

	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>	
	<b>NUMBER:</b> 19-97-02	<b>ISSUE DATE:</b> February 21, 1997
<b>SUBJECT:</b> HealthChoices Protease Inhibitors Special Billing Procedure	<b>BY:</b>    <b>Robert S. Zimmerman, Jr., M.P.H.</b> <b>Deputy Secretary for Medical Assistance Programs</b>	

**PURPOSE:**

The purpose of this bulletin is to notify pharmacies of a temporary special billing procedure for protease inhibitors.

**SCOPE:**

This bulletin is applicable to all pharmacies participating in HealthChoices health maintenance organizations (HMOs).

**BACKGROUND:**

On February 1, 1997, the Department begins its mandatory managed care initiative known as HealthChoices. Although all pharmaceutical services for HealthChoices recipients are being provided by the HealthChoices HMOs, the Department, for the time being, made the decision to cover all protease inhibitors through the Fee-for-Service program.

**DISCUSSION:**

As a result of the decision to cover protease inhibitors for HealthChoices recipients through the Fee-for-Service program, the Department will have to modify its Fee-for-Service claims processing system to enable pharmacies to submit these claims through the on-line claims adjudication system. However, until this is completed, the Department had to devise a **temporary** special billing procedure to process these claims. This bulletin outlines the temporary special billing procedure to be used until the modifications are completed.

**The billing procedure applies only to a MA recipient who is enrolled in a HealthChoices HMO and presents a prescription for any of the protease inhibitors which are currently on the market or any other protease inhibitors that are developed and approved for use in the future.**

**PROCEDURE:**

- **Do not submit these claims to the HealthChoices HMO or through the Department's on-line adjudication system.**
- Complete a Drug Claim Form (MA 302) making certain to include all relevant information. This includes the recipient's ACCESS number, the prescription number, National Drug Code (NDC), quantity dispensed, days supply, prescriber license number, the pharmacy's usual charge.
- Pharmacies may also submit these claims via tape, diskette, or any media other than the on-line system.
- Submit claims to:

P.O. Box 8225  
Harrisburg, Pennsylvania 17105

The protease inhibitors currently on the market are:

CRIXIVAN 200 mg Capsules	00006-0571-42 & 00006-0571-43
CRIXIVAN 400 mg Capsules	00006-0573-62
NORVIR 100 mg Capsules	00074-9492-02 & 00074-9492-54
NORVIR 80 mg/ml Solution	00074-1940-63
INVARASE 200 mg Capsules	00004-0245-15

The payment rate for these claims will be made at the pharmacy's usual and customary charge not to exceed the average wholesale price (AWP) minus 10 percent plus \$4.00.

**REMEMBER: Protease inhibitors will be covered under the Fee-for-Service program for medical assistance recipients enrolled in HealthChoices HMOs\*.**

**\*HealthChoices HMOs**

<b>HMO CODE</b>	<b>NAME</b>
43	Oxford Health Plan
45	Health Partners of Philadelphia
46	Healthcare Management Alternatives, Inc.
48	Keystone Mercy Health Plan

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Pharmacy Services Section                      1-800-932-0938  
P.O. Box 8043  
Harrisburg, Pennsylvania 17105

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).