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New Check for Opioid Drug Interaction

Beginning Oct. 1, 2018, NC Medicaid will introduce a new edit into NCTracks pharmacy claim processing to provide a further check for opioid and benzodiazepine interactions. The new edit will identify a drug interaction for an opioid analgesic or benzodiazepine when it is determined that there is overlapping use of a different opioid or benzodiazepine within the previous 68 days.

Pharmacy claims failing the new check will deny for edit 59290 - SUPPLEMENTAL DRUG-2-DRUG INTERACTION. The edit can be overridden by the dispensing pharmacist with a submission clarification code of '10' after consulting with the prescriber(s) to determine the clinical need for the concurrent use of the opioid and the benzodiazepine.

For additional information on the NC Medicaid commitment to curtail opioid abuse, refer to the "Opioid Criteria Educational Materials" on the [Pharmacy Services webpage](#) of the NCTracks provider portal.

Procedures for Prior Authorization of Synagis® (palivizumab) for Respiratory Syncytial Virus Season 2018/2019

The clinical criteria used by NC Medicaid for the 2018/2019 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2018 – 2021 Report of the Committee on Infectious Diseases, 31th Edition*. This guidance for Synagis use among infants and children at increased risk of hospitalization for RSV infection is available online by subscription. The coverage season is Nov. 1, 2018, through March 31, 2019. Providers are encouraged to review the AAP guidance prior to the start of the RSV season.

Guidelines for Evidenced-Based Synagis Prophylaxis

- Infants younger than 12 months at start of season with a diagnosis of:
 - Prematurity - born before 29 weeks 0 days gestation
- Infants in their first year of life with a diagnosis of:
 - Chronic Lung Disease (CLD) of prematurity (defined as birth at less than 32 weeks 0 days gestation and requiring greater than 21 percent oxygen for at least 28 days after birth)
 - Hemodynamically significant acyanotic heart disease, receiving medication to control congestive heart failure, and will require cardiac surgical procedures
 - Moderate to severe pulmonary hypertension
 - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airway because of ineffective cough

Note: Infants in the first year of life with cyanotic heart disease may receive prophylaxis with cardiologist recommendation.

- Infants less than 24 months of age with a diagnosis of:
 - Profound immunocompromise during RSV season
 - CLD of prematurity (see above definition) and continue to require medical support (supplemental oxygen, chronic corticosteroid or diuretic therapy) during the six-month period before start of second RSV season
 - Cardiac transplantation during RSV season

Prior Approval Request

During the Synagis coverage period, submit all prior approval (PA) requests electronically to www.documentforsafety.org. The web-based program will process PA information in accordance with the guidelines for use. A PA request can be automatically approved based on the information submitted. The program allows a provider to self-monitor the status of a request. Up to five doses can be approved for coverage.

Coverage of Synagis for congenital heart disease (CHD), neuromuscular disease or congenital anomaly that impairs ability to clear respiratory secretions from the upper airway will terminate when the beneficiary exceeds 12 months of age. Coverage of Synagis for CLD, profound immunocompromise, or cardiac transplantation will terminate when the beneficiary exceeds 24 months of age.

Dose Authorization

Each Synagis dose will be individually authorized to promote efficient product distribution. Providers must submit a “**next dose request**” to obtain an authorization for each dose. Providers should ensure the previously obtained supply of Synagis is administered before submitting a next dose request. Providers will fax each single-dose authorization to the pharmacy distributor of choice.

If an infant received one or more Synagis doses prior to hospital discharge, the provider should indicate, as part of the request, the most recent date a dose was administered. The number of doses administered by the provider should be adjusted accordingly. If any infant or young child receiving monthly palivizumab prophylaxis experiences a breakthrough RSV hospitalization, coverage of Synagis will be discontinued.

Pharmacy Distributor Information

Single-dose vial specific authorizations, not to exceed the maximum number of doses approved for the beneficiary, will be issued by NC Medicaid. It is important for the Synagis distributor to have the appropriate single-dose authorization on hand and a paid point of sale (POS) claim prior to shipping Synagis. An individual dose authorization is required for each paid Synagis claim. The drug quantity submitted on the claim must not exceed the quantity indicated on the authorization. Payment for a Synagis claim will be denied if a dose request was not done by the provider. **Use of a point of sale PA override code is not allowed.**

Synagis claims processing will begin on Oct. 29, 2018, to allow sufficient time for pharmacies to provide Synagis by Nov. 1, 2018. Payment of a Synagis claim with a date of service before Oct. 29, 2018, and after March 31, 2019, is not allowed. POS claims should not be submitted by the pharmacy distributor prior to the first billable date of service for the season.

