

**** Fee-For-Service Pharmacy Provider Notice #246 –**

NCPDP Quantity Prescribed Update **

September 2, 2020

Background:

On January 24, 2020, the Department of Health & Human Services (HHS) published a rule (CMS-0055-F) that requires the submission of the Quantity Prescribed field on NCPDP D.0 billing transactions for Schedule II drugs. The Quantity Prescribed field is needed to identify an “incremental fill” of a Schedule II prescription, where the member receives fills for a Schedule II prescription in increments less than the amount prescribed. This modification was needed to support government regulatory requirements that are intended to help curtail the opioid crisis.

Requirements and Edits:

- On September 21, 2020, the Quantity Prescribed field (460-ET in the Claim segment) will be required for every Schedule II claim. Values are now accepted in this field, but not required.
- Effective September 21, claims for Schedule II drugs that do not include a value in the Quantity Prescribed field will reject with NCPDP Reject Code ‘ET - M/I Quantity Prescribed’.

Additional edits:

- If the value submitted in the Quantity Prescribed field does not adhere to the NCPDP-defined numeric field definition and field length (10 bytes, 9999999 v 999), Magellan will reject the claim with NCPDP Reject Code ‘ET - M/I Quantity Prescribed’.
- If the Quantity Prescribed field is submitted for a claim that is not for a Schedule II drug, Magellan will not utilize the Quantity Prescribed during adjudication.
- Partial fill transactions for Schedule II products are no longer supported and will be denied. Incremental fills will be recognized automatically based on the Quantity Prescribed and other NCPDP fields (e.g, quantity dispensed, Rx number, etc.).
- In accordance with KY law, the edit which denies claims for Schedule II drugs if > 60 days have passed from the date written will remain in place.

For additional information please review the current version of the Kentucky Medicaid NCPDP D.0 Payer Specifications; available at:

https://kyportal.magellanmedicaid.com/public/client/static/kentucky/documents/KY-Billing_PayerSpecD0.pdf



Thank you for helping Kentucky Medicaid members maintain access to prescription coverage by ensuring compliance with NCPDP D.0 payer specifications. Please contact Magellan Medicaid Administration at kyproviders@magellanhealth.com for any additional information or questions you may have.

Sincerely,

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Kentucky Medicaid Fee-for-Service Pharmacy Program’s Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Buprenorphine products, Synagis®, and Zyvox®.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member’s benefits or eligibility coverage dates.