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TO: LTC Pharmacy Providers
FROM: First Health Services Corporation
DATE: June 29, 2005
SUBJECT: Schedule II, III and IV drugs

PROVIDER NOTICE 06.29.05 - 01

There has been some confusion as to how to correctly bill for Schedule II, III and IV drugs. In general, the State of Kentucky wants providers to submit claims for entire month (approximately 28 days) and use partial fills throughout the month. First Health Services has modified the dispensing fee rule back to March 15, 2005 so that partial fills for these drugs will be paid at the appropriate dispensing fee provided you send in 4 partials per month. **For schedule II, III, and IV drug claims paid incorrectly since March 15, 2005, please reverse and resubmit those claims to receive the proper dispensing fee for those claims.**

The fields listed below should be used in the completion of those partial fill claims.

- Patient Location Code (NCPDP field #307-C7) = 03
- Dispense Status (NCPDP field #343-HD) = P (partial) or C (completion)
 - This is an alpha field only
- Intended Days Supply (NCPDP field #345-HG)
 - This is a numeric field only
 - If this field is populated Intended Quantity must also be populated
- Intended Quantity (NCPDP field #344-HF)
 - This is a numeric field only
 - If this field is populated Intended Days Supply must also be populated
- Associated Prescription Date (NCPDP field #458 – EP)
 - This field must be populated using the CCYYMMDD format where
 - C = Century
 - Y = Year
 - M = Month
 - D = Day
- Associated Prescription Number (NCPDP field #456-EN)

If you have any questions regarding this change, please contact the First Health Help Desk at 800-432-7005.