

SECTION 3 PHARMACY CLAIM FILING INSTRUCTIONS

All pharmacy claims must be submitted electronically either through a clearinghouse, billing agent or the MO HealthNet Web site at www.emomed.com for billing and to maintain the business relationship with the MO HealthNet Division (MHD).

MANAGED CARE HEALTH PLAN PHARMACY “CARVE OUT”

Effective October 1, 2009, the MO HealthNet managed care health plans no longer provide pharmacy services for their members. Pharmacy claims for all MO HealthNet Managed Care members are processed by the MO HealthNet Fee-for-Service Pharmacy Program. Existing Fee-for-Service Pharmacy Program clinical editing parameters and Preferred Drug List criteria apply for coverage of pharmacy claims, and can be found at the following link.

<http://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm>

The carve out of pharmacy services in relation to physicians and private medical clinics (including FQHCs and provider based RHCs) includes all injections and birth control devices administered in the physician’s office or a private clinic setting. Note – injection administrations, including VFC vaccine administrations, must still be billed to the participant’s managed care health plan and not MO HealthNet.

Physician and medical clinic providers, including FQHCs, submitting drug information may use an electronic professional ASC X 12N 837 Health Care claim transaction or by manually entering a claim into MO HealthNet’s billing Web site, www.emomed.com. Provider based RHCs may file using the Institutional ASC X 12N 837 Health Care claim transaction or by manually entering a claim using www.emomed.com.

MEDICATION BILLING

The quantity to be billed for pharmacy items (e.g. birth control devices and systems) and injectable medications dispensed to MHD patients must be calculated as follows:

- Containers of medication in solution (for example, ampules, bags, bottles, vials, syringes) must be billed by the exact cubic centimeters or milliliters (cc or ml), even if the quantity includes a decimal (i.e., if three (3) 0.5 ml vials are dispensed, the correct quantity to bill would be 1.5 mls).
- Single dose syringes and single dose vials must be billed per cubic centimeters or milliliters (cc or ml), rather than per syringe or per vial.
- Powder filled vials and syringes that require reconstitution must be billed by the number of vials.
- The product Herceptin, by Genentech, must be billed by milligram (mg) rather than by vial.

- Immunizations and vaccines must be billed by the cubic centimeters or milliliters (cc or ml) dispensed, rather than per dose.

Claims billed incorrectly are identified through a dispute resolution process. When these claims are identified, providers are notified and required to file adjustments to accurately reflect the quantity dispensed.

Reimbursement for pharmacy items and injectable medications is made on the basis of the lower of the following:

1. Applicable Federal Upper Limit;
2. Applicable Missouri Maximum Allowable Cost (MAC);
3. Applicable Wholesaler Acquisition Cost (WAC), plus 10%; or,
4. Usual and customary charge.

For specific questions concerning pharmacy items and injectable medication billing, contact the Pharmacy and Clinical Services Administration Unit at (573) 751-6963.

Pharmacy Claim		
Billing NPI: <input type="text"/>		
Claim Header Information		
Participant Information		
Participant DCN *	Participant Last Name *	Participant First Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Participant Location		
<input type="text"/>		
Code Details		
Prior Authorization Type Code	Prior Authorization Number	
<input type="text"/>	<input type="text"/>	
National Drug Code *	Unit Dose Indicator	Compound Indicator
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Coverage Code	Other Coverage Amount	
<input type="text"/>	0.00	
Service Information		
Prescription Number *	Prescribing Provider Identifier Number *	Date Dispensed *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fill Number *	Decimal Quantity (9999999.999)	Days Supply *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Billed Charges *		
<input type="text"/>		
<input type="button" value="Save Claim Header"/> <input type="button" value="Reset"/>		
Save claim header to continue.		
<input type="button" value="Submit Claim"/> <input type="button" value="Printer Friendly"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>		

Electronic Pharmacy Claim Form Filing Instructions

NOTE: * These fields are required on all Pharmacy claim submissions.
 ** These fields are required only in specific situations, as described below.
 NPIs with alpha characters are case sensitive.

