



TO: Pharmacy Providers, Physicians, Nurse Practitioners, Physician Assistants, Long Term Care Providers, Clinics, and Hospitals

**RE: 1) Clarification of New Diagnosis Requirement for Prevacid Solutab Coverage for Clients Over the Age of 20
2) Change to Diagnosis Requirements for Medicare Part B Cost Avoidance Associated with Enteral Nutrition**

1. Clarification of New Diagnosis Requirement for Prevacid Solutab Coverage for Clients over the Age of 20

Effective July 1, 2013, Prevacid Solutab has been added as one of the preferred agents within the Proton Pump Inhibitor (PPI) therapeutic drug class on the Preferred Drug List (PDL). While the Pharmaceutical and Therapeutics (P&T) Committee voted to restrict coverage of Prevacid Solutab dosage form to the pediatric population, ages 0-20; the Department of Social Services (DSS) has decided to extend the coverage to clients over the age of 20 based on certain diagnostic criteria.

Pharmacy claims for Prevacid Solutab dosage form or its generic equivalents for clients over the age of 20 will require a valid and documented diagnosis supporting medical necessity from the prescriber for continued coverage. DSS has determined that the following documented ICD-9 diagnoses support the medical necessity of PPI Oral Disintegrating (ODT)/Solutab formulations:

- 251.5 Zollinger-Ellison Syndrome;
- 530.1 Esophagitis;
- 530.81 Esophageal Reflux-GERD;
- 535 Gastritis and Duodenitis;
- 536.8 Hypersecretory Disorder;

In addition to submitting the diagnosis on the claim, providers are required to retain documentation from the prescriber identifying

the client's medical condition (diagnosis code). Failure to provide proper documentation in an audit may result in the recoupment of the claim's payment.

2. Change to Diagnosis Requirements for Medicare Part B Cost Avoidance Associated with Enteral Nutrition

In preparation for the implementation of the ICD-10 code set and as part of the ICD-9 to ICD-10 mapping process, DSS has begun to review the diagnosis requirements assigned to drugs with certain therapeutic class codes.

As a result of this process, the diagnosis codes that trigger Medicare Part B cost avoidance edits have been updated for the Enteral Nutritional Supplement therapeutic class. Effective July 1, 2013, the following diagnosis code was added to trigger Medicare Part B cost avoidance: V44.1.

Additionally, effective May 31, 2013, the following diagnosis codes were removed from the Medicare Part B cost avoidance: 161, 161.0, 161.1, 161.2, 161.3, 161.8, 161.9, 170.1, 191, 191.0, 191.1, 191.2, 191.3, 191.4, 191.5, 191.6, 191.7, 191.8, 191.9, 195, 332, 335.2, 358, 358.0, 358.00, 358.01, 536.4, 555.9, 579.9, 780.01 and 787.2.

These changes serve to align Connecticut Medical Assistance Program's (CMAP) diagnosis requirements for enteral nutrition with those of Medicare Part B and to more correctly deny claims for clients with Medicare Part B coverage when the diagnosis code



submitted on the claim indicates that Medicare Part B would cover the service.

Should Medicare Part B deny the claim for enteral nutritional products, the pharmacy may submit the claim to CMAP as secondary with the Carrier Code of “MPB”, Other Coverage Code of “03” and Medicare Part B’s reject code(s), which will satisfy Medicare Part B cost avoidance edits. The pharmacy **must** retain proof of Medicare Part B’s denial in the form of Medicare Explanation of Benefits (EOMB) for auditing purposes. Failure to provide proof of Medicare denials in an audit will result in the recoupment of payment for the claims.

If Medicare Part B pays the claim, the pharmacy **may not** use NCPDP POS as the means of submission for the coinsurance/deductible due. The secondary claim must be submitted as a professional crossover claim.

For additional clarification of billing requirements for medications covered by Medicare Part B, providers should refer to previously published Provider Bulletin 2012-17 “Clarification of Billing Requirements for Medications Covered by Medicare Part D and Medicare Part B Including Additional Third Party Insurance”.