

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES

April 29, 2011

Sean Parnell, Governor

4501 Business Park Blvd
Suite 24 Bldg L
Anchorage, AK 99503-7167
Telephone: (907) 334-2400
FAX (907) 561-1684

Dear Pharmacist:

To encourage the use of tobacco cessation medications the Department of Health and Social Service is pleased to announce the following change to the coverage of tobacco cessation products:

On April 13, 2011 the pharmacy program transitioned from the prior authorization requirement to a quantity limit for the tobacco cessation medications listed below. The edits are established to facilitate the recipient's abstinence from tobacco products for no more than a six month time period. The maximum quantity limits are set to accommodate the maximum daily utilization of a product for 3 months followed by a tapering period of no more than three months. The maximum 6 months quantity limit for each product is listed below and can also be found on the Department's prior authorization website: <http://www.hss.state.ak.us/dhcs/pharmacy/medpriorauthoriz.htm>

<u>Medication</u>	<u>Max Units (6 months)</u>
Nicotine Gum	2,079 units
Nicotine Lozenges	2,520 units
Nicotine Patches	180 patches
Chantix®	360 tablets

To further improve the tobacco abstinence rates the Department will also begin reimbursing pharmacists to provide tobacco cessation counseling if ordered by a physician, nurse practitioner or physician assistant and provided at the time the tobacco cessation medication is dispensed.

The criteria for Pharmacists to provide and appropriately bill for this service include:

- (1) The pharmacist must receive an order from a prescriber (advanced nurse practitioner, physician, or physician assistant) for a tobacco cessation medication; **AND**
- (2) The pharmacist must receive an order from a prescriber (advanced nurse practitioner, physician, or physician assistant) for tobacco cessation counseling; **AND**
- (3) The pharmacist must have participated in a continuing education presentation on tobacco cessation and keep documentation of participation at the pharmacy; **AND**
- (4) The pharmacist must provide the counseling in person using the information in the attachment on pages 9 to 11 to question, counsel and assist the recipient in quitting; **AND**
- (5) The pharmacist must keep notes in a readily retrievable system on the counseling service. At a minimum the pharmacist must document the recipient's name, date of birth, date of counseling, and details of the counseling in a SOAP note format. (**SOAP = Subjective, Objective, Assessment and Plan)**)

The pharmacist tobacco cessation counseling service is to be billed to Medicaid by point of sale no more than once monthly when billing for any of the tobacco cessation medications above by using the following procedure:

- (1) Submit the diagnosis code of 305.1 (tobacco use disorder) in field **Diagnosis Code (424-DO)** and submit the qualifier **Diagnosis Code Qualifier (492-WE) = 01**;
- (2) Add the service fee of \$ 19.40 in the field **Other Amount Claimed Submitted (480-H9)** and the **Other Amount Claimed Submitted Qualifier = 99**;
- (3) The **Other Amount Claimed Submitted** must be added into the sum of all charges in the **Gross Amount Due (430-DU)** in order to receive payment.

Please call me at (907) 334-2425 or Chad Hope at (907) 334-2654 if you have suggestions or comments.

Sincerely,



Dave Campana, R.Ph.
Medicaid Pharmacy Program Manager

Attachment

cc: William J. Streur, Commissioner
Kimberli Poppe-Smart, Deputy Commissioner
Chad Hope, Pharm.D., Medicaid Pharmacist