



Alabama Medicaid Pharmacist

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A Service of Alabama Medicaid

PDL Update

Effective October 1, 2020, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations as well as quarterly updates. The updates are listed below:

PDL Additions
Colcrys—Antigout Agents
PDL Deletions
Mitigare—Antigout Agents
Quillichew—ADHD

Inside This Issue	
PDL Update	Page 1
Ulcerative Colitis Guidelines	Page 2
Dispense as Written Code 9	Page 3
COVID-19 Update	Page 4
Three Month Maintenance Supply Update	Page 4
AL Medicaid Policy Reminders	Page 5
July 1st PDL Updates	Page 6

Please fax all prior authorization and override requests *directly* to Health Information Designs at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.



COVID-19 Rapid Test Procedure Code 87426

As Medicaid continues to monitor the COVID-19 emergency in Alabama, the Agency is adding the testing procedure for coverage below:

- 87426—Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric [IMCA]) qualitative or semiquantative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])
- Note: Providers with a valid CLIA certificate of waiver indicator may bill procedure 87426 with modifier QW.

Providers may begin submitting claims on August 24, 2020 for dates of service on or after June 25, 2020.

Reimbursement rates for the COVID-19 testing and specimen collection procedure codes can be found on Medicaid's website at www.medicaid.alabama.gov by clicking on the Providers tab then selecting Fee Schedules.

As a reminder, providers must deliver services within their scope of practice, and have the proper certification and licensure to perform these tests.

During the COVID-19 emergency, it is important to file claims as quickly as possible to ensure payment from Medicaid is made to Medicaid providers close to the date of service. The Centers for Medicare and Medicaid Services (CMS) has increased the federal matching percentage for the emergency time frame, but states can only receive the increased match on claims that are paid during the emergency.

For questions, please visit the Medicaid website at www.medicaid.alabama.gov, or call the Medicaid Fiscal Agent at 1-800-688-7989.

Contacts:

solomon.williams@medicaid.alabama.gov; susan.watkins@medicaid.alabama.gov; or Beverly.churchwell@medicaid.alabama.gov

COVID-19 Emergency Expiration Date Extended to October 31, 2020

All previously published expiration dates related to the Coronavirus (COVID-19) emergency are once again extended by the Alabama Medicaid Agency (Medicaid). **The new expiration date is the earlier of October 31, 2020, the conclusion of the COVID-19 National emergency, or any expiration date noticed by the Alabama Medicaid Agency through a subsequent ALERT.**

A listing of previous Provider ALERT and notices related to the health emergency is available by selecting the Agency's COVID-19 page in the link below: https://medicaid.alabama.gov/news_detail.aspx?ID=13729.

During the COVID-19 emergency, it is important to file claims as quickly as possible to ensure payment from Medicaid is made to Medicaid providers close to the date of service. The Centers for Medicare and Medicaid Services has increased the federal matching percentage for the emergency time frame, but states can only receive the increased match on claims that are paid during the emergency. Providers should include appropriate COVID-19 diagnosis code(s) on claims submitted to help with tracking of COVID-19.

Free Influenza Vaccine Provided by Alabama Department of Public Health

The Alabama Medicaid Agency, in conjunction with the Alabama Department of Public Health (ADPH), will allow reimbursement of a vaccine administration fee to Alabama Medicaid pharmacy providers who utilize free influenza vaccines provided by the federal government. Please see the guidelines and policies below for administering the free vaccines to Alabama Medicaid patients:

- Use all privately purchased vaccines first.
- Free supplemental influenza vaccine cost can't be reimbursed, but an administrative fee can be requested.
- When billing a Medicaid recipient for the free vaccine, **no ingredient cost or dispensing fee should be included on the claim.** A \$5.00 administration fee may be submitted.
- Pharmacies should submit the administration fee in the Incentive Amount Submitted field (NCPDP Field 483-E3) on the same claim as the vaccine (i.e. ingredient).
- Recoupments may occur if it is determined that a free supplemental vaccine was administered to a Medicaid patient and an ingredient cost and dispensing fee were submitted on the claim.
- All administered vaccines must be entered into ImmPRINT via interface or manually within 72 hours.

For more information, visit the ADPH guidance here: https://www.alabamapublichealth.gov/immunization/assets/flu_vaccine_adult.pdf

Additional policy questions concerning this provider notice should be directed to the Alabama Medicaid Pharmacy Program at 334-242-5050.

