

Personal Needs Allowance (Resident Fund Account)
TABLE OF CONTENTS

FDA Approved Long-Acting Injectables (LAI) or Extended Release medications: 3

Billing Process for Medicaid, FAMIS and Temporary Detention Orders Fee For Service: 3

For Medicare Crossover Claims Part A or B: 4

FDA APPROVED LONG-ACTING INJECTABLES (LAI) OR EXTENDED RELEASE MEDICATIONS:

DMAS covers LAI's provided during inpatient or outpatient hospital services. The reimbursement for the LAI will be a separate payment and will not be included in the All Patient Refined Diagnosis Related Grouper (APR-DRG) or Enhanced All Patient Group (EAPG) reimbursed to the Facility.

Specific LAI Procedure Codes to be covered for separate facility reimbursement are:

- J2426 Injection, paliperidone palmitate extended release 1mg (Invega Sustenna)
- J0401 Injection, aripiprazole, extended release, 1 mg (Abilify Maintena)
- J0578 Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy
- Q9991 Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
- Q9992 Injection, buprenorphine extended-release (sublocade), greater than 100 mg
- J2315 Injection, naltrexone, depot form, 1 mg (Vivitrol)
- J2794 Injection, Risperidone (Risperdal Consta), 0.5 mg
- J2798 Injection, risperidone (Perseris), 0.5 mg

Prior authorization is not required on any of the above codes.

Hospitals participating in the 340B drug pricing program must conform to the program's billing requirements.

BILLING PROCESS FOR MEDICAID, FAMIS AND TEMPORARY DETENTION ORDERS FEE FOR SERVICE:

In order to receive a LAI payment that is separate from the APR-DRG or EAPG payment, hospitals must submit the appropriate claims.

For Inpatient hospital Claims:

Hospitals will need to submit **two** UB-04 claims. The facility will receive two separate payments.

The **first** inpatient claim (bill type 011x) will be for the inpatient hospitalization and all ancillary charges EXCEPT for one of the above listed HCPCS codes. This claim will be reimbursed via APR-DRG methodology.

The **second** inpatient claim will be an **outpatient claim (bill type 013x)** for the LAI procedure code only and contain this information:

- the applicable pharmaceutical revenue code (025x and/or 063x),
- Number of units
- LAI HCPCS code (listed above) and
- National Drug Code (NDC) for the LAI.
- Charge amount

The second inpatient claim will be reimbursed via the reference file fee.

For Outpatient Hospital Claim:

Hospitals will need to submit **two** UB-04 claims. The facility will receive two separate payments.

The **first** outpatient claim (bill type 031x) will be for the outpatient hospitalization and all ancillary charges EXCEPT for one of the above listed HCPCS codes and will be reimbursed via EAPG methodology.

The **second** inpatient claim will be an outpatient claim (bill type 013x) for the LAI only and contain only this information:

- the applicable pharmaceutical revenue code (025x and/or 063x),
- Number of units
- LAI HCPCS code (listed above) and
- National Drug Code (NDC) for the LAI.
- Charge amount

The second outpatient claim will be reimbursed via the reference file fee.

There is a potential for the provider to submit an additional outpatient claims (bill type 013x) should the member receive a LAI that is for Mental Health diagnosis and one for substance abuse diagnosis. Each will be reimbursed separately and not deny for duplicate claim if 2 different procedure are billed.

FOR MEDICARE CROSSOVER CLAIMS PART A OR B:

Provider's will need to determine if Medicare paid any dollars on the LAI procedure codes. If Medicare did not, then the provider can bill DMAS for the LAI.

Hospitals will need to submit **two** UB-04 claims. The facility will receive two separate payments.

The **first** Crossover claim from Medicare (bill type 011X or 031x) will be for the hospitalization services and all ancillary charges will be reimbursed via EAPG methodology or the actual coinsurance and or deductible billed. The billing instructions for Medicare Crossover claims has not changed nor the reimbursement methodology.

The **second** claim if appropriate would be billed as Fee for service (bill type 013X) claim for only the LAI that was not covered by Medicare (not a covered drug or bundled into their payment methodology with no payment for actual drug).

The LAI line should include ONLY:

- the applicable pharmaceutical revenue code (025x and/or 063x),

- Number of units
- LAI HCPCS code (listed above) and
- National Drug Code (NDC) for the LAI.
- Charge amount

The second outpatient claim will be reimbursed via the reference file fee.