

SECTION 3 PHARMACY CLAIM FILING INSTRUCTIONS

All local health department pharmacy claims must be submitted electronically either through a clearinghouse, billing agent or the MO HealthNet Web site at emomed.com for billing and to maintain the business relationship with the MO HealthNet Division (MHD).

MANAGED CARE HEALTH PLAN PHARMACY “CARVE OUT”

Effective October 1, 2009, the MO HealthNet managed care health plans no longer provide pharmacy services for their members. Pharmacy claims for all MO HealthNet Managed Care members are processed by the MO HealthNet Fee-for-Service Pharmacy Program. Existing Fee-for-Service Pharmacy Program clinical editing parameters and Preferred Drug List criteria apply for coverage of pharmacy claims, and can be found at the following link.

<http://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm>

The carve out of pharmacy services in relation to public health departments includes all injections and birth control devices administered in the health department clinic setting. Note – injection administrations, including VFC vaccine administrations, must still be billed to the participant’s managed care health plan and not MO HealthNet.

MEDICATION BILLING

The quantity to be billed for pharmacy items (e.g. birth control devices and systems) and injectable medications dispensed to MHD patients must be calculated as follows:

- Containers of medication in solution (for example, ampules, bags, bottles, vials, syringes) must be billed by the exact cubic centimeters or milliliters (cc or ml), even if the quantity includes a decimal (i.e., if three (3) 0.5 ml vials are dispensed, the correct quantity to bill would be 1.5 mls).
- Single dose syringes and single dose vials must be billed per cubic centimeters or milliliters (cc or ml), rather than per syringe or per vial.
- Powder filled vials and syringes that require reconstitution must be billed by the number of vials.
- The product Herceptin, by Genentech, must be billed by milligram (mg) rather than by vial.
- Immunizations and vaccines must be billed by the cubic centimeters or milliliters (cc or ml) dispensed, rather than per dose.

Claims billed incorrectly are identified through a dispute resolution process. When these claims are identified, providers are notified and required to file adjustments to accurately reflect the quantity dispensed.

Reimbursement for pharmacy items and injectable medications is made on the basis of the lower of the following:

1. Applicable Federal Upper Limit;
2. Applicable Missouri Maximum Allowable Cost (MAC);
3. Applicable Wholesaler Acquisition Cost (WAC), plus 10%; or,
4. Usual and customary charge.

For specific questions concerning pharmacy items and injectable medication billing, contact the Pharmacy and Clinical Services Administration Unit at (573) 751-6963.

Electronic Pharmacy Claim Form Filing Instructions

NOTE: * These fields are required on all Pharmacy claim submissions.

** These fields are required only in specific situations, as described below.
NPIs with alpha characters are case sensitive.

FIELD

INSTRUCTIONS FOR COMPLETION

Participant's DCN*

Enter the participant's eight digit MO HealthNet identification number (DCN).

<u>FIELD</u>	<u>INSTRUCTIONS FOR COMPLETION</u>
Participant's Last Name*	Enter the participant's last name.
Participant's First Name*	Enter the participant's first name.
Place of Service	Required only for pharmacy providers.
Patient Residence	Required only for pharmacy providers.
Patient Location**	Required only for pharmacy providers.
Prior Authorization Type** Code.	The valid values are: 0 Not Specified 1 Prior Authorization 2 Medical Certification 3 EPSDT 4 Exemption from Co-pay 5 Exemption from Prescription 6 Family Plan 7 AFDC 8 Payer Defined Exemption
Prior Authorization Number	Enter the Prior Authorization number, if applicable. Otherwise, leave blank.
National Drug Code	Enter the precise National Drug Code (NDC) assigned to the product dispensed or administered as it appears on the package. If the drug code on the package is not in 5-4-2 format, enter zeroes in front of the numbers listed for each field. For example: NDC 45-143-20 is listed as 00045-0143-20.
Special Packaging Indicator	Indicate the type of unit dose dispensing. The valid values are: 0 Not Specified 1 Not Unit Dose 2 Manufacturer Unit Dose 3 Pharmacy Unit Dose
Compound Indicator**	If billing for a compound drug, the first ingredient of a compound must be billed with a compound indicator of 0-First Ingredient. All other ingredients must be billed with

FIELD**INSTRUCTIONS FOR COMPLETION**

a compound indicator of 1-Additional Ingredient...
Otherwise, leave blank.

