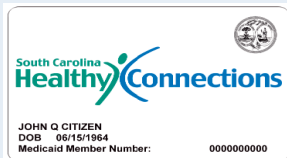


## QUICK NOTES

As of July 1, 2010, we have a new name! See our new logo above.

If a South Carolina Beneficiary has Medicare Part B as their primary insurance carrier, enter carrier code 90798 when submitting the claim to SC Medicaid for secondary payment.

Please ensure the correct Medicaid ID Number is used when submitting claims.



## BRAND VERSUS GENERIC

- ❖ SC Medicaid prefers Valtrex®, Prograf®, Duragesic®, Lotrel®, and Adderall XR® over their generic formulations.
- ❖ Pharmacy providers will be reimbursed at AWP – 10% (or the U&C) for the branded product.
- ❖ Claims submitted for the generic formulation will be denied.

## RESOURCES

To obtain information from the SC Department of Health and Human Services, visit their website at <http://www.dhhs.state.sc.us>.

To verify Medicaid eligibility or access information on your most recent payment, contact the Interactive Voice Response System (IVRS) at 1-888-809-3040.

For assistance with beneficiary or prescriber eligibility, call the Pharmacy Services Department at 1-803-898-2876.

To receive Medicaid bulletins by email, send your email address and contact information to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov).

To locate a Prescriber's NPI, visit the NPPES website at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

## MONTHLY PRESCRIPTION OVERRIDE LIMIT

**Effective July 20, 2010**, adult Medicaid Beneficiaries enrolled in the Fee-for-Service (FFS) program may receive four prescription overrides per month, provided specific override criteria is met, once the Beneficiary has obtained their monthly limit of 4 or more depending upon enrollment in a qualifying waiver. Refer to the *SC Medicaid Pharmacy Services Manual* or the *Magellan Medicaid Administration POS Provider Manual* for information on override criteria.

## PRESCRIPTIONS TRANSMITTED BY FACSIMILE

A recent audit performed by Integrated Pharmacy Services (IPS) revealed improper modification of prescriptions received by facsimile. Specifically, the header information on the fax had been removed from the faxed prescription. As a reminder, the SC Code of Laws, specifically §40-43-86(F), states electronically transmitted prescription drug orders must meet the following requirements. . . (prescriptions) transmitted by facsimile or computer. . . shall include:

- the name and address of the practitioner
- the phone number for verbal communication
- the time and date of transmission, and
- the name of the pharmacy intended to receive the transmission

## LINET

Newly determined dual eligibles should have prescription drug coverage through the LINET program for up to two months until they are assigned to a permanent Part D prescription drug plan. For details on billing the LINET program, providers may call 1-800-783-1307.

## PROPER USE OF THE "PRIOR AUTHORIZATION TYPE CODE" FIELD

When submitting claims for a SC Medicaid Beneficiary, do not enter a "5" in the Prior Authorization Type Code (PATC) field (NCPDP field #: 461-EU) until you receive NCPDP edit message 75 (Prior Authorization Required. Pharmacy Override See Policy – <http://southcarolina.fhsc.com>). If the "5" is entered in the PATC field on one or more of the initial four prescriptions, the Beneficiary may not receive their maximum number of monthly prescriptions, which is the sum of the initial four prescriptions plus the four monthly overrides, which must meet criteria specified in the SC Medicaid Pharmacy Services Manual.

## PHARMACY COB CLAIMS

**Effective September 15, 2010**, various Third Party Liability (TPL) enhancements will be implemented when a SC Medicaid Beneficiary has prescription drug coverage in addition to Medicaid. These claims should be submitted through the Magellan Medicaid Administration Point-of-Sale system as follows:

### OCC OF 2

- Use this code when payment is received from the primary payer. Report the payment amount in the "Other Payer Amount Paid" field (NCPDP field #: 431-DV).
- A new requirement resulting from these enhancements will require the submission of the patient's copayment amount (as stated by the primary payer) in the "Patient Paid Amount Submitted" field (NCPDP field #: 433-DX).

### OCC OF 3

- Use this code when the patient's primary insurance carrier excludes coverage of the drug.
- A new requirement resulting from these enhancements will require the submission of the primary carrier's Reject Code in the "Other Payer Reject Code" field (NCPDP field #: 472-6E).

~ continued.

## PHARMACY COB CLAIMS, CONTINUED.

### OCC OF 4

- Use this code when the patient's primary insurance plan is active, but no payment is collected as the primary insurer's payment is applied to the Deductible or Copayment in its entirety.

### OCC OF 7

- Use this code when the patient does not have active coverage with his/her primary insurer at the time the pharmaceutical product is being dispensed.
- A **new** requirement resulting from these enhancements will require the submission of the primary carrier's Reject Code in the "**Other Payer Reject Code**" field (NCPDP field #: 472-6E).

If you are unable to populate the NCPDP fields noted above, please contact your software vendor for assistance.

The chart below summarizes all fields which must be submitted on pharmacy COB claims:

Required on ALL COB Claims	
Field Name	NCPDP field #
Other Coverage Code (OCC)	308-C8
Other Payer Date	443-E8
ID Qualifier	339-6C
Other Payer ID	340-7C
Required on ALL OCC= 2 claims	
Field Name	NCPDP field #
Other Payer Amount Paid	431-DV
Patient Paid Amount Submitted	433-DX
Required on ALL OCC= 3 claims	
Field Name	NCPDP field #
Other Payer Reject Code	472-6E
Required on ALL OCC= 4 claims	
Field Name	NCPDP field #
No additional fields required	N/A
Required on ALL OCC= 7 claims	
Field Name	NCPDP field #
Other Payer Reject Code	472-6E

### CONTACT PROVIDER RELATIONS

To supplement those services provided by the Technical Call Center, the Provider Relations staff has established an email box to address your inquiries during normal business hours. Should you have a claims processing concern, contact us at [SCprovidersupport@magellanhealth.com](mailto:SCprovidersupport@magellanhealth.com).