



**Medicare Part D Plans:**

- Allwell CHF/Diabetes Medicare (HMO SNP) – AZ
- Allwell Dual Medicare (HMO SNP) – AZ, FL, GA, IN, KS, MO, MS, NM, OH, PA, SC, TX, WI
- Allwell Dual Medicare Essentials (HMO SNP) – SC
- Allwell Medicare (HMO) – AR, AZ, FL, GA, IL, IN, KS, LA, MO, MS, OH, PA, SC, TX
- Allwell Medicare (PPO) – IN
- Allwell Medicare Essentials (HMO) – AZ
- Allwell Medicare Essentials II (HMO) – AZ
- Allwell Medicare Premier (HMO) – AR, AZ, FL, GA
- Allwell Medicare Select (HMO) – AR
- Health Net Medicare Advantage – CA, OR
- Trillium Advantage Dual (HMO SNP) – OR

**Medicare-Medicaid Plans:**

- Absolute Total Care (Medicare-Medicaid Plan) – SC
- Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) – OH
- Health Net Cal MediConnect (Medicare-Medicaid Plan) – CA
- IlliniCare Health - MMAI (Medicare-Medicaid Plan) – IL
- Michigan Complete Health (Medicare-Medicaid Plan) - MI
- Superior HealthPlan STAR+PLUS (Medicare-Medicaid Plan) - TX

December 10, 2018

## Medicare Part D 2019 Opioid Utilization Management Changes & LTC Pharmacy Claim Codes

This communication contains background and program information regarding guidance for 2019 affecting Part D point-of-sale (POS) edits. Items addressed will be:

- A. Pharmacy and/or Prescriber Lock-Ins**
- B. Cumulative Morphine Milligram Equivalent Edit Updates**
- C. NEW Seven-day Opioid Naïve Edit**
- D. NEW Duplicate Long-Acting Opioid Edit**
- E. NEW Opioid/Benzodiazepine drug interaction Edit**
- F. LTC Pharmacy Claim Codes**

**A. Pharmacy and/or Prescriber Lock-Ins**

Beginning 2019, Pharmacy and/or Prescriber Lock-Ins may now be implemented for Part D members to address utilization issues with frequently abused drugs (FAD). Each restriction type will have its own reject message.

Reject Code	Message
70	CMS Controlled Substance Exclusion-MSUME
71	Member Prescriber Override Exclusion
50	Member Pharmacy Override Exclusion

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For these types of scenarios in which POS rejections occur for Part D members, no overrides should be entered. The Part D member should be informed that the rejection is due to a specific exclusion entered by the plan and the pharmacy should call the Pharmacy Help Desk (PHD). The PHD will have specific work instructions of how to identify the rejection and explain what the exclusion(s) is and what pharmacy and/or prescriber is involved with the lock-in if there is one in place.

If the Part D member wants to appeal the restrictions that are in place, he/she will need to call his/her plan's Coverage Determinations & Appeals (CD&A) department.

## B. Cumulative Morphine Milligram Equivalent (cMME) Edit Updates

For 2019, there will be no change to the existing cMME edit. The edit will return a soft reject if the cMME dose is greater than 90mg.

### New cMME Pharmacy Messaging

The following are default messaging changes for rejected claims due to the cMME edit, and custom messaging will vary slightly from this. Messaging for paid claims that initially rejected due to cMME will also be changed but is not shown below. You could see one of the following two rejects at point of sale.

cMME REJECT RESPONSE	526-FQ MESSAGE 1	526-FQ MESSAGE 2	526-FQ MESSAGE 3	544-FY MESSAGE
922/G4/88	EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD Where 'XXXX' is the MME plan limit value	PRESCRIBER MUST CALL XXX-XXX-XXXX	WHEN CLINICAL EXCEPTION APPLIES	CUMULATIVE MME XXXXMG/DAY Where 'XXXX' is the cumulative MME amount for the claim
922/88	EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD Where 'XXXX' is the MME plan limit value	<blank>	<blank>	CUMULATIVE MME XXXXMG/DAY Where 'XXXX' is the cumulative MME amount for the claim

### New cMME Reject Codes

For claims that reject with the following messaging: *EXCEEDS XXXX MME DOSE LIMIT. CONTACT MD*, the following new reject code will generate along with current reject code 88.

