

**PHARMACY SUPPORT CENTER**

**1-800-432-7005**

*24 hours per day / 7 days per week*

For claim assistance, early refill overrides, and lock-in overrides

**CLINICAL SUPPORT CENTER**

**1-800-477-3071**

*24 hours per day / 7 days per week*

**Please Note:** Kentucky Medicaid began allowing telephonic prior authorization requests on July 1, 2010. Drug specific prior authorization requests and brand prior authorization requests must still be submitted via fax.

**DIABETIC SUPPLY QUESTIONS**

**Prior Authorization**

**1-800-477-3071**

**Claim Inquiry**

**1-800-432-7005**

**Please Note:** Questions regarding claims prior to October 5, 2010 should be directed to 1-800-807-1232.

**PROVIDER SERVICES**

**1-877-838-5085**

*M-F, 10:30 a.m. – 4:30 p.m. ET*

Providers should contact provider Services for inquiries regarding enrollment and changes.

**MEMBER SERVICES**

**1-800-635-2570**

*M-F, 8:00 a.m. – 5:00 p.m. ET*

Recipients should contact Member Services for medication replacement requests.

**WEB SITES**

Kentucky Department for Medicaid Services

<http://chfs.ky.gov/dms/Pharmacy.htm>

Magellan Medicaid Administration

<https://kentucky.fhsc.com/>

**ONSITE PROVIDER EDUCATION**

For onsite education presentations, please contact Kasie Purvis at 502-395-0949, M-F 8:30 a.m. – 5:00 p.m. This education is free of charge.

**RECENT CHANGES**

**JULY 1, 2010 – TELEPHONIC PRIOR AUTHORIZATION REQUESTS**

Kentucky Medicaid is now allowing telephonic requests for prior authorizations (PA). Only prescribers and pharmacists may request a PA via telephone. Requests for products requiring a drug-specific fax form (currently: Brand Name, Suboxone®/Subutex®, Zyvox®, and Synagis®) will still require the form to be faxed. These forms are located at <https://kentucky.fhsc.com>. Telephonic requests should be directed to (800) 477-3071, 24 hours a day, 7 days a week.

**AUGUST 25, 2010 - EARLY REFILL OVERRIDE**

Kentucky Medicaid had previously allowed pharmacists to override an Early Refill (ER) reject (a claim for which at least 80% of a previous supply would not have been used) at POS. Once it was implemented, the ability to override the ER reject through point-of-sale (POS) was eliminated. Pharmacies have to contact the Magellan Medicaid Administration Pharmacy Support Center to request the override. The early refill tolerance was increased from 80% to 90%. Long Term Care facilities are exempt from the 90% tolerance, but they are still subject to the ER override.

**SEPTEMBER 1, 2010 - OTC PRODUCT COVERAGE**

Previously Kentucky Medicaid paid for all over-the-counter (OTC) products when ordered by prescription. Coverage has now been limited to a specified list of OTC products. The list of covered products has been posted to the web at <https://kentucky.fhsc.com> on the Providers tab under Drug Information. This list will contain products considered to be medically necessary. Products not on this list will no longer be covered by Kentucky Medicaid and will deny at point-of-sale (POS) with NCPDP rejection of 70; NDC not covered. Overrides cannot be submitted through the POS system or given by a support center.

**SEPTEMBER 1, 2010 – TOBACCO CESSATION**

Kentucky Medicaid began covering nicotine replacement therapy (NRT) products and tobacco cessation medications to aid members in the pursuit to stop using tobacco products. A referral form must be completed by the prescriber and member and submitted to the Department for Medicaid Services. The member is required to enroll in a counseling program. For additional information concerning tobacco cessation, please go to the Tobacco Cessation tab at <https://kentucky.fhsc.com>.

**OCTOBER 5, 2010 - DIABETIC SUPPLIES**

Diabetic supplies were previously billed through the Durable Medical Equipment program. Since October 5, 2010, blood glucose meters, blood glucose test strips, urine test or reagent strips, blood ketone test or reagent strips, insulin syringes, pen needles, lancets, lancing devices, and calibration solutions should be billed through pharmacy POS. There will be no grandfathering of blood glucose testing supplies. A list of preferred products has been posted to the web at <https://kentucky.fhsc.com> on the Diabetic Supply tab.

Claims submitted for members who are Medicare primary, will continue to be processed through your DME provider number and not through the Pharmacy Program.

**OCTOBER 13, 2010 - NON-MEDICAID PRESCRIBERS**

Prescriptions for controlled substances written by prescribers who are not enrolled as a Kentucky Medicaid provider will begin to deny at point-of-sale and return the message: "OUT OF NETWORK PRESCRIBER: PRESCRIBER CALL 877-838-5085."

For additional information, please refer to "Pharmacy Provider Notice #112 – UPDATE: Non-Medicaid Prescribers" located at <https://kentucky.fhsc.com> on the Provider tab.

