

Bulletin Number: MSA 08-25

Distribution: Pharmacies

Issued: June 1, 2008

Subject: Implementation of Partial Fill Functionality, Prescription Origin Code for Condom Claims

Effective: July 1, 2008

Programs Affected: Medicaid, Maternity Outpatient Medical Services (MOMS), Adult Benefits Waiver, Children's Special Health Care Services (CSHCS), and Plan First!

The purpose of this bulletin is to inform pharmacy providers of the options in billing and being reimbursed for Fee-For-Service (FFS) partially filled prescribed drug(s) as well as information concerning the reporting of a prescription origin code for a condom claim.

Effective for dates of service on or after July 1, 2008, a pharmacy provider will have two options in billing and being reimbursed for partially filled prescription drug(s) when there is a shortage in inventory or when a beneficiary receives small quantities of prescribed drugs (including controlled substances) due to terminal illness or residing in a nursing facility. The two options are:

- Continue the current practice.
- Employ the National Council for Prescription Drug Programs (NCPDP) Partial Fill Functionality.

CURRENT PRACTICE

The pharmacy provider can continue to dispense a partial quantity of a prescribed drug and bill the total quantity of the drug listed on the prescription to the Michigan Department of Community Health (MDCH) Pharmacy Benefits Manager (PBM) and later dispense the remainder of the prescribed drug to the beneficiary when more stock is available. Refer to the *MDCH Pharmacy Claims Processing Manual* for additional information. The Manual is available online at www.michigan.fhsc.com.

NCPDP PARTIAL FILL FUNCTIONALITY

The partial fill functionality is used when the total quantity of a prescribed drug is not initially dispensed to a beneficiary due to a shortage in inventory. The beneficiary returns to the pharmacy to receive the remainder of the prescribed drug that was not initially dispensed. The reimbursement of the drug for subsequent and complete fill transactions will be the same price as the initial fill transaction even if the base drug price as fluctuated. Partial and complete fill transactions must be performed by the same pharmacy provider. Pharmacy to pharmacy transfer of a partially filled prescription is prohibited. Two partial fill transactions cannot be submitted on the same day. The date of service must be different for each partial and complete fill transaction. The coordination of benefits for partial fill transactions cannot be used if:

- The primary payer does not utilize this functionality.
- The claim is for a compounded drug.

All partial fill claims must contain the same National Drug Code (NDC) or Generic Sequence Number (GSN). The fill number (NCPDP field 403-D3) must be the same for the partial and complete fill transactions. *The pharmacy provider has sixty days (60) to complete the partially filled transaction(s).*

Note: *The remainder quantity of a prescribed drug of the partial fill cannot be included in a subsequent refill. It must be billed as a separate transaction.*

Billing Initial Partial “P” Fill Transaction

To submit an initial partial “P” fill transaction, the pharmacy provider must:

- Report the value “P” (*Partial Fill*) in the Dispensing Status field (NCPDP field 343-HD). If Dispensing Status field is not populated, the transaction will reject with NCPDP error code *HD - Missing/Invalid Dispensing Status*.
- Leave blank or report zeros in the Associated Prescription/Service Reference Number field (NCPDP field 456-EN).
- Leave blank or report zeros in the Associated Prescription/Service Date field (NCPDP field 457-EP).
- Report the value of the prescribed drug in the Quantity Intended To Be Dispensed field (NCPDP field 344-HF). If this field is not populated with a value, the transaction will reject with NCPDP reject code *HF - Missing/Invalid Quantity Intended to Be Dispensed*.
- Report the value of the prescribed drug in the Days Supply Intended To Be Dispensed field (NCPDP field 345-HG). If a value is not reported in this field, the claim will reject with NCPDP reject code *HG - Missing/Invalid Days Supply Intended To Be Dispensed*.

The actual quantity dispensed and days supply dispensed must be less than the values submitted in the Quantity Intended To Be Dispensed and Days Supply Intended To Be Dispensed fields.

