Albuterol Inhalers

Pharmacy providers are reminded that certain albuterol inhalers (including generic albuterol HFA, Proventil and Ventolin) require prior authorization (PA) from MassHealth. **Proair HFA does not require PA from MassHealth.** Effective September 13, 2021 any claim submitted to MassHealth through POPS for albuterol HFA, Proventil, or Ventolin without an associated approved PA will deny. An external message will be sent back on the denied claim reminding pharmacy providers that Proair HFA does not require PA. Pharmacy providers are encouraged to take whatever steps are necessary in order to dispense a Proair HFA if there is not an approved PA for an alternative albuterol inhaler for the member. Prescribers who believe that albuterol HFA, Proventil HFA, or Ventolin HFA are necessary for a MassHealth member should submit a PA request using the Inhaled Respiratory Agents Prior Authorization Request form.

DME/OXY Providers Update

This update for MassHealth DME/Oxy providers does not apply to non-drug products paid for through the MassHealth Pharmacy Online Processing System (POPS).

MassHealth Durable Medical Equipment (DME) Regulation and Deferred Compliance

Effective August 6, 2021, 130 CMR 409.000: **Durable Medical Equipment Services** was updated. In response to public comments, MassHealth revised 130 CMR 409.416(B)(4) to require the ordering practitioner’s unique National Provider Identifier (NPI) rather than the ordering practitioner’s address.

Please note that MassHealth is extending time for compliance with the provision requiring the ordering practitioner’s NPI. This will allow DME/OXY providers and ordering practitioners time for system updates. MassHealth will accept either the NPI number or the ordering practitioner’s address on a prescription or Letter of Medical Necessity (LOMN), together with all other required information, through September 30, 2021. Beginning October 1, 2021, the NPI number and all additional information will be required. If this information is missing on a prescription submitted with a PA request, the PA request may be denied.

The full text of 130 CMR 409.416(B): **Requirements for Prescriptions or Letters of Medical Necessity Completed by the Ordering Practitioner** specifies:

(B) The initial and subsequent prescriptions or the LOMN must contain the following information, as applicable, with the exception of item (5), which may be provided in additional supporting documentation:

1. the member’s name;
2. the date of the prescription;
3. the name and quantity of the prescribed item and the number of refills (if appropriate);
4. the name, NPI number, and signature of the ordering practitioner and date signed;
5. medical justification for the item(s) being requested, including diagnosis or ICD-10 code;
6. the equipment settings, hours to be used per day, options, or additional features, as they pertain to the equipment;
7. length of need;
8. the expected outcome and therapeutic benefit of providing the requested item(s) or treatment, when requested; and
9. a summary of any previous treatment plan, including outcomes, that was used to treat the diagnosed condition for which the prescribed treatment is being recommended, upon request.

If you have questions, please contact the LTSS Provider Service Center at (844) 368-5184 or support@masshealthltss.com.