An Information Service of the Division of Medical Assistance

North Carolina
Medicaid Pharmacy
Newsletter

Number 221 *August 2013*

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Published by CSC, fiscal agent for the North Carolina Medicaid Program
1-866-246-8505 or 919-851-8888

New User Guide for Re-Verification and Re-Credentialing

A new User Guide for Re-Verification and Re-Credentialing has been posted to the Provider User Guides and Training page of the NCTracks Provider Portal.

Note that some providers have received two separate re-verification letters from NCTracks: one for the NPI and one for the Atypical ID. This process is only required for NPIs and/or Atypical IDs that are actively used. If your NPI or Atypical ID is no longer active, you do not need to complete this process. The NPI or Atypical ID will automatically deactivate 45 days after the date of the re-verification letter.

Approved EPSDT Pharmacy Requests

An EPSDT request can be made by a prescriber if a non-covered service is medically necessary for a child under the North Carolina Medicaid program. In the past for approved pharmacy requests, a pharmacy provider who accepted such a request was required to complete a paper claim form to be paid. The ability for electronic submission of an EPSDT request as a pharmacy prior authorization is currently being developed in NCTracks. If a pharmacy provider has provided medications to a Medicaid recipient under EPSDT, these claims will be able to be billed to Medicaid through NCTracks once development is completed.

Proposed Preferred Drug List Changes For 2013-2014

The proposed Preferred Drug List (PDL) changes for 2013-2014 have been posted for public review and comment at http://www.ncdhhs.gov/dma/mpproposed/index.htm. Please review and make comments by September 28th, 2013. The public PDL Review Panel meeting will be scheduled in the near future. Information about the meeting will be posted at http://www.ncdhhs.gov/dma/pharmacy/pdl.htm.

72-Hour Emergency Supply Available for Pharmacy PA Drugs

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior authorization. Federal law requires that this emergency supply be available to Medicaid recipients for drugs requiring prior authorization. [Social Security Act, Section 1927, 42 U.S.C. 1396r-8(d)(5)(B)]. Use of this emergency supply will ensure access of medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. A "***3***" in the Level of Service field (418-DI) should be used to indicate that the transaction is an emergency fill. ***Please note: Co-payments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.***

Updated Federal Upper Limit Reimbursement List

There are certain drugs that have been identified for which the Federal Upper Limit (FUL) reimbursement rate does not cover the cost of the drug. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. In order to receive adequate reimbursement, pharmacy providers may use the DAW1 override to override the FUL reimbursement rate for the drugs listed on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the ***DAW1*** override code is being monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (***if higher***) may be considered an overpayment and subject to recoupment.

NDC	DRUG NANE
00054003721	CLARITHROMYCIN 500 MG TABLET
00054302802	ACETYLCYSTEINE 20% VIAL
00093026330	FLUOCINONE 0.05 % CREAM
00093026392	FLUOCINONE 0.05 % CREAM
00093075701	PIROXICAM 20 MG CAPSULE
00093075705	PIROXICAM 20 MG CAPSULE
00093092401	OXAPROZIN 600MG TABLET
00143211205	DOXYCYCLINE HYCLATE 100 MG TABS
00143314150	DOXYCYCLINE HYCLATE 50 MG CAPS
00143314205	DOXYCYCLINE HYCLATE 100 MG CAPS
00143314250	DOXYCYCLINE HYCLATE 100 MG CAPS
00143980305	DOXYCYCLINE HYCLATE 100 MG CAPS
00168000215	TRIAMCINOLONE 0.5% CREAM
00168000315	TRIAMCINOLONE 0.025% CREAM
00168000380	TRIAMCINOLONE 0.025% CREAM
00168000415	TRIAMCINOLONE 0.1% CREAM
00168000416	TRIAMCINOLONE 0.1% CREAM
00168000480	TRIAMCINOLONE 0.1% CREAM
00168000615	TRIAMCINOLONE 0.1% OINTMENT
00168000616	TRIAMCINOLONE 0.1% OINTMENT
00168000680	TRIAMCINOLONE 0.1% OINTMENT
00168004046	BETAMETHASONE VA 0.1% CREAM
00168005515	BETAMETHASONE DP 0.05% CREAM
00168005546	BETAMETHASONE DP 0.05% CREAM

