

Pharmacy Update



December 10, 2019

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Medicare Part D Plans:

Allwell Medicare Advantage - AR, AZ, FL, GA, IL, IN, KS, LA, MO, MS, NM, NV, OH, PA, SC, TX, WI
Health Net Medicare Advantage – CA, OR
Trillium Medicare Advantage – OR
Ascension Complete Medicare Advantage – FL, IL, KS

Medicare-Medicaid Plans:

Absolute Total Care (Medicare-Medicaid Plan) – SC
Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) – OH
Health Net Cal MediConnect (Medicare-Medicaid Plan) – CA
IlliniCare Health - MMAI (Medicare-Medicaid Plan) – IL
Michigan Complete Health (Medicare-Medicaid Plan) - MI
Superior HealthPlan STAR+PLUS (Medicare-Medicaid Plan) - TX

Medicare Part D 2020 Opioid Utilization Management Changes & LTC Pharmacy Claim Codes

This communication contains background and program information regarding guidance for 2020 affecting Part D point-of-sale (POS) edits. Items addressed will be:

- A. Pharmacy and/or Prescriber Lock-Ins
- B. NEW Cumulative Morphine Milligram Equivalent Edit Updates
- C. Seven-day Opioid Naïve Edit
- D. Opioid Concurrent DUR (cDUR) Edits
- E. LTC Pharmacy Claim Codes

A. Pharmacy and/or Prescriber Lock-Ins

As of November 16, 2019, there are two new reject codes for Pharmacy and/or Prescriber Lock-Ins for at-risk Part D members utilizing frequently abused drugs (FAD). Reject code M2 will be returned with reject code 50 and/or 71 for pharmacy and/or prescriber lock rejects. Reject code 828 will replace reject code 70 and 76 when a claim is submitted for a member with a specific case management restriction in place.

Reject Code	Message
828	Mbr Case Mgmt Restriction
71, M2	Member Prescriber Override Exclusion, Recipient Locked In
50, M2	Member Pharmacy Override Exclusion, Recipient Locked In

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For these types of scenarios in which POS rejections occur for Part D members, no overrides should be entered. The Part D member should be informed that the rejection is due to a specific exclusion entered by the plan and the pharmacy should call the Pharmacy Help Desk (PHD). The PHD will have specific work instructions of how to identify the rejection and explain what the exclusion(s) is and what pharmacy and/or prescriber is involved with the lock-in if there is one in place.

If the Part D member wants to appeal the restrictions that are in place, he/she will need to call his/her plan's Coverage Determinations & Appeals (CD&A) department.

B. Cumulative Morphine Milligram Equivalent (cMME) Edit Updates

New for 2020, there will be an additional cMME hard reject if the cMME dose is greater than 200mg. To address these rejections, the Part D member or prescriber must request a Coverage Determination. This edit is in addition to the cMME soft reject that returns for doses greater than 90mg.

New cMME Pharmacy Messaging

The following are default messaging changes for rejected claims due to the cMME edit, and custom messaging will vary slightly from this. Messaging for paid claims that initially rejected due to cMME will also be changed but is not shown below. You could see one of the following two rejects at point of sale.

cMME REJECT RESPONSE	526-FQ MESSAGE 1	526-FQ MESSAGE 2	526-FQ MESSAGE 3	544-FY MESSAGE
922/G4/88	EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD Where 'XXXX' is the MME plan limit value	PRESCRIBER MUST CALL XXX-XXX-XXXX	WHEN CLINICAL EXCEPTION APPLIES	CUMULATIVE MME XXXXMG/DAY Where 'XXXX' is the cumulative MME amount for the claim
922/88	EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD Where 'XXXX' is the MME plan limit value	<blank>	<blank>	CUMULATIVE MME XXXXMG/DAY Where 'XXXX' is the cumulative MME amount for the claim

For claims that reject for doses exceeding 90mg MME, the pharmacist may override the reject upon consultation with the prescriber or based upon clinical judgement. The following codes can be used to override the rejected claim.