Pharmacy providers should always indicate an accurate days' supply when submitting claims to NC Medicaid. Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound-drug claim. Synagis doses that require multiple vial strengths that are submitted as separate individual claims will be subject to recoupment. Physicians and pharmacy providers are subject to audits of beneficiary records by NC Medicaid. Maintain Synagis dose authorizations in accordance with required recordkeeping time frames.

Provider Information

Providers without internet access should contact the Medicaid Outpatient Pharmacy Program at 919-855-4300 to facilitate submission of a PA request for Synagis. More information about the Synagis program is available at www.documentforsafety.org.

Submitting a Request to Exceed Policy

Providers should use the **Non-Covered State Medicaid Plan Services Request Form for Recipients under 21 Years of Age** to request Synagis doses exceeding policy or for coverage outside the defined coverage period. **Fax the form to 919-715-1255**. The form is available on the [NCTracks Prior Approval web page](#). Information about EPSDT coverage is found on [Medicaid's Health Check and EPSDT web page](#).

Technical Support

Technical support is available Monday to Friday from 8 a.m. to 5 p.m. at 855-272-6576 (local: 919-926-3986). Technical support can assist with provider registration, user name and password issues, beneficiary searches, and other registry functions.

Reminder – Opioid Clinical Criteria and Prior Approval Changes

Schedule III/IV opioids are subject to the same opioid clinical coverage criteria as schedule II opioids. Schedule III/IV opioids may require a 'high-dose' prior approval (PA) when cumulative opioid point-of-sale pharmacy claims exceeds the state-approved morphine milligram equivalents (total daily doses greater than 90 morphine milligram equivalents (MMEs) per day).

Opioid Dependence Dose Edit

Beginning Oct. 1, 2018, a maximum daily dose edit for opioid dependence treatment medications will go into place. The dispensing pharmacist may override the edit at point-of-sale after consulting the prescriber to determine the clinical need for the higher dose. Documentation is to be made in the NCPDP pharmacy system or on the original prescription. Bypassing the edit will require an override (submission clarification code 10) that should be used by the pharmacist when the prescriber provides clinical rationale for the therapy issue alerted by the edit. A prescriber may proactively document the clinical rationale with issuance of the prescription. The concise documentation may provide information about the patient's situation, history, therapy goals and outcome. Documentation solely of a diagnosis code is not legitimate justification. The adequacy of proactive documentation is the professional judgement of the pharmacist. Questions can be directed to the CSRA Call Center at 866-246-8505.

Medication	Maximum Dose Edit	Override available
Suboxone and buprenorphine/naloxone	16mg/day	up to 24mg/day
Zubsolv	11.4mg/day	up to 17.1mg/day
Bunavail	8.4mg/day	up to 12.6mg/day
Buprenorphine single ingredient product	16mg/day	up to 24mg/day

Influenza Vaccine and Reimbursement Guidelines for 2018-2019 for NC Medicaid and NC Health Choice

Composition of the quadrivalent influenza vaccines for the 2018-2019 influenza season is:

- A/Michigan/45/2015 (H1N1) pdm09-like virus;
- A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus;
- B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage); and
- B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage).

It is recommended that the influenza B virus component of trivalent vaccines for use in the 2018-2019 northern hemisphere influenza season be a B/Colorado/06/2017-like virus of the B/Victoria/2/87-lineage.

For further details on the 2018-2019 influenza vaccine, visit the [Centers for Disease Control \(CDC\) Flu Season web page](#).

*FluMist Quadrivalent (LAIV4) may be an option for influenza vaccination of persons for whom it is appropriate for the 2018–19 season.

N.C. Immunization Program/Vaccines for Children (NCIP/VFC)

Under N.C. Immunization Program/Vaccines for Children (NCIP/VFC) guidelines, the N.C. Division of Public Health (DPH) Immunization Branch distributes all required

childhood vaccines to local health departments, Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), hospitals and private providers.

For the 2018-2019 influenza season, NCIP/VFC influenza vaccine – all quadrivalent – is available at no charge to providers for children 6 months through 18 years of age who are eligible for the VFC program, according to the NCIP coverage criteria. The current NCIP coverage criteria and definitions of VFC categories can be found on [DPH's Immunization Branch web page](#).

For providers interested in enrolling in the VFC program, information can be found on the [CDC information page](#) and the [NC DPH website](#).

