Drugs: Onsite Dispensing Price Guide

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This section includes billing instructions and reimbursement rates for drugs covered by the Family Planning, Access, Care and Treatment (Family PACT) Program when dispensed onsite. For drug regimens reimbursable by the program, refer to the "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section in this manual. Additional billing instructions for dispensing drugs and supplies onsite are contained in the *Drugs: Onsite Dispensing Billing Instructions* section in this manual.

Table of Reimbursement Rates for Contraceptive Supplies Dispensed Onsite

HCPCS Code	Contraceptive Supplies	Unit	Family PACT
A4261	Cervical cap	Each	$ 71.34
A4266	Diaphragm, contoured	Each	$ 87.15
A4266	Diaphragm, wide seal	Each	$ 43.05
A4267	Male condoms	Each	$ 0.28
A4268	Internal condoms	Each	$ 10.83
A4269U1	Spermicidal gel/jelly/cream/foam	Gram	$ 0.21
A4269U2	Spermicidal suppositories	Each	$ 0.53
A4269U3	Spermicidal vaginal film	Each	$ 0.69
A4269U4	Contraceptive sponge	Each	$ 2.35
A4269U5	Vaginal gel	Box	$ 333.89
J3490-U5	Oral, Ulipristal acetate	30 mg	$ 37.15
J3490-U6	Oral, levonorgestrel	1.5 mg	‹‹$ 7.00››
J3490-U8	Injection, medroxyprogesterone acetate	150 mg/ml	‹‹$ 39.11››
J7304-U1	Patch, contraceptive, hormone-containing	Each	‹‹$ 39.41››
J7304-U2	Patch, contraceptive, hormone-containing	Each	$ 65.19
S5199	Lubricant (non-spermicidal)	Gram	$ 0.03

Miscellaneous Drugs

Miscellaneous drugs for non-surgical procedures are billed with HCPCS code S5000 (prescription drug, generic) or S5001 (prescription drug, brand name). These codes may be used only by hospital outpatient departments, emergency rooms, surgical clinics and community clinics, in accordance with Medi-Cal guidelines. The tables in this section include the reimbursable drugs, size and/or strength, maximum billing units per claim, Family PACT rate per unit, maximum drug cost, clinic dispensing fee, upper payment limit and fill frequency (days). The table entries are based on the drug regimens listed in the "Treatment and Dispensing Guidelines for Clinicians" in the *Benefits Grid* section in this manual. For additional information regarding covered Family PACT formulary drugs dispensed onsite, refer to the *Clinic Formulary* section in this manual.

Calculating Total Charges

For drugs billed with code S5000 or S5001, the Family PACT rate per unit of medication is listed in this section of the manual. The following information must be entered in the *Remarks* field (Box 80) of the *UB-04* or an attachment: Enter the name of the drug or supply (from the *Drugs: Onsite Dispensing Price Guide*) and the size and/or strength, if applicable (for example, 300 mg tablets). Multiply the number of units dispensed by the Family PACT rate per unit to obtain the drug cost, add the clinic dispensing fee (if applicable), then enter the total for the claim line. Each listed regimen is considered to be one (service) unit, regardless of the number of tablets contained in the regimen. For claim form examples, refer to the *Claim Completion: UB-04* section in this manual.

If multiple drugs are billed using code S5000 or S5001, the billing code can be repeated on additional claim lines with the appropriate National Drug Code (NDC).

For the drugs billed with code S5000 or S5001 for the treatment of gonorrhea, chlamydia and/or trichomoniasis, the maximum billing units per claim, maximum drug cost and upper payment limits reflect services for up to six units for drug regimens for Expedited Partner Therapy (EPT). For additional information about EPT, providers may refer to the *Benefits: Family Planning-Related Services* section in this manual.

ICD-10-CM Code

Claims billed with HCPCS code S5000 or S5001 must include two ICD-10-CM codes: the covered family planning-related ICD-10-CM code along with the family planning diagnosis for which the client is being seen. Only one family planning-related ICD-10-CM code must be entered per claim.

If a combination of drug regimens is billed with a single family planning-related ICD-10-CM code, the drug regimens should be entered on separate claim lines.

If two or more drugs are dispensed with different family planning-related ICD-10-CM codes, then a separate claim must be submitted for each ICD-10-CM code and corresponding drug(s).

The family planning-related ICD-10-CM codes and corresponding drugs that are reimbursable by the Family PACT Program are listed in the *Benefits Grid* and *Benefits: Family Planning-Related* sections in this manual.

