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North Carolina

Medicaid Pharmacy

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1-800-688-6696 or 919-851-8888

Allowable Days Supply on Pharmacy Claims

The following is a list of drugs that DMA has approved to be dispensed for more than a 34 days supply or the manufacturer has packaged to allow more than a 34 days supply. Please note that the days supply on some eye drops is specific to the NDC and the package size on the bottle.

Allowable Days Supply			
NDC	GCNSEQ	DRUG NAME	DAYS SUPPLY
00573-2620-48		ALAVERT (Fast Dissolving), 48's	48
	13722	BOTOX	90
11523-7160-03		CLARITIN TABS, 20'S (OTC)	40
	26098	DEPO-PROVERA 150mg SYRINGE	90
	17584	DEPO-PROVERA 150mg/ml VIAL	90
	22472	ESTRING 2 MG VAGINAL RING	90
	44337	FEMHRT 1/5mg	84
	52093	FEMRING 0.05mg/24HR	90
	52094	FEMRING 0.1mg/24HR	90
	18106	GENOTROPIN 1.5MG	90
	40471	GENOTROPIN 13.8MG	90
	24494	GENOTROPIN 5.8MG	90
	43434	GENOTROPIN MINIQUICK 0.2MG	90
	43435	GENOTROPIN MINIQUICK 0.4MG	90
	43436	GENOTROPIN MINIQUICK 0.6MG	90
	45274	GENOTROPIN MINIQUICK 1.2MG	90
	45275	GENOTROPIN MINIQUICK 1.4MG	90
	45276	GENOTROPIN MINIQUICK 1.6MG	90
	45277	GENOTROPIN MINIQUICK 1.8MG	90
	43438	GENOTROPIN MINIQUICK 1MG	90
	45278	GENOTROPIN MINIQUICK 2MG	90
	40888	HORMONE REPLACEMENT DRUGS	84
	28713	HUMATROPE 12MG CARTRIDGE	90
	29177	HUMATROPE 24 MG CARTRIDGE	90
	29176	HUMATROPE 5MG VIAL	90
	59972	KALETRA 50-200	40
00023-9187-05		LUMIGAN 5ml	60
00023-9187-07		LUMIGAN 7.5ml	60
	44968	LUPRON 4 MONTH KIT	120
	44980	LUPRON DEPOT 11.25MG 3MO	90
	44964	LUPRON DEPOT 22.5mg KIT	90
	44345	NORDITROPIN 15MG/1.5ML	90
	44346	NORDITROPIN 5MG/1.5ML	90
	36985	NOVANTRONE	90
	21444	NUTROPIN 10MG VIAL	90
	43027	NUTROPIN 5MG VIAL	90

Allowable Days Supply			
NDC	GCNSEQ	DRUG NAME	DAYS SUPPLY
	50464	NUVARING VAGINAL RING	84
	49828	ORTHO EVRA PATCH	84
	40906	PREMPHASE 0.625/5 MG TABLET	84
	53321	PREMPRO 0.3 MG/1.5 MG TABLET	84
	52179	PREMPRO 0.45/1.5 MG TABLET	84
	22647	PREMPRO 0.625/2.5mg TABLETS	84
37000-0455-02		PRILOSEC OTC 14'S	42
37000-0455-03		PRILOSEC OTC 28'S	56
51285-0058-66		SEASONALE	91
51285-0087-87		SEASONIQUE	91
	18100	SEROSTIM 4MG VIAL	90
	43027	SEROSTIM 5MG VIAL	90
	22655	SEROSTIM 6MG VIAL	90
00065-0266-34		TRAVATAN 5ML	60
00065-0266-17		TRAVATAN (2X2.5ML)	60
00013-8303-01		XALATAN (3X2.5ML)	90

Applying for the National Provider Identifier

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for healthcare providers. The final rule for the National Provider Identifier (NPI) was issued on January 23, 2004 and adopts the NPI as this national standard.

Healthcare providers can apply now for their NPI at the following website: <https://nppes.cms.hhs.gov>. All HIPAA-covered physicians, suppliers, and other health care providers must apply for and be issued an NPI by **May 23, 2007**. In addition, all health plans must be able to accept the NPI instead of the plan specific provider identifiers on all HIPAA standard transactions by **May 23, 2007**. In other words, after this date, claims submitted to Medicaid must be billed with your NPI number instead of your current Medicaid provider number.