Eligible VFC children include Medicaid beneficiaries and NC Health Choice (NCHC) beneficiaries who are American Indian and Alaska Native (AI/AN). These beneficiaries can be identified as AI/AN in one of two ways:

1. They are either identified as MIC-A and MIC-S on their NCHC Identification Cards or,
2. Beneficiaries/parents may self-declare their VFC eligibility status according to NCIP/VFC program policy.

When NCHC beneficiaries self-declare their status as AI/AN, and the provider administers the state-supplied vaccine, the provider must report the CPT vaccine code with \$0.00 and may bill NCHC for the administration costs only. For further details, refer to the June 2012 Medicaid Bulletin article [Billing for Immunizations for American Indian and Alaska Native N.C. Health Choice Recipients](#).

All other NCHC beneficiaries are considered **insured (not VFC eligible)** and must be administered privately purchased vaccines.

For VFC/NCIP vaccines administered to VFC-eligible children, providers must report only the vaccine code(s) with \$0.00. Providers may bill NCTracks for the administration fee for Medicaid and eligible AI/AN NCHC beneficiaries.

Providers who administer privately purchased vaccines to VFC eligible beneficiaries will not be reimbursed for the vaccine and cannot bill the beneficiary for that cost. Only the administration fee(s) will be reimbursed.

Providers must purchase vaccines for children who are **not** VFC-eligible (including all NCHC children who are not AI/AN) and adult patients. For Medicaid-eligible beneficiaries age 19 years and older, purchased vaccine and administration costs may be billed to NC Medicaid, according to the guidelines stated in Tables 2 and 3 below. To determine who is eligible for NCIP influenza and other vaccines, visit [DPH's Immunization Branch](#) web page.

Billing/Reporting Influenza Vaccines for Medicaid Beneficiaries

The following tables indicate the vaccine codes that may be either reported (with \$0.00 billed) or billed (with the usual and customary charge) for influenza vaccine, depending on the age of the beneficiaries and the formulation of the vaccine. The tables also indicate the administration codes that may be billed, depending on the age of the beneficiaries and the vaccine(s) administered to them.

Note: The information in the following tables is **not** detailed billing guidance. Specific information on billing all immunization administration codes for **Health Check beneficiaries** can be found on the [Health Check webpage](#).

Table 1

Influenza Billing Codes for Medicaid Beneficiaries Less Than 19 Years of Age Who Receive VFC Influenza Vaccine. These codes are reported with \$0.00.

Vaccine CPT Codes to Report

Vaccine CPT Code to Report	CPT Code Description
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.5 mL dosage, for intramuscular use

Administration CPT Code(s) to Bill	CPT Code Description
90471EP	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
+90472EP (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); each additional vaccine (single and combination vaccine/toxoid) (List separately in addition to code for primary procedure).
90460EP	Immunization administration through 18 years via any route of administration, with counseling by physician or other qualified health care professional.

Administrative CPT Codes to Bill

90473EP	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>
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* 90472 will only be used if another vaccine is given in addition to the flu vaccine. Providers *may* bill more than one unit of 90472 as appropriate.

Table 2
Influenza Billing Codes for Medicaid Beneficiaries 19 and 20 Years of Age

Use the following codes to bill Medicaid for an influenza vaccine **purchased** and administered to beneficiaries aged **19-20 years**.

Note: The VFC/NCIP provides influenza products for recipients aged 6 months through 18 years **only**. The VFC/NCIP will **NOT** provide influenza vaccine for recipients 19 years and older.

Vaccine CPT Codes to Report

Vaccine CPT Code to Report	CPT Code Description
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.5 mL dosage, for intramuscular use
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use:

Administrative CPT Codes to Report

Administrative CPT Code(s) to Report	CPT Code Description
90471EP	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
+90472EP (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single and combination vaccine/toxoid) (List separately in addition to code for

	primary procedure).
90473EP	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>

* 90472 will only be used if another vaccine is given in addition to the flu vaccine. Providers *may* bill more than one unit of 90472 as appropriate.

Table 3
Influenza Billing Codes for Medicaid Beneficiaries 21 Years of Age and Older

Use the following codes to **bill** Medicaid for an *injectable* influenza vaccine **purchased** and administered to beneficiaries **21 years of age and older**.

Note: The VFC/NCIP provided influenza products for VFC-age (6 months through 18 years of age) beneficiaries **only**. The VFC/NCIP will **not** provide influenza vaccine for beneficiaries 19 years and older.