Table of Reimbursement Rates for Drugs that are Dispensed Onsite

Medication	Size and/or Strength	Condition	Max. Billing Units Per Claim	Rate Per Unit	Max. Drug Cost	Clinic Dispensing Fee	Upper Payment Limit	Fill Frequency (Days)
Acyclovir	400 mg tabs	Genital Herpes	30	$ 0.23	$ 6.90	$ 3.00	$ 9.90	N/A
Acyclovir	400 mg tabs	Genital Herpes	60	$ 0.23	$ 13.80	$ 3.00	$ 16.80	22
Acyclovir	800 mg tabs	Genital Herpes	10	$ 0.47	$ 4.70	$ 3.00	$ 7.70	30
Cefixime	400 mg tabs/caps	Gonorrhea	12	$ 8.11	$ 97.32	$ 3.00	$ 100.32	2 per rolling 30 days
Cephalexin	250 mg caps	UTI	40	$ 0.18	$ 7.20	$ 3.00	$ 10.20	2 per rolling 30 days
Cephalexin	500 mg caps	UTI	20	$ 0.36	$ 7.20	$ 3.00	$ 10.20	2 per rolling 30 days
Ciprofloxacin	250 mg tabs	UTI	6	‹‹$0.05	$0.30	$3.00	$ 3.30››	2 per rolling 30 days
‹‹Ciprofloxacin	500 mg tabs	UTI	3	$ 0.11	$ 0.33	$ 3.00	$ 3.33	2 per rolling 30 days››
Clindamycin	150 mg caps	BV	28	$ 0.92	$ 25.76	$ 3.00	$ 28.76	2 per rolling 30 days

Table of Reimbursement Rates for Drugs that are Dispensed Onsite (continued)

Medication	Size and/or Strength	Condition	Max. Billing Units Per Claim	Rate Per Unit	Max. Drug Cost	Clinic Dispensing Fee	Upper Payment Limit	Fill Frequency
‹‹Clindamycin	100 mg ovules/3 pack	BV	1	$ 29.70	$ 29.70	$ 2.00	$ 31.70	30››
Clindamycin	2% tube	BV	1	$ 35.86	$ 35.86	$ 2.00	$ 37.86	30
Clotrimazole	1% tube	Vaginal Candidiasis	1	$ 6.82	$ 6.82	$ 2.00	$ 8.82	30
Clotrimazole	2% tube	Vaginal Candidiasis	1	$ 7.16	$ 7.16	$ 2.00	$ 9.16	30
Doxycycline	100 mg caps/tabs	PID	28	$ 0.14	$ 3.92	$ 3.00	$ 6.92	2 per rolling 30 days
Doxycycline	100 mg caps/tabs	Epididymitis	20	$ 0.14	$2.80	$3.00	$5.80	2 per rolling 30 days
Doxycycline	100 mg caps/tabs	Syphilis	56	$ 0.14	$ 7.84	$ 3.00	$ 10.84	30
Doxycycline	100 mg caps/tabs	Chlamydia	84	$ 0.14	$ 11.76	$ 3.00	$ 14.76	2 per rolling 30 days
Doxycycline	100 mg caps/tabs	NGU, Recurrent NGU	14	$ 0.14	$ 1.96	$ 3.00	$ 4.96	None
Estradiol	0.5 mg tabs	Abnormal Vaginal Bleed	56	$ 0.18	$ 10.80	$ 3.00	$ 13.80	30
Estradiol	1 mg tabs	Abnormal Vaginal Bleed	28	$ 0.22	$ 6.16	$ 3.00	$ 9.16	30

Table of Reimbursement Rates for Drugs that are Dispensed Onsite (continued)

Medication	Size and/or Strength	Condition	Max. Billing Units Per Claim	Rate Per Unit	Max. Drug Cost	Clinic Dispensing Fee	Upper Payment Limit	Fill Frequency
Estradiol	2 mg tabs	Abnormal Vaginal Bleed	14	$ 0.31	$ 4.34	$ 3.00	$ 7.34	30
Fluconazole	150 mg tab	Vaginal Candidiasis	1	$ 9.65	$ 9.65	$ 2.00	$ 11.65	30
Imiquimod	5% packets	Genital Warts	12	$ 10.39	$ 124.68	$ 2.00	$ 126.68	30
‹‹Levofloxacin	250 mg tabs	Chlamydia	84	$ 0.16	$ 13.44	$ 3.00	$ 16.44	2 per rolling 30 days››
‹‹Levofloxacin	500 mg tabs	Chlamydia	42	$ 0.20	$ 8.40	$ 3.00	$ 11.40	2 per rolling 30 days››
‹‹Levofloxacin	250 mg tabs	PID	28	$ 0.16	$ 4.48	$ 3.00	$ 7.48	2 per rolling 30 days››
‹‹Levofloxacin	500 mg tabs	PID	14	$ 0.20	$ 2.80	$ 3.00	$ 5.80	2 per rolling 30 days››
‹‹Levofloxacin	250 mg tabs	Epididymitis	20	$ 0.16	$ 3.20	$ 3.00	$ 6.20	2 per rolling 30 days››
‹‹Levofloxacin	500 mg tabs	Epididymitis	10	$ 0.20	$ 2.00	$ 3.00	$ 5.00	2 per rolling 30 days››

