
Drugs: Onsite Dispensing Billing Instructions

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This section includes Family Planning, Access, Care and Treatment (Family PACT) Program billing instructions for drugs (both injectable and non-injectable) and contraceptive supplies dispensed onsite, also known as physician-administered drugs. For a complete list of reimbursable drugs and contraceptive supplies dispensed onsite, refer to the *Clinic Formulary* section and the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefit Grid* section in this manual.

Reimbursement Rates for Onsite Dispensing

The maximum reimbursement rates for many of the items dispensed onsite are set by the Medi-Cal program and are contained in the Medi-Cal rate table, which may be accessed from the Medi-Cal website (www.medi-cal.ca.gov) by clicking the “Medi-Cal Rates” link.

When a Medi-Cal maximum reimbursement rate is not specified, Family PACT sets the reimbursement rates for the drugs in the *Drugs: Onsite Dispensing Price Guide* section in this manual.

For injections, the price listed on the “Medi-Cal Rates” includes the one-time administration fee of \$4.46 for the first billed unit. Since the administration fee is paid only once for each drug administered, subsequent units claimed must have the administration fee subtracted from the published rate.

Providers participating as Public Health Service (PHS) entities, and purchasing drugs through the PHS 340B program, must not bill more than the actual acquisition cost of the drug, as charged by the manufacturer at a price consistent with the PHS program for covered outpatient drugs. Drugs subject to the PHS program must be billed with modifier UD in accordance with Medi-Cal policy.

Eligible entities, pursuant to Section 14132.01 of California *Welfare and Institutions Code*, may also bill a clinic dispensing fee and an administration fee, if applicable, as defined below.

Eligible entities will be reimbursed the lesser of the acquisition cost of the drug plus the maximum dispensing fee or the Medi-Cal maximum rate on file.

Pursuant to Section 14132.01 of California *Welfare and Institutions Code*, eligible entities may bill for a dispensing fee of \$12 per unit for:

Intrauterine Contraception/Intrauterine Devices

«Table of Intrauterine Contraception/Intrauterine Devices»

HCPCS Code	Description
J7296	Levonorgestrel-releasing intrauterine contraceptive system (kyleena), 19.5 mg
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg
J7300	Intrauterine copper contraceptive
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skylar), 13.5 mg

«The clinic dispensing fee unit for J7296, J7297, J7298, J7300, and J7301 is a calendar month, with a maximum allowable of 36 units per device.»

Subdermal Contraceptive Implant

«Table of Subdermal Contraceptive Implants»

HCPCS Code	Description
J7307	Etonogestrel (contraceptive) implant system, including implant supplies

«The clinic dispensing fee unit for J7307 is a calendar month, with a maximum allowable of 36 units per device.»

Medroxyprogesterone Acetate

«Table of Medroxyprogesterone Acetate»

HCPCS Code	Description
J3490 U8	Medroxyprogesterone acetate, 150 mg/ml

The clinic dispensing fee unit for J3490 U8 is a calendar month, with a maximum allowable of 3 units per injection.

Oral Contraceptives, Vaginal Ring and Transdermal Patch

Table of Oral Contraceptives, Vaginal Rings and Transdermal Patches

HCPCS Code	Description
S4993	Contraceptive pills for birth control
J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each
J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.13 mg per 24 hours; monthly vaginal ring, each
«J7304U1	Contraceptive supply, hormone containing patch, each (norelgestromin and ethinyl estradiol transdermal system)»
«J7304U2	Contraceptive supply, hormone containing patch, each (levonorgestrel and ethinyl estradiol transdermal system)»

The clinic dispensing fee unit for S4993 is a calendar month, with a maximum allowable of 13 units. «The clinic dispensing fee unit for J7294 and J7295 is a calendar month with a maximum allowable of 12 units. The clinic dispensing fee unit for J7304U1 and J7304U2 is a calendar month, for three patches dispensed with a maximum allowable of 12 units.»

