

Pharmacy Update

August 8, 2022

Pharmacist Prescriptive Authority and Reimbursement for Extended Counseling Sessions

Western Sky Community Care

RXBIN: 004336

RXPCN: MCAIDADV

RXGRP: RX5469

Beginning June 1, 2022, Pharmacists with prescriptive authority, who provide extended counseling to patients, will be able to submit for reimbursement in 15-minute intervals. Reimbursement will also include the cost of the drug, the dispensing fee, and a clinical service payment for prescribing the drug. Documentation of clinical encounters will be required.

This will apply to the following drug classes:

- Hormonal contraception
- Tobacco Cessation
- Naloxone
- HIV PEP Therapy
- TB testing

Billing will be submitted with DUR codes outlined in the table below:

Time (minutes)	Reason	Professional	Result
15	PP	PE	ØØ
30	PP	PE	1A
45	PP	PE	1B
60	PP	PE	1C

This update applies to:

Network pharmacies excluding: all IHS, 638 facility or Urban Indian Facility

State(s):

New Mexico

Line of Business:

Medicaid

Pharmacy Inquiries:

If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-311-0552** if one is not provided.

Payer Sheets:

For additional claim processing information, refer to the CVS Caremark Payer Sheets at www.caremark.com/p/harminfo

Pharmacy network participation varies by plan.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvshealth.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual, and as such is Caremark Confidential Information that must be protected by the Provider and used only as described in the Provider Manual.

SHP_20228828