Table of Reimbursement Rates for Drugs that are Dispensed Onsite (continued)

Medication	Size and/or Strength	Condition	Max. Billing Units Per Claim	Rate Per Unit	Max. Drug Cost	Clinic Dispensing Fee	Upper Payment Limit	Fill Frequency
Metronidazole	250 mg tabs	PID	56	$ 0.08	$ 4.48	$ 3.00	$ 7.48	2 per rolling 30 days
Metronidazole	250 mg tabs	BV	28	$ 0.08	$ 2.24	$ 3.00	$ 5.24	2 per rolling 30 days
Metronidazole	500 mg tabs	PID	28	$ 0.22	$ 6.16	$ 3.00	$ 9.16	2 per rolling 30 days
Metronidazole	500 mg tabs	Trichomoniasis	84	$ 0.22	$ 18.48	$ 3.00	$ 21.48	2 per rolling 30 days
Metronidazole	500 mg tabs	BV	14	$ 0.22	$ 3.08	$ 3.00	$ 6.08	2 per rolling 30 days
Metronidazole Gel	0.75% tube	BV	1	$ 5.04	$ 35.04	$ 2.00	$ 37.04	30
Miconazole	100 mg pack	Vaginal Candidiasis	1	$ 6.75	$ 6.75	$ 2.00	$ 8.75	30

Table of Reimbursement Rates for Drugs that are Dispensed Onsite (continued)

Medication	Size and/or Strength	Condition	Max. Billing Units Per Claim	Rate Per Unit	Max. Drug Cost	Clinic Dispensing Fee	Upper Payment Limit	Fill Frequency
Miconazole	200 mg pack	Vaginal Candidiasis	1	$ 13.77	$ 13.77	$ 2.00	$ 15.77	30
Miconazole	2% tube	Vaginal Candidiasis	1	$ 7.17	$ 7.17	$ 2.00	$ 9.17	30
Miconazole	4% tube	Vaginal Candidiasis	1	$ 7.30	$ 7.30	$ 2.00	$ 9.30	30
‹‹Nitrofurantoin (macrocrystals only)	50 mg caps	UTI	20	$ 0.30	$ 6.00	$ 3.00	$ 9.00	2 per rolling 30 days
Nitrofurantoin (macrocrystals only)	100 mg caps	UTI	10	$ 0.34	$ 3.40	$ 3.00	$ 6.40	2 per rolling 30 days
Nitrofurantoin (monohydrate macrocrystals only)	100 mg caps	UTI	10	$ 0.41	$ 4.10	$ 3.00	$ 7.10	2 per rolling 30 days››

Table of Reimbursement Rates for Drugs that are Dispensed Onsite (continued)

Podofilox	0.50% pack	External Genital Warts	1	$ 76.88	$ 76.88	$ 2.00	$ 78.88	30
Probenecid	500 mg tabs	PID	2	$ 0.71	$ 1.42	$ 3.00	$ 4.42	2 per rolling 30 days
SMX/TMP	400/80 mg tabs	UTI	12	$ 0.12	$ 1.44	$ 3.00	$ 4.44	2 per rolling 30 days
SMX/TMP	800/160 mg tabs	UTI	6	$ 0.15	$ 0.90	$ 3.00	$ 3.90	2 per rolling 30 days
Tinidazole	250 mg tabs	Trichomoniasis	48	$ 1.38	$ 66.24	$ 3.00	$ 69.24	2 per rolling 30 days
Tinidazole	500 mg tabs	Trichomoniasis	24	$ 2.76	$ 66.24	$ 3.00	$ 69.24	2 per rolling 30 days
Tinidazole	250 mg tabs	BV	20	$ 2.76	$ 55.20	$ 3.00	$ 58.20	2 per rolling 30 days
Tinidazole	500 mg tabs	BV	10	$ 2.76	$ 27.60	$ 3.00	$ 30.60	2 per rolling 30 days

<u>Legend</u>

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.
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