Billing Subsequent Partial Fill Transaction

When billing a subsequent partial fill transaction, the Quantity Intended To Be Dispensed field (NCPDP field 344-HF) and Days Supply Intended To Be Dispensed field (NCPDP 345-HG) are not required. However, if either field is submitted, then both fields are required. The transaction will reject with NCPDP reject code *E7 - Missing/Invalid Quantity Dispensed* or NCPDP reject code *19 - Missing/Invalid Days Supply* if the accumulation of the dispensed quantity and the dispensed days supply for all claims is greater than the values reported in the Quantity Intended To Be Dispensed or the Days Supply Intended To Be Dispensed fields.

If the accumulation of the dispensed quantity and the dispensed days supply for all claims is equal to the value(s) reported in the Quantity Intended To Be Dispensed or Days Supply Intended To Be Dispensed fields, the transaction will reject with the NCPDP error code *RF - Improper Order of Dispensing Status Code On Partial Fill Transaction*.

If the submitted drug does not have the same GSN that was reported on the initial partial fill claim, the claim will reject with NCPDP reject code *RC – Different Drug Entity Between Partial & Completion*.

Billing Complete “C” Fill Transaction

To bill a complete “C” fill transaction:

- Report the value “C” (*Completion of Partial Fill*) in the Dispensing Status field (NCPDP field 343-HD).
- Report the Associated Prescription/Service Reference Number in the Associated Prescription/Service Reference Number field (NCPDP field 456-EN). If the Associated Prescription/Service Reference

Number is not reported, the transaction will reject with NCPDP reject code *EN - Missing/Invalid Associated Prescription/Service Reference Number*.

- Report Associated Prescription /Service Date in the Associated Prescription/Service Date field (NCPDP field 457-EP). If the Associated Prescription /Service Date is not reported, the transaction will reject with the NCPDP reject code *EP - Missing/Invalid Associated Prescription/Service Date*.

If the Dispensing Status value is "P" and either no or an invalid associated prescription reference number has been submitted, the claim will reject with the NCPDP error code *RT - Missing/Invalid Associated Prescription/Service Reference Number on Partial Fill Transactions*.

The following are additional NCPDP error codes that may occur due to incorrectly billing the complete fill transaction:

- NCPDP error code *RS - Missing/Invalid Associated Prescription/Service Date on Partial Transaction*.
- NCPDP error code *RG - Missing/Invalid Associated Prescription/Service Reference Number on Completion Transaction*.
- NCPDP error code *RH - Missing/Invalid Associated Prescription/Service Date on Completion Transaction*.

If an accumulation of dispensed quantity and dispensed days supply for all claims does not equal the values reported in the Quantity Intended To Be Dispensed or Days Supply Intended To Be Dispensed fields, the transaction will reject with the NCPDP reject code *E7 - Missing/Invalid Quantity Dispensed* or *19 - Missing/Invalid Days Supply*.

Reverse Billing of Partial Fill Transactions

When the pharmacy provider wants to reverse a partial fill transaction, the most recent transaction must be reversed first. If both "P" and "C" transactions have been accepted by the MDCH PBM, then the "C" transaction must be reversed before reversing the "P" transaction. The Dispensing Status field is not required. If a pharmacy provider must submit a partial fill transaction of a complete fill transaction on the same service date, a reversal of the partial fill transaction with the same service date must be done and a resubmission of the partial fill transaction as a combined amount must occur.

PRESCRIPTION ORIGIN CODE FOR CONDOM CLAIMS

To submit a condom claim, the pharmacy provider must either leave blank or report the value of zero (Not known) in the Prescription Origin Code field (NCPDP field 419-DJ).

The MDCH coverage guidelines still apply.

Manual Maintenance

Retain this bulletin until the information has been incorporated in the Pharmacy Claims Processing Manual for the Michigan Department of Community Health.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration