SECTION 11
PHARMACY CLAIM
FILING INSTRUCTIONS

Hospital outpatient medication claims may be submitted electronically either through a clearinghouse, billing agent or the MO HealthNet Web portal at emomed.com.

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 (FFS) Pharmacy Program. The MO HealthNet FFS Pharmacy Program will pay for all hospital outpatient pharmacy services and diabetic testing supplies. Existing FFS Pharmacy Program clinical editing parameters and Preferred Drug List criteria still 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 hospitals includes all medications and pharmaceuticals administered in a hospital outpatient or emergency department setting including physician-administered drugs. **Note – any medications administered to a MO HealthNet participant officially admitted to observation status must be billed to the participant's managed care health plan.**

DRUG COVERAGE UNDER THE MO HEALTHNET PHARMACY PROGRAM

All drug products produced by manufacturers that have entered into a rebate agreement with the Federal Government are reimbursable under the MO HealthNet Pharmacy Program, with the exception of Drug Efficacy Study Implementation (DESI) drugs and drugs specified in Section 13, Benefits and Limitations, of the pharmacy manual.

To comply with the Deficit Reduction Act of 2005 (DRA) states must now collect the 11-digit National Drug Codes (NDC) on all outpatient drug claims submitted to the MO HealthNet program for rebate purposes. Providers are required to submit their claims for all medications administered in the clinic or outpatient hospital setting, with the exact NDC that appears on the product dispensed or administered. Should a dispute arise between MO HealthNet utilization data and a manufacturer's estimation of product sold, data is supplied to the manufacturer to resolve the dispute. If necessary, zip code or provider-specific utilization data is provided. Should data indicate that a provider is billing fraudulently by using NDCs other than those identifying the actual product dispensed, the information is referred to the Missouri Medicaid Audit & Compliance (MMAC) Unit and may result in legal action, provider sanctions and possible termination from the program.

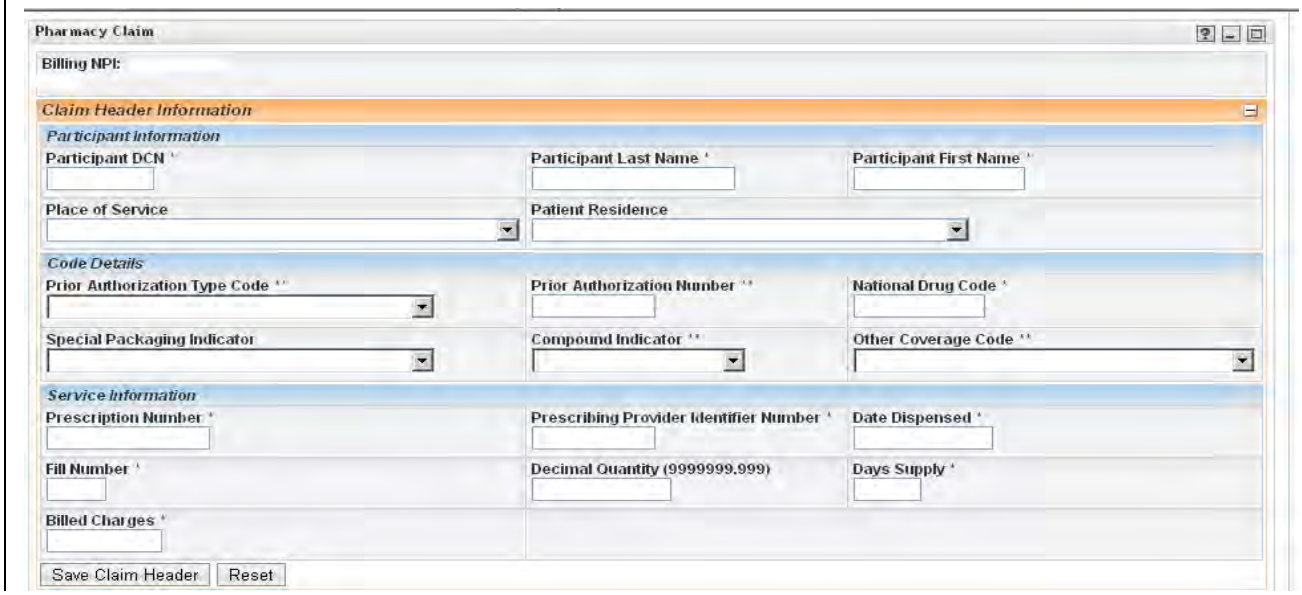
MEDICATION BILLING

The quantity to be billed for pharmacy items (e.g. creams, salves) 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.
- Ointments, salves, or creams *must* be billed per number of grams even if the quantity includes a decimal.
- Eye drops *must* be billed per number of cubic centimeters or milliliters (cc or ml) in each bottle even if the quantity includes a decimal.
- Powder filled vials and syringes that require reconstitution must be billed by the number of vials.
- Combination products, which consist of devices and drugs, designed to be used together, are to be billed as a kit for example Copaxone, Pegasys).
- The product Herceptin, by Genentech, must be billed by milligram (mg) rather than by vial.
- Bill the number of tablets dispensed.
- 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.

