



Automated Medical Payments

Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

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Medicaid Fiscal Agent Information on the Internet

<http://coloradomedicaid.acs-inc.com>

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

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Updates and Changes

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Anti-ulcer medications and Oxycontin/Oxycodone ER Tablets

Effective January 3, 2003, there will be new additions to the existing Prior Authorization (PA) criteria to include two new classes, anti-ulcer medications and Oxycontin/Oxycodone ER Tablets. All clients will be required to meet the criteria. Below is a brief description of the changes that will take effect on January 3, 2003:

Anti-Ulcer Medications

Please refer to the Colorado Medicaid Prior Authorization Criteria for PPI & H2 Blocker form included with this bulletin for the specific criteria.

1. **Brand-name H2 Blockers** require a PA based on medical justification along with a Med Watch Form. Generic H2 Blockers do not require a PA except for nizatidine.

Proton Pump Inhibitors (PPI): A PA is required for all PPIs except for Protonix 40mg tablets or Prevacid 15mg/30mg (capsules or suspension form), for which, acute once daily dosing for 90 days or less will be granted without a PA. A failed trial of Protonix or Prevacid acute dosage period is required **for clients with non-complicated diagnoses** unless contraindicated. If the above qualifications are met, a PA will be approved for 90 days from the first fill date for the requested PPI. After 90 days, clients must step down to generic H2 Blockers therapy.

If requesting a dose greater than once a day **for clients with complicated diagnoses**, a PA will be approved for one year from the first fill date based on medical justification (no failed trial is required).

Prevacid Suspension: A PA will be required for Prevacid Suspension exceeding the 90-day acute dosage period. The suspension will be reserved for:

- a. Clients less than 12 years of age
 - b. Clients who have difficulty swallowing
- PA will be denied for clients who have tube feeds.

2. **PrevPac** will be reserved for clients with active Helicobacter Pylori. A 14-day supply may be provided without a PA if a diagnosis of H. Pylori is noted on the prescription (ICD-9) and is transmitted electronically or faxed to PDCS for verification. Otherwise, a PA will be required and must be called in to the DUR Help Desk at 1-800-365-4944.

Oxycontin/Oxycodone ER

Please refer to the Colorado Medicaid Prior Authorization Criteria for Oxycontin/Oxycodone ER form included with this bulletin.

1. Patients must have failed therapy with generic products (oxycodone Immediate Release or similar narcotic analgesics) *and*
2. Evidence of pain evaluation documented in attached copies of medical record (standard form).
3. A maximum of two (2) tablets per day for any strength of Oxycontin/Oxycodone ER may be prescribed except for Oxycontin 160mg, which requires a PA. If a prescriber requests more than 2 tablets per day for any strength or Oxycontin 160mg dose, a prior authorization with a letter stating medical justification for the higher dose is required.
4. Length of therapy may be approved for lifetime for cancer patients.
5. Length of therapy may be approved for up to 6 months for all other chronic pain or non-cancer pain diagnoses.

Influenza vaccine**Vaccine indications**

Influenza immunization is strongly recommended for individuals who are six months of age or older and because of age or medical conditions are at increased risk for complications of influenza. Health care workers and other contacts (including household contacts) of individuals in high-risk groups should also be vaccinated.

High-risk groups

- Persons 65 years of age and older
- Residents of nursing and chronic care facilities with people of any age having chronic medical conditions
- Adults and children with chronic pulmonary or cardiovascular disorders including asthma
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases including diabetes mellitus, renal dysfunction, hemoglobinopathies or immunosuppression (including immunosuppression caused by medications).
- Children and teenagers (6 months - 18 years of age) who receive long-term aspirin therapy and, therefore, might be at risk for developing Reye syndrome after influenza.

Flu vaccine may also be administered to individuals who want to reduce the chance of becoming infected with influenza.

Dosages

At risk children should receive vaccine in a dosage appropriate for their age (0.25 ml if age 6-35 months or 0.5 ml if age \geq 3 years). Two doses of vaccine are recommended for children less than 9 years of age if they have not been previously vaccinated with influenza vaccine. The two doses should be administered at least one month apart and, if possible, the second dose should be given before December.

Billing instructions - Children

Free influenza vaccine is available through the federal Vaccines For Children (VFC) program and the Colorado Infant Immunization program for Medicaid-enrolled children (newborn through age 20) that are at high risk for influenza complications.

