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Office of AIDS (OA)
Provider Network Policy Document

Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)
Policy Document Number: **2018-01**

Provider Network Policy Document: Physician-Administered Medication

Updated: March 6, 2019

Overview

This document is meant to provide guidance to contracted clinical providers in the PrEP-AP Provider Network to properly submit medical claims for approved medications administered to PrEP-AP clients during a provider visit within a clinical setting.

Policy

Approved medications that are administered in a clinical setting must be billed through the PrEP-AP's Medical Benefits Manager, Pool Administrators Inc. (PAI) either electronically through the established medical claims clearinghouse or directly to PAI via a Centers for Medicare & Medicaid Services (CMS) Form 1500. The PrEP-AP requires National Drug Codes (NDC) on claims for medication in addition to the corresponding Healthcare Common Procedure Coding System (HCPCS) codes or Current Procedural Terminology (CPT) code, and the units administered for each code. Contracted providers are required to be participants in the 340B Drug Pricing Program and are required to bill PAI at the discounted 340B rate; claims submitted in excess of this amount will only be paid up to the 340B amount. Additionally, contracted providers who fail to maintain their 340B status will be removed as a provider in the PrEP-AP Provider Network. As with all medical claims, the PrEP-AP requires that claims be submitted within 180 days of the provider visit.

Reporting NDCs

NDCs are a universal product identifier for drugs by which drug products are identified and reported. NDCs consist of a unique, three-segment number with 11 digits in a 5-4-2 format. The first 5 digits identify the manufacturer of the drug and are assigned by the Food and Drug Administration. The remaining digits are assigned by the manufacturer and identify the specific product and package size.

Some packages may display less than 11 digits, but leading zeroes can be assumed and must be used. Additionally, NDCs must be reported with hyphens displayed.



For example:

NCD Package Display	11-Digit NDC Format
XXXX-XXXX-XX	<u>0</u> XXXX-XXXX-XX
XXXXX-XXX-XX	XXXXX- <u>0</u> XXX-XX
XXXXX-XXXX-X	XXXXX-XXXX- <u>0</u> X

Approved Physician Administered Medications

Medications approved by the PrEP-AP for direct dispense by a physician are limited to single dose medications on the PrEP-AP formulary. A prescription must be provided for all other medications on the PrEP-AP formulary that require multiple doses or ongoing treatment.

The following are the only medications currently approved by the PrEP-AP for administration in a clinical setting:

HPCS/CPT Code	Medication	Strength	Dosage Form	Date Added
90651	Human Papillomavirus (HPV) 9-valent recombinant vaccine (Gardasil 9™)	0.5 mL	Syringe, Vial	03/06/2019
G0010	Hepatitis B vaccine (Heplisav-B™)	20 mcg / 0.5 mL	Syringe, Vial	01/30/2019
Q0144	Azithromycin	250-500 mg	Tablet	04/09/2018
J3490	Cefixime	400 mg	Capsule	04/09/2018
J0715 / 500mg J0696 / 250mg	Ceftriaxone Sodium	250 mg-10 g	Vial	04/09/2018
G8711	Gemifloxacin	320 mg	Tablet	04/09/2018
J1580	Gentamicin Sulfate	40 mg / mL 20mg / 2mL	Vial	04/09/2018
J3490	Metronidazole	250-500mg	Tablet	04/09/2018
J0561	Penicillin G Benzathine	1.2 million unit / 2 mL, 2.4 million unit / 4 mL, 600,000 unit / mL	Syringe	04/09/2018
90636	Hepatitis A/Hepatitis B combined vaccine (Twinrix™)	1 mL	Syringe, Vial	04/09/2018
G0010	Hepatitis B vaccine (Engerix-B™ or Recombivax HB™)	Engerix-B: 0.5 mL (10 mcg), 1.0 mL (20 mcg) Recombivax HB: 0.5 mL (5 mcg), 1.0 mL (10 mcg)	Syringe, Vial	04/09/2018

Billing for Administration

Billing for vaccine administration must be supported by corresponding CPT and/or HCPC codes for the vaccines listed on the chart above. If more than one vaccine is administered, billing for administration must be displayed as separate line items.

The CPT codes below may be used when billing for vaccine administration:

CPT Code	Description	Reimbursement Rate
90471	Immunization Administration	\$16.94
96372, 96373	Therapeutic, Prophylactic, & Diagnostic Injections And Infusions	\$16.94

Claim Submission Checklist

-  File the claim within 180 days
-  Ensure an approved International Classification of Diseases (ICD-10) code(s) is provided to substantiate the provider visit as being PrEP-related
-  Bill only for medications approved by the PrEP-AP for direct dispense by a physician.
-  Ensure the correct 11-digit NDC with hyphens and corresponding HCPC is provided
-  Ensure claims billed for medication do not exceed the 340B drug price

For questions or comments, please contact:

The PrEP Assistance Program via e-mail at:

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