Reason for Service Code

The Reason for Service Code is a code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. The High Cumulative Dose code, "HC", will need to be returned in the pharmacy response for claims exceeding the 90mg cMME dose and can be sent by the pharmacy to be used with a valid Result of Service Code and a valid Professional Service Code to override a soft cMME reject.

cMME Result of Service Codes

The Result of Service Code is the action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service. The codes listed below can be sent by the pharmacy and may be used with other codes to override a soft cMME reject if plan set-up permits. Please note that other Result of Service Codes can still be used.

FIELD VALUES	NCPDP DESCRIPTION
4B	Dispensed, Palliative Care
4C	Dispensed, Hospice
4D	Dispensed, Cancer Treatment
1B	RPH determines alert is not relevant for the Rx and member
1C	Filled with a different dose
1D	Filled with different directions
1F	Filled with a different quantity
1G	Filled with prescriber approval
2A	RPH determines Rx should not be filled as written

C. Seven-day Opioid Naïve Edit

For 2020, there will still be a **safety edit reject** to limit initial opioid prescription fills for the treatment of acute pain to no more than a seven day supply. However, members with sickle cell disease will also be excluded from the safety edit.

The reject code used for this safety edit reject is 925.

REJECT CODE	MESSAGE
925	Day supply limit = 7 days. If cancer diagnosis or in LTC or hospice call XXX-XXX-XXXX

The edit can be addressed in the following ways:

PREFERRED OPTION	ADDITIONAL OPTIONS
Pharmacist can decrease the quantity and days' supply to seven days or less and resubmit.	Pharmacist can enter a cancer, palliative care, or sickle cell disease ICD 10 diagnosis code and resubmit the claim
	Pharmacist can call the Pharmacy Help Desk for an override if the Part D member has a known exception. Exceptions include: <ul style="list-style-type: none"> • Cancer diagnosis • Residence in a Long-Term Care facility • Hospice • Palliative or end-of-life Care • Sickle cell diagnosis • Part D member not opioid naïve as seen in past claims history
	Part D member or prescriber can request a Coverage Determination

D. Opioid Concurrent DUR (cDUR) Edits

These edits are set up to soft reject when prescribed drugs have the same therapeutic effects as medication(s) the Part D member is currently taking.

Opioid Edit	REJECT CODE	MESSAGE	REASON FOR SERVICE CODE
Duplicate Long-Acting Opioid Edit	88	PPS CODE REQD: 2 OR MORE LA OPIOIDS	TD
Opioid/Benzodiazepine Drug Interaction	88	PPS CODE REQD: DRUG INT OPIOIDS AND BENZO	DD
Opioid After Buprenorphine	88	PPS CODE REQD: HX BUPRENORP, EXCL OPIOID	DM

E. 2020 Medicare Part D LTC Pharmacy Claim Codes

Envolve Pharmacy Solutions would like to remind all Long Term Care (LTC) pharmacies filling prescriptions for any of the above listed Medicare Part D or MMP plan members that LTC pharmacies do not need to call to obtain a manual override in the situations listed in the following table. In the situations listed, pharmacies may submit specific codes that will allow claims to approve.

Codes Utilized on LTC Claim Submissions

- The first column is the NCPDP field where the pharmacy must insert the code indicated in the second column.
- The last column indicates the maximum approvable days supply allowed for the claim.
- If situations occur that fall outside of the allowances defined below, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567 for assistance.

