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Influenza Vaccine and Reimbursement Guidelines for 2017-2018 for N.C. Medicaid

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

The composition of the trivalent influenza vaccines for the 2017-2018 influenza season is:

- A/Michigan/45/2015 (H1N1) pdm09-like virus,
- A/Hong Kong/4801/2014 (H3N2)-like virus,
- B/Brisbane/60/2008-like (B/Victoria lineage) virus.

The quadrivalent influenza vaccines will contain these vaccine viruses and a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

Details on the 2017-2018 influenza vaccine can be found on the Centers for Disease Control (CDC) Flu Season web page.

FluMist Quadrivalent (LAIV4) should not be used during the 2017-18 season due to concerns about its effectiveness against influenza A(H1N1) pdm09 viruses in the United States during the 2013-14 and 2015-16 influenza seasons.

N.C. Division of Medical Assistance (DMA) does not expect that providers will be vaccinating beneficiaries with the 2017-2018 influenza season's vaccine after date of service June 30, 2018.

Influenza vaccine and administration fee rates for pharmacists are the same as for other providers; refer to the Physician's Drug Program fee schedule on DMA's Fee Schedule web page and Physician Services Fee Schedule web page.

Refer to the tables on the following page for the appropriate CPT billing codes.

Table 1
Influenza Virus Vaccine Billing Codes to be used by Pharmacist for N.C. Medicaid Beneficiaries 19 Years of Age or Older

Vaccine CPT Code to Report	CPT Code Description
90630CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use
90656CG	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90658CG	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
90674CG	Influenza virus vaccine, quadrivalent (IIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
90686CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
90688CG	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 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.

Table 2
Vaccine Administration 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)

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 on the October 2016 Medicaid Bulletin.

NDC's Change Each Year for Influenza Vaccines

Providers are required to use appropriate National Drug Codes (NDCs) that correspond to the vaccine used for administration and corresponding CPT code.

Influenza vaccines are licensed each year with new NDCs, so it is important to report the correct code for the products being used to avoid having claims deny with edit 00996 (Mismatched NDC). This 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 2017-2018 influenza season:

Table 1
CPT and NDC codes for the 2017-2018 Covered Influenza Vaccine Products

CPT Codes	NDC codes
90630	Fluzone Intradermal Quadrivalent: 49281-0712-40, 49281-0712-48
90656	Afluria: 33332-0017-01, 33332-0017-02 Fluvirin: 70461-0120-02, 70461-0120-12
90658	Afluria: 33332-0117-10, 33332-0117-11 Fluvirin: 70461-0120-10, 70461-0120-11
90674	Flucelvax Quadrivalent:70461-0201-01, 70461-0201-11
90686	Afluria Quadrivalent: 33332-0317-01, 33332-0317-02 Fluarix Quadrivalent: 58160-0907-41, 58160-0907-52 FluLaval Quadrivalent: 19515-0912-41, 19515-0912-52 Fluzone Quadrivalent: 49281-0417-10, 49281-0417-50, 49281-0417-58, 49281-0417-88
90688	Afluria Quadrivalent: 33332-0417-10, 33332-0417-11 FluLaval Quadrivalent: 19515-0896-01, 19515-0896-11 Fluzone Quadrivalent: 49281-0627-15, 49281-0627-78

Procedures for Prior Authorization of Synagis for Respiratory Syncytial Virus Season 2017/2018

The clinical criteria used by N.C. Medicaid for the 2017/2018 Respiratory Syncytial Virus (RSV) season are consistent with guidance published by the *American Academy of Pediatrics (AAP): 2015 Report of the Committee on Infectious Diseases, 30th 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, 2017, through March 31, 2018. Providers are encouraged to review the AAP guidance prior to the start of the RSV season. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) criteria are evaluated for Synagis requests.

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

- 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.

Note: Infants with cyanotic heart disease may receive prophylaxis with cardiologist recommendation.

- Infants during first year of life with a diagnosis of:
  - Neuromuscular disease or pulmonary abnormality that impairs the ability to clear secretions from the upper airways.

- 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 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 N.C. 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. 26, 2017, to allow sufficient time for pharmacies to provide Synagis by Nov. 1, 2017. Payment of a Synagis claim with a date of service before Oct. 26, 2017, and after March 31, 2018, 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 N.C. 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 individual claims will be subject to recoupment. Physicians and pharmacy providers are subject to audits of beneficiary records by N.C. Medicaid. Maintain Synagis dose authorizations in accordance with required recordkeeping time frames.