Vaccine CPT Code to Report

Vaccine CPT Code to Report	CPT Code Description
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.5 mL dosage, for intramuscular use
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use:

Administrative CPT Code(s) to Bill

Administrative CPT Code(s) to Bill	CPT Code Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
+90472 (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single and combination vaccine/toxoid) (List separately in addition to code for

	primary procedure)
90473EP	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>

* 90472 will only be used if another vaccine is given in addition to the flu vaccine. Providers *may* bill more than one unit of 90472 as appropriate.

For beneficiaries 21 years or older receiving an influenza vaccine, an evaluation and management (E/M) code cannot be reimbursed to any provider on the same day that injection administration fee codes (e.g., 90471 or 90471 and +90472) are reimbursed, unless the provider bills an E/M code for a separately identifiable service by appending modifier 25 to the E/M code.

Billing/Reporting Influenza Vaccines for NCHC Beneficiaries

The following table indicates the vaccine codes that may be either reported (with \$0.00) or billed (with the usual and customary charge) for influenza vaccine, depending on an NCHC beneficiary's VFC eligibility (that is, if the beneficiary is AI/AN) and the formulation of the vaccine. The table also indicates the administration codes that may be billed.

Table 4

Influenza Billing Codes for NCHC Beneficiaries 6 Years through 18 Years of Age Who Receive VFC Vaccine (MIC-A and MIC-S Eligibility Categories or Beneficiaries in Other Categories who Self-Declare AI/AN Status) or Purchased Vaccine (All Other NCHC Eligibility Categories)

Vaccine CPT Code to Report

Vaccine CPT Code to Report	CPT Code Description
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for intramuscular use
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.25 mL dosage, for intramuscular use
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.5 mL dosage, for intramuscular use
90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use:

Administrative CPT Code(s) to Bill

Administrative CPT Code(s) to Bill	CPT Code Description
90471TJ	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
+90472TJ (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); each additional vaccine (single and combination vaccine/toxoid) (List separately in addition to code for primary procedure).
90460TJ	Immunization administration through 18 years via any route of administration, with counseling by physician or other qualified health care professional.
90473TJ	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>

* 90472 will only be used if another vaccine is given in addition to the flu vaccine. Providers *may* bill more than one unit of 90472 as appropriate

Notes

- The EP modifier should **not** be billed on NCHC claims. The TJ modifier should be used.
- There is no co-pay for office visits and wellness checks.

Immunization Billing for Medicaid and NCHC Beneficiaries from FQHCs and RHCs

- *For beneficiaries 0 through 20 years of age*

If **vaccines are provided through the NCIP/VFC**, the center/clinic shall report the CPT vaccine codes (with \$0.00 billed) under Physician Services NPI and may bill for the administration codes (CPT procedure codes 90471EP through 90472EP OR 90460EP). This billing is appropriate when only vaccines are provided at the visit, or if vaccines were provided in conjunction with a wellness check. If a core visit was billed, CPT vaccine codes shall be reported (with \$0.00 billed) under Physician Services NPI and an administration code shall not be billed.

If **purchased vaccines (non-VFC eligible)** were administered, the center/clinic may bill the CPT vaccine codes (with their usual and customary charge) under the Physician Services NPI for the vaccines administered and may bill for the administration codes (with the usual and customary charge). This billing is appropriate if only vaccines were given at the visit or if vaccines were given in conjunction with a wellness check. If a core visit was billed, CPT vaccine codes shall be reported (with \$0.00 billed) under the Physician

Services NPI provider number and the administration codes shall not be billed. For detailed billing guidance, refer to the [Health Check webpage](#).

Note: When billing for NCHC beneficiaries, refer to the detailed billing guidance above including Table 4 and the Core Visit policy on [NC Medicaid's Provider Library web page](#).

- ***For beneficiaries 21 years of age and older***

When purchased vaccines are administered, CPT vaccine codes may be billed (with the usual and customary charge) and administration codes may be billed (with the usual and customary charge) under the Physician Services NPI. This is applicable when vaccine administration was the only service provided that visit. When a core visit is billed, the CPT vaccine code shall be reported (with \$0.00 billed) under the Physician Services NPI and an immunization administration code may not be billed.

For influenza vaccine and administration fee rates, refer to the Physician's Drug Program fee schedule on [NC Medicaid's Physician Drug Program Fee Schedule](#) web page and [Physician Services Fee Schedule](#) web page.