Medicaid pays providers an Administration, Recordkeeping and Tracking (ART) fee for immunizations that are available through the VFC or Infant Immunization programs. Because vaccine is available at no cost through these programs, providers who elect to obtain vaccine from other suppliers may not request nor receive reimbursement above the ART payment level.

Influenza immunizations (procedure codes 90657 and 90658) for Medicaid-enrolled children (newborn through age 20) may be reimbursed for the ART fee of \$6.50 only.

Public health clinics should submit claims for influenza immunization to Medicaid-enrolled children (newborn through age 20) using procedure codes X0657 and X0658 and may be reimbursed for the ART fee of \$2.00 only.

Billing instructions - Adults

Claims for influenza vaccine provided to adults (age 21 and over) should be billed using procedure code 90658 and charges should reflect the provider's usual and customary charge. The Centers for Disease Control has stated that no whole virus vaccine (CPT code 90659) is available for use in the US this year. Claims submitted with code 90659 will be denied.

FQHCs and RHCs

Effective November 1, 2002 Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) should submit claims for the influenza vaccine on the CO 1500 using the CPT codes 90657 or 90658. If the sole purpose of a client visit is for the administration of an injectable drug or vaccine, the facility may also bill the lowest level of Evaluation and Management, CPT code 99211.

FQHCs and RHCs should *not* bill any immunizations as an encounter.

Long Term Care policy billing

Beginning November 1, 2002, Medicaid will begin billing Long Term Care (LTC) insurance carriers for LTC services for Medicaid eligible clients with LTC policies. Clients with LTC plans will be entered into the Medicaid system and the fiscal agent will pay the provider for services. The fiscal agent will then bill the client's LTC insurance carrier for reimbursement.

Medicaid LTC providers are asked to notify the client or their legal representative to report LTC insurance information to their County Department of Social Services worker. The county worker will have the client or their legal representative complete a form for processing by the State Third Party Liability section.

Please direct any questions to Darrell Gorre, State Medicaid, TPL, at 303-866-5701, or Gary Snider, Division Director, Long Term Benefits Division, 303-866-2991

MAXIMUS- HealthColorado

On October 15, 2002, AT&T blocked the 303 and 720 area codes from calling the 888 **MAXIMUS- HealthColorado** telephone number. For the last few months, **MAXIMUS- HealthColorado** has been publishing the local number 303-839-2120. This is the only local number listed in the letters sent to newly eligible clients in the Denver Metro area. Please be sure that you are calling the correct phone number.

Old Age Pension Health Care Program recoveries

The State Board of Human Services made payment changes for inpatient services to the Old Age Pension Health Care Program. Changes should have reflected the approved 66% of inpatient Medicaid rates. The Medicaid claims processing system has paid inpatient services at 68% instead of 66% of Medicaid's rate. On December 1, 2002 the State will retroactively recover inpatient payments with dates of service on and after August 1, 2002 that were paid at the incorrect rate. These claims will be reprocessed at the 66% rate.

We appreciate you serving this population and are making every effort to reimburse providers at the highest rate the budget will allow.

Synagis Vaccine -- Prior Authorization Update

Synagis (Palivizumab) vaccine is used to prevent serious lower respiratory tract disease caused by Respiratory Syncytial Virus (RSV) in pediatric patients at high risk for RSV disease.

All injectable drugs, including Synagis vaccine, are considered part of the physician's services when administered in a physician's office. All injectable drugs should be billed on the CO 1500 claim form. If the injectable drug will be administered at home, a prior authorization is required and must be called in to PDCS at 1-800-365-4944.

When the prior authorization is approved, the pharmacy should bill Medicaid electronically at point of sale and the client may pick up the prescription at the pharmacy.

Prior Authorization requirements for Synagis are outlined in Medicaid Bulletin B0100117, published in December 2001. When given in a physician's office, prior authorization is not required for children who meet the criteria listed in the bulletin and who are under age 3 at the start of each RSV season. Prior authorization is required for children aged 3 or older at the start of each RSV season, or who otherwise do not meet the itemized criteria but who are felt to medically require the vaccine by their physician.

Please send Prior Authorization Requests (PARs) to: PARs, P.O. Box 30, Denver, CO 80201-0030.