00168008160	NYST TRIAMC 100,000 CREAM
00168013460	FLUOCINONIDE 0.05% SOLUTION
00168020230	CLINDAMYCIN PH 1% GEL
00168020260	CLINDAMYCIN PH 1% GEL
00168025815	CLOTRIMAZOLE-BETAMETHASONE CREAM
00168025846	CLOTRIMAZOLE-BETAMETHASONE CREAM
00168031002	DESONIDE 0.05% LOTION
00168031004	DESONIDE 0.05% LOTION
00168037030	CLOTRIMAZOLE-BETAMETHASONE 1 % LOTION
00168038360	METRONIDAZOLE 0.75% LOTION
00185072401	CARISOPRODOL COMPOUND TAB
00185072405	CARISOPRODOL COMPOUND TAB
00228206710	OXAZEPAM 10 MG CAPSULE
00228206910	OXAZEPAM 15 MG CAPSULE
00378135501	TRIAMTERENE-HCTZ 75-50
00378135505	TRIAMTERENE-HCTZ 75-50
00378302501	CLOMIP HCL 25MG CAPSEL
00378425001	DOXEPIN 50 MG CAPSULE
00378537501	DOXEPIN 75 MG CAPSULE
00378641001	DOXEPIN HCL 100 MG CAPSEL
00378641010	DOXEPIN HCL 100 MG CAPSEL
00378850091	CLARITHROMYCIN 500 MG TABLET
00406114201	METHYLPHNHCL 5 MG TABLET
00406114210	METHYLPHNHCL 5 MG TABLET
00406114401	METHYLPHNHCL10 MG TABLET
00406114410	METHYLPHNHCL10 MG TABLET
00406114601	METHYLPHNHCL20 MG TABLET
00406147301	METHYLPHNHCL20 MG TABLET
00406895901	DEXTROAMPHETAMINE 10 MG TAB
00472016315	NYSTAIN 100,000 UNIT/GM CREAM
00472016330	NYSTAIN 100,000 UNIT/GM CREAM
00472016615	NYSTAIN 100,000 UNIT 15GMS
00472016630	NYSTAIN 100,000 UNITS 30GMS
00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM
00472080302	DESONIDE LOTION 0.05%
00472080304	DESONIDE 0.05% LOTION

00527142635	OXYCODONE CONC 20 MG/ML SOLN
00527142636	OXYCODONE CONC 20 MG/ML SOLN
00555095302	DEXTROAMPHETAMINE 10 MG TAB
00574723412	PHENADOZ 25 MG SUPPOSITORY
00574723612	PHENADOZ 12.5MG SUPPOSITORY
00591060701	LABETALOL 300 MGTABWATS
00591081046	SILVER SULFADIAZINE 1 % CREAM
00591081055	SILVER SULFADIAZINE 1% CREAM
00591081085	SILVER SULFADIAZINE 1% CREAM
00591216139	PHENADOZ 25MG SUP
00591544050	DOXYCYCLINE HYCLATE 100 MG CAPS
00591555305	DOXYCYCLINE HYCLATE 100 MG TABS
00591578701	NORTRIPTYLINE 25MG CAP
00591578705	NORTRIPTYLINE HCL 25 MG CAP
00591578710	NORTRIPTYLINE HCL 25 MG CAP
00591588301	METHYLPREDNISOLONE 10 MG TABLET
00591588401	METHYLPREDNISOLONE 20 MG TALET
00603459315	METHYLPREDNISOLONE 4MG D/P
00603459321	METHYLPREDNISOLONE 4 MG TABL
00603781874	NYSTATIN 100,000
00603781878	NYSTATIN 100,000 UNIT/GM CREAM
00713053612	PROMETHEGAN 12.5 MG SUPPOS
00713063986	HALOBETASOL PROP 0.05% OINTM
00781100801	TRIAMTERENE-HCTZ 75-50
00781100805	TRIAMTERENE-HCTZ 75-50
00781107101	METHAZOLAMIDE 50 MG TABLET
00781118101	NADOLOL 20 MG CAPS
00781118201	NADOLOL 40 MG TABS
00781169501	ISOSORBIDE DN 20 MG TABLET
00781169510	ISOSORBIDE DN 20 MG TABLET
00781196160	CLARITHROMYCIN 250 MG TABLET
00781196260	CLARITHROMYCIN 500 MG TABLET
00781574801	METHYLPHN HCL 5 MG TABLET
00781574901	METHYLPHN HCL 10 MG TABLET
00781575301	METHYLPHN HCL 20 MG TABLET
17478028310	GENTAK 3 MG/ML EYE DROPS
24208058060	GENTAMICIN OPTH SOLN

