SC Pharmacy Services Frequently Asked Questions

What is a qualifier?

A qualifier identifies the code set being used in the subsequent field. For instance, the Service Provider ID Qualifier of "01" indicates that the number included in the next field, Service Provider ID, will be an NPI number.

What should I do if I cannot locate a Prescriber's NPI #?

If you do not know the Prescriber's NPI #, please contact the Prescriber's office for assistance or you may click on the link below to the National Plan & Provider Enumeration System ("NPPES") website.

https://nppes.cms.hhs.gov/NPPES/Welcome.do

What are the appropriate qualifiers for SC Medicaid?

Service Provider ID Qualifier [202-B2] **- 01** (NPI #)

Product Service ID Qualifier [436-E1] **- 03** (NDC)

Prescriber ID Qualifier [466-EZ] **- 01** (NPI #)

Other Payer ID Qualifier [339-6C] **- 99** (Other, State assigned carrier code)

Will I be able to view these qualifiers in my system?

These qualifiers are programmed by your software vendor; it is possible that you may be unable to view them on your screen or to modify them. Should you encounter difficulties, please contact your software vendor.

What is the current monthly prescription limit policy?

Children, from birth to the date of their 21st birthday, are entitled to unlimited prescriptions. Adult beneficiaries in Long Term Care (LTC) facilities are entitled to four prescriptions per month and an unlimited number of overrides for prescriptions that meet the override criteria. Other adult beneficiaries are entitled to four prescriptions per month with a maximum of three overrides for prescriptions that meet the override criteria.

Adult beneficiaries enrolled in the HIV/AIDS Waiver ("SCHIVA"), VENT Waiver ("SCVENT") and Mental Retardation/Related Disabilities Waiver ("SCDMRX") programs are entitled to six prescriptions per month and up to three overrides for prescriptions that meet the override criteria. Those beneficiaries enrolled in the Head and Spinal Cord Injuries Waiver ("SCHSCX") are entitled to seven prescriptions per month and up to three overrides for prescriptions that meet the override criteria. Thus, you are encouraged to use the most cost effective method when dispensing medications.

When is it appropriate to override a beneficiary's monthly prescription limit?

You may utilize an override code to exceed the monthly prescription limit for adult beneficiaries if certain criteria are met. In some cases a "05" is required in the PRIOR AUTHORIZATION TYPE CODE field (NCPDP field # 461-EU) if you are attempting to override the monthly prescription limitation.

3 overrides per beneficiary per month are allowed if:

- o Monthly prescription limit has been met, **AND**
- o Adult beneficiary has one of the following medical conditions **AND**
- o The prescription is for an *essential* drug used in the beneficiary's treatment plan for one of the following conditions:

    1. Acute sickle cell disease
    2. Behavioral health disorder
    3. Cancer
    4. Cardiac disease (including hyperlipidemia)
    5. Diabetes
    6. End stage lung disease
    7. End stage renal disease ("ESRD")
    8. HIV / AIDS
    9. Hypertension
    10. Life-threatening illness (not otherwise specified)
    11. Organ transplant
    12. Terminal stage of an illness

NOTE: Instructions on monthly prescription limit overrides may be found on pages 19 and 20 of the Provider Manual http://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf

What should I do when I receive NCPDP Error (M8) – Host Unavailable?

If there are no reported connectivity issues, review the data you have entered into the PRIOR AUTHORIZATION TYPE CODE (PATC) field (NCPDP field # 461-EU). Entering two (2) digits, for example "05" rather than "5", will prevent you from receiving this error message.

What should I do when I receive NCPDP Error (41) – Submit Bill to Other Processor or Primary Payer?

This error is sent to alert you that it is necessary to bill the Primary Payer first before billing Medicaid. You should verify the Other Coverage Code, TPL Amount, Primary Payer Denial Date, and TPL Carrier Code (entered in the OTHER PAYER ID field #340-7C). Depending on the beneficiary's TPL coverage, you need to enter the appropriate TPL codes that will allow the claim to pay according to the given situation.

NOTE: Instructions on Coordination of Benefits (COB) claims processing may be found on pages 31 – 40 in the Provider Manual
http://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf.

You may also refer to the COB Billing Reference Guide by clicking the link provided below.

