

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES

December 13, 2011

Sean Parnell, Governor

4501 Business Park Blvd
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Re: NCPDP D.0 changes from NCPDP v5.1 – Provider Notice

Dear Pharmacy Providers:

Below are some notable claims processing changes for pharmacy claims submitted in NCPDP version D.0. Several of the changes were precipitated by a field being removed, a qualifier deleted, or a new field will now be required by Alaska Medicaid.

New Required Fields:

- **Recipient Date of Birth** – The claims processing system will validate the date of birth submitted in NCPDP field **304-C4** to the date of birth on file. Claims submitted with a date of birth that does not match the date of birth on file will deny.
- **Patient Gender Code** – The claims processing system will validate the gender code submitted in NCPDP field **305-C5** to the gender code on file. Claims submitted with a gender code that does not match the gender code on file will deny.
- **Prescription Origin Code** – The prescription origin code must be submitted in NCPDP field **419-DJ**. Claims submitted with no value or an invalid value in this field will deny.

Override Codes:

- **Override Code – Hospice**
To override appropriate edits at the point of sale for recipients in hospice claims must be submitted with a Patient Residence (field **384-4X**) = “11”. The Patient Residence field (**384-4X**) is now used in place of the discontinued Patient Location field (v5.1 307-C7).
- **Override Code – Long Term Care**
To override appropriate edits at the point of sale for recipients in long term care claims must be submitted with a Patient Residence (field **384-4X**) = “4”. The Patient Residence field (**384-4X**) is now used in place of the discontinued Patient Location field (v5.1 307-C7).
- **Override Code – Cancer (no change from NCPDP v5.1)**
To override appropriate edits at the point of sale for recipients being treated for cancer claims must be submitted with a Prior Authorization Type Code (field **461-EU**) = “2”.
- **Override Code – Non-Preferred Drug (no change from NCPDP v5.1)**
To override the non-preferred drug edit at the point of sale when the prescriber clearly indicates the medication is “medically necessary” a claim must be submitted with a Prior Authorization Type Code (field **461-EU**) = “8”.

Instructions for submitting compounds and other fees

- **Multi-ingredient compounds** – There are several changes to the compound segment in new version. One notable change in the claim segment is the Product/Service ID (field **407-D7**) must be submitted as a single zero (“0”) for claims for multi-ingredient compounds. This segment was previously submitted as eleven zeros (“0000000000”) in NCPDP v5.1. Claims for multi-ingredient compounds must also be submitted with the Product/Service ID Qualifier (field **436-E1**) = “00” and a Compound Code (field **406-D6**) = “2”.
- **Home Infusion Therapy Claims** – Claims for home infusion therapy drugs must be submitted as multi-ingredient compounds and must be submitted with a Route of Administration (field **99-E2**) = “385218009” in the claim segment and a Compound Dosage Form Description Code (field **50-EF**) = “11”. Claims for home infusion therapy drugs are not eligible for a dispensing fee or compound dispensing fee unless the recipient is in long term care. Claims for home infusion therapy drugs for recipients in long term care must also be submitted with a Patient Residence (field **384-4X**) = “4”, the compound dispensing fee or dispensing fee in field **412-DC**, and the compound dispensing fee or dispensing fee included in the Gross Amount Due (field **430-DU**).
- **Mediset Fee** - When appropriate a mediset pharmacy can submit claims with the mediset fee by submitting the Special Packaging Indicator (**429-DT**) = “3”, the Patient Residence (**384-4X**) = “6”, the mediset fee of \$5 in the Other Amount Claimed Submitted field (**480-H9**), and the Other Amount Claimed Submitted Qualifier field (**479-H8**) = “04”. The only change in billing for the mediset fee is the Patient Residence field (**384-4X**) is now used in place of the discontinued Patient Location field (v5.1 307-C7).
- **Tobacco Cessation Counseling Fee** - There are no changes to the program requirements for documentation, continuing education, or ordering of tobacco cessation counseling. Claims for tobacco cessation counseling provided by pharmacists must be submitted with the point of sale claim for a tobacco cessation medication using the Incentive Amount Submitted = \$19.40 in field **438-E3**.
- **Vaccine Administration Fee** (no change from NCPDP v5.1) - There is no change to the billing instructions for a pharmacist administered vaccine administration fee. The vaccine administration fee of \$17.46 must be submitted in the Other Amount Claimed Submitted field (**480-H9**) with the Other Amount Claimed Submitted Qualifier (field **479-H8**) = “04”. Claims for immunizations submitted with an administration fee must be submitted with the Dispensing Fee Submitted (**412-DC**) = \$0 or null.
- **Clozapine Management Fee** - There is no change to the billing instructions for claims submitted with the clozapine management fee in the Incentive Amount Submitted (field **438-E3**).

Additional information regarding claims processing changes, including the updated payer specifications, can be found online at www.medicaidalaska.com under the “HIPAA 5010” tab or by emailing questions to AKHIPAASupport@acs-inc.com.

Sincerely,



Chad Hope, Pharm.D.
Pharmacy Program Manager