



# PROVIDER *bulletin*

August 31, 2010

Dear Provider:

The following changes will go into effect September 1, 2010, regarding our Formulary coverage. Please take a moment to familiarize yourself and staff to the amendments.

**Additions:**

Cozaar (losartan): Adding 50 and 100 mg strengths. Will follow same ARB restrictions. Consider ACE first. Half tablet.

**Deletions:**

None

**Modifications:**

Muscle relaxants: In order to help curb fraud and abuse, will allow only the maximum FDA recommended dosing quantities for each formulary medication.

**Reminders:**

TRUE2go & TRUEresult blood glucose test strips: Will be expanding the TRUEtrack product line. The test strips for these meters are True Test. They are preferred as they have no coding and a more robust management software program. See accompanying flyer.

**Nebulizers:** KHS policy allows for our members under the age of 5 years. All other members are asked to use MDIs. Exceptions require prior authorization demonstrating inability to use the MDIs (ie. paralysis, cerebral palsy) or failure of them by worsening lung function. See attached.

**Incontinent products:** KHS policy allows for members over the age of 5 years based on medical necessity. (ie: paralysis, cerebral palsy, bedridden) Conditions such as neurogenic bladder require evaluation and documentation from the specialist. See attached.

Sincerely,

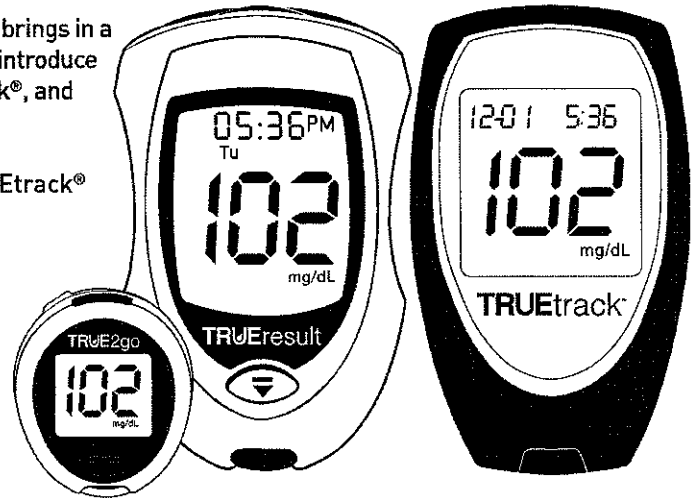
Bruce Wearda, R.Ph.  
Corporate Pharmacist



# IT'S TRUE. THREE FREE.

Provide Your Kern Family Health Care Plan Members With Diabetes  
Their Choice Of A FREE TRUEresult®, TRUE2go™ Or TRUEtrack® Meter.

- 1** When an Kern Family Health Care Plan member brings in a prescription for a blood glucose meter or strips, introduce him/her to TRUEresult®, TRUE2go™ or TRUEtrack®, and review the advantages of the system.
- 2** Dispense the TRUEresult®, TRUE2go™ or TRUEtrack® Meter at no cost or co-pay to the member.
- 3** Transmit the claim to WellPoint nextRx. You can use the same identification number for ALL of your claims (limit 1 per member).



**RXBIN #: 610575**

**PCN #: 00890000**

**IDENTIFICATION #: FMHC5690339**

**PERSON CODE #: 001**

#### FREE METER PROCESSING INFORMATION:

- Please use a prescription on file, or call a member's physician to obtain a new prescription.
- Valid prescriber ID is required on the claim for reimbursement.
- Dispense a FREE TRUEresult®, TRUE2go™ or TRUEtrack® Meter at no cost or co-pay to the member.
- One no-charge meter per member.
- Once FREE meter is processed for reimbursement, you cannot submit claim to any other third-party payor.
- No substitution permitted.
- Program may be cancelled at any time without notice.
- Offer void where prohibited by law. Offer good while supplies last.
- Offer valid through 12/31/10.

For assistance in filing this claim, please call the  
Pharmacy Help Desk at 1-866-291-1621.

TRUEresult® | TRUE2go™ | TRUEtrack®





**Department: Utilization Management**

**Subject: Nebulizer**

Nebulizers are a device that delivers medication to the airway in the form of a continuous fine mist. Medi-cal covers nebulizers and compressors for patients who meet the established criteria.

If a member is over the age of 5, one or more of the following criteria must be met:

- Diagnosis of chronic pulmonary disease and has recurrent episodes of reversible airflow obstructions and has demonstrated ineffective use of or is unable to use, metered dose inhalers with a spacer and/or dry powder inhalers ;or,
- Another medical condition(s) or situations(s) for which a nebulizer is medically necessary.

Authorizations as medically necessary:

- Authorization for purchase of code E0570 may be granted for 1 device every 3 years. Additional devices need to be submitted with a TAR explaining the reason for replacement.

Purchase of A7005 (administration set, with small volume non filtered pneumatic nebulizer, non disposable) may be billed directly to Medi-Cal without a TAR for supplies every 6 months.

If the nebulizer is for a child (20 years of age or younger), and the child has a CCS-eligible condition, a CCS denial must accompany the TAR in addition to the above requirement.



## **Kern Health Systems Criteria**

**Department: Utilization Management**

**Subject: Incontinence Supplies**

Incontinence supplies are covered by Medi-Cal but it must be medically necessary. Examples of medical necessity is a member who is quadriplegic, paraplegic, CVA, severe Mental Retardation, Cerebral Palsy or other conditions where the member is confined to bed and/or wheelchair.

Members with a diagnosis of urinary incontinence, bladder disorder, neurogenic bladder or other bladder disorders should have a referral in their authorization history for completion of a urologic evaluation with detailed documentation of a diagnosis of bladder dysfunction. Initial referrals for incontinence supplies should come from a specialist and the renewal of supplies should be requested by that specialist.

Recommendations for authorization of incontinence supplies:

- Renewal for supplies every 6 months by the same specialist or PCP if no longer seen by that same specialist
- Bed/wheelchair confined members-under pads/diaper/brief
- Ambulatory member with diagnosis of bladder dysfunction-diaper/brief

Authorizing reusable pants, liners and diapers at the same time is a duplication of services and should not be authorized.

Effective 7/1/09, incontinence creams and washes are no longer a Medi-cal covered supplies.

Incontinence supplies are restricted to recipients age 5 or older. A written subscription must be submitted annually.

A limit of \$165 per month, including sales tax and mark-up will be reimbursed per month