



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

NEWSLETTER

Volume 16 No. 20

December 2006

TO: Providers of Pharmaceutical Services, Health Maintenance Organizations - **For Information Only**

SUBJECT: **Review of NJFC/Medicaid Policy Regarding Medicare Part D Drug Benefit Coverage**

EFFECTIVE: Immediately

PURPOSE: To review New Jersey FamilyCare (NJFC)/Medicaid policy regarding coverage of drug benefits for dual eligibles with Medicare Part D prescription drug coverage.

BACKGROUND: This Newsletter is not intended to introduce or change existing NJFC/Medicaid policy regarding coverage of drug benefits for dual eligibles with Medicare Part D prescription drug coverage. This Newsletter is solely intended as a review document

ACTION: Pharmacies are encouraged to review the information provided to better understand the reason(s) why certain Error Codes post to, or deny, payments for prescription drugs.

ERROR CODE 2016

Description: Beneficiary Part D Eligible-Bill PDP or Retiree Plan

Error Code 2016 **will deny** a claim if:

- ✓ The claim is for a Medicare Part D-covered drug,
- ✓ No Medicare Part D PDP drug coverage indicated on file,
- ✓ Medicare Part D enrollment was “affirmatively declined” by the recipient,
- ✓ No other insurance payment is reported on the claim and
- ✓ There is no record of other drug coverage by a drug benefit plan on file

Solution: First request that the recipient provide his or her prescription drug card. If unavailable, the pharmacy should send an E1 query to determine Part D enrollment. If the E1 query returns a ‘no match’ response, the pharmacy should submit the claim to Anthem. This will allow the prescription to be dispensed and will begin the process of enrolling the dually-eligible client in a Medicare Part D plan. **The Anthem Prescription Pharmacy Help Desk may be contacted at 1-800-662-0210.**

ERROR CODE 2017

Description: Part D Coverage Known; Bill Part D Plan

Error Code 2017 **will deny** a claim if:

- ✓ The claim is for a Medicare Part D-covered drug,
- ✓ The claim has either not been submitted to Medicare Part D PDP or the PDP denied the claim,
- ✓ An appropriate NCPDP Rejection Code has not been reported by the PDP on the pharmacy claim and
- ✓ The claim is not a wraparound drug.

Solution: If the Medicare Part D PDP prescription card is not available, the pharmacy should send an E1 query to determine the appropriate PDP to be billed. If the PDP was billed and the claim was denied, the pharmacy must work with the PDP towards a resolution. A 6-day emergency supply claim may be considered if the PDP is processing an appeal.

Additional informational Error Codes that will post **with** 2017:

Error Code 2034 = Medicare Part D drug not covered as wraparound benefit.

Error Code 2035 = Invalid PDP rejection code for wraparound benefit.

ERROR CODE 2021

Description: Part D Wraparound with PA

Error Code 2021 **will post and not deny** a claim if:

- ✓ The claim is a Part D pharmacy claim.
- ✓ The drug is on the State's Part D Wraparound Table.
- ✓ An appropriate NCPDP Rejection Code has not been reported by the PDP on the pharmacy claim and
- ✓ Prior authorization is required.

Solution: Error Code 2021 will post to these claims. Payment will be denied by Error Code 0423, indicating the need for prior authorization. The pharmacy must contact the Unisys MEP Unit at 1- 877-888-2939 to request prior authorization.

ERROR CODE 2024

Description: Part D Drug Emergency Supply – One Time Only

Error Code 2024 **will post and not deny** a claim if

- ✓ Days supply reported on claim is 6 days or less,
- ✓ NCPDP Rejection Code 70 not been reported by the PDP on the pharmacy claim,
- ✓ A prior emergency supply has not been dispensed in the last 90 days and
- ✓ Not emergency supply for an antibiotic.

Solution: Claims that exceed a 6-day supply will be denied by Edit 2017. Also, any emergency supply claims that report a daily dosage exceeding established standards will be denied payment by Error Code 0538.

ERROR CODE 2026

Description: Part D Emergency Supply of Antibiotics-Full Prescription

Error Code 2026 **will post and not deny** a claim if:

- ✓ A prior emergency supply for an antibiotic has not been dispensed in the last 90 days.

Solution: If an emergency supply for an antibiotic was previously dispensed during the 90-day period preceding the claim service date, payment will be denied by Error Code 2044.

ERROR CODE 2030

Description: Medicare Part D Co-Payment Amount Exceeds \$3.00

Error Code 2030 **will deny** a claim if:

- ✓ The claim is a Medicare Part-D-paid claim,
- ✓ The Low-Income Subsidy information indicates the maximum allowable co-payment amount is \$3.00 (Effective 01/01/07 \$3.10) and
- ✓ The Medicaid claim for co-payment exceeds \$3.00 (Effective 01/01/07 \$3.10).

Solution: The provider must contact the PDP to initiate a change to the low income subsidy information on file at the PDP.

ERROR CODE 2031

Description: Medicare Part D Co-Payment Amount Exceeds \$5.00

Error Code 2030 **will deny** a claim if:

- ✓ The claim is a Medicare Part-D-paid claim,
- ✓ The Low Income Subsidy information indicates the maximum allowable co-payment amount is \$5.00 (Effective 01/01/07 \$5.35) and
- ✓ The Medicaid claim for co-payment exceeds \$5.00 (Effective 01/01/07 \$5.35).

Solution: The provider must contact the PDP to initiate a change to the low income subsidy information on file at the PDP.

ERROR CODE 2043

Description: Recipient Eligible for Medicare Part D

Error Code 2043 **will deny** a claim if:

- ✓ No record of Medicare A or B eligibility is on file.
- ✓ No record of PDP eligibility is on the file.

Solution: If the beneficiary presents at the pharmacy with a NJFC/Medicaid eligibility card and the claim was denied for Error Code 2043, the pharmacy should send an E1 query to determine Part D enrollment. If the E1 query returns a 'no match' response, the pharmacy should submit the claim to Anthem. This will allow the prescription to be dispensed and will begin the process of enrolling the dually-eligible client in a Medicare Part D plan. **The Anthem Prescription Pharmacy Help Desk may be contacted at 1-800-662-0210.**

Anthem responsibilities include investigating a recipient's Medicare and Medicaid eligibility. If Anthem determines that the individual's Medicare eligibility was recently terminated, the pharmacy may bill Medicaid directly. Please note that it may take up to 60 days for Medicaid files to be updated and for the pharmacy to be able to bill the State.

For your information, tables of Medicare Part D Wraparound Drugs are attached. Attachment A, Table 1 identifies Wraparound Drugs not requiring prior authorization. Attachment A, Table 2 identifies Wraparound Drugs requiring prior authorization. This information was previously provided to pharmacies by NJFC/Medicaid Newsletter Volume 15, No. 17, dated December 2005.

**ATTACHMENT A
WRAPAROUND DRUGS NOT REQUIRING PRIOR
AUTHORIZATION**

TABLE 1

Specific Therapeutic Drug Class Code Source: First Data Bank	Therapeutic Drug Class	Examples of drugs in Class
A2A	Antiarrhythmics	Tocainide Bepriidil Ibutilide
C1A	Electrolyte depleters	Calcium acetate Sevelamer Sodium polystyrene
C5C	Infant formulas	Goodstart Alimentum
C5F	Dietary supplement, miscellaneous	Ensure Sustacal Boost
C5U	Nutritional therapy Med con special formulation	Glucerna
C6K	Vitamin K preparations	Phytonadione
C7D	Metabolic deficiency agents	Levocarnitine
C8A	Metallic poison, agents to treat	Succimer
D7D	Drugs to treat hereditary Tyrosinemia	Nitisinone
G3A	Oxytocics	Methergine
G8A	Contraceptives, Oral	Levonorgestel-Ethinyl estradiol Desogestrel-Ethinyl estradiol
G8C	Contraceptives, Injectables	Medroxyprogesterone injection
G8D	Abortifacient, Progesterone Receptor antagonist	Mifepristone
G8F	Contraceptives, Transdermal	Ethinyl estradiol-Norelgestromin

