



## TEXAS HEALTH AND HUMAN SERVICES COMMISSION

THOMAS M. SUEHS  
EXECUTIVE COMMISSIONER

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### **\*\* Transition Update: Pharmacy Claim Rejections and Responses \*\***

Since implementing our new pharmacy claims system on November 22, 2010, the Vendor Drug Program has seen a significant increase in the number of calls to the Pharmacy Resolution Help Desk. This increase in calls may result in callers experiencing long wait times or receiving busy signals. We are working with our claims processor to identify and resolve this issue as quickly as possible.

Although the majority of the calls that come in require intervention from our Help Desk, many of the calls can be resolved by the pharmacies. Vendor Drug uses the "Additional Message Information" (Field 526-FQ) on the standard NCPDP 5.1 response which may provide the pharmacy with further guidance on how to resolve the rejection. Please follow these directions to address the most common rejects in-store and avoid a call to the Help Desk:

- **Transaction routing information**

Claims should be submitted with a "Bank Information Number" (BIN) (Field 1Ø1-A1) of "61ØØ84" and a "Processor Control Number" (PCN) (Field 1Ø4-A4) of "DRTXPROD" for Medicaid, CHIP, and CSHCN claims, or "DRTXPRODKH" for KHC claims.

- **Refill Too Soon (error code 79)**

Thousands of claims reject each day when the system sees that there has not been at least 75 percent utilization of the previous fill for that medication. You can determine the next fill date if you were the pharmacy that completed the last filling, as follows: multiply the previous Days Supply by 0.75, then add that number to the previous fill date. For example, a Days Supply of 30 multiplied by 0.75, equals 22.5. If the previous fill date was the 1<sup>st</sup>, then the next fill date should be the 23<sup>rd</sup>. If this equation does not work, the previous claim may have had an incorrect Days Supply submitted and you may have to examine earlier paid claims.

- **Submit Bill To Other Payer** (error code 41)

If another insurance exists in our records, and Medicaid is billed as the primary insurer, then the claim will reject and return the third-party billing information needed for claims submission to the other payer back to the pharmacy. The message will read “Bill Other Payer (Payer ID:x, Policy No:x, BIN:x, PCN:x, Group:x, Cardholder ID:x).”

If the pharmacy submits the claim to the primary payer and it is denied, the pharmacy should contact the primary payer and/or prescriber to address the denial reason. If the claim is not payable by the other insurer, Medicaid may pay the claim depending on the reason for denial (including expired coverage). Providers should submit the claim to Medicaid and include the other payer’s rejection code in the “Other Payer Reject Code” field (472-6E).

Prescriptions reimbursable by Medicare Part D are not eligible for additional reimbursement through Medicaid; however, Medicaid will pay for a few categories of drugs not covered by Medicare. The list of Medicare Part D excluded drug classes is available at [txvendordrug.com/claims/medicare.shtml](http://txvendordrug.com/claims/medicare.shtml).

- **NDC Not Covered** (error code 70)

Please refer to our website, [www.txvendordrug.com](http://www.txvendordrug.com) and use the Formulary Search feature to identify covered products for each program.

- **Prior Authorization Required** (error code 75)

If the additional message indicates a non-Preferred Drug List product or Clinical/Therapeutic Failure, then there is no need to call the Pharmacy Resolution Help Desk. The prescribing physician or a designated staff representative must call the Texas Prior Authorization Call Center at 1-877-728-3927 for assistance. Pharmacies can dispense a 72-hour emergency supply of the medication if you are unable to contact the prescriber.

- **Prescriber Not Covered** (error code 71)

- **Non-Matched Prescriber ID** (error code 56)

Vendor Drug does not accept submission of the Prescriber National Provider Identifier (NPI) at this time. Please continue to submit the Prescriber’s 5-character alpha-numeric State License number in "Prescriber ID" (Field 411-DB) and “Ø8” in "Provider ID Qualifier" (Field 466-EZ). Pharmacies also can refer to [www.txvendordrug.com](http://www.txvendordrug.com) and use the Prescriber Search feature to obtain state license numbers.

Whenever you receive a rejection, please be sure and review the response messages carefully to determine if it is something you can correct without calling the Help Desk. Pharmacies that cannot see the “Additional Message Information” field should contact their software provider immediately for assistance.

Thank you for your cooperation. Your assistance and understanding ensures the continued success of the Texas Medicaid Vendor Drug Program. We appreciate your patience as we work with you to serve clients of the Medicaid, CHIP, KHC and CSHCN programs.