REJECT CODE	NCPDP DESCRIPTION
922	Morphine Equivalent Dose Exceeds Limits
88	DUR Reject Error

After the pharmacist consults with the prescriber or has deemed an override is appropriate based upon clinical judgement, the following codes can be used to override the rejected claim.

### New Reason for Service Code

The Reason for Service Code is a code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. A new value, "HC", will need to be returned in the pharmacy response for claims exceeding the cMME dose and can be sent by the pharmacy to be used with a valid Result of Service Code and a valid Professional Service Code to override a soft cMME reject.

CURRENT VALUE	NEW VALUE EFFECTIVE 1/1/19
AT = Additive Toxicity	HC = High Cumulative Dose

**New cMME Result of Service Codes**

The Result of Service Code is the action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service. The new codes listed below can be sent by the pharmacy and may be used with other codes to override a soft cMME reject if plan set-up permits. Please note that these are only the new codes being added. Other Result of Service Codes can still be used.

NEW FIELD VALUES (EFFECTIVE 1/1/19)	NCPDP DESCRIPTION
4B	Dispensed, Palliative Care
4C	Dispensed, Hospice
4D	Dispensed, Cancer Treatment

ADDITIONAL FIELD VALUES (ALREADY IN USE)	NCPDP DESCRIPTION
1B	RPH determines alert is not relevant for the Rx and member
1C	Filled with a different dose
1D	Filled with different directions
1F	Filled with a different quantity
1G	Filled with prescriber approval
2A	RPH determines Rx should not be filled as written

**C. NEW - Seven-day Opioid Naïve Edit**

In the CMS 2019 Call Letter, all Part D sponsors are required to implement a **safety edit reject** to limit initial opioid prescription fills for the treatment of acute pain to no more than a seven day supply.

The reject code used for this safety edit reject is 925.

REJECT CODE	MESSAGE
925	Day supply limit = 7 days. If cancer diagnosis or in LTC or hospice call XXX-XXX-XXXX

The edit can be addressed in the following ways:

PREFERRED OPTION	ADDITIONAL OPTIONS
Pharmacist can decrease the quantity and days' supply to seven days or less and resubmit.	Pharmacist can enter a cancer or palliative care ICD 10 diagnosis code and resubmit the claim
	Pharmacist can call the Pharmacy Help Desk for an override if the Part D member has a known exception. Exceptions include: <ul style="list-style-type: none"> <li>• Cancer diagnosis</li> <li>• Residence in a Long-Term Care facility</li> <li>• Hospice</li> <li>• Palliative Care</li> <li>• Part D member not opioid naïve as seen in past claims history</li> </ul>
	Part D member or prescriber can request a Coverage Determination

### D. NEW Duplicate Long-Acting Opioid Edit

This edit will be set up to soft reject when prescribed drugs have the same therapeutic effects as medication(s) the Part D member is currently taking.

REJECT CODE	MESSAGE	REASON FOR SERVICE CODE
88	PPS CODE REQD: 2 OR MORE LA OPIOIDS	TD

### E. NEW Opioid/Benzodiazepine Drug Interaction Edit

This edit will be set up to soft reject when interacting drug combinations are identified.

REJECT CODE	MESSAGE	REASON FOR SERVICE CODE
88	PPS CODE REQD: DRUG INT OPIOIDS AND BENZO	DD

### F. 2019 Medicare Part D LTC Pharmacy Claim Codes

Envolve Pharmacy Solutions would like to remind all Long Term Care (LTC) pharmacies filling prescriptions for any of the above listed Medicare Part D or MMP plan members that LTC pharmacies do not need to call to obtain a manual override in the situations listed in the following table. In the situations listed, pharmacies may submit specific codes that will allow claims to approve.

#### Codes Utilized on LTC Claim Submissions

- The first column is the NCPDP field where the pharmacy must insert the code indicated in the second column.
- The last column indicates the maximum allowable days supply allowed for the claim.
- If situations occur that fall outside of the allowances defined below, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567 for assistance.

