



PROVIDER BULLETIN

No. 07-06

April 5, 2007

TO: All Pharmacies Participating in Nebraska Medicaid

FROM: Mary Steiner, Administrator
Medicaid Division

BY: Barbara Mart, R.P., Pharmacy Consultant

RE: NPI, Prior Authorization, TPL, Byetta PA Form, New Drug PA Form

- Pharmacies are reminded that there should be no change in the way pharmacy claims are submitted to NE Medicaid in regard to NPI (National Provider Identifier) at this time. As stated in Provider Bulletin No. 06-11 from June 19, 2006, "Nebraska Medicaid is in the process of procuring a new NPI compliant Medicaid Management Information System (MMIS) claims processing system. This system will not be implemented prior to the May 23, 2007 NPI implementation date....Until the installation of an NPI compliant MMIS, only the 837I, 837P, 837D, and 835 will accept or send the NPI, along with legacy identifiers. Changes to all other transactions are not planned at this time." Pharmacies should continue to send identifiers as indicated on the current ACS Payer Sheet:

202-B2	Service Provider ID Qualifier	07 = NCPDP ID Number	M	
201-B1	Service Provider ID	NABP / NCPDP Provider number	M	

466-EZ	Prescriber ID Qualifier	08 = State License Number	R	
411-DB	Prescriber ID	Nebraska unique ID	R	Nebraska State License Number. If the prescriber does not have one, call the Nebraska Help Desk.

When billing for supplies or equipment on form CMS-1500 the referring physician's license number is required in field 17a and the 11-digit provider number currently used to bill NE Medicaid is required in field 33b. The NPI of the referring physician is optional in field 17b. The NPI of the pharmacy is optional in field 33a.

For Pharmacy Providers enrolled with Nebraska Medicaid billing for Durable Medical Equipment Medical Supplies, Orthotics and Prosthetics (DMEPOS) on the CMS 1500 paper claim form (08-05) refer to the billing instructions at <http://www.hhs.state.ne.us/reg/appx/471-000-55.pdf>

For Pharmacy Providers enrolled with Nebraska Medicaid billing for Durable Medical Equipment Medical Supplies, Orthotics and Prosthetics (DMEPOS) electronically, refer to the HIPAA Companion Guides at <http://www.hhss.ne.gov/med/edindex.htm>

2. Coverage of incretin mimetic agents (Byetta®) will remain on prior authorization. The DUR board has completed their annual criteria review. An updated form is attached for future requests.
3. Coverage of amylinomimetic agents (Symlin®) will remain on prior authorization. The DUR board has completed their annual criteria review. No changes were made.
4. Medicaid Reform legislation restricted coverage of new drugs to medical necessity until review by the DUR board. The Documentation of Medical Necessity form is attached for use with drugs pending DUR review and coverage criteria recommendation.
5. Medicaid shall not pay for drug claims as a primary payer if a third party resource is contractually or legally obligated to pay for the service. All third party resources available to Medicaid clients must be utilized for all or part of their drug costs before Medicaid is billed for drug claims.

The 4 in Other Coverage Code, field number 308-C8, should only be used where the paid response from the primary insurance shows no payment to the pharmacy. For example, 100% went to co-pay or 100% went to deductible.

The 7 in Other Coverage Code, field 308-C8, should be used in situations when submission to the primary insurance returns a rejection indicating coverage is not in effect at the time. The pharmacy should direct the client to contact their caseworker to update insurance information. Only the caseworker is authorized to update and remove terminated coverage for a recipient.

These codes will be monitored closely. If Medicaid finds that these codes have been misused Nebraska Medicaid will have the right to recover all funds. The Third Party Liability (TPL) Unit is in the process of contacting pharmacies to elicit further information on cases where the Department has received payment for claims. The TPL Unit may apply one of the following actions against a Pharmacy for failure to bill any third party resource for drug claims before billing Medicaid.

1. Suspension or withholding of payments to a Pharmacy.
2. Recoupment from future Pharmacy payments.