



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2004-W-3

TO: Health Care Provider – All Providers

DATE: November 3, 2004

SUBJECT: Coverage of Tobacco Cessation Products through the Arkansas Medicaid Prescription Drug Program

I. Introduction

In recognition of both the need and ability to facilitate tobacco cessation, Arkansas Medicaid will begin covering generic Zyban (bupropion for tobacco cessation), nicotine gum or nicotine patches. Participating providers must have prescriptive authority and the consultation must be in the scope of their practice. Effective for claims with dates of service on or after October 1, 2004, coverage of tobacco cessation products will be available with prior authorization to eligible Medicaid recipients.

Medicaid providers who will be authorized to provide the counseling services defined in this notice are: Physicians, Nurse Practitioners, Certified Nurse-Midwives, Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC), Dentists and Oral Surgeons. These services, when provided by FQHC and RHC providers are included in the encounter fee.

II. Coverage and Limitations

- A. Reimbursement for generic Zyban if appropriate, and nicotine replacement therapy (NRT), either nicotine gum or nicotine patches will be available for up to two ninety-three day courses of treatment within a state fiscal year (SFY) (July 1- June 30) for eligible Medicaid recipients. Pregnant females will be allowed up to four ninety-three day courses of treatment per SFY. One course of treatment will be three consecutive months.
- B. Counseling, which will be required by the prescriber to obtain the initial prior authorization (PA) for the pharmacological agents, will consist of reviewing the Public Health Service (PHS) guideline-based checklist with the patient in the initial PA. The prescriber must retain the counseling checklist in the patient records for audit. A copy of this checklist will be available on the Medicaid website at www.medicaid.state.ar.us.

Subsequent PAs will require prescriber referral to an intensive tobacco cessation program, such as SOS Works. A referral form will also be available on the Medicaid website.

The prescriber may use the following procedure codes for counseling: **99401 and 99402 each with a modifier of SE.** The Arkansas Medicaid maximum allowable fee for procedure code 99401 is \$20.00 for one fifteen minute unit. Two counseling sessions will be allowed per SFY. The Arkansas Medicaid maximum allowable fee for procedure code 99402 is \$25.00 for a thirty-minute unit, with a benefit limit of two counseling sessions per SFY. In order for Medicaid to cover procedure code 99402, the prescriber must refer the patient to an intensive tobacco cessation referral program such as SOS Works, for counseling options. A referral form will be available on the Medicaid website. The participating prescribing physician will be reimbursed for the counseling services in addition to the regular office visit.

Dentists and oral surgeons must use procedure codes **D9920 and D1320** when filing a claim on the American Dental Association (ADA) claim form. The Arkansas Medicaid maximum allowable fee for procedure code D9920 is \$20.00 for one fifteen minute unit and has a benefit limit of two counseling sessions per SFY. The Arkansas Medicaid maximum allowable fee for procedure code D1320 is \$25.00 and it has a benefit limit of two counseling sessions per SFY. In order for Medicaid to cover procedure code D1320, the dentist or oral surgeon must refer the patient to an intensive tobacco cessation referral program such as SOS Works for counseling options. The participating dentist or oral surgeon will be reimbursed for the counseling services in addition to the other dental services provided at the time of the visit.

Beneficiaries may receive two units of either 99401 or D9920 or a combination of both and two units of either 99402 and D1320 or a combination of both for a maximum allowable of four units per SFY.

- C. Additional prescription benefits will be allowed per month for tobacco cessation products during the approved PA period and will not be counted against the monthly prescription benefit limit. One benefit will be allowed for generic Zyban if the physician believes that generic Zyban therapy is appropriate and one benefit for nicotine replacement therapy, either nicotine gum or patches.

- D. To promote discontinuation of tobacco products by eligible Medicaid recipients for each month of the three month course of therapy, Arkansas Medicaid, if appropriate, will reimburse up to a thirty-one (31) day supply of generic Zyban not to exceed 62 tablets, and either nicotine gum up to a 31 day supply not to exceed 504 pieces; or nicotine patches up to a 31-day supply not to exceed 31 patches.

Pharmacy providers may receive one of the following error codes with the message when billing for nicotine replacement products: **S050/S060**-Host error message not available. The rejection reason for S050 is therapeutic duplication between Zyban and Wellbutrin. The rejection reason for S060 is additive quantity over amount allowed per 31 days.