Durable Medical Equipment (DME) Program Updates Related to COVID-19

During the time prescribed by the governor as a state of emergency due to the COVID-19 pandemic, the following Rule provisions are temporarily lifted:

- Rule requiring EPSDT referrals for prior authorization for an Durable Medical Equipment (DME), Supplies, Appliances, Prosthetics, Orthotics, and Pedorthics. This includes, but is not limited to, those provisions of the Administrative Code found in Rules 560-X-13-.03, .14, and .17.
- Rule requiring face-to-face visits for DME items. This includes, but is not limited to, those provisions of the Administrative Code found in Rule 560-X-13-.01. In lieu of face-to-face visits, providers should utilize telehealth systems.
- Rule requiring a prescription or order for DME items to be presented to the provider or Medicaid's fiscal agent within 90 days from the date it was written, and sections which require a prior authorization request for DME to be received by the Medicaid fiscal agent within 30 calendar days after equipment is dispensed. This includes, but is not limited to, those provisions of the Administrative Code found in Rule 560-X-13-.03.
- Rule requiring only a physician to write the initial prescription for DME items ordered during face-to-face visits. This includes, but is not limited to, those provisions of the Administrative Code found in Rule 560-X-13-.01. To clarify, authorized non-physician practitioners such as nurse practitioners or physician assistants may write the initial prescription for DME items ordered during face-to-face/telehealth visits.
- Rule requiring recipient signature for all DME, Supplies, Appliances, Prosthetics, Orthotics, and Pedorthics. This includes, but is not limited to, those provisions of the Administrative Code found in Rule No. 560-X-1-.18. Recipient signatures are not required in cases where the provider has discontinued signature capture due to health concerns. The provider must maintain documentation of services provided to the recipient.

Synagis Criteria for 2020-2021 Season

- The Alabama Medicaid Agency has updated its prior authorization (PA) criteria for the Synagis[®] 2020-2021 season. Complete criteria can be found on the website at the following link: https://medicaid.alabama.gov/content/4.0_Programs/4.3_Pharmacy-DME/4.3.10_Synagis.aspx
- The approval time frame for Synagis[®] will begin October 1, 2020 and will be effective through March 31, 2021. Up to five doses will be allowed per recipient in this time frame. There are no circumstances that will result in the approval of a 6th dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the PA request form. Subsequent doses will be denied if the recipient experiences a breakthrough Respiratory Syncytial Virus (RSV) hospitalization during the RSV season.
- **Prescribers**, not the pharmacy, manufacturer or any other third party entity, are to submit requests for Synagis[®] on a specific prior authorization form (Form 351) **directly** to Health Information Designs (HID) and completed forms may be accepted beginning September 1, 2020 (for an October 1 effective date). The fax number for Synagis[®] requests is: **1-800-748-0116**.
- All signatures must meet the requirements of Alabama Medicaid Administrative Code Rule 560-X-1-.18(2)(c). Please note stamped or copied prescriber signatures will not be accepted and will be returned to the provider.
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc.) is required on all Synagis[®] requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescriber or dispensing pharmacy utilizing the original PA approval letter.
- Prescribers must prescribe Synagis[®] through a specialty pharmacy. CPT code 90378 remains discontinued for the 2020-2021 season.
- Medicaid is the payor of last resort. Claims must be billed to the primary payor if other third-party coverage exists. Use of NCPDP Other Coverage Codes will be reviewed and inappropriately billed claims will be recouped.

Criteria

Alabama Medicaid follows the 2014 American Academy of Pediatrics (AAP) Redbook guidelines regarding Synagis[®] utilization. For more details, please review a copy of the guidelines found at: <https://pediatrics.aappublications.org/content/134/2/415>.

Additional questions regarding Synagis[®] criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

October 1st Pharmacy Changes

To: Pharmacies, Physicians, Physicians Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

Effective October 1, 2020, the Alabama Medicaid Agency will:

1. **Require Colcrys to be billed with a Dispense as Written (DAW) Code of 9.** DAW Code of 9 indicates the following: **Substitution Allowed by Prescriber but Plan Requests Brand.** This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the Plan requests the brand product to be dispensed.
2. **Update the PDL to reflect the quarterly updates.** The updates are listed below:

PDL Additions
Colcrys—Antigout Agents
PDL Deletions
Mitigare—Antigout Agents
Quillichew—ADHD

For additional PDL and coverage information, visit our drug look-up site at <https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabid/39/Default.aspx>.

The Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. The PA request form can be completed and submitted electronically on the Agency's website at https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx. Providers requesting Pas by mail or fax should send requests to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P.O.Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Policy questions concerning provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding PA procedures should be directed to the HID help desk at 1-800-748-0130.