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Medicaid Alert

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September 2020

TO: Providers of Pharmaceutical Services – **For Action**
Managed Care Organizations – **For Information Only**

SUBJECT: **Adoption of Additional National Council for Prescription Drug Program (NCPDP) Telecommunication Standards**

EFFECTIVE: Claims processed on or after September 20, 2020

BACKGROUND: The Comprehensive Addiction and Recovery Act (CARA) of 2016 included provisions which allowed for the partial filling of Schedule II drugs, but did not tie the mandate to require the reporting of relevant information in the National Council for Prescription Drug Program (NCPDP) 460-ET field. This field is used to report the quantity of medication prescribed.

The Centers for Medicare and Medicaid (CMS) Final Rule (CMS-0055-F) clarified the use of the 460-ET field and necessitates the need for Point-of-Sale (POS) changes related to the capture and editing of the 460-ET field and other related NCPDP fields. It is important to note that even though CARA only applies to Schedule II drugs, the State is intending to expand the capture and editing of the 460-ET field to all prescriptions on or after October 1, 2020.

In response to recommendations made by the State Office of Legislative Services (OLS), the Division of Medical Assistance and Health Services and the Division of Aging Services are also enhancing POS to monitor the NCPDP 414-DC field (Date Prescription Written) preventing the processing of expired prescriptions (i.e. a 30-day limit for controlled drugs and a 365-day limit for non-controlled drugs).

ACTION: **Effective for claims processed on or after September 20, 2020**, the Error Codes described in the table below may potentially deny pharmacy claim payments when the edit requirements are not met.

NCPDP Field	Field Definition	FFS Error Code Value	NCPDP Reject Code	Error Code Description
343-HD	Dispensing status	2340	HD	Dispensing status value = 'P' (partial) or 'C' (Completion of Partial fill) and the Quantity intended to be dispensed is not greater than the Quantity dispensed or if the Dispensing status value is equal to space and the Quantity intended to be dispensed is not equal to the Quantity dispensed
343-HD	Dispensing status	2341*	HD	Another history claim found in which the Dispensing status is equal to 'P' for the same prescription number, Provider ID, NDC, and member ID.
344-HF	Quantity intended to be dispensed	2340	HD	See 343-HD
403-D3	Fill Number	2337	17	New prescription or refill field is not numeric or is not submitted
403-D3	Fill Number	2338	17	Fill number cannot be greater than zero for a Schedule II drug
403-D3	Fill Number	2339	17	Number of refills greater than number of refills authorized by prescriber
414-DE	Date prescription written	2331	28	Prescription written date on the initial fill cannot be greater than 30 days prior to claim DOS for a Schedule II-V drug
414-DE	Date prescription written	2332	28	Prescription written date on the initial fill cannot be greater than 365 days prior to claim DOS for a non-Schedule II-V drug
415-DF	Number of refills authorized by the prescriber.	2317	29	No. of refills authorized is not numeric or is not submitted
415-DF	Number of refills authorized by the prescriber.	2336	29	No. of refills cannot be greater than zero for a Schedule II drug
442-E7	Quantity filled	2335	E7	Quantity dispensed cannot be greater than quantity prescribed (Schedule II drugs only)
460-ET	Quantity prescribed	2334	ET	Quantity prescribed on the current claim does not match the quantity prescribed on any history claim for the same prescription number, Provider ID, NDC, and member ID. (Schedule II drugs only)
460-ET	Quantity prescribed	2333	ET	Quantity prescribed is not submitted or is not numeric (Schedule II drugs only)

*Note: A dispensing fee shall only be reimbursed one time for each complete fill transaction (Dispensing Status 'C'). Only the calculated drug price shall be reimbursed for a partial fill transaction (Dispensing Status 'P'). Only one partial fill transaction shall be processed for each incomplete drug dispense transaction.

The NCPDP D.0/1.2 Payer Sheet and the HMO Encounter Systems Guide (Version 5010) have both been updated with these changes and may be found at www.njmms.com under “Forms and Documents.”

If you have any questions regarding this Alert, please contact the DXC Provider Services Unit at 1-800-776-6334.

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