ALERT: When applying for an NPI, you are urged to include all Medicaid provider numbers on the NPI application form. Be sure to indicate North Carolina as your state name. It is our understanding that at some point CMS will make enumeration information available to states. At that time, this information will assist DMA in the development of crosswalks between your NPI and your Medicaid provider numbers. . .

The National Council for Prescription Drug Programs (NCPDP) is a CMS certified Electronic File Interchange Organization (EFIO) for obtaining and maintaining National Provider Identifiers

(NPIs) on behalf of authorizing pharmacies. The requirements for EFIOs can be viewed at http://www.cms.hhs.gov/NationalProvIdentStand/07_efi.asp#TopOfPage. NCPDP is urging pharmacies to utilize the services of NCPDP in obtaining their NPI so that providers will experience minimal payment disruption in transitioning from the NCPDP Provider ID or the North Carolina Medicaid Provider number to the NPI.

The information for obtaining a NPI number through NCPDP can be found on their website at http://www.ncpdp.org/frame_news_npi-info.htm.

PLEASE READ, IMPORTANT INFORMATION!

As you know, NCPDP V5.1 transaction contains no identifying information except for your NPI. If you have one NPI for multiple locations, there will be no way to distinguish the site from which a claim was submitted. If you submit claims for more than one location using the same NPI, you will receive one combined Medicaid payment for all locations. While we cannot require you to apply for an NPI for each location, DMA strongly recommends that you have a separate NPI for each Medicaid provider number. A separate NPI would result in your Medicaid payments being site specific.

If a pharmacy provider files a claim under one NPI, then sub-parts at a later date, this will cause problems with reversals. In order to successfully reverse a claim, the provider must submit the reversal using the NPI number associated with the Medicaid Provider number it was mapped to on the original claim. The NPI number submitted on the claim will appear on the remittance advice (RA). If you choose to subpart after payment is received, then make sure that the correct NPI number is indicated for the reversal. If you need assistance in determining the correct NPI, please contact EDS provider services at 1-800-688-6696.

As an alternative, the original claim can be reversed using the NPI submitted on the claim prior to reporting the new NPI to DMA. After the claim has been reversed, the new NPI can be reported to DMA for update. Once the provider has been updated with the new NPI, the claim can be resubmitted with the new NPI.

Have you reported your National Provider Identifier (NPI) to the Division of Medical Assistance (DMA)?

Only 25 percent of providers have reported their National Provider Identifier (NPI) to the Division of Medical Assistance (DMA). You must report an NPI for each of your Medicaid provider numbers to the DMA's Provider Enrollment unit to comply with HIPPA guidelines. (Atypical providers excluded.) At this time, the National Plan and Provider Enumerator are not providing NPI information to health plans.

Instructions and addresses to report the NPI and taxonomy number can be found on the DMA's Web site at <http://www.ncdhhs.gov/dma/NPI.htm>. Pharmacy providers should submit their taxonomy code to DMA, but currently there is no field to include this on the pharmacy online transaction or the paper claim form.

Two options are available for submitting this information: the NPI Collection Spreadsheet (EDI) and the NPI Collection form. Instructions for both are posted on the DMA website. A copy of the NPI certification (either letter or email) from the National Plan and Provider Enumeration System (NPPES) must be included with each submission to update your DMA provider enrollment file. (If the same NPI represents multiple Medicaid provider numbers, only one NPPES certification is needed.) The NPI reporting process will not be complete without this information. The NPI must be reported and the NPPES certification must be submitted to DMA Provider Enrollment by March 31, 2007.

NPI Poses No Change in Medicaid Policy or Billing Requirements:

The implementation of NPI requirements does not change Medicaid policy or current billing requirements. Claims processing will not be affected by such NPI changes as taxonomy codes and NPI numbers. Program coverage, reimbursement, and Medicaid policy remain the same. Please continue to refer to program enrollment and guidelines to file claims.

How NPI Will Affect Remittance and Status Reports :

Beginning with NPI implementation on May 18, 2007, providers will no longer be able to submit Medicaid provider numbers on claims. Remittance and Status Reports (RAs) will be affected by this change. Paper RAs will change to contain both the NPI submitted on the claim and the Medicaid provider number. On 835 transactions, only the NPI will be reported. Since claims are processed on the Medicaid provider number, providers may receive multiple 835 transactions.

