin barriers may be reimbursable. Providers who have obtained *Treatment Authorization Requests* (TARs) for non-contracted items prior to August 1, 2007 will be allowed to continue billing these items until their TAR authorization has been exhausted.

Please see **Two-Piece Ostomy**, page 4

**Two-Piece Ostomy** *(continued)***Manufacturer Billing Code Update**

Effective for dates of service on or after June 1, 2007, the Manufacturer Billing Code for Squibb, E.R. and Sons, Inc. will be reassigned to Convatec.

<u>Manufacturer Billing Code</u>	<u>Former Manufacturer Name</u>	<u>New Manufacturer Name</u>
SQ	Squibb, E.R. and Sons, Inc.	Convatec

*Manual replacement pages will be released in a future Medi-Cal Update.*

**Diabetic Testing Product Additions**

The California Department of Health Services (CDHS) added products to the list of contracted diabetic supplies for Can-Am Care, LLC and U.S. Diagnostics Inc., dba American Healthcare Inc. Effective April 1, 2007, these items must be billed by Pharmacy providers using an 11-digit billing code, known as a Universal Product Number (UPN), for the purpose of establishing rebates or other cost-saving mechanisms.

Any item not included in the list of contracted diabetic supplies will not be a benefit of the Medi-Cal program, and therefore will not be granted prior authorization or a *Treatment Authorization Request* (TAR). California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) authorization must match the exact UPN that is granted under authorization for payment.

**Additions to Medical Supplies List**

Effective April 1, 2007, the following products have been added to the *Medical Supplies List* section:

<b>Description</b>	<b><u>Billing Code</u></b>	<b>Bill Quantity In Total <u>Number of</u></b>
E-zject Lancets 21G (100)	38396030300	Lancet
E-zject Lancets 21G (200)	38396030400	Lancet
E-zject Lancets Thin 26G (100)	38396030100	Lancet
E-zject Lancets Thin 26G (100)	38396030200	Lancet
E-zject Lancets Super Thin 30G (100)	38396030800	Lancet
E-zject Lancets Colored 21G (100)	38396030500	Lancet
E-zject Lancets Colored 21G (200)	38396030600	Lancet
EasyGluco Test Strips (50)	08463020350	Strip
EasyGluco Test Strips (100)	08463020401	Strip
Control AST Test Strips (50)	08463320350	Strip
Control AST Test Strips (100)	08463320401	Strip

*This information is reflected on manual replacement pages mc sup lst1 16 and 22 (Part 2).*

**Adult Briefs Incontinence Supplies Additions****First Quality Products**

Effective for dates of service on or after January 1, 2007, the following First Quality Products-manufactured adult briefs have been added to the Medi-Cal list of contracted incontinence medical supplies. The same quantity restrictions apply for the new products as for all adult briefs incontinence supplies. The manufacturer indicator for First Quality Products is "YU."

*Please see **Adult Briefs**, page 5*

**Adult Briefs** *(continued)*

The California Department of Health Services (CDHS) has established a Maximum Acquisition Cost (MAC) at which Medi-Cal providers may purchase these items. Beginning January 1, 2007, providers are able to purchase these additional contracted products at or below the MAC from the manufacturer or distributor, and bill the Medi-Cal program.

<u>Size</u>	<u>Description</u>	<u>Stock Number</u>	<u>UPN/UPC</u>	<u>Medi-Cal Guaranteed Acquisition and Maximum Allowable Cost</u>	<u>Billing Code</u>
Medium	IBF Full Mat Adult Brief	IBF-012	90891100255	\$0.3600	9997W YU
Medium	Per-Fit	PF-012	90891246182	\$0.3600	9997W YU
Medium	Prevail	PVB-012	90891246168	\$0.3600	9997W YU
Medium	FQP Full Mat Adult Brief	IB-012	90891246205	\$0.3600	9997W YU
Large	IBF Full Mat Adult Brief	IBF-013	90891100262	\$0.4800	9997Y YU
Large	Per-Fit	PF-013	90891246199	\$0.4800	9997Y YU
Large	Prevail	PVB-013	90891246175	\$0.4800	9997Y YU
Large	FQP Full Mat Adult Brief	IB-013	90891246212	\$0.4800	9997Y YU

**PaperPak Products, Incorporated**

Effective for dates of service on or after May 1, 2007, the following adult briefs manufactured by PaperPak Products, Incorporated have been added to the Medi-Cal list of contracted incontinence medical supplies. The manufacturer indicator for PaperPak Products, Incorporated is “PQ.”

They will be available at or below the Maximum Acquisition Cost (MAC) and are also billable using the MAC prices for dates of service on or after May 1, 2007.

<u>Size</u>	<u>Description</u>	<u>Stock Number</u>	<u>UPN/UPC</u>	<u>Medi-Cal Guaranteed Acquisition and Maximum Allowable Cost</u>	<u>Billing Code</u>
Medium	Attends Brief 8	BR0820	86679248902	\$0.3600	9997W PQ
Regular	Attends Brief 8	BR0825	86679258277	\$0.3600	9907K PQ
Large	Attends Brief 8	BR0830	86679248919	\$0.4800	9997Y PQ
X-Large	Attends Brief 8	BR0840	86679248926	\$0.4800	9907M PQ

*These updates are reflected on manual replacement pages incont lst 5, 7, 9, 11 and 14 (Part 2).*

**Authorized Drug Manufacturer Labeler Codes Update**

The *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section has been updated as follows.

**Additions, effective April 1, 2007**

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
13453	GRACEWAY PHARMACEUTICALS, LLC
17433	SUMMIT PHARMACEUTICALS DBA ENEMEEZ, INC.
24839	SJ PHARMACEUTICALS, LLC
49230	FRESENIUS MEDICAL CARE NORTH AMERICA

*Please see **Labeler Codes**, page 6*

Labeler Codes *(continued)*

Additions, effective July 1, 2007

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
14290	TRIAX PHARMACEUTICALS, LLC
23635	MALLINCKRODT BRAND PHARMACEUTICALS, INC.
66220	CUMBERLAND PHARMACEUTICALS, INC.

Terminations, effective April 1, 2007

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
00044	KNOLL PHARMACEUTICAL COMPANY
00214	GLAXOSMITHKLINE
00905	PFIZER, INC.
38130	EMREX/ECONOMED PHARMACEUTICALS INC.
47028	SENECA PHARMACEUTICAL, INC.
58407	MAGNA PHARMACEUTICALS, INC.
58437	GLAXOSMITHKLINE
58521	SHIRE US, INC.
61646	IOPHARM LABORATORIES, INC.
67754	HARVEST PHARMACEUTICALS, INC.
74684	GLAXOSMITHKLINE

Terminations, effective July 1, 2007

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
00689	JMI-DANIELS PHARMACEUTICALS, INC.
00766	GLAXOSMITHKLINE
17518	3M PHARMACEUTICALS
20694	MYOGEN, INC.
45800	GLAXOSMITHKLINE
49692	GLAXOSMITHKLINE
53100	GLAXOSMITHKLINE
54738	RICHMOND PHARMACEUTICALS, INC.
55298	3M PHARMACEUTICALS
61799	THE LIPOSOME COMPANY, INC.

*These updates are reflected on manual replacement pages drugs cdl p5 2, 3, 5 thru 10, 12, 14 and 15 (Part 2).*

**Manufacturer Billing Code Correction**

In *Medi-Cal Update 651*, the incorrect manufacturer billing code for Argentum Medical, LLC was reported. The correct manufacturer billing code is 2E.

**Pharmacy Bulletin 653**

Remove and replace:

- drugs cdl p1a 21/22
- drugs cdl p1b 35/36, 49/50
- drugs cdl p1d 7/8
- drugs cdl p4 7/8, 11/12
- drugs cdl p5 1 thru 15
- incont lst 5 thru 14
- mc sup lst1 15/16, 21/22