



VAMMIS Call Center Procedure Manual

Henderson, NC

November 2015
VERSION 2.4



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1. CONTACT INFORMATION

- Virginia Medicaid Member Helpline is (804) 786-6145.
- The Provider Help Line is open from 8:00-5:00 EST. The number is 800-552-8627.
- The 24 Hour Pharmacy Provider Help Desk number is 800-774-8481
- Information on PDL can be found on the DMAS website at www.viriniamedicaidpharmacyservices.com. Callers requesting this type of information should be directed to the website or Magellan at 800-932-6648.
- Medicaid, dial 800-884-9730, 800-772-9996, 804-965-9732, or 804-965-9733.

Virginia Department of Medical Assistance Services Pharmacy Contractors

Activity	Vendor	Vendor Contact Information
Pharmacy Claims Processing	Xerox	800-774-8481 www.viriniamedicaid.dmas.virginia.gov
Drug Utilization Review Program (ProDUR and RetroDUR)	Xerox	800-774-8481 www.viriniamedicaid.dmas.virginia.gov
Service Authorizations	Magellan	800-932-6648 www.viriniamedicaidpharmacyservices.com
Preferred Drug List (PDL)	Magellan	P: 800-932-6648 F: 800-932-6651 www.viriniamedicaidpharmacyservices.com
MAC/SMAC Programs	Magellan	P: 866-312-8467 F: 866-312-8470 E-mail: disputeresolution@dmas.virginia.gov
Provider Enrollment Services (PES)	Xerox	888-829-5373 www.viriniamedicaid.dmas.virginia.gov

1.1. MCO PHARMACY CONTACT INFORMATION

Plan	Contact	MCO Provider Codes
<i>Anthem HealthKeepers Plus</i>	Express Scripts Help Desk: 1-800-662-0210 Anthem HealthKeepers Plus Member Services Line: 1-800-901-0020 Provider Services Line for PAs: 1-800-310-3666 Provider Services Fax Line for PAs: 1-800-601-4829	0047003253 (Central VA Healthkeepers) 0047000663 (Priority) 0047000747 (Peninsula)
<i>CoventryCares of Virginia</i>	Pharmacy Services Help Desk 1-800-378-7040 Formulary Exception Requests Pharmacy Call Center Phone 1-877-215-4100 FAX 1-855-799-2553	0047003170
<i>INTotal Health</i>	INTotal Health Pharmacy Department Provider phone: 1-855-323-5588 Provider fax: 1-855-762-5205	1790768380
<i>Kaiser Permanente</i>	Pharmacy Service Help Desk 1-800-788-2949 Pharmacy service authorization requests should be faxed to: 1-866-331-2104	1730254681
<i>MajestaCare-A Health Plan of Carilion Clinic</i>	Phone: 866-996-9140 Pharmacy service authorization requests and medical records should be Faxed to: 855-321-9628. The pharmacy service authorization form is available on the website at: http://www.majestacare.com CVS Pharmacy Help Desk: 1-855-364-2971	1578841060
<i>Optima Family Care</i>	Catamaran Help Desk 1-866-244-9113 Optima Pharmacy Department 1-800-229-5522 Optima Pharmacy Department Fax - 1-757-552-7516 or 1-800-750-9692	004700082
<i>Virginia Premier Health Plan, Inc.</i>	EnvisionRxOptions ENVISION's Member/Pharmacy/Medical toll-free Helpline: 855-872-0005 Physician PA fax line: 877-503-7231	0047001042

1.2. COMMONWEALTH COORDINATED CARE ASSISTANCE

Occasionally the call center will receive calls for provider assistance with a Commonwealth Coordinated Care member claim.

- Providers and advocacy groups should send CCC questions to:
Office of Coordinated Care
Virginia Department of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, VA 23219

Or

CCC@dmas.virginia.gov

Or

Telephone - 804-588-4888

- Members and caregivers should call MAXIMUS 1-855-889-5243 with questions.
- The provider should call one of the following MCOs when there is a question regarding the member, but occasionally the provider needs other assistance with member eligibility:

Anthem HealthKeepers	1-855-817-5787	API 0173025666
Humana	1-855-784-3602	API 0173030070
Virginia Premier Health Plans, Inc.	1-855-338-6467	API 0173024859

