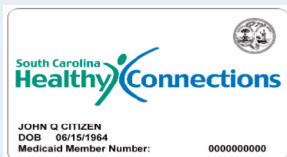


QUICK NOTES

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.



HOW TO REQUEST A MAC REVIEW

If you disagree with the Maximum Allowable Cost (MAC), you may appeal by completing the form at this link:

<http://southcarolina.fhsc.com>

Then, choose the "Pharmacy" tab and "Documents"

RESOURCES

To obtain information from the SC Department of Health and Human Services, visit their website at <http://www2.scdhhs.gov/>

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

To receive Medicaid bulletins by e-mail, send your e-mail address and contact information to bulletin@scdhhs.gov.

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

To view the 2012 D.0 Payer Specifications, visit our website at <http://southcarolina.fhsc.com>

Then, choose the "Pharmacy" tab and "Documents"

TOBACCO CESSATION FOR PREGNANT WOMEN

Effective with dates of service on or after **February 1, 2012**, the SC Department of Health and Human Services (SCDHHS) will cover Tobacco Cessation treatment for all pregnant women in accordance with Section 4107 of the Affordable Care Act, which amended Section 1905 (bb)(2) of the Social Security Act. The tobacco cessation policy for pregnant women will cover two (2) quit attempts per fiscal year, counseling, and pharmacotherapy. SCDHHS currently reimburses for the following pharmaceuticals used to facilitate the discontinuation of tobacco products:

- Bupropion sustained release products
- Chantix® (varenicline) tablets
- Nicotine Replacement Therapy (NRT) pharmaceutical products: legend and OTC patches and gum. (NRT lozenges, inhalers and sprays are non-covered unless approved through the PA process.)

SCDHHS policy requires that all tobacco cessation treatment must be ordered by a qualified practitioner defined as a physician, nurse practitioner, certified nurse midwife, or physician assistant.

Please note, this affects all fee-for-service beneficiaries that are not assigned to a Medical Home Network (MHN). All MHNs and Managed Care Organizations (MCOs) are subject to the policy outlined by the Managed Care program. For complete details, please see the link to the bulletin

<http://www2.scdhhs.gov/sites/default/files/TobaccoCessation2012.pdf>

FEDERAL UPPER LIMIT (FUL)

The Federal government mandates the FUL prices to be used for Medicaid claims reimbursement if it is the lowest price. These FUL prices are set by the Centers for Medicare and Medicaid Services (CMS). Magellan Medicaid Administration does not have the authority to change an FUL price. If you have questions regarding the FUL, you may contact Gail Sexton at (410) 786 – 4583 or e-mail CMS at FUL@cms.hhs.gov.

D.0 UNIVERSAL CLAIM FORM (UCF)

Effective for dates of service on or after **January 1, 2012**, pharmacies are to submit all paper claims via the D.0 Universal Claim Form. On **March 1, 2012**, Magellan Medicaid Administration will no longer accept v5.1 Universal Claim Forms. If you are not currently submitting paper claims with the D.0 UCF, please contact your current vendor. Or, NCPDP at www.ncdp.org/products.aspx.

BRAND PREFERRED OVER GENERIC

Brand Caduet®, Lipitor® and Kadian® are newly preferred over their generic equivalents by SC Medicaid. Pharmacy providers will be reimbursed in accordance with our payment algorithm. This applies only to claims submitted to Magellan Medicaid Administration for Fee-for-Service Medicaid beneficiaries. Pharmacy coverage for beneficiaries enrolled in a Managed Care Organization (MCO) is determined by each MCO's pharmacy benefits manager.

OTHER PAYER ID (NCPDP FIELD # 340-7C)

The "Other Payer ID" is one of four required fields you must populate when submitting COB information on a pharmacy claim. This field must be populated with a 5 digit Carrier Code (Payer ID). A list of these codes can be found at:

http://southcarolina.fhsc.com/Downloads/provider/SCRx_TPLcodes_byName.pdf

MANDATORY FIELDS

Submission of the following fields became mandatory with the adoption of D.0 on January 1, 2012.

Field Name	NCPDP Field #	Comments
Patient First Name	310-CA	D.0 claims submitted without the patient's first name will deny as "M/I Patient First Name".
Patient Last Name	311-CB	D.0 claims submitted without the patient's last name will deny as "M/I Patient Last Name".
Gender Code	305-C5	D.0 claims submitted without the gender code will deny as "M/I Patient Gender Code".
Date of Birth	304-C4	D.0 claims submitted without the date of birth will deny as "M/I Birth Date".
Gross Amount Due	430-DU	D.0 claims submitted with a Gross Amount Due (GAD) less than or equal to \$0.00 will deny as "M/I Gross Amount Due".
Route of Administration	995-E2	NOTE: For compound claims only. D.0 claims submitted without the Route of Administration will deny as "M/I Route of Administration".

PATIENT LOCATION / PATIENT RESIDENCE FIELDS

The "Patient Location" field was eliminated once D.0 became effective on January 1, 2012 and was replaced with the "Patient Residence" field (NCPDP field # 384-4X). The values accepted in this field are as follows:

Patient Residence	Value
Home	1
Nursing Facility	3
Assisted Living Facility	4
Hospice	11

With the implementation of D.0, the "Patient Location" value of "10" (Outpatient) is no longer valid. To decrease the administrative burden on pharmacy providers in processing physician administered injectables, the Prior Authorization Type Code (PATC) of "1" and Patient Location code of "10" will no longer be required.

COB CLAIMS

Upon adoption of D.0 on January 1, 2012, the Other Coverage Code value "7" is no longer accepted. Utilize the chart below to determine which Other Coverage Code value is appropriate.

OCC	Use this value if...	Additional fields to complete...		
		Field name	NCPDP #	Reason
2	Primary payer makes payment	Other Payer Amount Paid	431-DV	Enter payer's payment amount
		Other Payer Patient Responsibility Amt	352-NQ	Enter patient's liability
3	Primary payer does not cover the drug ~OR~ Primary payer denied the claim as the Beneficiary's coverage was not effective on the date of service	Other Payer Reject Code	472-6E	Enter payer's reject reason
4	Primary payer's total payment is applied to the Beneficiary's Deductible or Copayment	Other Payer Patient Responsibility Amt	352-NQ	Enter patient's liability

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 claim processing concern, contact us at SCprovidersupport@magellanhealth.com.

PRESCRIPTION ORIGIN CODE

For D.O transactions, claims submitted with a Prescription Origin Code (NCPDP field #: 419-DY) value of "0-Unspecified" will deny as "M/I Prescription Origin Code". The accepted values for this field are as follows:

Value	Description
1	Written
2	Telephone
3	Electronic
4	Facsimile
5	Pharmacy

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 claim processing concern, contact us at SCprovidersupport@magellanhealth.com.