- E. Tobacco Cessation products will require a prescription and a prior authorization (PA). The criteria required for the PA can be found on the attached PA forms and these forms will be available on the Medicaid website. The prescribing physicians will process the PA through the voice response system (VRS). The PA begin date is the date requested on the VRS. The PA is effective for ninety-three days from the date requested. A national drug code (NDC) is necessary to request the prior authorization. The NDCs for the covered products are listed below. The NDCs will also be available on the Medicaid website.*

GUM	00766004320	NICORETTE 2MG CHEWING GUM
GUM	00766004420	NICORETTE 4MG CHEWING GUM
PATCH	00135014702	NICODERM CQ 7MG/24HR PATCH
PATCH	00135014602	NICODERM CQ 14MG/24HR PATCH
PATCH	00135014502	NICOTINE CQ 21MG/24HR PATCH
PATCH	24385044010	NICOTINE 11MG/24HR PATCH
PATCH	24385068410	NICOTINE 22MG/24HR PATCH
PATCH	00009526901	NICOTROL 5MG/16HR PATCH
PATCH	00009527001	NICOTROL 10MG/16HR PATCH
PATCH	00009519702	NICOTROL 15MG/16HR PATCH
PATCH	00067604556	NICOTINE TRANSDERMAL SYSTEM
TABLET	00173055601	ZYBAN 150MG TABLET SA

*** NDCs are for reference only; they are not to be construed as approval for “brand medically necessary” prior authorization.**

- F. Over the counter (OTC) as well as any legend products will be eligible for reimbursement. OTC products are not covered for long term care residents.
- G. Tobacco cessation products are **not** subject to co-pay and do **not** count towards the monthly prescription limit. Counseling procedure codes **(99401, 99402 each with a modifier of SE, D9920 and D1320)** will not count against the twelve visits per SFY, but each procedure code is limited to two counseling sessions per SFY up to a maximum of four counseling sessions per SFY. Tobacco cessation services do **not** require a PCP referral.

Thank you for your participation in the Arkansas Medicaid Program.



Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

**Arkansas Medicaid Prescription Drug Program
Prior Authorization (PA) Request for Zyban (bupropion for tobacco cessation)**

Voice Response System (automated PA processing)
Toll free: 1-800-806-6181

Prescription Drug PA Help Desk
Toll free: 1-800-707-3854

Prescribing physician: After completing the request form please dial the Arkansas Medicaid
Pharmacy PA Voice Response System to process this authorization.

PART 1: TO BE COMPLETED BY PHYSICIAN

PHYSICIAN MEDICAID ID NUMBER:	<u>PATIENT INFORMATION</u>
Physician Name:	RECIPIENT MEDICAID ID NUMBER:
Address:	Patient Name:
City: State: Zip:	Address:
Phone ()	City: State: Zip:
FAX ()	Patient's date of birth: / /

Requested Drug: Zyban (bupropion for tobacco cessation) Strength/Frequency _____
Compliance with all of the specific criteria listed below is a condition for payment for this drug by Arkansas Medicaid.

*Recipient eligible for up to two 3-month bupropion for tobacco cessation PAs per state fiscal year.
 **Recipient eligible for up to four 3-month bupropion for tobacco cessation PAs per state fiscal year.

Initial or check specific criteria boxes below:

- Male*
OR
 Female -- Neither Pregnant nor <=60 days Post-Partum*
OR
 Female -- Currently Pregnant** **OR** <= 60 days Post-Partum** (Due or Delivery Date _____)

Diagnosis:

- Nicotine dependent

AND

Is the patient currently taking WELLBUTRIN (SR)® or any other medicines that contain bupropion;
and/or is the patient taking or has taken an MAOI within the past 14 days?

- YES **OR** NO

AND

Does the patient have a seizure disorder that is contraindicated with bupropion drug therapy?

- YES **OR** NO

AND

Has the physician reviewed the Public Health Service (PHS) guideline-based checklist addressing the 5A's for tobacco cessation with the patient? Refer to: (www.medicaid.state.ar.us, Provider Information, Prescription Drug Information, Tobacco Cessation Program)

- YES **OR** NO

AND

Is this the first time the patient has been prescribed bupropion for smoking cessation?

- YES

OR

NO, this is not the first time -- Has the physician referred the patient to an intensive tobacco cessation referral program (i.e. SOSworks), for counseling options? Refer to: (www.medicaid.state.ar.us, Provider Information, Prescription Drug Information, Tobacco Cessation Program)

- YES **OR** NO

Physician Signature: _____ Date: _____

(By signature, the physician confirms the criteria information above is accurate and verifiable in patient records.)

PART 2: PA INFORMATION FOR YOUR RECORDS - TO BE RETAINED IN PATIENT'S CHART

NDC Number: _____

PA Number: _____

Approved Dates: Start _____ End: _____

DMS 0685-21 (10/04) Medicaid records should be maintained for a minimum of five (5) years.