2. MEMBER PLAN DESCRIPTIONS

PLAN DESCRIPTIONS
01-01- 0100 Medicaid Fee-for-Service
01-01-0100- A Technology-Assisted Waiver
01-01-0100-E AIDS Waiver
01-01-0100-F Regular Assisted Living
01-01-0100-J Intensive Assisted Living
01-01-0100-L Medicaid - Long Stay Hospital
01-01-0100-Q CDPAS Waiver
01-01-0100-R IFDDS Waiver
01-01-0100-Y MR Waiver
01-01-0100-1 Medicaid - ICF
01-01-0100-2 Medicaid - SNF
01-01-0100-4 Medicaid - CMM Physician
01-01-0100-5 Medicaid CMM Pharmacy
01-01-0100-6 Medicaid CMM Transportation
01-01-0100-7 Medicaid - Out of State Provider
01-01-0100-9 Elderly and Disabled Provider
01-01-0200 Partial Medicare Premium
01-01-0300 Medicare Premium
01-01-0400 Medicare Coinsurance and Deductibles
01-01-0500 HIPP Premium Payments
01-02-0600 Medicaid - Medallion PCP
01-03-0801 Medicaid - Medallion II Tidewater
01-03-0802 Medicaid - Medallion II Northern
01-03-0803 Medicaid - Medallion II Central
01-05-2000 Pre-PACE
01-05-2001 PACE
02-00-0000 Temporary Detention Order
03-00-0000 State and Local Hospital (Funding suspended effective 04/30/2009)
04-00-0000 Premium Payments
05-06-0000 Regular Assisted Living
06-00-0000 Health Insurance Demonstration Program
07-01-0100 FAMIS - Fee-for-Service
07-01-0100-L FAMIS - Long Stay Hospital
07-01-0100-1 FAMIS - ICF
07-01-0100-2 FAMIS - SNF
07-01-0100-4 FAMIS - CMM Physician
07-01-0100-5 FAMIS - CMM Pharmacy
07-01-0100-6 FAMIS - CMM Transportation

PLAN DESCRIPTIONS
07-01-0100-7 FAMIS - Out-of-State Provider
07-02-0600 FAMIS - Medallion PCP
07-03-0801 FAMIS - Medallion II Tidewater
07-03-0802 FAMIS - Medallion II NORVA
07-03-0803 FAMIS - Medallion II Central
08-00-1001 Assessments Nursing Home Level 1
08-00-1002 Assessments Nursing Home Level 2
08-00-1003 ACR Assessments
07-01-0100-F FAMIS - Regular Assisted Living
01-01-3000 Medicaid FFS Emergency Services Only
01-01-3001 Medicaid FFS Dialysis Services Only
01-03-0805 Medicaid - Medallion II USWVA
01-03-0807 Medicaid - Medallion II Halifax
01-04-0702 Medicaid - MED-III MCO NORVA
01-04-0704 Medicaid - MED-III MCO CDPR
01-04-0706 Medicaid - MED-III MCO LSWVA
01-07-0600 Medicaid - MED-III PCP
07-03-0804 FAMIS - Medallion II CDPR
07-03-0805 FAMIS - Medallion II USWVA
07-03-0806 FAMIS - Medallion II LSWVA
07-03-0807 FAMIS - Medallion II Halifax
01-03-0899 Medicaid - Default Mandatory MCO
01-04-0799 Medicaid - Default MED-II MCO
07-03-0899 FAMIS - Default Mandatory MCO
07-04-0799 FAMIS - Default MED-III MCO
07-01-0500 FAMIS HIPP Premium Payments
01-01-3002 Family Planning Waiver
01-01-0100-D Hospice
01-01-0100-S Day Support Waiver
01-01-0100-T ALZHEIMERS ASSISTED LIVING
01-01-0100-M CMH Waiver
01-01-0100-MP Money follows person
01-13-0801 VALTC Benefit - Tidewater
01-13-0803 VALTC Benefit - Richmond

3. CALL SCRIPTING

3.1. CALL OPENING

CSR: “Thank you for calling Virginia Medicaid; this is (agent’s name). To assist you, may I have your provider number (NPI)?”

Provider response given

CSR: “Thank you. May I have your name and where you are calling from, please?”

Provider response given

CSR: “Thank you. How may I help you today?”

Provider response given

CSR: “Thank you. While I research your issue, may I provide you with the reference number for our call today?” (CRN is at the top of the OmniTrack ticket once it is open)

3.2. CALL CLOSING

CSR: “(Caller’s name), is there anything else I can assist you with today?”

