

Provider Memorandum

Pharmacy and Infusion Services Billing Guidelines

Molina Healthcare of Illinois (Molina) requires all providers registered with the Illinois Medicaid Medical Assistance Program to follow the billing requirements provided by the Illinois Department of Health and Family Services (HFS) when billing Molina.

Pharmacy Services

Pharmacy provider type of 060 may bill services that fall under the following Category of service code types:

- 040 Pharmacy Services (Drug and Over the Counter OTC)
- 041 Medical Equipment/Prosthetic devices
- 048 Medical Supplies

The Illinois Medicaid program covers prescription drugs, as well as some over-the-counter (OTC) products, infusion drugs, insulin, TPN (total parenteral nutrition) solutions, made by manufacturers that have a signed rebate agreement with the federal Centers for Medicare and Medicaid Services (CMS). Some prescription drugs and OTC products require prior approval before reimbursement.

The Pharmacy program covers the actual drugs being infused and falls under the category of service, **040 Pharmacy Services** (Drug and Over the Counter OTC).

Infusion Services

Molina and HFS cover ambulatory infusion, stationary infusion, and enteral nutrition infusion pumps.

The Illinois Medicaid Durable Medical Equipment (DME) program covers the infusion supplies and falls under the category of service, **041 Medical Equipment/Prosthetic devices, and 048 Medical Supplies**.

Practitioners rendering **Home Infusion services** should bill Molina directly for the covered infusion supplies and will be paid according to the Practitioner Fee Schedule.

All supplies needed to maintain IV access are included in these codes such as:

Alcohol pads, betadine swabs, sharp containers, sterile gloves, dressing change kits, flushing syringes, vial adapters, extension sets, IV start kit, tape, IV cannulas (peripheral line), needleless system supplies, needles, cassette with tubing, TPN bag, administration set with filter, metered delivery tubing, etc. and cannot be billed separately. The maximum allowable rate for each code is a flat rate regardless of number of medications or amount of supplies needed. HFS allows the following supplies to be billed separately:

- a thermometer
- one box of 100 non-sterile gloves per month
- non-coring Huber-like needles

Registered pharmacy providers (Provider Type 060) **MUST** bill Molina's pharmacy vendor, CVS Caremark, for the infusion drugs and any of the respective HCPCS Codes included in the chart below. For more information or to register with CVS Caremark please visit: [https://www.caremark.com/wps/portal!/ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP0os3qnC3NzC8gw1CXAB8DA08zY1cfD0MXYwM_c_2CbEdFAL0WGXE!/.](https://www.caremark.com/wps/portal!/ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP0os3qnC3NzC8gw1CXAB8DA08zY1cfD0MXYwM_c_2CbEdFAL0WGXE!/)



As a reminder, providers must be contracted with both Molina Healthcare and CVS Caremark in order to bill pharmacy services. Contracted providers are listed in the Molina provider directory. Some additional prior authorizations may be required for services from out-of-network providers. Please contact your Provider Services Representative for questions related to contracting or prior authorization.

Infusion drugs that are required to be billed through the pharmacy	
HCPCS	Description
A4206	Syringe with needle, sterile 1cc or less, each
A4207	Syringe with needle, sterile 2cc, each
A4208	Syringe with needle, sterile, 3cc, each
A4209	Syringe with needle, sterile 5cc or greater, each
A4211	Supplies for self-administered injections
A4215	Needle, sterile, any size, each
A4245	Alcohol wipes, per box
A4247	Betadine or iodine swabs/wipes, per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
A4255	Platforms for home blood glucose monitor; 50 per box
A4256	Normal, low and high calibrator solution/chips
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
A4614	Peak expiratory flow rate meter, hand held
A4627	Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml =1 unit
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes, (e.g., clear liquids), 500 ml =1 unit
E0607	Home blood glucose monitor
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample

For a complete listing of covered drugs, please review the Molina Preferred Drug List at <http://www.MolinaHealthcare.com/members/il/en-US/PDF/Medicaid/formulary.pdf>

Please contact your Provider Services Representative if you have questions or need additional billing guidance. You may also contact the Provider Service Department at (630) 203-3965 or via email at IllinoisProviders@MolinaHealthcare.com.