

PHARMACY



BILLING MODULE



**Pharmacy
Billing Module**

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Coding Requirements

EqualityCare Coding Guidelines

When coding for EqualityCare you should be aware that NDC codes and their respective definitions were developed by the National Drug Administration for providers to describe their services numerically for claim submission to insurers. These codes serve insurers as guidelines for claim adjudication but are not legally binding. EqualityCare has established specific guidelines, which must be followed for reimbursement.

Basic Rules When Billing on Paper

- Always use the Universal Claim Form.
- Use one claim for each client.
- Be sure the information on the form is legible.

Before You Begin

- Is the client eligible for EqualityCare on the date of service?
- Do you have a copy of the client's proof of eligibility?
- Does EqualityCare cover the service?
- Have you checked to make sure the client does not have other insurance?

If you do not have all of this information, review the instructions in Chapter Six of the General Manual, "Verifying Client Eligibility."

If the response to all of the above questions is favorable, you can begin to fill out the claim form following the instructions in this module.

Reimbursement and Co-Payment

Reimbursement

EqualityCare reimbursement for covered services is based on a variety of payment methodologies depending on the service provided:

- AWP
- FMAC
- SMAC
- Negotiated rates

A schedule of EqualityCare fees by procedure is available online at <http://wyequalitycare.acs-inc.com> or upon written request to:

ACS, Inc.
P.O. Box 667
Cheyenne, WY 82003-0667

COPAYMENT SCHEDULE

\$10.00	Prescription Drug Assistance Program- Generic drugs
\$25.00	Prescription Drug Assistance Program - Name brand drugs
\$2.00	All Other Programs - Prescriptions

EXCEPTIONS

Copayment requirements do not apply to:

- Recipients under age 21
- Nursing Facility Residents
- LTC Waiver recipients (Pharmacy only)
- Pregnant Women
- Family planning services
- Emergency services
- Hospice services
- Medicare Crossovers
- Assisted Living Facility Waiver Service (Pharmacy only)

Pregnant women are not required to make a copayment for any prescriptions. For pregnant women, place a '4' in the appropriate field when you are submitting a prescription via Point of Sale, or place a 'P' in the upper right section of the Universal Claim Form.

Point of Sale (POS) Billing

The Point-of-Sale (POS) drug claims system allows pharmacists to send claims to EqualityCare via telecommunications networks as they are filling prescriptions for EqualityCare clients, and to have those claims adjudicated on-line or in real time. The following on-line processing functions are performed:

- Verify client eligibility
- Verify claim data validity
- Perform on-line duplicate services detection and drug caps
- Verify coverage of the drug due to formulary restrictions, DESI status, obsolete dates and rebate closures
- Price the claim and provide co-pay and reimbursement amounts
- Perform Provider Prospective DUR, the detection of conflicts prior to filling the prescriptions.
- Prior Authorization
- Pharmacy Overrides

When a prescription is filled, the pharmacy enters the prescription data into the internal system through a personal computer, a terminal, or some other point of sale device. The pharmacy system then formats and sends the EqualityCare claim to the POS drug claims system for adjudication. EqualityCare uses the National NCPDP 5.1 claim format.

The POS drug claims system interfaces with individual pharmacies through switch vendors, such as NDC or Envoy, who provide telecommunications. The switch vendors route POS claims from pharmacies to processors like ACS, Inc. The response is sent back to the pharmacy via the switch vendor as well. With the exception of limited maintenance periods, the POS claims system is available twenty-four hours a day, seven days a week.

The signed POS agreement must be on file with ACS, Inc. before you will be allowed to submit claims by POS. You are responsible for your own telecommunications “switch” costs through your regular POS vendor.

ACS POS Help Desk Call Center- 1-800-365-4944
ACS POS Prior Authorization Help Desk- 1-866-556-9320

Paper Claims Billing

Effective October 2003, EqualityCare requires all pharmacy claims to be submitted electronically through the Point of Sale system (POS). EqualityCare will only accept a claim submitted on paper when (1) a client becomes eligible for EqualityCare after receiving services (retroactive EqualityCare) AND (2) the provider’s software system cannot support a claim with a previous date of service, or (3) the claim is a pharmacy lock-in recipient who has gone to another pharmacy for an emergency (see Lock-in section in manual).

If you do have to submit a claim on paper, you must use the Universal Claim Form when requesting payment for drugs and pharmaceutical products authorized under the EqualityCare program. If you do not use the Universal Claim Form, your claim will be returned to you. Examples of the claim form are depicted in this section as Exhibits 1 and 2. Step by step instructions for completing the Form follow in this module.

Billing for Split Prescriptions

If a pharmacy does not have a sufficient supply of a product to fill a prescription completely, half of the dispensing fee is received up front and the other half is received when the completion of the prescription is filled. The full co-pay will be taken up front.

Billing of Claims with No DEA Number

When the prescriber has no DEA number, as with Optometrists and prescribing Nurse Practitioners, the required prescribing number for these providers is "WY0000000".

Billing of Claims with Dispense as Written (DAW) for Brand Name Drugs

DAW Codes - A claim for a Brand Name drug, transmitted via the POS system, must be billed with a Dispense as Written (DAW) Code of "0" unless the prescriber has written "Brand Medically Necessary" on the prescription. If the prescriber has noted "Brand Medically Necessary" a DAW code of "1" must be entered in order for the claim to be paid for the Brand Name Product. If billing via paper claim in this situation, enter "1" in field 20 "Brand Necessary." **Never use DAW code of "1" when billing for generic products.**

Billing of Claims for Hospice Services – If you receive a denial for a client being locked into a hospice provider, call the ACS POS Prior Authorization Helpdesk at 800-556-9320 for a PA override. If the drug is not related to their terminal care, a PA will be entered and the claim can be resubmitted electronically for payment.

Billing of Claims with Compound Drugs

With NCPDP version 5.1 compounds can now be submitted via POS listing each ingredient and NDC. Up to 40 NDCs will be accepted per claim. To process these claims, each ingredient must be covered by EqualityCare. Each ingredient will be reimbursed at AWP minus eleven percent and there will be one dispensing fee of \$5.00. There is no additional compensation for compounding. If you need to bill a paper claim, see guidelines below.

Billing of paper claims for compound drugs must be billed following the guidelines:

- Use the universal claim form with the same fields as outlined in Exhibit 1.
- List each ingredient and ingredient's NDC used in the compound on the compound prescription form and attach to the universal claim form. You must list your dispensing fee on the claim.
- Each ingredient will be reimbursed at AWP minus eleven percent and there will be one dispensing fee of \$5.00. There is no additional compensation for compounding.

TPL Billing Instructions

When payment is received from insurance, enter the insurance payment in the "Other amount" field and submit the claim to EqualityCare. EqualityCare will subtract the insurance payment and any required co-payment from the allowed fee in pricing the claim. You should continue to collect the EqualityCare co-payment from the client.

If a claim is denied by EqualityCare saying the person has other insurance that may be billed by the pharmacy and the client cannot supply a card with the insurance information, contact ACS, Inc.'s TPL department at 307-772-8401 or 1-800-251-1268.

If the insurance company denies the claim because the insurance has been terminated, contact ACS, Inc.'s TPL department.

If the insurance company denies the claim because it is a non-covered service or deductible, use the corresponding NCPDP code to process the claim through point of sale. Enter:

3 = Other coverage exists - this claim is for a non-covered drug.

4 = Other coverage exists - payment not collected because of deductible.

An audit will be conducted on a regular basis to verify the accurate use of the above override codes.