Provider response given

If “yes” – CSR assists with additional questions

If “no” – Provide reference number if not provided at beginning of call. (CRN is at the top of the OmniTrack ticket once it is open)

CSR: “Thank you for calling and have a great day!”

4. QUALITY REVIEW GUIDE (SCORECARDS)

Service Tasks

1) Correct and Consistent Answers (15pts)

- a) Identify/Validate the customer's issue and check for understanding.

Definition – Identify and validate the customer's question, what they want or reason they called; probing, getting understanding related to what we've told them (ex. date of service, provider name, amount of claim, type of service)

- b) Purpose of call found (denied claim reason, etc.)

Definition – Never take the caller's word for the edit. Agent must verify the denied claim to see if indeed that is the problem noted. This also allows the agent to identify other possible denying edits that the caller may not have noticed. Please do not tell callers **"I don't know why the claim is denying"** or something to that effect. Agent must demonstrate maximum ability to find solution to the caller's problem.

- c) Provide Correct & Appropriate Information

Definition – Provides caller with the correct solution to the denied claim. Transfer the caller to the correct place toggled the necessary answers.

2) Ownership & Accountability to Resolve Customer Issues (15pts)

- a) Protocol

Definition – Follow specific plan protocols. Did you follow the dos and don'ts of what we can or cannot give out without verification (e.g. Can you give out the ID number to a particular client?)

- b) Take Control of the Call

Definition – Ask pertinent questions to keep the caller from volunteering unnecessary information. Without being rude or cutting the caller off in mid-sentence, begin asking questions that you will need to assist the caller. Keep the focus of the conversation directed to assisting the caller to find the solution (e.g. "Mr. Jones may I have the Medicaid ID number and then I will be able to access the information that I will need to help you.")

- c) Confirm Provider/Pharmacy information

Definition – During a call from a prescriber’s office, you should obtain and confirm the prescriber’s name, ID# (NPI, State ID), address, fax & phone-update it in the system if needed. During a call from the pharmacy you should obtain and confirm the pharmacy’s NPI number, phone, fax, and address. Confirm the pharmacy’s information on the claim.

3) Professionalism

a) Call Answer (5pts)

Definition – Please answer calls immediately when you hear the zip tone. All calls should be answered within 10 seconds.

b) Listening Skills (5pts)

Definition – Avoid asking the caller for the same information (patient’s name, caller’s name, etc.) more than once if it was given clearly the first time. Listen carefully to avoid asking for the same information that was already given initially. Please take time to understand the purpose of the call.

c) Proper Hold Protocol (5pts)

Definition – Avoid muting (prolonged silences) when researching claims without informing the caller to hold. Muting should be no longer than 20 seconds. Always keep the caller informed of what you are doing. **“Can you hold just a minute while I research the patient’s profile?”** If you should need to put a caller on hold please avoid having them hold longer than 2 minutes. If you need longer than 2 minutes please inform the caller that you are still researching the issue.

d) Maintain Positive Attitude/Courteous and professional nature (5pts)

Definition – Avoid asking in monotone **“Your name and title?”** or **“ID number?”** after the caller tells you the purpose of the call, but rather say **“I’ll be glad to do that for you. Can I have the recipient’s Medicaid ID number?”** or **“before I continue, may I have your name and your title in the office?”**

Apologize if you are unable to help and offer to direct the caller to someone who can. (e.g. **“I’m sorry, but I don’t handle prior authorizations, but I can transfer you to the prior authorization dept.”**). Always provide the phone number to the correct department.

Do not cut people off, let them finish talking. If your caller is talkative, use your judgment as to when you can politely interrupt and ask your questions.

Do not use terms that callers do not understand (e.g. OmniTrack, escalate a ticket, or other internal terms we may use).

Please address the caller by name at least TWICE during each call. Callers feel more welcome when you address them by name and it also shows that you are actively listening and concerned in helping the caller.

Please use positive language.

4) HIPAA (15pts)

a) HIPAA

Definition – Confirm the recipient name and ID number. Confirm that the caller ID number is valid. Confirm that the caller has a right to access the information (is the caller a relative or friend that has legal rights for the patient). Please avoid leading the caller with information (avoid giving info rather than verifying...e.g. “Is this for Hydrocodone for Sally Thomas?” instead ask “Can you verify the name of the medication and the member’s name?”)

Also refer to HIPAA Guidelines.

