



EqualityCare Pharmacy News

To: Wyoming EqualityCare Providers
From: Wyoming Medicaid Office of Pharmacy Services
Date: 06/01/09
Re: Provider Tips and Guidance for Prescription Claim Submissions (BIN 014293, PCN WYOPOP)

Responses to Frequently Asked Questions:

Q. I am getting an error that the DOB does not match what is on file [09 M/I DATE OF BIRTH - Submitted DOB does not match]. What actions should be taken?

A. Verify the client's DOB. If the DOB being submitted is correct the client or their representative must contact their Department of Family Services (DFS) caseworker of the discrepancy. Once the caseworker updates the client's file, it may take up to 72 hours to update the client file. GHS will start sending back messaging with the DOB on file but will be reporting on each instance and the Office of Pharmacy Services will be working with DFS to ensure correct client DOB within the Department's client files.

Q. Over the counter drugs that were previously being accepted are now denying. What OTCs are covered?

A. OTC coverage has been redefined by the Office of Pharmacy Services effective 05/28/09. Some OTCs that previously paid may no longer be covered. Please refer to your Pharmacy Provider Manual or www.wyequalitycare.org for specific OTC coverage. If you need to know if a specific product is covered please call the GHS Helpdesk, however, the helpdesk will **NOT** be allowed to give out specific covered NDC #s.

Q. My claim is rejecting with a message that the prescription expired [28 M/I DATE PRESCRIPTION WRITTEN - Prescription expired.]

A. Prescriptions are valid for most drugs for a period of up to 1 calendar year. Controlled substance prescriptions are valid up to 6 calendar months. If the client's prescription has expired, a new prescription is needed.

Q. My compound claim is not being accepted.

A. For a compound claim the NDC field must contain all zeros. The compound code field must have a 2 for compound claims. Only eligible drugs within the compound submission will be processed.

Q. I have been trying to reach the Helpdesk at the numbers provided in previous bulletins, but receive a busy signal when calling.

A. If you experience difficulty reaching the Helpdesk at 877-209-1264, please try the Prior Authorization Helpdesk at 877-207-1126. If you are not successful, you may also try GHS' local number for the Helpdesk services at 307-426-4161. There have been phone difficulties outside of GHS' control but those are being worked on and will be corrected. You may also e-mail GHS helpdesk at wyhelpdesk@ghsinc.com if you experience difficulty reaching the Pharmacy Helpdesk during this time or any time.

Q. I am receiving DUR error messaging that is unfamiliar.

A. DUR messaging for High Dose (HD), Drug-Drug (DD) or Duplicate Therapy (TD) can be overridden at the pharmacy level without contacting GHS. If you are experiencing issues with using your computer system with the new DUR editing please contact your Corporate helpdesk or Software vendor. You may contact GHS if you have any questions regarding the new DUR editing. Some common DUR override codes have been provided below for reference.

Partial List of Common DUR Override Codes:

Reason for Service Codes (439-E4)

Code	Descriptions
TD	Duplicate Therapy
DD	Drug-Drug Interaction
HD	High Dose
LD	Low Dose

Professional Service Codes (440-E5)

Code	Description	Code	Description
00	No intervention	P0	Patient consulted
AS	Patient Assessment	PE	Patient education/instruction
CC	Coordination of care	PH	Patient medication history
DE	Dosing evaluation	PM	Patient monitoring
FE	Formulary enforcement	PT	Perform laboratory test
GP	Generic product selection	R0	Pharmacist consulted other source
M0	Prescriber consulted	RT	Recommend laboratory test
MA	Medication administration	SC	Self-care consultation
MR	Medication review	SW	Literature search/review

Result of Service Codes (441-E6)

Code	Description	Code	Description
00	Not specified	3A	Recommendation accepted
1A	Filled as is, false positive	3B	Recommendation not accepted
1B	Filled prescription as is	3C	Discontinued drug
1C	Filled with different dose	3D	Regimen changed
1D	Filled with different directions	3E	Therapy changed
1E	Filled with different drug	3F	Therapy changed-cost increased
1F	Filled with different quantity	3G	Drug therapy unchanged
1G	Filled with prescriber approval	3H	Follow-up/Report
1H	Brand-to-generic change	3J	Patient referral
1J	Rx-to-OTC change	3K	Instructions understood
1K	Filled with different dosage form	3M	Compliance aid provided
2A	Prescription not filled	3N	Medication Administered
2B	Not filled, directions clarified		