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1-800-688-6696 or 919-851-8888

Additional Information on Prodigy Diabetic Supplies

The following additional information is provided regarding the Prodigy Diabetic Supply program:

Meters

- A CMN/PA is required for the voice meter and can only be provided through a durable medical equipment (DME) provider or a pharmacy/DME provider. The approved CMN/PA must be kept on file for a period of five years as stated in Section 7 of Clinical Coverage Policy 5A, *Durable Medical Equipment* (<http://www.ncdhhs.gov/dma/mp/>). With the completed CMN/PA for the voice meter on file, the provider can pursue reimbursement for the meter.
- Providers may contact Prodigy directly at 1-866-540-4816 to replace a broken meter. All meters carry a lifetime replacement warranty.
- For a lost or stolen meter or a meter destroyed by fire, providers may contact DMA Clinical Policy at 919-855-4310 for verification requirements and approval for a replacement meter.
- For pediatric patients whose doctor(s) require two meters for optimum patient care, providers should include a copy of the patient's prescription with the rebate form submitted to Prodigy.

Insulin Pump Users

There is an **override** process available for recipients who, for clinical reasons, cannot use Prodigy products. In these instances, the provider must be a DME provider or a pharmacy/DME provider. The following protocol documented in Section 5.5 of in Clinical Coverage Policy 5A, *Durable Medical Equipment* (<http://www.ncdhhs.gov/dma/mp/>), should be followed: fax the denial to DMA at the designated diabetic supply override fax number, 919-715-3166, along with the required medical necessity forms. Consideration will be given to the request and a written decision will be returned to the provider.

No Preferred Providers for Diabetic Supplies

DMA would like to clarify that Prodigy Diabetes Care, LLC, is the preferred designated manufacturer for diabetic supplies. There are no preferred providers (pharmacies, DME providers) for diabetic supplies. N.C. Medicaid recipients may go to any N.C. Medicaid DME or pharmacy provider to obtain Prodigy diabetic supplies.

Early and Periodic Screening, Diagnosis and Treatment and Applicability to Medicaid Services and Providers

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria stated in this publication **may be exceeded or may not apply to recipients under 21 years of age** if the provider's documentation shows that

- the requested service is medically necessary to correct or ameliorate a defect, physical or mental illness, or health problem; and
- all other Early and Periodic Screening, Diagnosis and Treatment (EPSDT) criteria are met.

This applies to both proposed and current limitations. Providers should review any information in this publication that contains limitations in the context of EPSDT and apply that information to their service requests for recipients under 21 years of age. A brief summary of EPSDT follows.

EPSDT is a federal Medicaid requirement (42 U.S.C. § 1396d(r) of the Social Security Act) that requires the coverage of services, products, or procedures for Medicaid recipients under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (including any evaluation by a physician or other licensed clinician).

This means that EPSDT covers most of the medical or remedial care a child needs to

- improve or maintain his or her health in the best condition possible OR
- compensate for a health problem OR
- prevent it from worsening OR
- prevent the development of additional health problems

Medically necessary services will be provided in the most economic mode possible, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is unsafe, ineffective, experimental, or investigational; that is not medical in nature; or that is not generally recognized as an accepted method of medical practice or treatment.

If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **not** eliminate the requirement for prior approval.

For important additional information about EPSDT, please visit the following websites:

- *Basic Medicaid Billing Guide* (especially sections 2 and 6): <http://www.ncdhhs.gov/dma/basicmed/>
- *Health Check Billing Guide*: <http://www.ncdhhs.gov/dma/healthcheck/>
- EPSDT provider information: <http://www.ncdhhs.gov/dma/epsdt/>

Changes in Drug Rebate Manufacturers

The following changes have been made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer's code, which are the first five digits of the NDC.

Addition

The following labelers have entered into Drug Rebate Agreement and have joined the rebate program effective on the date indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
47335	Sun Pharma Global FZE	12/30/2009
48102	Fera Pharmaceuticals LLC	12/23/2009
49708	Caraco Pharma, Inc	01/04/2010

Reinstated Labelers

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
23359	Centurion Labs, LLC	01/06/2010
65293	The Medicines Company	01/05/2010

Checkwrite Schedule

January 12, 2010	February 02, 2010	March 02, 2010
January 20, 2010	February 09, 2010	March 09, 2010
January 28, 2010	February 17, 2010	March 16, 2010
	February 25, 2010	March 25, 2010

Electronic Cut-Off Schedule

January 07, 2010	January 28, 2010	February 25, 2010
January 14, 2010	February 04, 2010	March 04, 2010
January 21, 2010	February 11, 2010	March 11, 2010
	February 18, 2010	March 18, 2010

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.

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