5) Educate the caller (5pts)

- a) Educate the caller on all applicable information based on the OCS or emails pertaining to client in question.
- b) Be proactive by listening and recognizing opportunities to educate on all programs, benefits, and client issues that are specific to the caller in question.
- c) Please keep the caller informed on what you are doing at all times—avoid prolonged silences without telling the caller what you are doing.

6) Documentation Accuracy

NPI/Medicaid Provider Number & Client/Group Number (5pts)

a) NPI/Medicaid Provider Number

Obtain NPI/Medicaid Provider number when applicable.

Document provider number for pharmacy.

If a medical office is calling, document Dr. Name, NPI/DEA number, and telephone number.

b) Client and Group Number

Make sure you use the correct client/group # pertaining to your call.

Contact Name/Reference ID Field (5pts)

a) Contact Name (Caller’s name)

Document the caller's name in the contact field, especially if it is someone other than the participant/applicant or employee of the MD office (nurse, receptionist, case managers, etc.)

- b) Reference ID Field (ID number or name of caller)

Only place the participant's ID# in this field and if not applicable, enter the caller's name. There are no exceptions to this. **DO NOT enter phrases here like "no id given" or "claim inquiry", etc.**

Category/Subject, Medication, Denial/Approval, Resolution, Status (5pts)

- a) Category/Subject

Make sure you choose appropriate category/subject pertaining to your call. If none of the edits are found in the category, use the closest to it and document appropriately in the free text. **MAKE SURE YOU DOCUMENT THE PROBLEM AND RESOLUTION PERTAINING TO YOUR CALL IN YOUR FREE TEXT.**

- b) Medication

Please be sure to include the medication in question in your OmniTrack ticket.

- c) Denial/Approval

Be sure to document the denial edit or the approval reason in your OmniTrack ticket.

- d) Resolution

Document everything you did to assist the caller.

- e) Status

Be careful to choose appropriately to close, open, or escalate an OmniTrack ticket.

7) Navigation of System

Displays working knowledge of systems/Used systems appropriately (5pts)

- a) Use appropriate systems to get correct information. For example go to the participant's eligibility screen in VAMMIS to locate the member's eligibility or refer to the OCS to get information.

Verified claim edits/Reason for rejected claims (5pts)

- a) Please verify all denied claims in question. Do not take the caller's word for a rejection. Please be sure you have assisted the caller with all possible denying edits.

8) Call Intro/Closing (5pts)

- a) Introduction

Please begin calls by stating "Thank you for calling Virginia Medicaid. This is your name. How may I help you?" Or if client specific you do not have to mention Xerox. Your opening has to be polite and professional. Do not just say "Hello" or "Can I help you?"

- b) Closing

End all calls by asking "Is there anything else that I can help you with?" unless the caller hangs up before you can say it or the caller says "that's all I needed, thanks!" or something similar to that. We want to ensure first call resolution. Do not just hang up and say "Alright, bye, etc."

5. GENERAL GUIDELINES

5.1. COVERED SERVICES AND LIMITATIONS

5.1.1. LEGEND DRUGS ARE COVERED WITH THE FOLLOWING EXCLUSIONS:

- Non-rebatable drugs – manufacturers or labelers that don't participate in the Federal Drug Rebate Program
- Anorexia or weight gain agents – (EPSDT exception)
- Agents used to promote fertility
- Drugs considered by the FDA to be less effective (includes compounds) DESI – drug efficacy study implementation
- Recalled drugs
- Drugs for hair growth
- Drugs for erectile dysfunction
- Experimental or non – FDA – approved drugs
- Drugs used for cosmetic purposes
- Drugs dispensed after label expiration date

5.1.2. NEW COVERED OUTPATIENT DRUG (COD) INDICATOR

CMS developed a new indicator to signify that a drug has been approved by the FDA. This new COD indicator will be used in the coverage algorithm and replace the recently discontinued DESI indicator.

Edit code 1730 (NDC Not Covered – Not FDA Aprvd) - Claims for NDCs that have an unapproved COD indicator value will reject for edit code 1730.

