

**Medicare Part D Plans:**

Allwell Cardio Medicare (HMO SNP) – AZ
Allwell CHF/Diabetes Medicare (HMO SNP) – AZ
Allwell Dual Medicare (HMO SNP) – AZ, FL, GA, OH, PA, SC, TX, WI
Allwell Dual Medicare Essentials (HMO SNP) – SC
Allwell Medicare (HMO) – AR, AZ, FL, GA, IN, KS, LA, MO, MS, OH, PA, SC, TX, WA
Allwell Medicare (PPO) – IN
Allwell Medicare Essentials I (HMO) – AZ
Allwell Medicare Essentials II (HMO) – AZ
Allwell Medicare Plus (HMO) – WA
Allwell Medicare Premier (HMO) – AZ, FL
Allwell Medicare Select (HMO) – AR, AZ
Health Net Medicare Advantage – AZ, CA, OR, WA
Trillium Advantage Dual (HMO SNP) – OR

Medicare-Medicaid Plans:

Absolute Total Care (Medicare-Medicaid Plan) – SC
Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) – OH
Health Net Cal MediConnect (Medicare-Medicaid Plan) – CA
IlliniCare Health - MMAI (Medicare-Medicaid Plan) – IL
Michigan Complete Health (Medicare-Medicaid Plan)
Superior HealthPlan STAR+PLUS (Medicare-Medicaid Plan) - TX

December 15, 2017

2018 Medicare Part D LTC Pharmacy Claim Codes

Envolve Pharmacy Solutions would like to remind all Long Term Care (LTC) pharmacies filling prescriptions for any of the above listed Medicare Part D or MMP plan members that LTC pharmacies do not need to call to obtain a manual override in the situations listed on page two of this update. In the below situations listed, pharmacies may submit specific codes that will allow claims to approve.

Payer Sheets

To view the CVS Caremark payer sheet for RxBIN 004336 and PCN MEDDADV go to www.caremark.com/pharminfo.

Assistance

For Claims Processing or Technical Support, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567.

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Codes Utilized on LTC Claim Submissions

- The first column is the NCPDP field where the pharmacy must insert the code indicated in the second column.
- The last column indicates the maximum approvable days supply allowed for the claim.
- If situations occur that fall outside of the allowances defined below, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567 for assistance.

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	04	Drug Missing, Dropped or Lost	Medication lost, missing or cannot be located	Up to a 5-day Supply
420-DK	07	Emergency Supply	Emergency supply of non-formulary drugs & formulary with PA or Step Therapy Requirements (used after Initial Eligibility Transition Period)	Up to a 31-day Supply
420-DK	14	Leave of Absence Vacation Supply	Separate dispensing of small quantities of medications for take-home use allowing beneficiaries to leave facility for weekend visits, holidays, etc.	Up to a 5-day Supply
420-DK	15	Patient "Spit Out"	Medication "spit out"	Up to a 5-day Supply
420-DK	16	Emergency Box (Emergency Dose)	Emergency Box (E-Box) meds for emergency treatment until standard supply can be dispensed	Up to a 5-day Supply
420-DK	17	First Fill Following Emergency Box Dose	Follow-up fill after Emergency dose has been dispensed. This prescription should be filled for the full prescribed amount minus the Emergency Dosing	Written Rx Less E.R. Box Dose given up to a 31-day Supply
420-DK	18	LTC Admission/ Level of Care Change	Newly admitted due to clinical status change. Medications may have been filled at retail pharmacy prior to admit; been filled prior to transfer and discontinued; not followed beneficiary to new facility due to regulatory and compliance issues and same meds reordered upon re-admit	Multiple fills up to a 31-day Supply
420-DK	19	LTC Split Billing	LTC claim that is partially paid under Medicare Part A and partially paid under Medicare part D should not pay two dispensing fees.	Up to a 31-day Supply
420-DK	21	14-day Supply or Less is not Applicable	14-day or less dispensing is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken. Medication quantities are dispensed as billed	Up to a 31-day Supply
420-DK	22	7-day Supply	Pharmacy dispenses medication in 7 day supplies	7-day Supply

420-DK	23	4-day Supply	Pharmacy dispenses medication in 4 day supplies	4-day Supply
420-DK	24	3-day Supply	Pharmacy dispenses medication in 3 day supplies	3-day Supply
420-DK	25	2-day Supply	Pharmacy dispenses medication in 2 day supplies	2-day Supply
420-DK	26	1-day Supply	Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies	1-day Supply
420-DK	27	4-3-day Supply	Pharmacy dispenses medication in 4 day, then 3 day supplies	7-day Supply
420-DK	28	2-2-3-day Supply	Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies	7-day Supply
420-DK	29	1-1-1-1-3 day supply	Pharmacy or remote dispenses medication daily during the week, and combines multiple days for dispensing weekends	7-day Supply
420-DK	30	Shift dispensing	Pharmacy or remote dispenses medication per shift (multiple med passes)	TBD
420-DK	31	Med pass dispensing	Pharmacy or remote dispenses medication per med pass dispensing	TBD
420-DK	32	PRN dispensing	Pharmacy or remote dispenses medication on demand as needed	TBD
420-DK	33	< 7 day supply	Pharmacy dispenses medication on 7 day or less cycle not represented	< 7 day supply
420-DK	34	14-day Supply	Pharmacy dispenses medication in 14 day supplies	14-day Supply

420-DK	35	8-14-day Supply	Pharmacy dispenses medication in 8-14 day dispensing not otherwise represented	8-14-day Supply
420-DK	36	Medication Dispensed Outside Short Cycle	Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be covered by Medicare Part D	Up to a 31-day Supply

Appropriate Days Supply/ Short-Cycle Dispensing at LTC

- CMS requires pharmacies submitting claims for LTC residents to dispense brand name oral solids in increments of 14 days or less.
- Pharmacies must use Submission Clarification Codes for any claims submissions for brand name oral solids.

Appropriate Days Supply/ Short-Cycle Dispensing Override Codes

- The appropriate days supply/ short cycle dispensing override codes are 21 -36.
- Communication notices were sent to pharmacies in early 2017 to provide education on the appropriate use and accurate submission of Submission Clarification Codes (SCC) fields.
- Refer to the NCPDP SCCs listed above for additional guidance.

Please note: By submitting the Patient Residence of 03 or 09, the pharmacy is attesting that the patient meets the criteria in the description in the table above. If it is later determined during an audit that the patient did not meet criteria, the claim will be reversed in full. Pharmacies must always submit the correct quantity per day supply based on the prescription order.