



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

New Jersey Health Services Program **NEWSLETTER**

Volume 2 No. 7

March 1992

TO: Providers of Pharmaceutical Services

SUBJECT: Clarification of Procedures in the Fiscal Agent Billing Supplement Regarding Submission of the MC-6 (Prescription Claim Form)

ACTION: The clarifications provided below for certain fields on the MC-6 claim form must be followed. The inappropriate completion of these fields will result in a pended claim or a claim denial.

Fields: 1 and 2, "Case Number and Person Number"

Copy **EXACTLY** the individual's identification number from the card that validates his or her eligibility for pharmaceutical services which include the New Jersey Medicaid Program (Medicaid), Pharmaceutical Assistance to the Aged and Disabled Program (PAAD), General Assistance Program (GAP), AIDS Drug Distribution Program (ADDP), and Cystic Fibrosis Drug Program (CFDP).

- * For PAAD claims, the person number must be entered as "01".
- * For GAP claims, the person number must be entered as "01".
- * For ADDP claims, the person number must be entered as "01".
- * For CFDP claims, the person number must be entered as "20".

Field: 7, "Is Recipient in a Nursing Facility?"

This field identifies those recipients residing in a nursing facility and receiving pharmacy provider services. The appropriate box in this field must be checked to indicate a recipient's residency status. This field does not determine capitation for pharmacy services rendered to a nursing facility recipient. For a provider to be reimbursed for Unit Dose Medications dispensed to a Medicaid recipient or a PAAD beneficiary residing in a nursing facility, the "yes" box must be checked in this field.

Field: 15, "National Drug Code (NDC)"

1. Unit Dosage Dispensing

The dispensing of unit-dose medications is limited to prescriptions dispensed to recipients in a nursing facility. The only exceptions which allow unit dosage dispensing by a retail pharmacy are those legend drugs available only in a unit dose package, such as Nemotop, Vancocin and Sandimmune.

2. Drug Efficacy Study Implementation (DESI) Drugs

The coverage of DESI drugs is not permitted by the Division. The only exceptions allowed by the Division are the drug Persantine and its Drug Utilization Review Council (DURC) Formulary approved equivalents (i.e., Dipyridamole).

Field: 16, "Metric Quantity"

1. Oral Contraceptive

The Division will continue to reimburse pharmacy providers for a one (1) month, two (2) month or three (3) month supply of oral contraceptives per claim if prescribed by a physician. The metric quantity dispensed must equal the total number of tablets dispensed.

2. "100" Metric Quantity Dispensing

The Division limits metric quantity dispensed up to a sixty (60) day supply or 100 solid oral dosage units, whichever is greater.

3. Nutritional Supplements

Nutritional Supplements must be entered in the metric quantity field as the number of units dispensed (e.g., 2 cans, 3 cartons, 4 bottles).

4. Powder Filled Vials or Large Volume Packages

Powder filled vials or large volume packages must be entered in the metric quantity field as the number of product packages (i.e., 2 vials or 2 bottles) dispensed. If a product (i.e., vial) is available as a solution, the number of milliliters must be entered in this field. Disregard the listing of reported quantities for chemotherapy drugs reported in the Pharmaceutical Services

Manual (N.J.A.C. 10:51) unless these quantities agree with the previous statement.

NOTE: Prefilled (liquid) syringes are reported as the total volume (i.e., milliliters) dispensed.

5. Bulk Solutions (Parenteral and Irrigation Solutions)

Bulk solutions with a package volume of 100 ml. or greater must be entered in the metric quantity field as the number of product packages (i.e., bottles) dispensed. For example: If ten (10) liters of Sodium Chloride 0.9% are dispensed, report a value of "10" in this field. If the product package has a volume of 99 ml. or less, the metric quantity (i.e., milliliters) must be entered in this field.

6. Inhalant Solutions With Decimal Quantities (i.e., Alupent)

Inhalant solutions with a decimal quantity must be entered in the metric quantity field as the total metric volume dispensed rounded up to the nearest whole number. Do not report these products as the number of vials dispensed.

Field: 17, "Days Supply"

Calculate days supply from the prescriber's directions and the quantity dispensed. Enter a value of "1" (not applicable) when it is not possible to calculate days' supply. Do not enter "N/A" in this field.

Field: 19, "Medical Certification"

For Electronic Media Claims (EMC) processed pharmacy claims, if this field is to be entered, a value of "Y" must be entered by provider software. Any value, other than "Y" will result in generic pricing of the claim.

Field: 21, "Medicaid P.A. No."

Injectable drug products other than parenteral therapy, dispensed to the Medicaid, PAAD, or GAP recipient do not require prior authorization.

Field: 25, "Charge"

1. Co-Payment Deductions for PAAD Claims

Unisys will deduct the \$2.00 co-payment from all PAAD pharmacy claims submitted. The provider must not deduct any co-payment amount from a PAAD pharmacy claim.

2. "Cents" Entry

The placement of zeros in this field for no "cents" entry is required to avoid any unnecessary errors during claims entry by Unisys. Any entry in this field other than zeros or cents may result in a claim underpayment.

If there are any questions concerning this Newsletter, please contact the Chief Pharmacy Consultant at (609) 588-2724 or your Local Medicaid District Office.