

**FH/ AK MEDICAID / PHARMACY POS IMPLEMENTATION / EFFECTIVE 5/7/03**

**PROVIDER Quik reference (CHEATSHEET)**

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Contact Maria Hogan at 804-965-7451 or [mpfoghan@fhsc.com](mailto:mpfoghan@fhsc.com) for assistance.

Topic	Issue		Telephone
<b>NCPDP 5.1 Version/ Format</b>	Identifiers: ➤ Send only <b>designated</b> identifiers.	<ul style="list-style-type: none"> <li>➤ <b>BIN</b> (NCPDP # 101-A1) = 009661</li> <li>➤ <b>PCN</b> (NCPDP # 104 – A4) = P013009661</li> <li>➤ <b>Group ID</b> (NCPDP #301-C1) = AKMEDICAID</li> <li>➤ <b>Pharmacy Provider ID</b> (NCPDP # 201-B1) = NCPDP formerly NABP) #</li> <li>➤ <b>Cardholder ID</b> (NCPDP #302-C2) = AK Medicaid/ CAMA Recipient ID #</li> <li>➤ <b>Prescriber ID</b> (NCPDP #411-DB) = AK Medicaid ID #</li> </ul>	FH = 800-884-3238
	Qualifiers: ➤ Send only <b>designated</b> qualifiers. ➤ You must <b>send an appropriate qualifier</b> if you <b>send the corresponding data field</b> ; this is required <b>even if the data you are sending is optional</b> and there are no corresponding edits.	<ul style="list-style-type: none"> <li>➤ <u>Used in editing:</u> <ul style="list-style-type: none"> <li>• <b>Service Provider ID Qualifier</b> (NCPDP #202-B2) = 07 = NCPDP (NABP) # <i>or</i> = 14 = Plan Specific (only if assigned by FHS)</li> <li>• <b>Product/ Service ID Qualifier</b> (NCPDP #436-E1)= 03 = NDC</li> <li>• <b>Prescriber ID Qualifier</b> (NCPDP #466-EZ) = 05 = Medicaid</li> </ul> </li> <li>➤ <u>Not required for program editing:</u> <ul style="list-style-type: none"> <li>• <b>Other Payer ID Qualifier</b> (NCPDP #339-6C) = 99 = Other</li> <li>• <b>Other Payer Amount Paid Qualifier</b> (NCPDP field #342-HC) = 08 = Sum of all reimbursement (<i>Note: other valid values will not deny.</i>)</li> <li>• <b>Diagnosis Code Qualifier</b> (NCPDP #492-WE) = 01 = ICD-9</li> <li>• <b>Patient ID Qualifier</b> (NCPDP #33-CX)</li> <li>• <b>Originally Prescribed Product/ Service ID Qualifier</b> ( NCPDP #453-EJ)</li> <li>• <b>Other Amount Claimed Submitted</b> (NCPDP #479-H8)</li> <li>• <b>Primary Care Provider ID Qualifier</b> (NCPDP #468-2E)</li> <li>• <b>DUR Co-agent ID Qualifier</b> (NCPDP #475-J9)</li> </ul> </li> </ul>	FH = 800-884-3238
<b>Alternate Claim Media</b>	Batch	➤ Providers submitting electronic batch processing must use the NCPDP Batch 1.1 format. Contact NCPDP.org for additional information	NCPDP = 480-477-1000
	Paper	➤ Providers submitting paper claims must use the Universal Claim Form (UCF).	MOORE DISTRIBUTORS = 888 - 665-2600 or 602 - 220-0202
<b>Prior Authorization/ Overrides</b>	Overrides for designated drugs for LTC, hospice and/ or oncology patients.	<ul style="list-style-type: none"> <li>➤ Providers may override the PA requirement for Oxycodone/ Oxycontin®, Fentanyl patches/ Duragesic® or Stadol® nasal spray as follows: <ul style="list-style-type: none"> <li>• LTC: enter '4' in <b>Patient Location Code</b> field.</li> <li>• Hospice: enter '11' in <b>Patient Location Code</b> field.</li> <li>• Oncology: enter '2' in the <b>Prior Authorization Type Code</b> field.</li> </ul> </li> </ul>	FH = 800-331-4475
	Overrides for designated drugs for days supply limits.	➤ Providers may override the days supply limit for OTC prenatal vitamins and injectable drugs (up to 100 days supply) by entering a '2' in the <b>Submission Clarification Code</b> field (NCPCP #420 – DK).	FH = 800-884-3238

Topic	Issue		Telephone
<b>ProDUR</b>	Edits	<ul style="list-style-type: none"> <li>➤ Claims will deny for Early Refill (ER): 95% utilization required for narcotics, 75% for all other classes.</li> <li>➤ Claims will deny for Drug/ Drug (DD) Interactions of the highest significance.</li> <li>➤ Claims will deny for Drug to Pregnancy Precautions (PG).</li> <li>➤ Any other ProDUR alerts that are sent are “message only”. These messages will accompany PAID claims and the information is for your review and consideration.</li> </ul>	FH = 800-884-3238
	Override Process	<ul style="list-style-type: none"> <li>➤ Contact The FIRST HEALTH Technical Call Center for override consideration for Early Refill.</li> <li>➤ Providers may override claims that deny for DD and PG by submitting the appropriate <b>Professional Service (Intervention) Code</b> (NCPDP # 440 – E5) and <b>Result of Service (Outcome) Code</b> (NCPDP # 441 – E6). Allowed codes are: <ul style="list-style-type: none"> <li><u>Professional Service:</u> <ul style="list-style-type: none"> <li>• <b>00/</b> no intervention</li> <li>• <b>M0/</b> prescriber consulted</li> <li>• <b>PE/</b> patient education/ instruction</li> <li>• <b>PH/</b> patient medication history</li> <li>• <b>P0/</b> patient consulted</li> <li>• <b>R0/</b> pharmacist consulted other source</li> <li>• <b>RT/</b> recommend laboratory test</li> <li>• <b>SW/</b> literature search/ review</li> </ul> </li> <li><u>Result of Service:</u> <ul style="list-style-type: none"> <li>• <b>1A/</b> filled as is, false positive</li> <li>• <b>1B/</b> filled prescription as is</li> <li>• <b>1C/</b> filled with different dose</li> <li>• <b>1D/</b> filled with different directions</li> <li>• <b>1F/</b> filled with different quantity</li> <li>• <b>1G/</b> filled with prescriber approval</li> <li>• <b>2A/</b> prescription not filled</li> <li>• <b>3B/</b> recommendation not accepted</li> <li>• <b>3C/</b> discontinued drug</li> </ul> </li> </ul> </li> </ul>	FH = 800-884-3238
<b>PDL</b>	Override for Non-Preferred Drug	Pharmacy may override a non-preferred medication that has appropriate medical justification by entering an ‘8’ in the <b>Prior Authorization Type Code</b> field.	FH = 800-884-3238
<b>Supplies</b>	Supply Billing:	<ul style="list-style-type: none"> <li>➤ All supplies and nutritional supplements should be billed “via DME” using the AK DMA “MS” provider number. Under HIPAA regulations, these cannot be sent via the NCPDP transaction. Send on a CMS (formerly HCFA) 1500 form or on an ANSI 837 electronic form.</li> </ul>	