EXHIBIT 1 Universal Claim Form 1

[] PHARMACY HOLDER I.D. <u>2</u>		GROUP I.D. <u>1</u>		4				
NAME _____			PLAN NAME _____					
PATIENT NAME <u>3</u>		OTHER COVERAGE CODE (1) <u>5</u>		PERSON CODE (2) _____				
PATIENT DATE OF BIRTH _____ <small>MM DD CCYY</small>		PATIENT (3) GENDER CODE _____		PATIENT (4) RELATIONSHIP CODE _____				
PHARMACY NAME <u>6</u>			SERVICE PROVIDER I.D. <u>9</u>					
ADDRESS <u>7</u>			QUAL (5)					
CITY _____			PHONE NO. () _____					
STATE & ZIP CODE _____			FAX NO. () _____					
WORKERS COMP. INFORMATION EMPLOYER NAME _____			I have hereby read the Certification Statement on the reverse side. I hereby certify to and accept the terms thereof. I also certify that I have received 1 or 2 (please circle number) prescription(s) listed below. PATIENT / AUTHORIZED REPRESENTATIVE <u>10</u>					
ADDRESS _____								
CITY _____ STATE _____ ZIP CODE _____								
CARRIER I.D. (6) _____		EMPLOYER PHONE NO. _____		ATTENTION RECIPIENT PLEASE READ CERTIFICATION STATEMENT ON REVERSE SIDE				
DATE OF INJURY _____ <small>MM DD CCYY</small>		CLAIM (7) REFERENCE I.D. _____						
1								
PRESCRIPTION / SERV. REF. # _____		QUAL (8) _____	DATE WRITTEN _____ <small>MM DD CCYY</small>		DATE OF SERVICE _____ <small>MM DD CCYY</small>	FILL# _____	QTY DISPENSED (9) _____	DAYS SUPPLY _____
PRODUCT / SERVICE I.D. _____		QUAL (10) _____	DAW CODE _____	PRIOR AUTH # SUBMITTED _____	PA TYPE (11) _____	PRESCRIBER I.D. _____		QUAL (12) _____
DUR/PPS CODES (13) _____		BASIS COST (14) _____	PROVIDER I.D. _____		QUAL (15) _____	DIAGNOSIS CODE _____		QUAL (16) _____
OTHER PAYER DATE _____ <small>MM DD CCYY</small>		OTHER PAYER I.D. _____	QUAL (17) _____	OTHER PAYER REJECT CODES _____		USUAL & CUST. CHARGE _____		_____
2								
PRESCRIPTION / SERV. REF. # _____		QUAL (8) _____	DATE WRITTEN _____ <small>MM DD CCYY</small>		DATE OF SERVICE _____ <small>MM DD CCYY</small>	FILL# _____	QTY DISPENSED (9) _____	DAYS SUPPLY _____
PRODUCT / SERVICE I.D. _____		QUAL (10) _____	DAW CODE _____	PRIOR AUTH # SUBMITTED _____	PA TYPE (11) _____	PRESCRIBER I.D. _____		QUAL (12) _____
DUR/PPS CODES (13) _____		BASIS COST (14) _____	PROVIDER I.D. _____		QUAL (15) _____	DIAGNOSIS CODE _____		QUAL (16) _____
OTHER PAYER DATE _____ <small>MM DD CCYY</small>		OTHER PAYER I.D. _____	QUAL (17) _____	OTHER PAYER REJECT CODES _____		USUAL & CUST. CHARGE _____		_____

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21	INGREDIENT COST SUBMITTED
22	DISPENSING FEE SUBMITTED
	INCENTIVE AMOUNT SUBMITTED
	OTHER AMOUNT SUBMITTED
	SALES TAX SUBMITTED
23	GROSS AMOUNT DUE SUBMITTED
24	PATIENT PAID AMOUNT
	OTHER PAYER AMOUNT PAID
	NET AMOUNT DUE