Synagis Pharmacy Claims for 2006–2007 Season

The last accepted date of service for Synagis pharmacy claims for the 2006–2007 season is March 31, 2007. Synagis claims processing began on October 10, 2006, for this season.

All Synagis requests must be completed on criterion-specific forms, which can be found at the Division of Medical Assistance (DMA) Web site:

<http://www.ncdhhs.gov/dma/Forms/SynagisCriteriaForm.pdf>.

Up to five monthly doses of Synagis can be obtained for each eligible recipient.

Each week, pharmacy distributors should mail DMA copies of the North Carolina Medicaid Synagis for RSV Prophylaxis form. Please mail forms to:

**NC Division of Medical Assistance
Pharmacy Program
2501 Mail Service Center
Raleigh NC 27699-2501**

Pharmacy distributors with a large volume of Synagis claims should submit the information on a diskette. Microsoft Access is preferred, but an Excel spreadsheet is acceptable; file structure is the most important element of compatibility. Please call Charlene Sampson at (919) 855-4300 for specific instructions and further assistance on diskette submissions.

The N.C. Medicaid program should not be billed for Synagis unless the pharmacy has on file an accurate and complete Synagis for RSV Prophylaxis form OR a copy of an approval letter by DMA from the Request for Medical Review for Synagis Outside of Criteria form. Payment of Synagis claims will be reviewed and may be subject to recoupment by Program Integrity if the appropriate forms are not on file.

Clinical Coverage Policies

The following new or amended clinical coverage policies are now available on the Division of Medical Assistance's Web site at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>:

[A-3, Prior Authorization for Outpatient Pharmacy Point of Sale Medications](#)

[1A-13, Ocular Photodynamic Therapy](#)

[1B-1, Botulinum Toxin Treatment: Type A \(Botox\) and Type B \(Myobloc\)](#)

[1C-2, Medically Necessary Routine Foot Care \(February 1, 2007\)](#)

[1D-1, Refugee Health Assessments Provided in Health Departments](#)

[5A, Durable Medical Equipment \(codes revision and addition of cough assist device\)](#)

[9, Outpatient Pharmacy Program](#)

[10A, Outpatient Specialized Therapies](#)

[10B, Independent Practitioners](#)

[10C, Local Education Agencies](#)

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

Proposed Clinical Coverage Policies

In accordance with Session Law 2005-276, proposed new or amended Medicaid clinical coverage policies are available for review and comment on DMA's Web site at <http://www.ncdhhs.gov/dma/prov.htm>. To submit a comment related to a policy, refer to the instructions on the Web site. Providers without Internet access can submit written comments to the address listed below.

Loretta Bohn
Division of Medical Assistance
Clinical Policy Section
2501 Mail Service Center
Raleigh, NC 27699-2501

The initial comment period for each proposed policy is 45 days. An additional 15-day comment period will follow if a proposed policy is revised as a result of the initial comment period.

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

Terminated Labelers

The following labeler codes are being terminated effective 04/01/2007:

JMI-Daniels Pharmaceuticals LLC., (Labeler Code 00689)
The Liposome Company, Inc. (Labeler Code 61799)

The following labeler code is being voluntarily terminated effective April 1, 2007:

Emrex/EconoMed Pharmaceuticals, Inc. (Labeler Code 38130)

The following labeler codes are being voluntarily terminated effective July 1, 2007:

3M Pharmaceuticals (Labeler Code 17518)
Myogen, Inc. (Labeler Code 20694)
3M Pharmaceuticals (Labeler Code 55298)
GlaxoSmithKline (Labeler Code 00766)
GlaxoSmithKline (Labeler Code 45800)
GlaxoSmithKline (Labeler Code 49692)
GlaxoSmithKline (Labeler Code 53100)
Richmond Pharmaceuticals (Labeler Code 54738)

Checkwrite Schedule

March 06, 2007	April 10, 2007	May 08, 2007
March 13, 2007	April 17, 2007	May 15, 2007
March 20, 2007	April 26, 2007	May 22, 2007
March 29, 2007		May 31, 2007

Electronic Cut-Off Schedule

March 01, 2007	April 05, 2007	May 03, 2007
March 08, 2007	April 12, 2007	May 10, 2007
March 15, 2007	April 19, 2007	May 17, 2007
March 22, 2007		May 24, 2007

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 prior to the electronic cut-off date to be included in the next checkwrite.



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