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

What should I do when I receive NCPDP (13) - M/I Other Coverage Code?

You should verify the OTHER COVERAGE CODE field (NCPDP field # 308-C8) has been populated. There are several situations, depending on the beneficiary's TPL coverage, which drive the OTHER COVERAGE CODE field (NCPDP field # 308-C8). This field should always be populated when other coverage is being filed.

NOTE: To view a list of OTHER COVERAGE CODES and when they should be utilized, click on the link to the COB Billing Reference Guide below

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

What should I do when I receive NCPDP (DV) - Other Payer Amount?

You should verify the OTHER PAYER AMOUNT field (NCPDP field # 431-DV). The only time this field is used is when TPL billing is required and the payment was collected from the primary payer. When using OTHER COVERAGE CODE = "2" to declare a primary payment, the insurance payment amount must always be put into the OTHER PAYER AMOUNT field (NCPDP field # 431-DV).

NOTE: Instructions on Coordination of Benefits (COB) claims processing may be found within the COB Billing Reference Guide in the link below

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

What should I do when I receive NCPDP (7C) - M/I Other Payer ID?

You should verify the OTHER PAYER ID field (NCPDP field # 340-7C). If you are submitting a TPL claim and have entered all fields except the carrier code in OTHER PAYER ID field (NCPDP field # 340-7C), the claim will deny. Magellan Medicaid Administration also sends back an additional message that may assist in troubleshooting the denial.

**NOTE:** Please refer to the links below for TPL codes in both name and number order

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

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

What should I do when I receive NCPDP (69) - Filled After Coverage Terminated?

First, make sure the claim has been submitted with the correct Medicaid ID number as shown on the beneficiary's ID card.

For assistance verifying Medicaid eligibility, you may call the Medicaid Pharmacy Department at 1-803-898-2876. **NOTE:** This error cannot be overridden. Only Pharmacy providers wishing to inform beneficiaries of
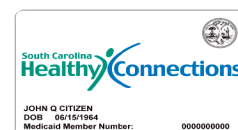
coverage dates should call in regard to this error.

What should I do if the beneficiary's other insurance coverage has termed?

If the beneficiary does not have other coverage on the date of service and this has been verified by billing the indicated insurance carrier, enter a "3" in the OTHER COVERAGE CODE field (NCPDP field # 308-C8) and the primary insurance carrier's reject code in the OTHER PAYER REJECT CODE field (NCPDP field # 472-6E).

How do I bill for home-administered injectable products?

You should verify that the medication is being administered in the home. Once confirmed, enter a "1" in the PRIOR AUTHORIZATION TYPE CODE field (NCPDP field # 461) and a "01" in the PATIENT RESIDENCE field (NCPDP field # 384-4X).

NOTE: Instructions on claims submission for home-administered injectables may be found on pages 26 - 28 of the Provider Manual

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

What should I do when I receive NCPDP Error (88) - DUR?

Call the Magellan Medicaid Administration Technical Call Center (866-254-1669) for assistance if the claim is rejecting for "Early Refill" or use the appropriate DUR Conflict, Intervention and Outcome codes if the claim is rejecting for a "Therapeutic Duplication" or "Drug-to-Drug Interaction". If the claim is rejecting for an "Early Refill" DUR edit, the Technical Call Center requires an explanation for the early refill. If certain criteria are met, a prior authorization is granted and the claim may be resubmitted for payment.

NOTE: Instructions on provider level overrides for DUR edits may be found on pages 61 - 63 in the Provider Manual http://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf

Why must patient-specific DUR messages be overridden month after month?

There are two ProDUR denial messages which may be overridden. The two messages are: Therapeutic Duplication and Drug-to-Drug Interaction. Both of these edits require you to review the patient's drug utilization and confirm appropriate drug therapy. Since information and warnings concerning drugs change frequently, it was determined that these two edits should be evaluated each time they occur in order to ensure appropriate drug therapy.

Whom should I call if I receive NCPDP (75) - Prior Authorization Required?

