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## Guidance for Pharmacies Assisting Medicaid Members during the *State disaster emergency* Declared November 18, 2014 in the counties of:

## Cattaraugus, Chautauqua, Erie, Franklin, Genesee, Herkimer, Jefferson, Lewis, Oswego, Wyoming and contiguous counties\*

The following information is applicable to providers servicing beneficiaries in need of emergency fills of prescriptions or fiscal orders (including prescription and over the counter drugs and medical supplies) when a *State disaster emergency* has been determined by State or Local officials. In these situations, the provider should report the following on the claim:

**NCPDP FIELD 420-DK SUBMISSION CLARIFICATION CODE 07** – *Medically Necessary (use to indicate the service is provided as a result of Immediate Urgent Care or Emergency.)* 

If a Medicaid member has had a prescription filled from a pharmacy that is inaccessible due to the storm, he/she can obtain a new prescription/fiscal order from the prescriber or a refill of the prescription can be transferred to another Medicaid participating pharmacy. Pharmacies should follow the instructions below to ensure appropriate processing and payment of the claim. Pharmacies must enter November 18, 2014 (the date the State disaster emergency was declared) as the original date written on transferred prescriptions. Both pharmacies must document this as an emergency transaction.

For Paper Pharmacy claims: use Pharmacy Paper Claim form, field # 3 (SA Exception Code Field) values "1" (Immediate/Urgent Care) or "3" (Emergency Care)

If members are in need of new prescriptions/fiscal orders and are unable to access their prescriber(s), they should be advised to check with an urgent care or walk-in center to determine if they can provide new prescriptions. Members should be directed to the emergency department **only** if they have a medical emergency.

If the pharmacy provider is unable to verify the Medicaid member's eligibility the member's NYS Medicaid card will suffice as eligibility verification. If the member does not have their NYS Medicaid card, call Medicaid member's local district office with member's name, date of birth and social security number to verify eligibility, and obtain the member's Medicaid identification number.

If the Medicaid member also has a primary insurer but that insurer denies reimbursement for an early fill, NYS Medicaid will reimburse the claim. The pharmacy is advised to bill NYS



Medicaid by entering in the NCPDP FIELD 308-C8 OTHER COVERAGE CODE = 03 - Other Coverage Billed, claim not covered.

If a prescriber cannot be reached for **prescriptions** requiring a Prior Authorizations (PA) the pharmacy can call 1-877-309-9493 to obtain a prior authorization for up to a 30 day emergency supply of the medication.

Emergency medical supply items should be submitted by 0442 category of service (DME) providers using the Professional format (837P or eMedNY 15003) with appropriate Emergency indicator to bypass prior authorization requirements during any declared State disaster emergency. (On Professional format 837P loop 2400, segment SV109 – Emergency Code enter "Y"; on eMedNY 15003 check box for "YES" in field 16A – Emergency Related). For questions contact CSC at 1-800-343-9000.

Early fills for members that have lost medications (controlled substances and non-controlled substances) as a result of State disaster emergency will be allowed. An early fill response will be returned when a prescription claim is transmitted prior to the date when 75 percent of the previous supply would have been used if taken according to the prescriber's directions. During the State disaster emergency, a pharmacy can override edit 01642 "Early Fill Overuse" denial at the point of sale by using the following combination:

NCPDP FIELD 439-E4 REASON FOR SERVICE CODE AD = Additional Drug Needed

NCPDP FIELD 420-DK SUBMISSION CLARIFICATION CODE 07 = Medically Necessary - use to indicate the service is provided as a result of Immediate Urgent Care or Emergency.

Pharmacies damaged by fire, flood or other disaster are required to notify the New York State Education Department and Board of Pharmacy of this and/or the loss of their records and pharmacy stock. This notification to the State Education Department will meet requirements for Medicaid and the Office of the Medicaid Inspector General (OMIG). Due to the large number of pharmacies with damage, notification by email (pharmbd@mail.nysed.gov) is sufficient for State Education Department purposes.

If a member presents no evidence of a **non-controlled** substance and states they are in need of maintenance medication(s) or medical supplies, using responsible professional judgment, the pharmacist may provide a limited quantity, again at the discretion of the pharmacist as directed by the New York State Education Department and Board of Pharmacy. Use the following combination(s) when submitting these claims:

NCPDP FIELD 420-DK SUBMISSION CLARIFICATION CODE 07 = Medically Necessary - use to indicate the service is provided as a result of Immediate Urgent Care or Emergency. – and -

**DDDDDDD** in lieu of the prescription serial number for prescriptions

\*This guidance will only be in effect until the State disaster emergency has ended.