Emergency Contraception

Pursuant to Section 14132.01 of California *Welfare and Institutions Code*, eligible entities may bill for a dispensing fee of \$17 per unit for emergency contraception:

Table of Emergency Contraception

HCPCS Code	Description
J3490 U5	Ulipristal acetate, 30 mg
J3490 U6	Levonorgestrel, two tablets of .75mg or one tablet of 1.5 mg

The clinic dispensing fee unit for J3490 U5 and J3490 U6 is one pack per recipient per month with a maximum allowable of 1 unit.

Other Contraceptive Supplies

For other contraceptive supplies or medications, billed with HCPCS codes (A4261, A4266, A4267, A4268, A4269U1, A4269U2, A4269U3, A4269U4, «A4269U5» and S5199), the clinic dispensing fee is 10 percent of the subtotal.

Miscellaneous Drugs

For drugs billed with HCPCS codes S5000 and S5001, the Family PACT Program designates clinic dispensing fees by two levels:

- Level A: Pharmacist pre-packaged containers of tablets or capsules (flat rate = \$3.00)
- Level B: Manufacturer pre-packaged tubes or other containers (flat rate = \$2.00)

HCPCS Codes for Drugs and Supplies Dispensed Onsite

The HCPCS codes for drugs and supplies dispensed in clinics are as follows.

«Table of Drugs and Supplies Dispensed Onsite»

HCPCS Code	Description
A4261	Cervical cap for contraceptive use
A4266	Diaphragm for contraceptive use
A4267	Condom, male
A4268	Condom, internal
A4269	Contraceptive supply, spermicide
A4269U1	Gel/jelly/foam/cream
A4269U2	Spermicidal suppositories
A4269U3	Spermicidal vaginal film
A4269U4	Contraceptive sponge
«A4269U5	Vaginal gel»
S5000	Prescription, generic
S5001	Prescription, brand name
S5199	Lubricant

Basal temperature thermometers are dispensed at Medi-Cal participating pharmacies with a prescription.

Note: «A4269 is billed with modifiers U1, U2, U3, U4 or U5 to indicate the type of contraceptive spermicide or non-spermicidal vaginal gel.»

Claims for HCPCS codes A4267, A4269U1, A4269U2, A4269U3, A4269U4, «A4269U5» and S5199 must document the following in the *Remarks* field (Box 80) or *Additional Claim Information* field (Box 19):

- Description of items
- Actual quantity
- “At cost” expense
- Clinic dispensing fee, if applicable

HCPCS codes A4267, A4268, A4269U1, A4269U2, A4269U3, A4269U4, «A4269U5» and S5199 must be listed on separate claim lines.

«If any of the following codes: A4267, A4269U1, A4269U2, A4269U3, A4269U4 or S5199, or any combination of the codes is present on a claim, the total maximum allowable amount for any or all is \$14.99. When billing for contraceptive supplies (A4267, A4269U1, A4269U2, A4269U3, A4269U4 or S5199) dispensed for the same patient by the same provider, the minimum interval between dispensing events is 15 days.»

HCPCS code A4268 may be dispensed up to 12 units per claim and up to 24 units in a 90-day period.

«HCPCS code A4269U5 is restricted to one box (12 single-use applicators) per dispensing and limited to three dispensings per any 75-day period.»

For HCPCS codes A4261 and A4266, on the claim's *Remarks* field (Box 80) or *Additional Claim Information* field (Box 19), document the following:

- Description of items and type of diaphragm
- "At cost" expense
- Clinic dispensing fee, if applicable

For claim form examples, refer to the *Claim Completion: CMS-1500* and *Claim Completion: UB-04* sections in this manual.

Contraceptive Supplies

Contraceptive supplies may be billed by all Family PACT providers. Covered supplies include cervical cap (A4261), diaphragm (A4266), FDA-approved male condoms (A4267), internal condoms (A4268), spermicides (A4269U1, A4269U2, A4269U3 or A4269U4), «vaginal gel (A4269U5)» and lubricants (S5199).

Physician-Administered Drugs: Inclusion of NDC on Claim

For physician-administered drugs, providers must include the National Drug Codes (NDCs) on the claim, according to the policy in the *Physician-Administered Drugs – NDC* section in this manual. This is in addition to the HCPCS code, which remains the basis of pricing. For claim form completion instructions, refer to the *Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions*, or *Physician-Administered Drugs – NDC: UB-04 Billing Instructions* sections in the appropriate Part 2 manual.