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

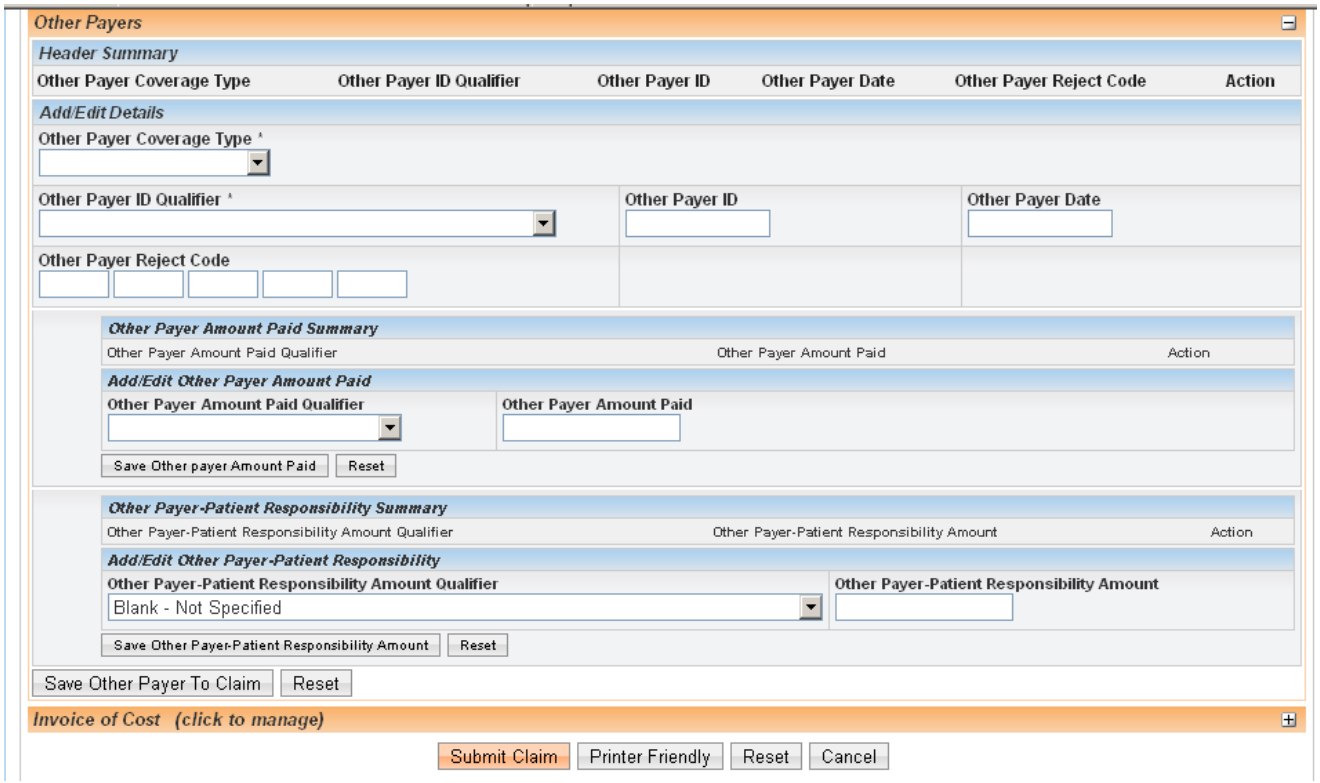
NOTE: *These fields are required on all Pharmacy claim submissions.
**These fields are required only in specific situations, as described below.
NPIs with alpha characters are case sensitive.

FIELD	INSTRUCTIONS FOR COMPLETION
Participant's DCN*	Enter the participant's eight digit MO HealthNet identification number (DCN).
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
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

FIELD	INSTRUCTIONS FOR COMPLETION
	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 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 for MO HealthNet 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, the clinic, or outpatient hospital. 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 11.2 of this billing booklet, titled Medication Billing.

FIELD	INSTRUCTIONS FOR COMPLETION
Day's supply*	Enter the estimated duration of the prescription supply in days. **If billing for an administration in a physician's office/clinic or outpatient, 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



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

FIELD	INSTRUCTIONS FOR COMPLETION
	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
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 11.8 and 11.9 of this training booklet.
Other Payer Amount Paid Qualifier	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: 01 Delivery 02 Shipping 03 Postage 04 Administrative 05 Incentive 06 Cognitive Service 07 Drug Benefit 09 Compound Preparation Cost **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.**
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

FIELD	INSTRUCTIONS FOR COMPLETION
Patient Responsibility Amount Qualifier	The type of patient responsibility amount returned by prior payer. This is required if Other Payer Patient Responsibility Amount is populated. The options are: 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 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.

FIELD	INSTRUCTIONS FOR COMPLETION
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
Reject Code	**Code Description**
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
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