

TO: Providers of Pharmaceutical Services

SUBJECT: Processing Pharmaceutical Claims for the Cystic Fibrosis Drug Program

BACKGROUND: The Division of Medical Assistance and Health Services, Department of Human Fibrosis or other respiratory illness is screened by the New Jersey State Department of Health for eligibility to receive financial assistance for legend and certain non-legend drugs prescribed for their treatment.

ACTION: The Paramax/Unisys Corporation, fiscal agent for the Division of the Cystic Fibrosis Drug program. Med

An eligible individual is identified by possession of a green laminated card issued by the New Jersey State Department of Health. The card will contain the following information:

The case number consists of 12 digits. The first four digits will always have a value of 5801. The last two digits will always have a value of 20. The remaining digits will have a value assigned by the Cystic Fibrosis Drug program which uniquely identifies the individual participating in the program. For example:

- 1. CASE NUMBER 5801 765432 20
- 2. NAME OF INDIVIDUAL PARTICIPATING  
JOHN E. DOE
- 3. DATE OF BIRTH 01/01/90
- 4. Authorized Signature \_ \_ \_ \_ \_
- 5. VALID DATE: 01/01/92 THRU 12/31/92

NOTE: Each individual eligible to participate in the Cystic Fibrosis Drug program receives approval from the program for a period of 12 months as indicated by the valid dates presented on the card.

The size and format of the validation card is illustrated below:

JOHN E. DOE

DATE OF BIRTH 01/01/90

SIGN X \_\_\_\_\_  
AUTHORIZED SIGNATURE

VALID DATE 01/01/92 THRU 12/31/92

This card entitles the specific person to the services of Special Child Health Services for Cystic Fibrosis for the period specified. This entitlement is not transferrable to anyone other than the person stipulated. This card is the property of the New Jersey State Department of Health and must be surrendered upon request. In the event of theft or loss of care, notify Special Child Health Services by calling 1-609-292-5676.

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Pharmacy claims are submitted to Paramax/Unisys on the pharmacy prescription claim form, MC-6 (9/91). The claim form must be completed as described in the Fiscal Agent Billing Supplement and claims are submitted to Paramax/Unisys in accordance with the current Medicaid regulations, policies and procedures.

NOTE: Medically necessary non-legend drug products are covered by the Cystic Fibrosis Drug program, but are limited to antitussives, antihistamines, normal saline solutions and certain vitamins which are essential for treatment of cystic fibrosis.

All claims for pharmacy services provided to eligible individuals participating in the Cystic Fibrosis Drug program may be submitted to Paramax/Unisys on a hard copy MC-6 pharmacy prescription claim form or electronically submitted for processing. Reimbursement is made in accordance with the New Jersey Medicaid's drug reimbursement policies.

If you have any questions concerning the Cystic Fibrosis Drug program, please contact the Chief Pharmacy Consultant at (609) 588-2724. For questions regarding eligibility relating to a specific child, contact Nurse Consultant, Special Child Health Services at (609) 292-5676.