



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 16 No. 03

March 2006

TO: Providers of Pharmaceutical Services - For Action

SUBJECT: Medicare Part D Payment Responsibilities

EFFECTIVE: Immediately

PURPOSE: The purpose of this newsletter is to remind pharmacists of their responsibilities when processing claims for pharmacy services provided to NJ FamilyCare/Medicaid clients who are also eligible for Medicare Part D. These individuals are referred to as full benefit dual eligibles ("dual eligibles").

1. Pharmacies are required to first submit claims for dual eligibles to a Medicare Prescription Drug Plan (PDP).
2. Dually eligible clients **are not responsible for paying any coinsurance/copay**. Pharmacists are **required** to submit claims for coinsurance/copay to Unisys, the State's fiscal agent.
3. Under no circumstances are pharmacies to bill dual eligibles directly for coinsurance/copay.
4. Pharmacies must report in the secondary claim submitted to Unisys a Payer ID Code for the PDP identified in the NJ FamilyCare/Medicaid Newsletter Volume 15, No. 18, dated December 2005, in the Other Payer ID Field (Field 340-7C) located in the Coordination of Benefits Segment of the NCPDP record layout. **Do not report the payer ID codes used to process State payments for other non-Part D payers**, commonly referred to as private third party liability (TPL) payments.
5. NON-PART D PAYERS include other commercial insurers that provide a drug benefit to dual eligibles. Examples include: a retirement plan provided by a commercial entity that continues to provide a drug benefit to a dual eligible. **For these clients, you must report an Insurance Carrier Code for the PBM in the other Payer ID Field (340-7C) provided in the Fiscal Agent Billing Supplement for Pharmacy Services Appendix C.**
6. If the client is enrolled in a plan but is not being charged the correct dual-eligible co-payment amounts, contact the client's PDP. If the situation is urgent and other steps have not worked, contact Medicare's pharmacy assistance line (1-866-835-7595) for urgent caseworker assistance.
7. For your information, updated information regarding prior authorization requirements for Part D wraparound drugs is attached.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

ATTACHMENT A
TABLE 1
WRAPAROUND DRUGS NOT REQUIRING PRIOR AUTHORIZATION

Specific Therapeutic Drug Class Code Source: First Data Bank	Therapeutic Drug Class
A2A	Anti-arrhythmics
C1A (Electrolyte Depleters)	Only Kayexalate
C5C	Infant formulas
C5F	Dietary supplements
C5U	Nutritional therapy Med con special formulation
C8A	Agents to treat metallic poison,
D7D	Drugs to treat hereditary Tyrosinemia
G3A	Oxytocics
G8A	Contraceptives, Oral
G8C	Contraceptives, Injectables
G8D	Abortifacient, Progesterone Receptor antagonist
G8F	Contraceptives, Transdermal
N1A	Erythroid depressants
J5F	Anaphylaxis therapy agents
M9D	Antifibrinolytic agents
P2B	Antidiuretic and vasopressor hormones
Q5N (Topical Antineoplastic Premalignant Lesion agents)	Only 5-Flourouracil
U6C	Thickening agents, oral
W2E	Anti-Mycobacterium agents
X1A	Condoms
X1B	Diaphragms
X1C	Intra-uterine devices
Z1G	Drugs to treat gaucher Dx type-1

**ATTACHMENT A
TABLE 2
WRAPAROUND DRUGS REQUIRING PRIOR AUTHORIZATION**

Specific Therapeutic Drug Class or Individual Drug	Pharmacologic Class
Nimodipine	Calcium channel blocking agent
Fentanyl lollipop	Narcotic analgesic
Teriparatide	Parathyroid hormone
Somatropin	Growth hormone
Pimozide	Antipsychotic dopamine antagonist, Diphenylbutylpiperidine
Sodium oxybate	Anti narcolepsy, Anti cataplexy
Etanercept	Anti-inflammatory, tumor necrosis factor inhibitor
Anakinra	Anti-inflammatory, interleukin-1 receptor antagonist
Methotrexate	Immunosuppressants
Cyclophosphamide	Immunosuppressants
C7D	Metabolic deficiency agents
H2A	Central Nervous system stimulants
H2S	Selective serotonin reuptake inhibitors (SSRIs)
H2V	ADHD/narcolepsy drugs
H3F	Antimigraine preparations
H4B	Anticonvulsants
H6A	Antiparkinsonism drugs
H6I	Amyotrophic lateral sclerosis agents
H7C	Serotonin-norepinephrine reuptake inhibitors (SNRIS)
H7D	Norepinephrine and dopamine reuptake inhibitors
H7T	Antipsychotics, atypical, dopamine and serotonin antagonists
H7X	Antipsychotics, atypical D2 partial agonists, 5HT mixed
J1B	Cholinesterase inhibitors
J5B	Adrenergics, aromatic non-catecholamines
L5F	Antipsoriatic agents
P1B	Somatostatic agents
P1G	Adrenal steroid inhibitors
P1M	LHRH agonist analog pituitary drugs suppressants
P1P	LHRH Precocious puberty
P1U	Metabolic function diagnostics
S2C	Gold salts
S2I	Anti-inflammatory, Pyrimidine synthesis inhibitor
V1E	Steroid Antineoplastics
V1J	Antiandrogenic agents
V1O	LHRH agonist, Antineoplastic
V1Q	Antineoplastic enzyme Inhibitors
V1T	Selective Estrogen receptor modulators
W4P	Antileptotics
W5D	Antiviral monoclonal antibodies
H7Y	ADHD (NRI type)
All antibiotics	All antibiotics