24208058064	GENTAMICIN 3 MG/ML EYE DROPS
24208067004	SULFACETAMIDE 10% EYE DROPS
29033001301	PIROXICAM 20 MG CAPSULE
29033001305	PIROXICAM 20 MG CAPSULE
43538051012	GENADUR NAIL LACQUER
43598021040	SSD 1% CREAM
43598021050	SSD 1% CREAM
45802002146	BETAMETHASONE DP 0.05% LOT
45802004811	NYSTATIN
45802004835	NYSTATIN OINTMENT
45802006405	TRIAMCINOLONE 0.1% CREAM
45802006435	TRIAMCINOLONE 0.1% CREAM
45802006436	TRIAMCINOLONE 0.1% CREAM
45802006535	TRIAMCINOLONE 0.5% CREAM
45802042235	DESONIDE 0.05% CREAM
45802042237	DESONIDE 0.05% CREAM
48102010101	METHAZOLAMIDE 50 MG TABLET
49884024601	CARISOPRODOL COMPOUND TABLET
49884024605	CARISOPRODOL COMPOUND TABLET
50111033301	METRONIDAZOLE 250 MG TABLET
50111033401	METRONIDAZOLE 500 MG TABLET
50111033402	METRONIDAZOLE 500 MG TABLET
50383026760	CLOBETASOL 0.05% CREAM
51672125301	FLUOCINONIDE 0.05% CREAM
51672125302	FLUOCINONIDE 0.05% CREAM
51672125303	FLUOCINONIDE 0.05% CREAM
51672125304	FLUOCINONIDE 0.05% CREAM
51672125903	CLOBETASOL 0.05% OINTMENT
51672126301	NYSTATIN-TRIAMCINOLONE CREAM
51672126302	NYSTATIN-TRIAMCINOLONE CREAM
51672126303	NYSTATIN-TRIAMCINOLONE CREAM
51672127201	NYSTATIN-TRIAMCINOLONE OINT
51672127202	NYSTATIN-TRIAMCINOLONE OINTM
51672127203	NYSTATIN-TRIAMCINOLONE OINTM
51672127304	FLUOCINONIDE 0.05% SOLUTION
51672128003	DESONIDE 0.05% CREAM
51672128103	DESONIDE 0.05% OINTM