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	04	Drug Missing, Dropped or Lost	Medication lost, missing or cannot be located	Up to a 5-day Supply
420-DK	07	Emergency Supply	Emergency supply of non-formulary drugs & formulary with PA or Step Therapy Requirements (used after Initial Eligibility Transition Period)	Up to a 31-day Supply
420-DK	14	Leave of Absence Vacation Supply	Separate dispensing of small quantities of medications for take-home use allowing members to leave facility for weekend visits, holidays, etc.	Up to a 5-day Supply
420-DK	15	Patient "Spit Out"	Medication "spit out"	Up to a 5-day Supply
420-DK	16	Emergency Box (Emergency Dose)	Emergency Box (E-Box) meds for emergency treatment until standard supply can be dispensed	Up to a 5-day Supply
420-DK	17	First Fill Following Emergency Box Dose	Follow-up fill after Emergency dose has been dispensed. This prescription should be filled for the full prescribed amount minus the Emergency Dosing	Written Rx Less E.R. Box Dose given up to a 31-day Supply

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	18	LTC Admission/ Level of Care Change	Newly admitted due to clinical status change. Medications may have been filled at retail pharmacy prior to admit; been filled prior to transfer and discontinued; not followed beneficiary to new facility due to regulatory and compliance issues and same meds reordered upon re-admit	Multiple fills up to a 31-day Supply
420-DK	19	LTC Split Billing	LTC claim that is partially paid under Medicare Part A and partially paid under Medicare part D should not pay two dispensing fees.	Up to a 31-day Supply
420-DK	21	14-day Supply or Less is not Applicable	14-day or less dispensing is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken. Medication quantities are dispensed as billed	Up to a 31-day Supply
420-DK	22	7-day Supply	Pharmacy dispenses medication in 7 day supplies	7-day Supply
420-DK	23	4-day Supply	Pharmacy dispenses medication in 4 day supplies	4-day Supply
420-DK	24	3-day Supply	Pharmacy dispenses medication in 3 day supplies	3-day Supply
420-DK	25	2-day Supply	Pharmacy dispenses medication in 2 day supplies	2-day Supply
420-DK	26	1-day Supply	Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies	1-day Supply
420-DK	27	4-3-day Supply	Pharmacy dispenses medication in 4 day, then 3 day supplies	7-day Supply
420-DK	28	2-2-3-day Supply	Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies	7-day Supply
420-DK	29	1-1-1-1-3 day supply	Pharmacy or remote dispenses medication daily during the week, and combines multiple days for dispensing weekends	7-day Supply

NCPDP Field	Submission Clarification Code	Situation	Description	Allowances
420-DK	30	Shift dispensing	Pharmacy or remote dispenses medication per shift (multiple med passes)	TBD
420-DK	31	Med pass dispensing	Pharmacy or remote dispenses medication per med pass dispensing	TBD
420-DK	32	PRN dispensing	Pharmacy or remote dispenses medication on demand as needed	TBD
420-DK	33	< 7 day supply	Pharmacy dispenses medication on 7 day or less cycle not represented	< 7 day supply
420-DK	34	14-day Supply	Pharmacy dispenses medication in 14 day supplies	14-day Supply
420-DK	35	8-14-day Supply	Pharmacy dispenses medication in 8-14 day dispensing not otherwise represented	8-14-day Supply
420-DK	36	Medication Dispensed Outside Short Cycle	Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be covered by Medicare Part D	Up to a 31-day Supply

### Appropriate Days Supply/ Short-Cycle Dispensing at LTC

- CMS requires pharmacies submitting claims for LTC residents to dispense brand name oral solids in increments of 14 days or less.
- Pharmacies must use Submission Clarification Codes for any claims submissions for brand name oral solids.

### Appropriate Days Supply/ Short-Cycle Dispensing Override Codes

- The appropriate days supply/ short cycle dispensing override codes are 21 -36.
- Communication notices were sent to pharmacies in early 2017 to provide education on the appropriate use and accurate submission of Submission Clarification Codes (SCC) fields.
- Refer to the NCPDP SCCs listed above for additional guidance.

**Please note: By submitting the Patient Residence of 03 or 09, the pharmacy is attesting that the patient meets the criteria in the description in the table above. If it is later determined during an audit that the patient did not meet criteria, the claim will be reversed in full. Pharmacies must always submit the correct quantity per day supply based on the prescription order.**

### Payer Sheets

To view the CVS Caremark payer sheet for RxBIN 004336 and PCN MEDDADV go to [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo).

### Assistance

For Claims Processing or Technical Support, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567.