



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: PHARMACY PROVIDERS

FROM: CAROLYN INGRAM, DIRECTOR

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SUBJECTS: I. PLAN B® (LEVONORGESTREL) FOR EMERGENCY CONTRACEPTION
II. ORIGIN CODE REQUIREMENT FOR POINT OF SALE TRANSACTIONS

This supplement contains information important to pharmacies regarding two new policy modifications to the New Mexico Medicaid Program.

I. PLAN B® (LEVONORGESTREL) FOR EMERGENCY CONTRACEPTION

The New Mexico Medicaid Program can pay for Plan B® as either a prescription drug or an over-the-counter drug.

Prescription Drug Coverage – Continuation of the Current Policy

- When the recipient has a prescription from a practitioner, Plan B® should be billed like any other prescription drug item, indicating the NPI number of the prescriber in the prescriber field on the point of sale transaction.
- When a pharmacist has certification meeting the state board requirements for prescribing Plan B®, the item is considered a prescription drug and should be billed like any other prescription drug item, indicating the NPI number of the prescribing pharmacist in the prescriber field on the point for sale transaction.

Over-the-Counter Drug Coverage – New Instructions Effective July 1, 2009

- The Medicaid program can pay for OTC Plan B®, with some limitations, through either its fiscal agent PBM (ACS - PDCS) or through the PBM's of the SALUD! managed care organizations or NMRx when the recipient is enrolled in a managed care organization or in the NMRx program.

- Because the federal government will not allow federal Medicaid funds to be used for Plan B® when dispensed as an over-the-counter item (that is, not prescribed by a physician or by a prescribing pharmacist or other practitioner) the OTC coverage must be distinguished on the pharmacy claim as follows:

- a. For OTC dispensing only, in place of the NPI of the prescriber on the point of sale transaction, the pharmacy must place the NPI of the pharmacy (not the pharmacist) in the prescriber field. The item is then billed to the appropriate PBM (fee-for-service, NMRx, or managed care organization, depending on the recipient's enrollment.)

Providers should follow any other specific instructions issued by a managed care or NMRx PBM.

- b. The reimbursement of the OTC Plan B® is the same as for the prescribed Plan B®, however the coverage is limited to six (6) dispensings per calendar year for the same recipient. When billing for the item by point-of-sale, if the recipient has already had six dispensings in the calendar year from the same payer, the claim will be denied by the point-of-sale system.
- c. Because the amount of state funds available for the OTC coverage is limited, reimbursement will be made while the Medical Assistance Division studies the frequency of use of the item. Providers will be notified if a point is reached where the OTC coverage of Plan B® can no longer be provided through the Medical Assistance Program.

Regardless of the PBM reimbursing for the item, the payment is funded through the NM Department of Health and is not an established Medicaid Program benefit.

For more information the appropriate plan should be contacted as follows:

Lovelace Salud! – (505) 727-5717 or (800) 808-7363

Molina Salud! – (888) 884-9527

NMRx – (505) 923-5757 or (888) 923-5757 Option 3 for pharmacy

Presbyterian Salud! – (505) 923-5757 or (888) 923-5757, option 3 for pharmacy

Blue Salud! (BlueCross/BlueShield) – (800) 325-8334, option 5 for pharmacy

AMERIGROUP Community Care of New Mexico– (800) 454-3730

Evercare of New Mexico – (800) 797-9791

Fee-For-Service Medicaid – (505) 827-3171

OptumHealth New Mexico – (866) 660-7185

II. ORIGIN CODE REQUIREMENT FOR POINT OF SALE TRANSACTIONS

Effective September 1, 2009, Medicaid will require pharmacies to provide the prescription origin code when submitting a pharmacy claim through point of sale (POS). The prescription origin code is the code that indicates the manner in which the prescription was received at the pharmacy.

The NCPDP field 419-DJ, Prescription Origin Code, found in the claims segment, has previously been an optional field. Effective September 1, 2009, pharmacies must enter a value in this field. The value 0, indicating that prescription source has not been specified, will not be accepted. Should a pharmacy omit Origin Code or submit a value of 0, their claim will deny with a NCPDP reject 33, indicating a missing or invalid prescription origin code.

The valid values for field 419-DJ are indicated below:

<u>Origin Code Value</u>	<u>Definition</u>
1	Written Prescription
2	Telephone Prescription
3	Electronic Prescription
4	Facsimile Prescription

If a prescription is transferred to a pharmacy, the origin code value should indicate the manner in which the transfer was initiated.

Pharmacies should contact their prescription software vendors so that they can begin modifying your billing software in order to accommodate this new requirement. Updated HIPAA Payer Sheets may be found at this website: <http://www.acspbmhipaa.com/>. Select Payer Sheets in the “Go To” box; scroll down to New Mexico Medicaid for the B1-B3 Billing payer sheets. Vendors can also call the ACS Pharmacy Call Center 1-800-365-4944, option 4.

Should you have any questions on these policies, please call (505) 827-3171.