



**DATE:** October 26, 2022  
**TO:** Commonwealth of Kentucky Medicaid Pharmacy Network  
**FROM:** MedImpact Healthcare Systems  
**Subject:** **Medication-Assisted Treatment (MAT) Drugs Dispensing Fee FAQ**

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On behalf of Kentucky Department for Medicaid Services (DMS), this communication will address some frequently asked questions regarding the newly effective MAT dispensing fee.

**Please note that the new dispensing fee has been implemented by MedImpact for KY Managed Medicaid members effective 10/1/2022, and the anticipated effective date for Kentucky Fee-For-Service (FFS) Medicaid members is 11/1/2022.**

**1. Can the qualifying MAT drugs be defined?**

Answer: The qualifying MAT drugs are defined in the communication as transmucosal Buprenorphine-Mono-Products or Buprenorphine-Combined-with-Naloxone Products.

**2. What is the maximum quantity/day supply for your plan for each drug?**

Answer: Kentucky Medicaid covers up to 32 days' supply for non-maintenance medications. The quantity limit (if any) can be found in the quantity limit document available on the Kentucky Portal.

**3. Is documentation of Kasper requestor number on hardcopy sufficient? Are we required to attach a printed or scanned copy of each Kasper report to the prescription record?**

Answer:

The pharmacist may document the KASPER requestor number and/or transaction number within the patient's prescription record so a printed or scanned copy is not required. This is not a requirement, however. Of note, KASPER records are available to DMS and will be monitored/audited frequently.

**4. Is the patient signature for received counseling / refused counseling sufficient?**

Answer: In addition to the required NCPDP fields, the pharmacist must document within the patient's prescription record that the patient was counseled.

- Example 1: "Patient A accepted the offer to counsel. Pharmacist discussed {insert comments} with Patient A. Patient A expressed understanding of the counseling." The pharmacist will note this in the patient's prescription record.



- Example 2: "Patient A refused the offer to counsel." The pharmacist will note this in the patient's prescription record.

In addition, the member must sign off on his/her prescription(s) appropriately.

**5. If the member declines the counseling, will that count as documentation and is there a way to put that into the system so the claim can go through?**

Answer: To receive the additional professional service fees for qualifying MAT drugs, the pharmacy provider must submit the required codes in the designated NCPDP fields. By submitting the required codes, the pharmacy provider attests that patient counseling and/or education has been provided or offered to the Medicaid member per the “applicable standard of care” and documented in the patient prescription record. The pharmacist must document within the patient’s prescription record that the patient was counseled or refused the offer.

NCPDP Field#	NCPDP Field Name	Required Submitted Value
420-DK	Submission Clarification Code	10 – The pharmacy certifies that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed.
438-E3	Incentive Amount Submitted	Up to \$10.64
440-E5	Professional Service Code (PSC)	PE – Patient education/instruction

**6. Does the Pharmacist have to be the one to ask at POS if they would like counseling or can it be a pharmacy staff member?**

Answer: There are no requirements on who is the one to offer counseling. However, per law only a pharmacist can perform counseling.

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**Contact Information:** If you have any questions, please contact MedImpact’s Kentucky Team at:

Program Questions: KYMCOPBM@MedImpact.com

BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01