Please direct questions about Medicaid billing or the information in this bulletin to:

Medicaid Provider Services

303-534-0146 or 1-800-237-0757 (toll free Colorado).

Colorado Medicaid Prior Authorization Criteria for Oxycontin/Oxycodone ER

Prescribing physician: Please send the completed request form to PDCS by mail, by fax or by phone.

Pharmacy Help Desk Toll Free: 1-800-365-4944

Mail: 365 Northridge Road
Northridge Center 1, Suite 300
Atlanta, GA 30350

Pharmacy Help Desk Fax: 1-877-614-1078

To be completed by physician

Physician Medicaid ID/License #: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Signature: _____ Date: _____

Patient Information

Client Medicaid ID Number: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient's Date of Birth: ____ / ____ / ____

(By signature, the physician confirms the criteria information below is accurate and verifiable in patient records.)

Please Check One:

- Requesting a prior authorization (no current prior authorizations for Oxycontin/Oxycodone ER)
- Requesting a change in dosage strength
- Requesting an additional dosage strength

Requested Drug	Strength	Quantity	Directions for Use

Total mg dose per day requesting: _____

Criteria:

- Patients must have failed therapy with generic products (oxycodone IR or similar narcotic analgesics)

Analgesic Usage	Strength	Quantity	Directions for Use	Date of Treatment

Criteria:

- Evidence of pain evaluation documented in medical record copies attached.

Diagnosis: _____

- Has Oxycontin been prior authorized previously?

Oxycontin Usage	Strength	Quantity	Directions for Use	Date of Treatment

Note:

Length of therapy may be approved for a lifetime for cancer patients.

Length of therapy may be approved for up to 6 months for all other chronic pain or non-cancer pain diagnoses.

Please include a letter for medical justification.

Colorado Medicaid Prior Authorization Criteria for PPI & H2 Blocker
Proton Pump Inhibitor (PPI): Aciphex, Nexium, Prevacid, Prilosec, Protonix
H2 Blockers: Axid, nizatidine, Pepcid, Zantac

Prescribing physician: Please send the completed request form to PDCS by mail, by fax or by phone.

Pharmacy Help Desk Toll Free: 1-800-365-4944

Mail: 365 Northridge Road
Northridge Center 1, Suite 300
Atlanta, GA 30350

Pharmacy Help Desk Fax: 1-877-614-1078

To be completed by physician

Physician Medicaid ID/License #: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Signature: _____ Date: _____

Patient Information

Client Medicaid ID Number: _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient's Date of Birth: ____ / ____ / ____

(By signature, the physician confirms the criteria information below is accurate and verifiable in patient records.)

Note: A PA is not required for Protonix 40mg tablets or Prevacid 15mg/30mg (capsules or suspension) dosed at once a day for 90 days or less from the first fill date. A failed trial of Protonix or Prevacid is required **for non-complicated diagnoses** unless contraindicated. If these qualifications are met, a PA will be approved for 90 days from the first fill date for the requested PPI. After 90 days, clients must step down to generic H2 Blocker therapy. For doses greater than once daily dosing **for complicated diagnoses**, a PA will be approved for one year from the first fill date based on medical justification. No failed trial is required. **Prevacid suspension** is reserved for clients less than 12 years of age and clients who have difficulty swallowing. **Brand Name H2 Blockers** require a PA based on medical justification along with a Med Watch form. **Generic H2 Blockers do not require a PA except for nizatidine.**

Requested Drug	Dosage Form	Strength	Quantity	Directions for Use

Complicated Diagnosis:
(Prior Authorization approved for one year)

- Barrett's esophagitis*
- Zollinger-Ellison syndrome*
- GERD with erosive esophagitis*
- Pathological hypersecretory condition*
- Complicated duodenal or gastric ulcer*, (i.e.: active bleeding ulcer, gastric outlet obstruction)
- Other (specify): _____

Non-Complicated Diagnosis:
(Prior Authorization approved for 3 months)

- GERD -
- Grade _____
- Non-complicated Duodenal or gastric ulcer, acute or recurring
- Helicobacter pylori (PrevPac)*
(approved for 14 days)

* Diagnosed by endoscopy, radiographic studies, biopsy, and/or lab values.

PPI or H2 Blocker Therapy (used in the past 3 months)

Date of Treatment	Strength	Quantity	Directions for Use

Medical Justification: Please attach a letter of medical necessity. _____