COD values ***allowed*** for VA Medicaid coverage that indicate FDA-approved status include:

- 01 = Abbreviated New Drug Application (ANDA)
- 02 = Biologics License Application (BLA)
- 03 = New Drug Application (NDA)
- 04 = NDA Authorized Generic
- 07 = Prescription Pre-Natal Vitamin or Fluoride
- 08 = Prescription Dietary Supplement/Vitamin/Mineral (Other than Prescription Pre-Natal Vitamin or Fluoride)
- 10 = OTC Monograph Final
- 11 = Unapproved Drug – Drug Shortage

COD codes listed below would ***NOT be allowed*** for VA Medicaid coverage (claims will deny)

- 05 = DESI 5* – LTE/IRS drug for all indications
- 06 = DESI 6* – LTE/IRS drug withdrawn from market
- 09 = OTC Monograph Tentative
- 12 = Unapproved Drug – Per 1927(k)(2)(A)(ii)
- 13 = Unapproved Drug – Per 1927(k)(2)(A)(iii)

The drug information screen now displays the new COD indicator value for each NDC along with the COD effective date.

The screenshot shows the 'VIRGINIA MEDICAID DMAS DRUG INFORMATION - INQUIRY' screen. The drug name is LEVOFLOXACIN 500 MG TABLET. The NDC is 00781579101. The screen includes various fields for drug details, coverage dates, and a 'Smart Key' section. A red box highlights the 'COD Type: 01' and 'COD Date: 11182014' fields.

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
<p>Screen ID: RF-S 014-01 Trans ID: VSA1 Program ID: RFT310</p> <p>VIRGINIA MEDICAID DMAS DRUG INFORMATION - INQUIRY</p> <p>Date: 01/30/2015 Time: 13:12</p> <p>Name Brand Drug: NDC: 00781579101 Name: LEVOFLOXACIN 500 MG TABLET Coverage Begin Date: 06292011 Previous NDC: Add Date: 06292011 Obsolete Date: 12319999 Coverage End Date: 12319999 Replacement NDC: Update Date: 01232013 Generic Drug: GCN: 47074 GNC Sequence: 29928 Name: LEVOFLOXACIN</p> <p>Formulary: N Unit of Use: 0 Bypass: N Top 200: 000 FFP MFG Rebate: 1 Form Code: 1 DEA: 0 Maintenance: 0 Standard Package: 1 Rebate Effective Date: 01011991 FDB Gen Ind: 1 Category: 0 Route Administration: PO Gender Specific: 1 Max Dispensing Units: 00000.000 Class: F Direct: N Institutional Product: 0 Format: 1 Max Quantity: 00000.000 GN PR: 0 Service: 0 Unit Dose: 0 VA MAC Override: 0 VA Generic Indicator: 0 GNE: 1 ANDA: 1 NDA: 0 COD Type: 01 COD Date: 11182014</p> <p>Strength: 00000500.000 Package Size: 00000100.000 Therapeutic Class Units: MG Labeler ID: D00781 Standard Code: 28 Description: 500 MG Route Description: ORAL Generic Code: 19 Volume #: 0000.000 Manufacturer: SANDOZ Specific Code: W1Q Volume Units: Dosage Form: TABLET AHFS: 081218 Copy: 0 Allergy Codes: 61</p> <p>Smart Key: Generic: Orange Book: AB Products meeting necessary bioequivalence requirements. Specific: HICL: W1Q Seq: 012384 Strength: Dose: Route: Package Size: UDUU: HICL Seq:</p>													

5.1.3. COVERAGE OF NON-LEGEND [OVER-THE-COUNTER (OTC)] DRUGS

Virginia Medicaid covers certain FDA approved over-the-counter (OTC) products when they are used as therapeutic alternatives to more costly legend drugs. This policy allows the use of cost saving alternatives in the Pharmacy program. Therefore, these products should only be prescribed for outpatients when the provider otherwise would have used a more expensive legend product. The choice of whether or not to use these additional products is to be determined by the member's prescribing health care provider. This expansion of OTC coverage in the outpatient population does not affect the current coverage standards for categories of drugs included for OTC coverage in the nursing facility environment.

Requests for OTC products are handled in the same manner as prescriptions. The order may be written as a prescription (on a tamper resistant pad/paper) or transmitted to the pharmacy by any other means, which complies with the regulations of the Board of Pharmacy. Documentation is handled in the same manner as prescription drug orders. If the order is not received as a written document, the information must be reduced to writing and filed sequentially, as with any legend drug order. All requirements for storage and retrieval of documents must be observed. The product must be labeled according to the prescriber's order and appropriate counseling must be offered to the member.

Products covered under this program must be supplied by companies participating in the CMS Medicaid rebate program.

All drugs and devices billed by physicians as a part of a medical office visit or procedure must be administered by the rendering physician as a part of the visit.

