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# Pharmacy Facts

## MassHealth Pharmacy Program

[www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy)

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### POPS Billing Guide

MassHealth has posted a revised version of the POPS Billing Guide on the MassHealth Pharmacy Program web page. To view the current guide, go to [www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy) and click on the link for MassHealth Pharmacy Publications and Notices for Pharmacy Providers, then on POPS Billing Guide.

Please note that ACS, a Xerox Company, is now Xerox State Healthcare, LLC. You will see this change reflected in the POPS Billing Guide under Where to Get Help. The Pharmacy Technical Help Desk phone number (1-866-246-8503) has not changed and is available 24 hours a day, seven days a week.

Below are some changes of interest for certain claims processing issues.

#### 1. Member Date of Birth

MassHealth will deny claims if the member's date of birth submitted on the pharmacy claim does not match the date of birth that MassHealth has on file for the member. The message you will see is

"THE DATE OF BIRTH ENTERED DOES NOT MATCH THE DATE OF BIRTH ON FILE WITH MASSHEALTH."

When you see this message, you should verify the member's MassHealth ID # and date of birth, then reprocess the claim with correct information, as necessary.

Pharmacies can use the MassHealth Eligibility Verification System (EVS) or contact the Xerox Technical Help Desk at 1-866-246-8503 to determine date of birth that is listed on file for the member.

Please note that Xerox cannot change a member's date of birth. If the member's date of birth is incorrect on the MassHealth file, the member must contact MassHealth Customer Service at 1-800-841-2900 for assistance (Hours: Monday – Friday, excluding holidays, 8:00 A.M. – 5:00 P.M.). MassHealth Customer Service will guide the member through the necessary steps to resolve this issue.

### 2. Claim Submission When MassHealth is Secondary Insurer

a) When MassHealth is the secondary insurer and Medicare B is the primary insurer:

(i) For claims **approved** by Medicare B where MassHealth is the secondary insurer, enter 99 as the Other Payer ID Qualifier (NCPDP Field 339-6C) and enter the applicable Medicare B carrier code (listed in Appendix C of the *MassHealth Pharmacy Manual*) in the corresponding Other Payer ID (NCPDP Field 340-7C).

Appendix C lists the MassHealth TPL carrier codes. To access the Pharmacy Manual, go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs). Click on Provider Library, then on MassHealth Provider Manuals, then on Pharmacy Manual.

(ii) For claims **denied** by Medicare B, enter 99 as the Other Payer ID Qualifier and enter the applicable Medicare B carrier code (listed in Appendix C) as the corresponding Other Payer ID.

b) When MassHealth is the secondary insurer and Medicare-C or D is the primary insurer:

(i) For claims **approved** by Medicare C or D where MassHealth is the secondary insurer, enter 99 as the Other Payer ID Qualifier and enter the applicable Medicare C or D carrier code (listed in Appendix C) as the corresponding Other Payer ID.

(ii) For claims **denied** by Medicare C or D, enter 99 as the Other Payer ID Qualifier and enter the applicable Medicare C or D carrier code (listed in Appendix C) as the corresponding Other Payer ID.

**Note 1:** Only a Medicare C or D carrier code may be used to override a member's C or D coverage when there is no payment and the claim is a one-time, 72-hour override.

**Note 2:** Medications excluded from the Medicare D Drug Program will continue to be covered for MassHealth members who are dually eligible for both Medicare and MassHealth, as long as the drug is also covered by MassHealth. Claims submitted to MassHealth for these excluded medications do not require the completion of a Coordination of Benefits/Other Payment Segment.

- c) When MassHealth is the secondary insurer and a commercial insurer is the primary insurer:

(i) For claims **approved** by the commercial insurer, the Other Payer ID Qualifier must be equal to 99 and the corresponding Other Payer ID must be one of the commercial carrier codes listed in Appendix C or the Other Payer ID Qualifier must be equal to 03 and the corresponding Other Payer ID (BIN) must be known to the Pharmacy On Line Processing System (POPS) system.

(ii) For claims **denied** by the commercial insurer, enter 99 as the Other Payer ID Qualifier and enter one of the commercial carrier codes listed in Appendix C as the corresponding Other Payer ID.

Note: Only a commercial carrier code may be used to override a member's commercial coverage when there is no payment.

### 3. Route of Administration

Acceptable values for the Route of Administration (NCPDP Field 995-E2) have been updated.

### MHDL Updates

#### 1. Additions

- a. The following newly marketed drugs have been added to the MassHealth Drug List, effective May 14, 2012.
- Afinitor (everolimus 7.5 mg)
  - BYDUREON (exenatide extended-release) – **PA**
  - DUTOPROL (metoprolol extended-release / hydrochlorothiazide – **PA>**)
  - Edarbyclor (azilsartan/chlorthalidone) – **PA**
  - Erivedge (vismodegib) – **PA**
  - EYLEA (aflibercept) <sup>^</sup>
  - Ferriprox (deferiprone) – **PA**
  - INLYTA (axitinib) – **PA**
  - Janumet XR (sitagliptin/metformin extended-release) – **PA**
  - Jentadueto (linagliptin/metformin) – **PA**
  - Kalydeco (ivacaftor) – **PA**
  - Oxecta # (oxycodone immediate-release 5 mg) – **PA > 240 mg/day**
  - Oxecta (oxycodone immediate-release 7.5 mg) – **PA**
  - Rectiv (nitroglycerin 0.4% ointment) – **PA**

#### 2. New FDA “A”-Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that PA is required for the brand.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent</u>
quetiapine – <b>PA</b> > 90 units/month	Seroquel #
ziprasidone capsule – <b>PA</b> > 90 units/month	Geodon #

#### 3. Corrections

The following drugs have been added to the MassHealth Drug List. They were omitted in error. These changes do not reflect any change in MassHealth Policy.

- Capastat (capreomycin)
- dexamethasone tablets
- IsonaRif (rifampin/isoniazid)
- kanamycin
- morrhuate injection <sup>^</sup> – **PA**
- Paser (aminosalicylic acid)
- Priftin (rifapentine)
- Rifater (rifampin/isoniazid/pyrazinamide)
- Sandostatin LAR (octreotide injectable suspension)
- Seromycin (cycloserine)
- Sotradeacol (tetradecyl sulfate injection) <sup>^</sup> – **PA**
- streptomycin
- Trecator (ethionamide)

# This is a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

<sup>^</sup> This drug is available through the health care professional who administers the drug. Medicaid does not pay for this drug to be dispensed through a retail pharmacy.