TABLE 1

STC	Pharmacologic Class	Examples of drugs in Class
H2A	Central Nervous system Stimulants	Pemoline Doxapram
H2S	Selective Serotonin reuptake inhibitor (SSRIS)	Citalopram Fluvoxamine
H2V	ADHD/Narcolepsy	Modafinil Methylphenidate
H3F	Antimigraine preparations	Naratriptan Imitrex
H4B	Anticonvulsants	Divalproex sodium Levetiracetam
H6A	Antiparkinsonism drugs	Pramipexole Selegiline Apomorphine Ropinirole
H6I	Amyotrophic lateral sclerosis agents	Riluzole
H7C	Serotonin-Norepinephrine Reuptake inhibitor (SNRIS)	Duloxetine Venlafaxine
H7D	Norepinephrine and Dopamine reuptake inhibitor	Bupropion SR Bupropion XL
H7T	Antipsychotics, Atypical, Dopamine and Serotonin Antagonist	Clozapine Ziprasidone Risperidone Quetiapine Olanzapine
H7X	Antipsychotics, Atypical D2 partial agonist, 5HT mixed	Aripiprazole
H7Y	ADHD (NRI type)	Atomoxetine
J1B	Cholinesterase inhibitor	Donepezil Tacrine Rivastigmine Galantamine Pyridostigmine

TABLE 1

STC	Pharmacologic Class	Examples of drugs in Class
J5B	Adrenergics, aromatic non-catecholamine	Amphetamine D-Amphetamine
J5D	Beta-adrenergic agents	Formoterol Salmeterol
J5F	Anaphylaxis therapy agents	Ana-kit Epi-pen Epi-pen EZ
L5F	Antipsoriatic agents	Calcipotriene Tazarotene
M9D	Antifibrinolytic agents	Aminocaproic acid
M9K	Heparin and related preparations	Heparin Dalteparin Fondaparinux
N1A	Erythroid depressants	Vercyte
P1B	Somatostatic agents	Sandostatin
P1G	Adrenal steroid inhibitors	Aminoglutethimide
P1M	LHRH agonist analog pituitary suppressants	Leuprolide depot
P1P	LHRH Precocious puberty	Leuprolide depot-ped
P1U	Metabolic function diagnostics	Metapyrone
P2B	Antidiuretic and Vasopressor hormones	Desmopressin
P4L	Bone resorption inhibitors	Calcitonin-salmon Tiludronate
Q4K	Vaginal Estrogen preparations	Estrogens conjugated cream Estradiol vaginal table
Q4W	Vaginal Antibiotics	Clindamycin vaginal cream Metronidazole vaginal gel
Q5N	Topical Antineoplastic and Premalignant lesion agents	Fluorouracil Masoprocol
Q5W	Topical Antibiotics	Mupirocin

TABLE 1

STC	Pharmacologic class	Example of drugs in Class
R5B	Urinary tract analgesic agents	Pentosan Polysulfate
S2C	Gold salts	Auranofin Gold salts
S2I	Anti-inflammatory, Pyrimidine synthesis inhibitor	Leflunomide
U6C	Thickening agents, oral	Thick –it
V1E	Steroid Antineoplastics	Estramustine Megestrol acetate
V1J	Antiandrogenic agents	Bicalutamide Flutamide Nilutamide
V1O	LHRH agonist, Antineoplastic	Leuprolide Goserelin
V1Q	Antineoplastic enzyme Inhibitors	Imatinib Erlotinib Gefitinib
V1T	Selective Estrogen receptor modulators	Toremifene Tamoxifen
W2E	Anti-Mycobacterium agents	Ethambutol Isoniazid
W4P	Antileprotics	Dapsone Thalidomide
W5D	Antiviral monoclonal antibodies	Palivizumab
W5F	Hepatitis B treatment agents	Adefovir Lamivudine HBV Entecavir
X1A	Condoms	Condoms, latex
X1B	Diaphragms	Diaphragms
X1C	Intra-uterine Devices	Levonorgestrel
Z1G	Drugs to treat gaucher Dx type-1	Miglustat

**ATTACHMENT A
WRAPAROUND DRUGS REQUIRING PRIOR AUTHORIZATION**

TABLE 2

STC	Pharmacologic Class	Drugs in Class
A9A	Calcium channel blocking agents	Nimodipine
B1B	Pulmonary anti-HTN endothelial receptor antagonist	Bosentan
H3A	Narcotic Analgesics	Fentanyl lollipop
P4B	Parathyroid hormone	Teriparatide
P1A	Growth hormone	Somatropin
H7R	Antipsych, Dopamine antagonist, Diphenylbutylpiperidines	Pimozide
H7W	Anti Narcolepsy Anti Cataplexy	Sodium oxybate
S2J	Anti-inflammatory, Tumor necrosis factor inhibitor	Etanercept
S2M	Anti-inflammatory, Interleukin-1 receptor antagonist	Anakinra
V1A	Alkylating agensy	Cyclophosphamide
V1B	Antimetabolites	Methotrexate

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