Other Coverage Code**

Indicate whether the patient has a secondary health insurance plan. If so, choose the appropriate value. The valid values are:

- 0 Not Specified
- 1 No Other Coverage identified
- 2 Other Coverage Exists – Payment Collected
- 3 Other Coverage Exists – This Claim Not Covered
- 4 Other Coverage Exists – Payment Not Collected

Prescription Number*

Enter the number assigned by the physician's office or the clinic. Enter a sequential identification number in this field. If the billing provider chooses to use a patient account number, an additional unique identifying character must be added to identify different injection administered on the same date of service. NOTE – This number is used to sort claims submitted electronically on the pharmacy remittance pages.

Prescribing Provider
Identifier Number*

Enter the prescribing provider's NPI

Date Dispensed*

Enter the date the drug was dispensed or administered.

Fill Number*

The code indicating whether the prescription is an original or a refill. Enter a two-digit value. 00 = Original dispensing, 01-99 = Refill number

Decimal Quantity*

Enter the decimal quantity dispensed or used in Administration. Note- Use the guidelines outlined on page 3.1 of this billing booklet, titled Medication Billing.

Day's supply*

Enter the estimated duration of the prescription supply in days. **If billing for an administration in a physician's office/clinic, the value must always be 1**

Billed Charges*

Enter the charge for this medication.

Save Claim Header (button)

Click Save Claim Header to save the Pharmacy Claim Header information.

Pharmacy Other Payer Attachment

Other Payers					
Header Summary					
Other Payer Coverage Type	Other Payer ID Qualifier	Other Payer ID	Other Payer Date	Other Payer Reject Code	Action
Add/Edit Details					
Other Payer Coverage Type ^					
<div>Other Payer ID Qualifier ^</div> <div>Other Payer ID</div> <div>Other Payer Date</div>					
Other Payer Reject Code					
Other Payer Amount Paid Summary					
Other Payer Amount Paid Qualifier		Other Payer Amount Paid		Action	
Add/Edit Other Payer Amount Paid					
Other Payer Amount Paid Qualifier		Other Payer Amount Paid			
<div>Save Other payer Amount Paid</div> <div>Reset</div>					
Other Payer-Patient Responsibility Summary					
Other Payer-Patient Responsibility Amount Qualifier		Other Payer-Patient Responsibility Amount		Action	
Add/Edit Other Payer-Patient Responsibility					
Other Payer-Patient Responsibility Amount Qualifier		Other Payer-Patient Responsibility Amount			
<div>Blank - Not Specified</div> <div>Save Other Payer-Patient Responsibility Amount</div> <div>Reset</div>					
<div>Save Other Payer To Claim</div> <div>Reset</div>					
Invoice of Cost (click to manage)					
<div>Submit Claim</div> <div>Printer Friendly</div> <div>Reset</div> <div>Cancel</div>					

FIELD

INSTRUCTIONS FOR COMPLETION

Other Payer Coverage Type*	Determines the order in which the claim was paid by other payers
Other Payer ID Qualifier*	Choose from the options that best describes the Other Payer, options are: 01 National Payer ID 1C Medicare Number 1D Medicare Number 02 Health Industry Number (HIN) 03 Bank Information Number (BIN) 04 National Association of Insurance Commissioners (NAIC) 05 Medicare Carrier Number 99 Other
Other Payer ID	Determines the ID of prior payers, not a required field
Other Payer Date	The date prior payer processed the claim, not a required field

<u>FIELD</u>	<u>INSTRUCTIONS FOR COMPLETION</u>
Other Payer Reject code	Indicate the reason the prior payer did not pay the claim. Up to 5 reject codes can be entered. This field will be required if the Other Coverage Code is populated with 3 Other Coverage Exists- This Claim Not Covered. A list of NCPDP reject codes can be located on pages 3.8 and 3.9 of this training booklet.
Other Payer Amount Paid Qualifier	<p>Indicates the type of payment made by a prior payer. This is a required field if other payer amount paid is populated for the corresponding occurrence. The options are:</p> <ul style="list-style-type: none"> 01 Delivery 02 Shipping 03 Postage 04 Administrative 05 Incentive 06 Cognitive Service 07 Drug Benefit 09 Compound Preparation Cost <p>Note: Only the Other Payer Amount Paid Qualifier value of 07- Drug Benefit will be used to determine the Third Party Liability amount that will be considered for payment.</p>
Other Payer Amount Paid	Indicated the amount paid by a prior payer. This is a required field if the Other Coverage Code is populated with 2 or 4.
Save Other Payer Amount Paid (button)	Click to Save Other Payer Amount Paid
Patient Responsibility Amount Qualifier	<p>The type of patient responsibility amount returned by prior payer. This is required if Other Payer Patient Responsibility Amount is populated. The options are:</p> <ul style="list-style-type: none"> 01 Amount Applied to Periodic Deductible 02 Amount Attributed to Product Selection/Brand Drug 03 Amount Attributed to Sales Tax 04 Amount Exceeding Periodic Benefit Maximum 05 Amount of Copay 06 Patient Pay Amount 07 Amount of Coinsurance

<u>FIELD</u>	<u>INSTRUCTIONS FOR COMPLETION</u>
	08 Amount Attributed to Product Selections/Non-Preferred Formulary Selection 09 Amount Attributed to Health Plan Assistance Amount 10 Amount Attributed to Provider Network Selection 11 Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection 12 Amount Attributed to Coverage Gap 13 Amount Attributed to Processor Fee Note: Only the Patient Responsibility Amount Qualifier value of 06- Patient Pay Amount will be considered for payment.
Patient Responsibility Amount**	Indicates the patient responsibility amount returned by prior payer. This will be required when there is a 2 or 4 in the Other Coverage Code field.
Save Other Payer-Patient Responsibility Amount (button)	Click to Save Other Payer-Patient Responsibility Amount
Save Other Payer To Claim (button)	Click to Save Other Payer to claim
Reset/Cancel (button)	Click on reset or cancel to remove any data entered and revert to the previous values or blank form.
Submit Claim (button)	Click Submit Claim to submit the claim.
Printer Friendly (button)	Click Printer Friendly to open the claim in a printer friendly PDF format.
Reset (button)	Click Reset to discard all claim information entered.
Cancel (button)	Click Cancel to discard all claim information entered and return to Claim Management.

NCPDP Valid Other Payer Reject Codes

Reject Code	Code Description
40	Pharmacy Not Contracted With Plan On Date Of Service
60	Product/Service Not Covered For Patient Age
61	Product/Service Not Covered For Patient Gender
65	Patient is not covered
66	Patient Age Exceeds Maximum Age
67	Filled Before Coverage Effective
68	Filled After Coverage Expired
69	Filled After Coverage Terminated
70	Product/Service Not Covered – Plan/Benefit Exclusion
71	Prescriber Is Not Covered
72	Primary Prescriber Is Not Covered
73	Refills Are Not Covered
74	Other Carrier Payment Meets Or Exceeds Payable
76	Plan Limitations Exceeded
78	Cost Exceeds Maximum
80	Drug-Diagnosis Mismatch
81	Claim Too Old
88	DUR Reject Error
569	Provide Beneficiary with CMs Notice of Appeal Rights
3Y	Prior Authorization Denied
4Y	Patient Residence not supported by plan
4Z	Place of Service Not Support By Plan
6Z	Provider Not Eligible To Perform Service/Dispense Product
7W	Refills Exceed allowable Refills
7X	Days Supply Exceeds Plan Limitation
7Y	Compounds Not Covered,
9G	Quantity Dispensed Exceeds Maximum Allowed,
9K	Compound Ingredient Component Count Exceeds Number Of ingredients Supported
9N	Compound Ingredient Quantity Exceeds Maximum Allowed
9Q	Route Of Administration Submitted Not Covered
A5	Not Covered Under Part D Law
AC	Product Not Covered Non-Participating Manufacturer
AD	Billing Provider Not Eligible To Bill This Claim Type
AG	Days Supply Limitation For Product/Service
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients
AJ	Generic Drug Required
E7	M/I Quantity Dispensed
G6	Pharmacy Not Contracted in Specialty Network
G7	Pharmacy Not Contracted in Home Infusion Network

Reject Code	Code Description
G8	Pharmacy Not Contracted in Long Term Care Network
M1	Patient Not Covered In This Aid Category
M2	Recipient Locked In
M4	Prescription/Service Reference Number/Time Limit Exceeded
MR	Drug Not on Formulary
N1	No patient match found.
PA	PA Exhausted/Not Renewable
RN	Plan Limits Exceeded On Intended Partial Fill Field Limitations