The majority of rejections for NCPDP edit 75 require contact with Magellan Medicaid Administration ' Clinical Call Center staff. All rejections requiring clinical intervention will return the message "PA Required MD Call 866-247-1181". Should you receive this rejection edit, please have the beneficiary's physician complete a "Prior Authorization Form" which is available via the link below. Once complete, the physician may fax this form to the Clinical Call Center at 888-603-7696, or the physician can contact the Clinical Call Center by calling 866-247-1181 to make the request by phone.http://southcarolina.fhsc.com/Downloads/provider/SCRx_PAform_General.pdf

When a rejection is received for any of the items listed below, you have the capability to override the rejection by using the PRIOR AUTHORIZATION TYPE CODE field. It is not necessary to contact Magellan Medicaid Administration or Medicaid staff for the following drugs:

- Lactulose

- Tretinoin (Retin A®, Avita®, and Differin®) for adult beneficiaries (greater than age 21)
- Home-administered injectable products
- Amphetamines for adult beneficiaries (greater than age 21)

NOTE: Instructions for Provider Level Overrides may be found on pages 26 - 28 of the Provider Manual http://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf

What should I do if I receive NCPDP (25) - M/I Prescriber ID?

You must submit all prescriber identification numbers using a total of 10 bytes. As a reminder, Prescriber Identification numbers on file may be found under the "Listings" section of this website. You are encouraged to submit claims with the Prescriber's NPI # as this will soon be a SC Medicaid requirement.   If you do not know the Prescriber's NPI #, please contact the Prescriber's office for assistance.

What if I do not understand what a particular error code means?

A list of Point of Sale Reject Codes and Messages is located in the Provider Manual, http://southcarolina.fhsc.com/Downloads/provider/SCRx_ProviderManual_POS.pdf on pages 46 – 60. Or, you may refer to the link below.

http://southcarolina.fhsc.com/Downloads/provider/errorcodes-SCpharmacy.pdf

How is the state MAC price derived?

Magellan Medicaid Administration's state Maximum Allowable Cost (MAC) procedures include the review of various drug pricing resources and applying a proprietary Magellan Medicaid Administration algorithm in determining an appropriate MAC price for a product(s).. In addition, rebate status, obsolete drug status, therapeutic equivalency ratings, and single-source and multiple-source product availability are also factors that are evaluated prior to applying a MAC price. .To view the current SC Medicaid MAC listing, please select the following link and access the document titled "Maximum Drug Unit Reimbursement Rate Listing".

How can I request review of the MAC price?

You may complete and submit the "MAC Price Inquiry and Research Request Form", available via the link below along with attaching a copy of an invoice indicating your acquisition cost regarding the product in question for the Magellan Medicaid Adminstration MAC Department to review.   You will receive a response from the MMA MAC Review Department once their review has been completed.

http://southcarolina.fhsc.com/Downloads/provider/SCRx_MAC_Price_Research_Request_Form.doc

What is the process for billing for Hospice beneficiaries?

For Hospice beneficiaries, coverage is limited to those drugs which are not related to the terminal illness.   These beneficiaries are subject to the same plan limitations and exclusions as all other Medicaid beneficiaries. Prior to submitting claims via the Point of Sale ("POS") system, you must contact the hospice agency and obtain the required Prior Authorization for those drugs not related to the terminal illness. These claims should be submitted with a PATIENT RESIDENCE code of "11" and a PRIOR AUTHORIZATION TYPE CODE of "08".

How do I submit Multi-Ingredient Compound claims?

All compounds must be submitted using the Multi-Ingredient compound template.   If you are unsure how to submit a Multi-Ingredient compound template, contact your software provider. The link below provides guidance on submission of these claims.

http://southcarolina.fhsc.com/Downloads/provider/SCRx_Reference_Guide_Multi-Ingredient_Compound.pdf

Who do I contact if the Beneficiary is enrolled in a Medicaid managed care plan ("MCO")?

A list of Medicaid managed care plans, along with their phone numbers, is listed below.

SC Medicaid Managed Care Plans

Plan Name	Contact Number
Absolute Total Care by TCC	1-866-433-6041
BlueChoice Health Plan	1-800-574-8864
First Choice by Select Health of SC	1-888-276-2020
United Health Care of South Carolina	1-800-414-9025

SC Medical Home Networks

Plan Name	Contact Number
South Carolina Solutions	1-888-366-6243
Carolina Medical Homes	1-800-733-1108
Palmetto Physician Connections	1-888-781-4371