FIELD

INSTRUCTIONS FOR COMPLETION

Participant's DCN*

Enter the participant's eight digit MO HealthNet identification number (DCN).

<u>FIELD</u>	<u>INSTRUCTIONS FOR COMPLETION</u>
Participant's Last Name*	Enter the participant's last name.
Participant's First Name*	Enter the participant's first name.
Patient Location**	Required only for pharmacy providers.
Prior Authorization Type** Code.	The valid values are: 0 Not Specified 1 Prior Authorization 2 Medical Certification 3 EPSDT 4 Exemption from Co-pay 5 Exemption from Prescription 6 Family Plan 7 AFDC 8 Payer Defined Exemption
Prior Authorization Number	Enter the Prior Authorization number, if applicable. Otherwise, leave blank.
National Drug Code	Enter the precise National Drug Code (NDC) assigned to the product dispensed or administered as it appears on the package. If the drug code on the package is not in 5-4-2 format, enter zeroes in front of the numbers listed for each field. For example: NDC 45-143-20 is listed as 00045-0143-20. If the transaction code selected is B2, this field is optional.
Unit Dose Indicator	Indicate the type of unit dose dispensing. The valid values are: 0 Not Specified 1 Not Unit Dose 2 Manufacturer Unit Dose 3 Pharmacy Unit Dose
Compound Indicator**	If billing for a compound drug, the first ingredient of a compound must be billed with a compound indicator of 0-First Ingredient. All other ingredients must be billed with a compound indicator of 1-Additional Ingredient... Otherwise, leave blank.

FIELD**INSTRUCTIONS FOR COMPLETION**

Other Coverage Code**	Indicate whether the patient has a secondary health insurance plan. If so, choose the appropriate value. The valid values are: <ul style="list-style-type: none"> 0 Not Specified 1 No Other Coverage identified 2 Other Coverage Exists – Payment Collected 3 Other Coverage Exists – This Claim Not Covered 4 Other Coverage Exists – Payment Not Collected 5 Managed Care Plan Denial 6 Other Coverage Denied – Not a Participating Provider 7 Other Coverage Exists – Not in Effect at Time of Service 8 Claim is a billing for a co-pay
Other Coverage Amount**	Enter the total amount received by all other insurance resources. Previous MO HealthNet payments, Medicare payments, cost sharing and co-pay amounts are not to be entered in this field. This field is required if the Other Coverage Code field has a value.
Prescription Number*	Enter the number assigned by the physician's office or the clinic. Enter a sequential identification number in this field. If the billing provider chooses to use a patient account number, an additional unique identifying character must be added to identify different injection administered on the same date of service. NOTE – This number is used to sort claims submitted electronically on the pharmacy remittance pages.
Prescribing Provider Identifier Number*	Enter the prescribing provider's DEA number or MO HealthNet provider identifier number (Legacy number).
Date Dispensed*	Enter the date the injection was administered.
Fill Number*	The code indicating whether the prescription is an original or a refill. Enter a two-digit value. 00 = Original dispensing, 01-99 = Refill number
Metric Quantity*	Enter the metric quantity dispensed or used in administration as follows: Number of tablets dispensed. Number of grams for ointments or powders.

FIELD

INSTRUCTIONS FOR COMPLETION

	Number of cc's (ml's) administered for products in solution (ampule, I.V. bag, bottle, syringe, vial). Number of vials used containing powder for reconstitution. A quantity of 1 for Levonorgestrel Implant (1 kit = 1 unit).
Day's supply*	Enter the estimated duration of the prescription supply in days. If billing for an administration in a physician's office/clinic, the value must always be 1.
Billed Charges*	Enter the charge for this medication.
Save Claim Header (button)	Click Save Claim Header to save the Pharmacy Claim Header information.
Reset/Cancel (button)	Click on reset or cancel to remove any data entered and revert to the previous values or blank form.
Invoice of Cost Attachment**	See Invoice of Cost Attachment Help.