51672128202	TRIAMCINOLONE 0.1% CREAM
51672128901	NYSTATIN 100,000 UNIT/GM CREAM
51672128902	NYSTATIN 100,000 UNIT/GM CREAM
51672129201	HYDROCORTISONE VAL 0.2% OINT
51672129203	HYDROCORTISONE VAL 0.2% OINT
51672129206	HYDROCORTISONE VAL 0.2% OINT
51672401105	CLOMIP HCL 25MG CAP
51672401205	CLOMIPR HCL 50 MG CAPTARO
51672401206	CLOMIP HCL 50MG CAP
51672404709	CARBAMAZEPINE 100 MG/5 ML SU
51672404801	CLOTRIMAZOLE-BETAMETHASONE CREAM
51672404806	CLOTRIMAZOLE-BETAMETHASONE CREAM
51672411606	METRONIDAZOLE TOPICAL 0.75% GEL
52152013702	CARISOPR ASA 200-32 TABACTA
52152013704	CARISOPR ASA 200-32 TA ACTA
53489011902	DOXYCYCLINE HYCLATE 100MG CAP
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP
53489012002	DOXYCYCLINE HYCLATE 100 MG TABLET
53489012005	DOXYCYCLINE HYCLATE 100 MG TABLET
53489017701	ALBUUTER SULF 4MG TAB
57664022888	METHYLPHNHCL5 MG TAB
57664022988	METHYLPHNHCL10 MG TAB
57664023088	METHYLPHNHCL20 MG TAB
59746000103	METHYLPREDNISOLONE 4 MG DOSE
59762372802	CLINDAMYCIN PH 1% SOLUTION
59762374301	CLINDAMY PHO1 % GELGRN1
59762374302	CLINDAMY PHO 1 % GEL
59762374401	CLINDAMYCIN LOTION
60758018805	GENTAMICIN 3 MG/ML EYE DROPS
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTMENT
61314063305	GENTAMICIN 3MG/ML EYE DROPS (3%)
61314064305	TOBRAMYCIN 0.3% EYE DROPS
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOL
61314070101	SULFACETAMIDE 10% EYE DROPS
64679094901	CLARITHROMYCIN 500 MG TABLET
66689002530	OXYCODON HCL 20MG/ML CONC.

67253032010	MTREX SODIUM 2.5 MG TAB
67405011045	METRONIDAZOLE 0.75% CREAM
68382076214	CLARITHROMYCIN 500 MG TABLET
68462034737	OXYCODONE CONC 20 MG/ML SOLN

Clinical Coverage Policies

The following new or amended combined N.C. Medicaid and N.C. Health Choice clinical coverage policies are available on the Division of Medical Assistance (DMA) Website at www.ncdhhs.gov/dma/mp/:

- *1B, Physician's Drug Program (7/1/13)*
- *1E-3, Sterilization Procedures (7/1/13)*
- *1K-7, Prior Approval for Imaging Services (7/1/13)*
- *3A, Home Health Services (7/1/13)*
- *3D, Hospice Services (7/1/13)*
- *5A, Durable Medical Equipment (7/1/13)*
- *5B, Orthotics & Prosthetics (7/1/13)*
- *6A, Routine Eye Exam and Visual Aids for Recipients Under Age 21 (7/1/13)*
- *7, Hearing Aid Services (7/1/13)*
- *8M, Community Alternatives Program for Individuals with Intellectual/Developmental Disabilities (CAP-I/DD) (Date of Termination 4/30/13)*
- *8N, Intellectual and Developmental Disabilities Targeted Case Management (Date of Termination 4/30/13)*
- *9, Outpatient Pharmacy Program (7/1/13)*
- *10A, Outpatient Specialized Therapies (7/1/13)*
- *10B, Independent Practitioners (IP) (7/1/13)*
- *10C, Local Education Agencies (LEAs) (7/1/13)*
- *10D, Independent Practitioners Respiratory Therapy Services (7/1/13)*
- *12B, Human Immunodeficiency Virus (HIV) Case Management (6/1/13)*
- *13A, Cochlear and Auditory Brainstem Implant External Parts Replacement and Repair (7/1/13)*
- *13B, Soft Band and Implantable Bone Conduction Hearing Aid External Parts Replacement and Repair (7/1/13)*
- *NCHC Home Health Services (Date of Termination 6/30/2013)*

These policies supersede previously published policies and procedures.

Checkwrite Schedule

August 06, 2013	September 10, 2013	October 08, 2013
August 13, 2013	September 17, 2013	October 15, 2013
August 20, 2013	September 24, 2013	October 22, 2013
August 27, 2013	October 02, 2013	October 29, 2013
September 04, 2013		

Electronic Cut-Off Schedule

August 02, 2013	September 06, 2013	October 04, 2013
August 09, 2013	September 13, 2013	October 11, 2013
August 16, 2013	September 20, 2013	October 18, 2013
August 23, 2013	September 27, 2013	October 25, 2013
August 30, 2013		

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS Claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.

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