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	04	Drug Missing, Dropped or Lost	Medication lost, missing or cannot be located	Up to a 5-day Supply
420-DK	07	Emergency Supply	Emergency supply of non-formulary drugs & formulary with PA or Step Therapy Requirements (used after Initial Eligibility Transition Period)	Up to a 31-day Supply
420-DK	14	Leave of Absence Vacation Supply	Separate dispensing of small quantities of medications for take-home use allowing members to leave facility for weekend visits, holidays, etc.	Up to a 5-day Supply
420-DK	15	Patient "Spit Out"	Medication "spit out"	Up to a 5-day Supply
420-DK	16	Emergency Box (Emergency Dose)	Emergency Box (E-Box) meds for emergency treatment until standard supply can be dispensed	Up to a 5-day Supply
420-DK	17	First Fill Following Emergency Box Dose	Follow-up fill after Emergency dose has been dispensed. This prescription should be filled for the full prescribed amount minus the Emergency Dosing	Written Rx Less E.R. Box Dose given up to a 31-day Supply

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	18	LTC Admission/ Level of Care Change	Newly admitted due to clinical status change. Medications may have been filled at retail pharmacy prior to admit; been filled prior to transfer and discontinued; not followed beneficiary to new facility due to regulatory and compliance issues and same meds reordered upon re-admit	Multiple fills up to a 31-day Supply
420-DK	19	LTC Split Billing	LTC claim that is partially paid under Medicare Part A and partially paid under Medicare part D should not pay two dispensing fees.	Up to a 31-day Supply
420-DK	21	14-day Supply or Less is not Applicable	14-day or less dispensing is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken. Medication quantities are dispensed as billed	Up to a 31-day Supply
420-DK	22	7-day Supply	Pharmacy dispenses medication in 7 day supplies	7-day Supply
420-DK	23	4-day Supply	Pharmacy dispenses medication in 4 day supplies	4-day Supply
420-DK	24	3-day Supply	Pharmacy dispenses medication in 3 day supplies	3-day Supply
420-DK	25	2-day Supply	Pharmacy dispenses medication in 2 day supplies	2-day Supply
420-DK	26	1-day Supply	Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies	1-day Supply
420-DK	27	4-3-day Supply	Pharmacy dispenses medication in 4 day, then 3 day supplies	7-day Supply
420-DK	28	2-2-3-day Supply	Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies	7-day Supply
420-DK	29	1-1-1-1-3 day supply	Pharmacy or remote dispenses medication daily during the week, and combines multiple days for dispensing weekends	7-day Supply

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	30	Shift dispensing	Pharmacy or remote dispenses medication per shift (multiple med passes)	TBD
420-DK	31	Med pass dispensing	Pharmacy or remote dispenses medication per med pass dispensing	TBD
420-DK	32	PRN dispensing	Pharmacy or remote dispenses medication on demand as needed	TBD
420-DK	33	< 7 day supply	Pharmacy dispenses medication on 7 day or less cycle not represented	< 7 day supply
420-DK	34	14-day Supply	Pharmacy dispenses medication in 14 day supplies	14-day Supply
420-DK	35	8-14-day Supply	Pharmacy dispenses medication in 8-14 day dispensing not otherwise represented	8-14-day Supply
420-DK	36	Medication Dispensed Outside Short Cycle	Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be covered by Medicare Part D	Up to a 31-day Supply

Appropriate Days Supply/ Short-Cycle Dispensing at LTC

- CMS requires pharmacies submitting claims for LTC residents to dispense brand name oral solids in increments of 14 days or less.
- Pharmacies must use Submission Clarification Codes for any claims submissions for brand name oral solids.

Appropriate Days Supply/ Short-Cycle Dispensing Override Codes

- The appropriate days supply/ short cycle dispensing override codes are 21 -36.
- Communication notices were sent to pharmacies in early 2017 to provide education on the appropriate use and accurate submission of Submission Clarification Codes (SCC) fields.
- Refer to the NCPDP SCCs listed above for additional guidance.

Please note: By submitting the Patient Residence of 03 or 09, the pharmacy is attesting that the patient meets the criteria in the description in the table above. If it is later determined during an audit that the patient did not meet criteria, the claim will be reversed in full. Pharmacies must always submit the correct quantity per day supply based on the prescription order.

Payer Sheets

To view the CVS Caremark payer sheet for RxBIN 004336 and PCN MEDDADV go to www.caremark.com/pharminfo.

Assistance

For Claims Processing or Technical Support, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567.