Information Bulletin for Primary Care Network Providers

July 2005

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PCN BULLETINS BY TYPE OF SERVICE

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Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is available on-line. There is a link to the PCN Manual on the Medicaid Provider's web site: http://health.utah.gov/medicaid/provhtml/provider.html. The link is at the bottom of the Provider's web page. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

This bulletin is available in editions for people with disabilities.
Call Medicaid Information:
538-6155 or toll free 1-800-662-9651

PCN web site: http://health.utah.gov/pcn

PCN Information

- Salt Lake City area, call 538-6155.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.
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- by FAX: 1-801-536-0476
- by mail to: Division Of Health Care Financing Box 143106, Salt Lake City UT 84114-3106

05 - 72 Miscellaneous CPT Code Updates

The code 90474 was removed from the range in the manual because it is not a covered code in any of the Medicaid programs. Currently there is only one intranasal vaccine on the market which is covered by code 90473.

Code 89225 –starch granules and code 89235 –water load test replace the discontinued codes 89355 and 89365.

The covered code 84155 and code 84165 were mistakenly removed from the CPT list and will be restored.

The code 89350 is a discontinued code and is removed from the CPT list.

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05 - 73 Zelnorm Prior Authorization Criteria, Clarified

Zelnorm prior authorization criteria has been clarified. Prior authorization criteria are as follows:

Written Prior for Six Months

1. The treatment of patients < 65 years old with Chronic Constipation.
    A. Recommended dosage: 6mg bid with:
        a. Documented failure within the last 12 months using:
            1. One fiber laxative and two stimulant laxative products.
        b. Rule out drug induced constipation. (i.e. narcotic pain meds)
2. Re-authorization after 6 mo. Patient will need to show trial off Zelnorm using other laxatives for at least 45 days.

The reason for the prior authorization is to rule out opiate induced constipation for which Zelnorm is not indicated and not appropriate. Management of constipation for reasons other than Irritable Bowel Syndrome and Chronic Idiopathic Constipation should not default to the use of Zelnorm but rather other appropriate, less expensive interventions that have historically been used effectively without adverse events. According to FDA and manufacturer indications, Zelnorm has not been approved for use beyond 12 weeks. Nevertheless, prior authorizations will be for 6 months, during which time case management should focus on a transition to more traditional treatments.

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05 - 74 Palladone on Prior Approval; Criteria

Prior approval status for Palladone (Hydromorphone SA) capsules was recommended December 9, 2004 by the Drug Utilization Review (DUR) Board with continuing discussion. Criteria were finalized at the March 2005 DUR Board meeting and are as follows:

1. Palladone is indicated for severe pain in opioid tolerant patients only.
2. The patient must fail on three other long term opioids, including methadone within the last six months. Failure on these three narcotics must be based on allergy such as a rash, vomiting, or other symptoms, not failure of the previous opioid to achieve adequate pain relief.
3. Palladone, when used for chronic non-malignant pain, is limited to 30 capsules per 30 days in any combination or strength.
4. The diagnosis must be included in the prior approval request by ICD.9 numeric description. Higher doses are available with a cancer diagnosis. ■

05 - 75 Restasis on Prior Approval; Criteria

Prior approval staus for Restasis (Cyclosporine 0.05%) ophthalmic drops was recommended January 13, 2005 by the DUR Board. The recommended criteria are as follows:

A. Approved for the following diagnoses (ICD.9) from an ophthalmologist or with documented ophthalmologist consult:

370.20 superficial keratitis, unspecified
370.21 punctate keratitis
370.33 keratoconjunctivitis sicca, not specified as Sjogren=s
710.2 sicca syndrome - Sjogren=s disease

The diagnosis is determined by the use of a fluorescein dye placed on the cornea. The evaluation is made for the preceding diagnosis by staining the cornea and then observing the result through a slit lamp and cobalt blue light.

B. Approved for use following corneal transplant with CPT code V42.5 (post corneal transplant). The correct ICD.9 diagnosis must also be identified on the prior approval request. The approvals, if granted, are for one year.

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05 - 76 Macugen; MD Office Only - Billed Via J-Code; Criteria

The DUR Board voted to support the use of Macugen for the treatment of the wet form of Age-related Macular Degeneration through the physicians office billed with a J-code. This product is administered intravitreously which means that it will not be available through pharmacies but exclusively through the doctors office.

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