The following items identify whether or not a product is a drug:

- **NDC**: The vial or box that held the drug has a NDC printed on it.
- **Lot and Expiration Date**: All drugs have both a lot number and an expiration date on the vial or box.
- **Legend**: This refers to statements such as, "Caution: Federal law prohibits dispensing without prescription," "Rx only" or similar wording. All prescription drugs have these types of statements.

For information on the billing policy and claim completion instructions, refer to the following Part 2 Medi-Cal manual sections:

- *Physician-Administered Drugs – NDC*
- *Physician-Administered Drugs – NDC: CMS-1500 Billing Instructions*
- *Physician-Administered Drugs – NDC: UB-04 Billing Instructions*
- *CMS-1500 Claim Completion*
- *UB-04 Claim Completion*

Onsite Dispensed Drugs Billed with NDC

Table of Onsite Dispensed Drugs Billed with NDC

HCPCS Code	Medication	Dosage Size
J0561	Penicillin G benzathine	100,000 units
J0694	Cefoxitin	1 gm injection
J0696	Ceftriaxone	250 mg injection
Q0144	Azithromycin dihydrate	1 gm oral
S5000	Miscellaneous drugs, prescription, generic	NA
S5001	Miscellaneous drugs, prescription, brand name	NA

Onsite Dispensed Contraceptives Billed with NDC

Table of Onsite Dispensed Contraceptives Billed with NDC

HCPCS Code	Contraceptives	Dosage Size
J3490U5	Emergency contraception: Ulipristal acetate 30 mg	1 pack
J3490U6	Emergency contraception: Levonorgestrel 0.75 mg (2 tablet pack) and 1.5 mg (1 tablet pack)	1 pack
J3490U8	Medroxyprogesterone acetate	150 mg
«J7294	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, each	1 ring»
«J7295	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, each	1 ring»
J7296	Levonorgestrel IU (kyleena) 19.5 mg	1 IUC
J7297	Levonorgestrel IU (liletta), 52 mg	1 IUC
J7298	Levonorgestrel IU (mirena), 52 mg	1 IUC

Table of Onsite Dispensed Contraceptives Billed with NDC (continued)

HCPCS Code	Contraceptives	Dosage Size
J7300	Intrauterine copper contraceptive	1 IUC
J7301	Levonorgestrel IU (skyla), 13.5 mg	1 IUC
«J7304U1	Contraceptive patch (norelgestromin and ethinyl estradiol transdermal system)	1 patch»
«J7304U2	Contraceptive patch (levonorgestrel and ethinyl estradiol transdermal system)	1 patch»
J7307	Etonogestrel contraceptive implant (Implanon)	1 implant
S4993	Oral contraceptives	1 cycle

Onsite Dispensing Price Guide

The *Drugs: Onsite Dispensing Price Guide* section contains the following information for calculating the reimbursement rates for drugs (S5000 and S5001) dispensed onsite.

- Billing unit definitions
- Family PACT rate per unit
- Maximum units per claim
- Clinic dispensing fees
- Upper payment limit (drug cost + clinic dispensing fee)
- Fill frequency limit (minimum interval between refills)

Note: A clinic dispensing fee is not reimbursable for antibiotic injections.

Drug and Supplies List Restrictions

Refer to the *Clinic Formulary* section in this manual for clinical restrictions for the use of certain drugs and supplies.

The dosage regimens included as Family PACT benefits are based on the current Centers for Disease Control and Prevention (CDC) *Sexually Transmitted Diseases Treatment Guidelines* or the treatment recommendations of the California Department of Public Health (CDPH) Sexually Transmitted Disease Control (STDC) Branch. Covered regimens are listed in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section of this manual.

Treatment Authorization Request

Clinic dispensed drugs needed to treat complications are limited to drugs and supplies identified in the Family PACT *Pharmacy Formulary* and *Clinic Formulary* sections in this manual, and require authorization using a *Treatment Authorization Request (TAR)*.

For more TAR information, refer to the *Treatment Authorization Request (TAR)* section in this manual.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.