



# MARYLAND PHARMACY PROGRAM

## Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 16  
April 28, 2005

# ADVISORY

*In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) **Maryland Pharmacy Program (MPP)** has developed the **Maryland Pharmacy Program Advisory**. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MPP representative at 410-767-5395.*

### **Maryland Medicaid Program – System Upgrade Notes**

The Point-of-Sale system for Maryland Medicaid was upgraded over the weekend of April 16, 2005 and April 17, 2005. To ensure accurate claims adjudication and appropriate reimbursement, please adhere to the following guidelines for COB claims and for compound claims. The First Health Technical Call Center is also available to provide assistance at 1-800-884-3238.

#### **COB Claims**

COB Segment (*This segment is required for B1 and B3 transactions when there is OTHER PAYER information:*

- Segment ID: 05 (Coordination of Benefits/Other Payments Segment)
- Coordination of Benefits/Other Payments Count: Maximum = 3, *typically 1*.
- Other Payer Coverage Type: This is a repeating field; maximum iterations = 3.
  - i. 01 = Primary
  - ii. 02 = Secondary
  - iii. 03 = Tertiary
- Other Payer ID Qualifier: This is a repeating field; maximum iterations = 3.
  - i. **Value =99 (Other)**;

- Other Payer ID: : This is a repeating field; maximum iterations = 3.
  - i. Value = Maryland Medicaid “Other Payer ID” returned in claim response or
  - ii. See “Other Payer ID” list in Provider Manual or
  - iii. **Value = ‘77777’ if patient presents with Rx insurance not noted on MD eligibility record and carrier code does not match MD Other Carrier Code List**
- Other Payer Date: This is a repeating field; maximum iterations = 3.
- Other Payer Amount Paid Count
- Other Payer Amount Paid Qualifier: This is a repeating field; maximum iterations = 3:
  - i. Value = 08 (sum of all reimbursement).
  - ii. Value 99= Other/ use when billing “copay only” COB.
- Other Payer Amount Paid: This is a repeating field; maximum iterations = 3.

### Compound POS Procedure

**Please make sure that you are transmitting the claim as a simple compound, NOT as a multi-ingredient compound.** Until multi-ingredient functionality is implemented, providers should follow the procedures as outlined below: If you receive the following denials, this may indicate that you have submitted the claim as a multi-ingredient transaction.

- NCPDP 21 - M/I NDC NUMBER
- NCPDP EH- M/I Compound Route of Administration
- NCPDP EE – M/I Compound Ingredient Drug Cost

Until multi-ingredient functionality is implemented, **providers should continue to follow the procedures as outlined below.**

1. Provider should enter the actual NDC of the most expensive Legend drug or a valid dummy NDC
2. Enter the quantity of the actual NDC used.
3. Enter a compound code of **2**.
4. Enter usual and customary for the entire compounded product.
  - U/C < \$25.00 will pay
  - U/C >/ = \$25.00 will deny for NCPDP Error Code 78 - (Cost exceeds maximum), 25.00 Maximum Cost Exceeded: Submit Compound to State
5. For claims that deny, Maryland Medicaid will review the claim and either approve for payment or deny. If approved, Maryland Medicaid staff will override. Please contact the State of Maryland directly at (410) 767-1455 for compound review questions.