

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES

December 19, 2011

Sean Parnell, Governor

*4501 Business Park Blvd
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Anchorage, AK 99503-7167
Telephone: (907) 334-2400
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RE: Mediset fee FAQ and guidance

Dear provider:

The mediset regulations, issued September, 2011, have been made permanent and can be accessed online at <http://hss.state.ak.us/apps/publicnotice/regulations.aspx>. The following clarification and guidance will assist mediset pharmacy¹ providers in billing for the mediset fee. A mediset pharmacy may submit the mediset fee if the medication is ordered to be dispensed in a mediset and the recipient is:

- Living in a congregate living home; or
- Recipient of home and community-based waiver services; or
- Eligible for Medicaid due to a disability or blindness; or
- Is an adult experiencing a serious mental illness²; or
- Is a child experiencing a severe emotional disturbance²

Providers are responsible for submitting the mediset fee only when allowed and appropriate. Documentation of the medical necessity of the mediset fee and pertinent recipient information should be kept with the recipient's file or notes.

Please check the recipient's eligibility code to verify that a recipient is a recipient of home and community-based waiver services. The recipient's eligibility code will be 30, 31, 34, 40, 41, 44, 54, 70, 71, 74, 80, or 81. The eligibility code can be verified on the recipient's coupon, through the Eligibility Verification System (800) 884-3223, or by submitting the Recipient Eligibility Inquiry Form – General available at <http://www.medicaidalaska.com/providers/forms.shtml> under "Other Forms".

Please check the recipient's eligibility subtype to verify that a recipient is eligible for Medicaid due to a disability or blindness. The recipient's eligibility subtype code will be AS, BB, DK, DW, IN, NH, NS, RC, PM, SI, or ST. The eligibility subtype code can be verified using the Recipient Subtype Eligibility Inquiry Form available at <http://www.medicaidalaska.com/providers/rx/default.shtml> under "Forms".

¹ Defined in regulation 7 AAC 145.410(l) (6)

² Defined in regulation 7 AAC 160.990 (b)

Claims submitted with the mediset fee must be billed with the following:

Billing for the mediset fee (NCPDP v5.1)

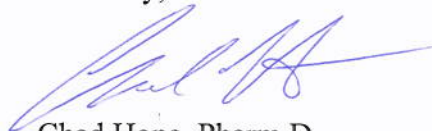
To bill for the service the pharmacy claim must be submitted with a **Unit Dose Indicator** (NCPDP field 429-DT) = **3**, the **Patient Location** field (NCPDP field 307-C7) = **6**, the mediset fee in the **Other Amount Claimed** field (NCPDP field 480-H9) and the **Other Amount Claimed Submitted Qualifier** (NCPDP field 478-H8) = **04**. The mediset fee submitted in the Other Amount Claimed field must be included in the **Gross Amount Due** (NCPDP field 430-DU).

Billing for the mediset fee (NCPDP vD.0)

To bill for the service the pharmacy claim must be submitted with a **Special Packaging Indicator** (NCPDP field 429-DT) = **3**, the **Patient Residence** field (NCPDP field 384-4X) = **6**, the mediset fee in the **Other Amount Claimed** field (NCPDP field 480-H9) and the **Other Amount Claimed Submitted Qualifier** (NCPDP field 478-H8) = **04**. The mediset fee submitted in the Other Amount Claimed field must be included in the **Gross Amount Due** (NCPDP field 430-DU).

Please contact me at chad.hope@alaska.gov or (907) 334-2654 with any questions regarding this notice.

Sincerely,



Chad Hope, Pharm.D.
Pharmacy Program Manager