**UPCOMING CHANGES****NCPDP VERSION D.0**

In January 2009, the Department of Health and Human Services published a new rule that requires the adoption of the new HIPAA-named transaction standards by January 1, 2012. The new standard includes NCPDP Version D.0, which replaces the current NCPDP standard, Version 5.1. Further communications will be forthcoming.

**UPCOMING PDL CHANGES****EFFECTIVE DECEMBER 1, 2010**

- Drug Class Changes – Tobacco Cessation

**EFFECTIVE DECEMBER 8, 2010**

- Branded Products with Generic Components
- New Drugs to Market

**EFFECTIVE DECEMBER 15, 2010**

- Drug Class Changes - Urinary Tract Antispasmodics

For additional information regarding these upcoming PDL changes please refer to *Pharmacy Provider Notice #115 - PDL Changes September 2010 PTAC Meeting – effective beginning 12/01/2010* located at <https://kentucky.fhsc.com> on the Provider tab, under Notices.

**THIRD QUARTER PHARMACY PROVIDER NOTICES**

#104 - Upcoming Pharmacy Changes

#105 - Pharmacy License Update

#106 - June Pharmacy Updates

#107 - Early Refill and OTC Changes

#108 - PDL Changes from May 2010 PTAC Meeting – effective beginning 09/08/2010

#109 - July Pharmacy Updates

#110 - Diabetic Supplies

#111 - August Pharmacy Updates

#112 - UPDATE: Non-Medicaid Prescribers

#113 - Tobacco Cessation – 3 Brand/4 Script Limitations

#114 – September Pharmacy Updates

**BILLING QUICK TIPS****COMPOUNDS**

Kentucky Medicaid Providers must utilize (since February 1, 2005) the Multi-Ingredient Compound Segment when billing for a compound prescription.

- 1) On the Product/Service screen, enter 11 zeros (0000000000) in the Product/Incoming ID/NDC field
- 2) Enter the "compound code" of "2"
- 3) On the Compound screen, enter NDCs of all ingredients on one claim, using one Rx number

For additional information on billing multi-ingredient compounds, please refer to the provider billing manual located at <https://kentucky.fhsc.com> on the Provider tab under Manuals.

**FIELDS REQUIRED FOR SUBMITTING MULTI-INGREDIENT COMPOUNDS**

**On CLAIM SEGMENT:**

Field Description	NCPDP Field #	Value
COMPOUND CODE	406-D6	2
PRODUCT CODE/ NDC	407-D7	00000000000
QUANTITY DISPENSED	442-E7	Quantity of entire product
GROSS AMOUNT DUE	430-DU	Amount for entire product
SUBMISSION CLARIFICATION CODE	420-DK	8

**NOTE:** Submission Clarification Code - Value "8" will only be permitted for POS (not valid for paper claims) and should be used only for compounds with both rebatable and nonrebatable ingredients. This value allows the provider to be reimbursed for rebatable ingredients only.

**On COMPOUND SEGMENT:**

Field Description	NCPDP Field #
COMPOUND DOSAGE FORM DESCRIPTION CODE	450-EF
COMPOUND DISPENSING UNIT FORM INDICATOR	451-EG
COMPOUND ROUTE OF ADMINISTRATION	452-EH
COMPOUND INGREDIENT COMPONENT COUNT	447-EC

**NOTE:** A maximum of 25 ingredients can be entered.

**For Each Line Item:**

Field Description	NCPDP Field #	Value
COMPOUND PRODUCT ID QUALIFIER	488-RE	3
COMPOUND PRODUCT ID	489-TE	For this line item only
COMPOUND INGREDIENT QUANTITY	448-ED	For this line item only
COMPOUND INGREDIENT COST	449-EE	For this line item only

For assistance with submitting a compound claim, please contact the Pharmacy Support Center at (800) 432-7005. The above information on billing multi-ingredient compounds is located in the provider billing manual located at <https://kentucky.fhsc.com> on the Provider tab under Manuals.

**UPCOMING MEETINGS**

**PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE (PTAC) UPDATE**

The PTAC 2011 committee meetings have been scheduled. The meetings will be from 1:00 p.m. to 5:00 p.m. in the Capitol Annex Building, Room 113. Additional information concerning PTAC can be found at <https://kentucky.fhsc.com> on the Committees tab, under PTAC.

\* January 20, 2011, March 17, 2011, May 19, 2011, July 21, 2011, September 15, 2011, and November 17, 2011.

**DRUG MANAGEMENT REVIEW ADVISORY BOARD (DMRAB) UPDATE**

The DMRAB 2011 committee meetings have been scheduled. The meetings will be from 1:00 p.m. to 5:00 p.m. in the Capitol Annex Building, Room 113. Additional information concerning DMRAB can be found at <https://kentucky.fhsc.com> on the Committees tab, under DMRAB.

\* February 10, 2011, May 12, 2011, August 11, 2011, and November 10, 2011.

