

Important Information for Pharmacists Regarding the Limited Wrap-Around Benefit

Pharmacists are expected to attempt to bill Part D plans for the four categories of drugs covered under the limited wrap around benefit (atypical anti-psychotics, antidepressants, anti-retrovirals used in the treatment of HIV/AIDS, anti-rejection drugs used in the treatment of tissue and organ transplants). If coverage by a Part D plan is not provided, the pharmacist may dispense the medication to the recipient and submit a claim to Medicaid. If the drug is covered under Medicare Part B, and the recipient is eligible for coverage, the pharmacist is required to seek coverage under that payor prior to billing.

Pharmacist Procedures for Billing Medicare Part D Plans

Pharmacists are to use the following processes when experiencing difficulty with the recipient's Medicare plan enrollment, cost sharing, or coverage of medications:

1. *Check for enrollment in a Part D plan, by asking for a plan ID card or other documentation from a Part D plan, **or**, submit an E1 query.* If the E1 response is only a telephone number, call that telephone number to obtain the billing information from the plan. Pharmacists can also get information on a beneficiary's enrollment, and on how to contact the plan by calling **Medicare at 1-800-MEDICARE (1-800-633-4227).**
2. *If the individual is enrolled in a plan, but is not being charged the correct dual-eligible co-payment amounts, **contact the drug plan** (which has expedited access for pharmacy requests to adjust co-payments), **or**, if the situation is urgent and other steps have not worked, **contact Medicare** for urgent caseworker assistance for the beneficiary.*
3. *If there is no evidence of a Part D plan enrollment but there is clear evidence of both Medicare and Medicaid eligibility (for example, a Medicare card and a Medicaid card or prior history of Medicaid prescription coverage at the pharmacy) **bill the POS Contractor for the claim.*** The pharmacist can also call 1-800-MEDICARE to confirm that the beneficiary is in Medicare.

Procedure for Billing Medicaid

After completing all necessary CMS procedures to assure Medicare Part D coverage, and failing to gain coverage, the pharmacist may submit the claim to Medicaid.

The claim **MUST** include the following additional information, which verifies that the pharmacist has attempted, and failed to bill Medicare, in order to receive payment approval:

- a. A value of "2" (Override) in the Eligibility Clarification Code - **Field 309-C9**
- b. A value of "03" (Other coverage, Claim not covered) in the Other Coverage Code - **Field 308-C8**
- c. A value of "07" (Medicare Approved) in the Other Payer Amount Paid Qualifier - **Field 342-HC**
- d. A value of "0.00" (dollar amount) in the Other Payer Amount Paid - **Field 431-DV**

Note: If your billing system does not allow for the entry of the "07" qualifier and the "0.00" dollar amount in fields 342-HC and 431-DV, it is acceptable to leave them blank.

Remember: NYS Medicaid continues to cover barbiturates, benzodiazepines, some prescription vitamins and some non-prescription drugs that can be directly billed to Medicaid. The above process is not necessary to bill for drugs in these categories.