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	PATIENT PAID AMOUNT
	OTHER PAYER AMOUNT PAID
	NET AMOUNT DUE

How to Complete the Universal Claim Form

Claim Item	Title	Req'd	Action
1	Group Number		Not required.
2	Cardholder ID	X	Enter the ten digit EqualityCare Client ID Number for the specific client for whom the prescription is written.
3	Cardholder Name	X	Using last name, first name and middle initial format, enter the name of the actual client receiving the service as recorded on the EqualityCare Client ID Card for the month that service is being provided.
4	Submit Claim To Field (in upper right corner)	X	Enter the "4" for pregnancy (exempt from co-payment) for POS claims or "P" if billing on Universal Claim Form.
5	Other Third Party Coverage	X	If you are billing via POS, EqualityCare will deny pharmacy claims for EqualityCare clients with insurance pharmacy coverage if the prescriptions can be submitted electronically to the other insurance company. EqualityCare will continue to pay claims up front for all other EqualityCare clients with insurance that cannot be billed electronically to the insurance company by the pharmacy. If you are billing by hand and the client's other health insurance has already paid, and you are billing EqualityCare for the unpaid balance, enter an "X" in the "Yes" box. Enter the amount paid by other insurance in box # 24.
6	Name	X	Enter the name of the pharmacy dispensing the prescription(s).
7	Street Number	X	Enter the pharmacy's street address.
8	City, State, and Zip Code	X	Enter the pharmacy's city, state, and zip code information.
9	Pharmacy Number	X	Enter the seven-digit National Association of Boards of Pharmacy Number (NABP) assigned to your specific pharmacy and location at the time of enrollment in the EqualityCare Program.
10	Patient Information Auth.		Not required.

Claim Item	Title	Req'd	Action
11	Authorized Pharmacy Representative	X	The authorized pharmacy representative must sign the claim form here or enter "Signature on File" which means the pharmacist has signed the patient signature log.
12	Date Rx(s) Written	X	In numeric format enter the month, day, and year the prescription(s) were written. For example 05/12/2003 for May 12, 2003. The claim form can be used to bill two prescriptions only when both prescriptions were written on the same day, filled by the same pharmacy on the same day, and were for the same client.
13	Date Rx(s) Filled	X	In numeric format enter the month, day, and year the prescription(s) is filled. For example 05/12/2003 for May 12, 2003.
14	Rx Number	X	Enter the number assigned by the pharmacy for the prescription(s).
15	New/Refill	X	Check "N" for a new prescription or "R" if the prescription is a refill.
16	Metric Quantity	X	Enter the number of tablets or capsules dispensed, the number of grams of ointments or powders, or number of "cc's" or "ml's" of liquids. If single dose vials are dispensed, indicate the total number of "cc's" or "ml's" dispensed. Use whole units only.
17	Days Supply	X	Enter the number of days of medicine this prescription will supply.
18	National Drug Code	X	Enter the eleven-digit NDC number assigned to the product.
19	Prescriber Identification	X	Enter the prescriber's DEA number. If prescriber does not have a DEA number, enter "WY0000000". Be sure to obtain the correct DEA number as soon as possible and enter it into your system for future reference.

Claim Item	Title	Req'd	Action
20	DAW	X	(When Applicable) Place the number "1" in this blank only if the prescriber has written on the face of the prescription that it is medically necessary to dispense the brand name drug. Nothing should be entered in this blank if you are dispensing a generic drug. Signing on the right hand side of the prescription will not satisfy this requirement. Prescriber must write " Medically Necessary " on the prescription and sign. This is only necessary for brand name drug products.
21	Ingredient Cost		Not required.
22	Dispensing Fee		Not required.
23	Total Price	X	Legend Drugs - Enter the total charge for this prescription or product. The total charge should be the provider's usual and customary charge to the public. OTC Drugs or Medical Supplies - Enter the total charge for this prescription/product. The total charge should be the usual and customary charge to the public.
24	Deductible Amount	X	(When Applicable) Enter the amount any third party liability resource has paid. DO NOT ENTER COPAYMENT OR ANY OTHER \$ AMOUNTS NOT RELATED TO TPL IN THIS FIELD.