



79 C. Michael Davenport Blvd.
Suite A
Frankfort, KY 40601

Pharmacy Provider Notice #143 – Upcoming Pharmacy Updates

March 1, 2012

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following changes to the **Kentucky Medicaid Fee-for-Service Pharmacy Program**.

On **April 3, 2012**, Kentucky Medicaid (department) will be making the following change to reimbursement on medications that require prior authorization:

“Reimbursement shall be denied if prior authorization is required by the department and the request for prior authorization has not been submitted prior to dispensing the drug.”

On **April 3, 2012**, Kentucky Medicaid will **no longer accept** the Universal Claim Form (UCF) for NCPDP 5.1. Providers will need to order the new UCF for NCPDP D.0. Claims submitted on the old form will be returned. The new claim forms can be ordered through **CommuniForm**.

(800)387-4792 or

<http://www.communiform.com/NCPDP/>

On **April 3, 2012**, Kentucky Medicaid will expand the edit on the member’s date of birth (DOB). Claims will deny if the **month and year of birth** does not match what is currently on file with the Department for Medicaid Services. Providers will receive the **NCPDP “09” – Missing/Invalid (M/I) Date of Birth** denial message. The pharmacy will need to verify the DOB with the member. Once confirmed, the pharmacy may contact the Pharmacy Support Center at (800) 432-7005 for claim assistance. The member will need to contact Member Services at (800) 635-2570 to have their date of birth updated.

On **April 3, 2012**, Kentucky Medicaid will **no longer accept Other Coverage Code (OCC) “1 - No other coverage”**. Only the following values may be submitted in **NCPDP Field 308-C8**:

- “0” - Not specified by patient
- “2” - Other coverage exists-payment collected
- * “3” - **Other coverage billed – claim not covered**
- “4” - Other coverage exists-payment not collected

Claims submitted with this field empty or containing a value of “1”, “5”, “6”, “7”, or “8” will deny for NCPDP = 13 Missing/Invalid Other Coverage Code.

***If OCC of “3” is used, the primary payer reject code must be submitted.**

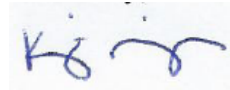
If a reject code is not submitted with the claim, it will deny with a supplemental message of “Resubmit with primary payer reject code.”

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

Please note that Magellan Medicaid Administration now offers real time service! Please contact the Clinical Support Center at (800) 477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.

* Please note: All dates are subject to change.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kasie Purvis', is centered on the page.

Kasie Purvis

Provider Relations Manager