



**First Health
Services Corporation**

A Magellan Health Company

2nd Quarter 2010

RX Insight: Apply and Comply

First Health Services is pleased to be the Pharmacy Benefit Administrator for SC Medicaid. You're just a 'click' away from a wealth of information at <http://southcarolina.fhsc.com/>

- On **April 1, 2010**, the Prior Authorization (PA) requirement for Medicare Part B claims was removed if Medicare Part B reimbursed for any portion of the claim. The pharmacist should bill SC Medicaid as secondary using the First Health Services Point-of-Sale (POS) system. If, however, the total "allowed amount" is applied to the annual Deductible a PA must still be obtained.
- Effective **May 5, 2010**, the SC Department of Health and Human Services (SCDHHS) will require submission of the Prescription Origin Code field (NCPDP field #: 419-DJ) on all **NEW** pharmacy claims. At this time, claims submitted for prescription refills will not be affected by this change. The following values will be accepted in this field:
 - 1 = Written
 - 2 = Telephone
 - 3 = Electronic
 - 4 = Facsimile

If the Prescription Origin Code field is left blank or populated with a "0", indicating "not specified", the claim will deny with NCPDP error code 33 (Missing/Invalid Prescription Origin Code).

- Use of the mother's Medicaid ID number is prohibited when filing claims for newborns. The only exception to this policy pertains to the initial (first 6 weeks) dispensing of AZT syrup to a newborn who has not yet received his/her Medicaid ID number. In this instance, you may bill using the mother's ID number.
- As a reminder, SC Medicaid is always the payer of last resort. You are required to bill all other insurance carriers before billing SC Medicaid. However, please note that SC Medicaid does not coordinate benefits with Medicare Part D covered claims. No primary payer(s) copayment or deductible amounts should be collected from Beneficiaries if the claim is for a covered SC Medicaid product.

When submitting a claim to SC Medicaid as the secondary payer you must complete the following fields ...

Field Name	NCPDP Field #	Helpful Hints
Other Coverage Code	308-C8	Appropriate values for this field are 2, 3, 4 or 7 <i>ONLY</i> (see page 2)
Other Payer Date	443-E8	
Other Payer Amount Paid	431-DV	
(Insurance) ID Qualifier	339-6C	Always enter a "99" in this field
Other Payer ID	340-7C	The 5 digit Insurance Carrier Codes / Payer IDs are located on our website at http://southcarolina.fhsc.com

The data you input into the "Other Coverage Code" (OCC) field is based upon the primary payer's payment or lack thereof.

OCC	Use this value if ...
2	the primary payer makes payment. Also, you must input the Beneficiary's liability in the "Patient Paid Amount Submitted" field (NCPDP field #: 433-DX) and enter a "5" in the "Prior Authorization Type Code" field (NCPDP field #: 461).
3	the primary payer does not cover the drug. Also, you must input the reject reason in the "Other Payer Reject code" field (NCPDP field #: 472-6E).
4	the primary payer applies their entire "allowed amount" to the Beneficiary's deductible or copayment.
7	the primary payer denies the claim as the Beneficiary's coverage was NOT effective on the date of service . Also, you must input the reject reason in the "Other Payer Reject Code" field (NCPDP field #: 472-6E).

If your system will not allow you to enter a 2, 3, 4 or 7 when appropriate, please contact your software vendor for assistance.

For complete instructions on proper billing of COB claims, please click on the links below to view our "COB Reference Guide" and "COB Tutorial" (with voice guidance).

[http://southcarolina.fhsc.com/Downloads/provider/SCRx Reference Guide Coordination of Benefits.pdf](http://southcarolina.fhsc.com/Downloads/provider/SCRx_Reference_Guide_Coordination_of_Benefits.pdf)

[http://southcarolina.fhsc.com/Downloads/provider/SCRx CoordinationofBenefits.pps](http://southcarolina.fhsc.com/Downloads/provider/SCRx_CoordinationofBenefits.pps)

Provider Level Overrides for Injectables

Provider level overrides are available for certain injectable medications including, but not limited to, home administered injectables, Viadur®, RhoGAM®, and Risperdal Consta®. Please view the table below for billing instructions.

Product	Prior Auth Type Code (Data Element # 461) Pharmacist should enter	Customer Location Field (Data Element #307) Pharmacist should enter
Home administered	1	01
Viadur® Lupron® Eligard® RhoGAM®	1	10
Synagis®	1	01 (if home admin) 10 (if office admin)
Risperdal Consta®	1	10
Invega Sustena®	1	10
Amphetamines for Adults (>Age 21)	1	N/A
Lactulose	1	N/A
Tretinoin for Adults (> age 21)	1	N/A

Provider Relations Contact

To supplement those services provided by the Technical Call Center, the Provider Relations staff has established an e-mail box to address your inquiries during normal business hours. Should you have a claims processing concern, e-mail us at SCprovidersupport@magellanhealth.com