

**\*\*Pharmacy Provider Notice #282 – Fee-for-Service Suboxone Incentive Fee\*\***

**October 5<sup>th</sup>, 2022**

This notice of implementation is specific to Fee-for-Service members and this policy will take effect 11/1/22. Pursuant to 907 KAR 23:020E, DMS will allow additional dispensing fees for certain (SUD) drugs, which aligns with the applicable standard of care. The additional dispensing fees known as “incentive” fees, will be limited to 1 every 7 days per member per qualifying drug. These incentive fees will be limited to transmucosal buprenorphine or buprenorphine-naloxone SUD medications. These incentive fees will have specific professional requirements outlined below.

- The pharmacy must submit incentive fee of \$10.64 or lower (amount must be above \$0.01) with each dispense.
- A Submission Clarification Code “10” must be submitted to certify compliance with DMS requirements.
- A Professional Service Code “PE” must be submitted to indicate that patient counseling/education/instruction was provided/offered. The outcome should be documented in the patient prescription record.
- A KASPER query must be completed prior to the dispensing of each qualifying SUD therapy and the result documented in the patient prescription record.
- Documentation of patient counseling/offer to counsel, and the review of KASPER are subject to audits.
- If the submission clarification code and professional service code are not submitted on the claim, then a dispense fee of \$10.64 will be paid, limited to 1 every 26 days.
- Current dispensing fee limits will continue to apply to non-SUD drugs, injectable buprenorphine, and XR-naltrexone.

For additional information on MCO implementation, please reference the provider notice:

[https://kyportal.medimpact.com/sites/default/files/2022-09/ky-09-15-2022-suboxone\\_df.pdf](https://kyportal.medimpact.com/sites/default/files/2022-09/ky-09-15-2022-suboxone_df.pdf)

Thank you for helping Kentucky Medicaid members maintain access to cost effective medications by selecting drugs on the preferred drug list whenever possible. For any additional information or questions that you may have, please contact Magellan Medicaid Administration at [kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com) for Fee-for-Service members or the Kentucky MedImpact team at [KYMCOPBM@medimpact.com](mailto:KYMCOPBM@medimpact.com) for Managed Care Organization (MCO) members.

Sincerely,

*ShaLeigh Hammons, CPhT*

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Account Manager I

[kyproviders@magellanhealth.com](mailto:kyproviders@magellanhealth.com)

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
<b>Clinical Support Center</b>	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. <b>NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary.</b>
<b>Pharmacy Support Center</b>	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
<b>Provider Services</b>	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
<b>Member Services</b>	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.