



PROVIDER BULLETIN

BT 200369

NOVEMBER 9, 2003

To: All Pharmacy Providers

Subject: Point of Sale Suspended Claims

Overview

This bulletin announces the capability of the Indiana Health Coverage Programs (IHCP) to suspend pharmacy claims submitted via point-of-sale (POS) National Council for Prescription Drug Programs (NCPDP) Version 5.1. Effective November 10, 2003, all compound claims can be submitted via POS. However, compound claims with a billed amount greater than \$275 will suspend for pharmacist review. Additionally, claims submitted via POS requiring attachments will suspend for review.

Compound Claims With Submitted Charges Greater Than \$275

Current IHCP policy requires that all compound claims having a paid amount of \$275 or more must be reviewed by an ACS pharmacist. The purpose of this review is to ensure that the compound prescription is appropriately priced. This policy applies to compound claims submitted by any claims submission method. Effective October 16, 2003, with implementation of the Health Insurance Portability and Accountability Act (HIPAA), the IHCP was required to accept all claim transactions electronically.

All compound claims submitted via POS with a billed amount greater than \$275 will suspend. The provider will receive a POS message stating "Claim suspended for ACS review." An ACS pharmacist will review the claim. The claim will adjudicate and pay or deny within 21 days of suspension.

POS Claims Requiring an Attachment

While all claims can now be electronically submitted, transactions could require additional documentation to process the claim. If a claim submitted via POS requires additional documentation, the claim will suspend and the provider will be instructed, via POS response, to send the supporting documentation to ACS. This documentation needs to be submitted as a paper attachment. The provider must send a completed *Pharmacy Claims Attachment Cover Sheet* for each attachment. A copy of the *Pharmacy Claims Attachment Cover Sheet* can be found on the IHCP Web site at www.indianamedicaid.com under the Forms section. A copy of the *Pharmacy Claims Attachment Cover Sheet* is also attached to this bulletin.

The provider must send the *Pharmacy Claims Attachment Cover Sheet* for each claim requiring an attachment. The *Pharmacy Claims Attachment Cover Sheet* must include the following information:

- Billing provider number
- Date of service for which the attachment is associated
- The member identification number (RID)
- The Transaction Control Number (TCN)

Transaction Control Number

Each POS transaction is assigned a TCN. This number is indicated in the response a provider receives when a POS claim adjudicates. This number must be included on the attachment sent to ACS, so that the attachment can be matched to the suspended claim and the adjudication of the claim is completed.

For example, if claims are submitted on the date that a member's spend-down is met, the provider must submit, either by U.S. mail or facsimile, a *Form 8A* along with a completed *Pharmacy Claims Attachment Cover Sheet* to

ACS
P.O. Box 502327
Atlanta, GA 31150-2327
Facsimile: 1-866-556-9323

Additional Information

Refer any questions about the processing of suspended claims to the ACS Point-Of-Sale help desk at 1-866-645-8344.

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Indiana Health Coverage Programs



PHARMACY CLAIMS ATTACHMENT COVER SHEET

Provider Name

Grid for Provider Name

Provider Street Address

Grid for Provider Street Address

Grid for City, State, and Zip Code

In order to process your attachment, this form must be completed as follows:

- o Complete a separate form for each claim.
o Write the appropriate transaction control number (TCN) and the recipient identification number (RID) on each attachment.
o Place this form on top of the attachment (i.e. 8A) for each claim.

Additional Information (Required)

Billing Provider number, nine numeric and one alpha character

Grid for Billing Provider number

Date of Service MM/DD/YYYY

Grid for Date of Service

Authorization Number (TCN)

Grid for Authorization Number (TCN)

RID Number

Grid for RID Number

Please return via fax to: 866-556-9323

Mail To: ACS State Healthcare
P.O. Box 502327
Atlanta, GA 31150-2327

Fax To: 866-566-9323

EDS
P. O. Box 7263
Indianapolis, IN 46207-7263

For more information visit www.indianamedicaid.com

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