Immunization Billing for Medicaid Beneficiaries from Immunizing Pharmacies

- ***For beneficiaries 19 years of age and older***

Effective Jan. 1, 2016, NC Medicaid will reimburse pharmacies for covered vaccines, including influenza vaccines, as permitted by G.S. 90-85.15B (see below) when administered to NC Medicaid beneficiaries 19 years of age and older by an immunizing pharmacist.

Table 5
Billing Codes to be used by Pharmacist for Medicaid Beneficiaries 19 Years of Age or Older

Vaccine CPT Code to Report	CPT Code Description
90672CG	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90685CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative-free, 0.25 mL dosage, for intramuscular use
90686CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90687CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.25 mL dosage, for intramuscular use
90688CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, NOT preservative free, 0.5 mL dosage, for intramuscular use

	use
90756CG	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use:

*The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes.

Billing Codes to be used by Pharmacists for N.C. Medicaid Beneficiaries 19 Years of Age and Older

CPT Code(s)	CPT Code Description
90471CG	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472CG (add-on code)*	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine . (Separately list the add-on code(s) for each additional single vaccine and/or combination vaccine/toxoid administered, in addition to the primary procedure)
90473CG	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid). <i>Do not report 90473 in conjunction with 90471.</i>

The CG modifier must be appended to every vaccine and vaccine administration CPT code used to bill vaccines by pharmacists. The CG modifier identifies a Pharmacy Provider in NCTracks for vaccine claims billing purposes.

*Providers *may* bill more than one unit of 90472 as appropriate.

Detailed information about the regulations regarding pharmacist immunization can be found at [Pharmacist Administrated Vaccine and Reimbursement Guidelines](#) published in the October 2016 Medicaid Bulletin.

NDC's Change Each Year for Influenza Vaccines

Providers are required to use appropriate NDCs that correspond to the vaccine used for administration and corresponding CPT code. Note that not all products and NDCs under their respective CPT codes will be covered.

Influenza vaccines are licensed each year with new NDCs, so it is important to report the correct code for the products you are using to avoid having claims deny with edit 00996 (Mismatched NDC) which will require the claim to be resubmitted with the correct NDC. Below are the influenza vaccine procedure (CPT) codes and corresponding NDCs that should be used for the 2018-2019 influenza season:

CPT and NDC codes for the 2018-2019 Influenza Vaccine Products

CPT Codes	NDC codes
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90672	FluMist Quadrivalent: 66019-0305-01, 66019-0305-10
90685	Fluzone Quadrivalent: 49281-0518-00, 49281-0518-25
90686	Fluarix Quadrivalent: 58160-0898-41, 58160-0898-52 FluLaval Quadrivalent: 19515-0909-41, 19515-0909-52 Fluzone Quadrivalent: 49281-0418-50, 49281-0418-88, 49281-0418-10 49281-0418-58
90687	Fluzone Quadrivalent: 49281-0629-15, 49281-0629-78
90688	Fluzone Quadrivalent: 49281-0629-15, 49281-0629-78
90756	Flucelvax Quadrivalent: 70461-0418-10, 70461-0418-11

Preferred Drug List Review Panel Meeting Sep 13

The NC Medicaid and Health Choice Preferred Drug List (PDL) Review Panel was established by the NC Department of Health and Human Services (DHHS) to conduct open meetings to discuss recommended policies and procedures and updates related to the PDL and to address the public comments that were received during the 45-day public comment period. The administration and review of the North Carolina Medicaid and Health Choice PDL follows the [Preferred Drug List Review Panel Guidelines and Procedures](#). The next PDL Review Panel Meeting is scheduled for **Thursday, Sept. 13, 2018, from 12:30 p.m. – 5:00 p.m.** at The State Library Building located at 109 E. Jones St., Raleigh, N.C. 27601.

To comply with State Auditorium policies, please prepare to show identification prior to entry to the PDL Panel Review Meeting.

72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior approval. **Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval** (Social Security Act, Section 1927, [42 U.S.C. 1396r-8\(d\)\(5\)\(B\)](#)). Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior approval requirement if an emergency supply is indicated. **Use a “3” in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill.**

Note: Copayments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.

Electronic Cutoff Schedule

August 31, 2018
September 7, 2018
September 14, 2018
September 21, 2018

Checkwrite Schedule

September 5, 2018
September 11, 2018
September 18, 2018
September 25, 2018

POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.

The 2018 checkwrite schedules for both NC Medicaid and DMH/DPH/ORH can be found under the Quick Links on the right side of the [NCTracks Provider Portal](#) home page.

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