Provider Information

Providers without internet access should contact the N.C. 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

The provider 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. by calling 1-855-272-6576 (local: 919-926-3986). Technical support can assist with provider registration, user name and password issues, beneficiary searches, and other registry functions.

How to Submit a "High Dose" Opioid Pharmacy Prior Approval

Effective Aug. 27, 2017, PA is required for opioid analgesic doses that **exceed 120mg of morphine or equivalent doses per day**.

Remember when entering a PA request for opioids, question No. 3 is referring to all opioid products combined that the beneficiary is receiving. If the total daily dose is equal to or greater than 120mg of morphine equivalents per day, a high dose PA is required.

> ***Question No. 3: Is the requested daily dose in combination with other concurrent opioids less than or equal to 120mg of morphine or an equivalent dose?***

To request a high dose PA, question No. 3 must be marked as "no" (which indicates the beneficiary is exceeding 120mg of morphine equivalents per day) and subsequent drop-down fields populated with beneficiary's diagnosis and estimated length of time the beneficiary will be exceeding dose limits.

The provider can review the beneficiary's opioid medication history in the provider portal, which may provide assistance in determining the beneficiary's total daily opioid dose. See the below link for assistance in using this feature.

Medication History Response Job Aid

North Carolina Medicaid and North Carolina Health Choice Statement Concerning Prior Approval Requirements for Opioid Prescriptions

North Carolina is facing an opioid epidemic. Three North Carolinians die from an opioid-related overdose every day. Modifying clinical coverage policies to promote safe opioid prescribing is an essential and significant step to realize the vision of the North Carolina Opioid Action Plan to reduce opioid deaths by 20 percent by 2021. On Aug. 27, 2017, prior approval became effective for Medicaid and NC Health Choice opioid prescribed analgesic doses that exceed 120mg of morphine equivalents per day; are greater than a 14-day supply of any opioid; or are non-preferred opioid products on the North Carolina Medicaid Preferred Drug List. The Department of Health and Human Services (DHHS) worked closely with prescribing physicians and pharmacists to develop the best approach to reduce the oversupply of prescription opioids available for diversion and misuse, promote safe opioid prescribing for patients, and encourage alternative pain management, while minimizing administrative requirements as much as possible.

Opioid Prescriptions: Emergency Supply and Partial Fill

As a reminder, pharmacy providers may 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 allow access to medically necessary medications until prior approval is obtained or a revised opioid prescription not requiring prior approval is received.

As an additional reminder, the Comprehensive Addiction and Recovery Act of 2016 (CARA), and the rules and regulations of the NC Board of Pharmacy, allow a North Carolina licensed pharmacy to provide a partial fill of a Schedule II controlled substance prescription when the prescription is written and filled in compliance with federal and state law, the partial fill is requested by the patient or the prescriber and the total quantity dispensed in all partial fills does not exceed the total quantity prescribed. The total amount of a Schedule II controlled substance prescription may be filled no later than 30 days from the date of the prescription.

If a pharmacist receives a verbal Schedule II controlled substance prescription pursuant to an emergency, the pharmacist may provide a partial fill, but must provide the remainder of the prescription amount within 72 hours. After 72 hours, no further dispensing on the emergency prescription is allowed. All other requirements regarding the need to receive a hard copy (or valid electronic) prescription within seven days remain. More information is found here: http://www.ncbop.org/faqs/Pharmacist/faq_SchIIControlledSub.htm.

DHHS appreciates the partnership of prescribing physicians and pharmacists to combat the opioid crisis in North Carolina and to keep our fellow North Carolinians safe. Opioid safety and alternative pain management provider resources are available on the Medicaid Outpatient Pharmacy website and the Community Care of North Carolina Medicaid Opioid Safety Resources website.

(Reprinted from the N.C. Board of Pharmacy)

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 PA**. Federal law requires that this emergency supply be available to Medicaid beneficiaries for drugs requiring PA** (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 PA 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	Checkwrite Schedule
Sept. 29, 2017	Oct. 3, 2017
Oct. 6, 2017	Oct. 11, 2017
Oct. 13, 2017	Oct. 17, 2017
Oct. 20, 2017	Oct. 24, 2017
Oct. 27, 2017	Oct. 31, 2017

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 2017 DMA checkwrite schedule is posted under **Quick Links** on the NCTracks Provider Portal home page.

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