Coverage of over-the-counter drugs is described below:

- Family planning drugs and supplies, insulin, and insulin syringes and needles for all members except those residing in nursing facilities.
- Diabetic test strips are covered for members under 21 years of age only.
- Select drugs in the following specific therapeutic categories are covered when used as less costly alternatives to prescription drugs:
 - Analgesics
 - Antacids
 - Anti-Diarrheals
 - Anti-Emetics
 - Anti-Vertigo
 - Anti-Inflammatory Agents
 - Anti-Itch, topical
 - Antibiotics, topical
 - Antiflatulents
 - Antifungals, topical
 - Antihistamines (loratadine and various others)
 - Antivirals
 - Contraceptives
 - Dermatological Agents – various
 - Eye and Ear Preparations
 - Hemorrhoid Preparations
 - Iron Supplements
 - Laxatives, Cathartics, Bulk Producers, Stool Softeners
 - Mineral Supplements (calcium and various others)
 - Pediatric Electrolyte Solution
 - Pediculicides
 - Scabicides
 - Vitamins and Minerals (various)

5.2. CHECK REMITTANCE

Payment status – disputes related to MAC	866-312-8467
Payment status – other disputes	Refer to Provider Helpline
	800-552-8627 in state OR 804-786-6273 out of state
Pricing information - reference	Refer to Provider Helpline 800-552-8627 in state OR 804-786-6273 out of state
Pricing information – MAC Pricing	866-312-8467
	Magellan will only address pricing issues that arise from improper claim submission.
	<p>Review eligibility data for TPL and submitted claim. All pricing questions that may not be resolved by claim form and eligibility review should be referred to DMAS.</p> <p>DMAS requests that providers receiving either of these messages verify whether the patient has additional coverage. If the patient acknowledges such coverage, the pharmacist should submit the claim first to that third party. Once the other insurer adjudicates the claim, the claim may be resubmitted to DMAS using appropriate messages in NCPDP data element fields, "OTHER COVERAGE CODE" and "OTHER PAYER AMOUNT." These fields are included in existing payer specifications. In order to submit an override to the denial, the pharmacist must use the appropriate response in each field as shown below. In the case where a patient denies having additional coverage, the responses to be used in these fields are also noted below.</p> <p>The pharmacy TPL editing is based on the NCPDP "Other Coverage Code" standard values (Version 5.1). These values and their definitions are as follows:</p> <ul style="list-style-type: none"> 00 - Not specified 01 - No other coverage identified 02 - Other coverage exists - payment collected 03 - Other coverage exists - this claim not covered 04 - Other coverage exists - payment not collected 05 - Managed care plan denied 06 - Other coverage denied - not a participating provider 07 - Other coverage exists - not in effect on date of service (DOS) 08 - Claim is being billed for co-pay

5.3. FILING LIMITS

There is no override. Advise providers of 34 day limit.

Seasonale will not be covered at POS under this guideline at POS.

Depo Provera, Seasonale and other single unit products that exceed 34 day supply not covered at POS under this guideline.

Timely filing limit is one year.

Refer callers to Provider Helpline if there is dispute.

5.4. BACKDATING

Virginia Medicaid does not allow backdating SA's. For further assistance or information on SA's, please have the caller contact Magellan at 800-932-6648.

5.5. COMPOUND CLAIMS

Instructions on submitting compound claims can be located in the provider manual at <https://www.virginiamedicaid.dmas.virginia.gov>.

The traditional usage of "8" in the submission clarification field does not work for VAMMIS. All compounds must have at least two payable ingredients /NDC's in the compound, thereby omitting the need for the use of 8. If there is a minimum of two payable NDC's in the compound, the claim will go through.

5.6. COPAY

The copay is based on exception indicator. Usual copays are \$1 generic and \$3 brand.

Recipients with the following exception indicators are exempt from copays: 1, 2, 9, A, D, E, F, J, L, R, S, T and Y
In addition, children under age 21, pregnant women, and all emergency services are exempted.

Exception Indicator Definitions:

- Exception Indicator 1 = Non skilled LTC patient. No copay
- Exception Indicator 2 = Skilled LTC patient. No copay
- Exception Indicator 4 = Patient is locked in to a physician. The lock in provider number will be directly under the indicator
- Exception Indicator 5 = Patient is locked in to a pharmacy. The lock in provider number will be directly under the indicator
- Exception Indicator 9 = Elderly or disabled waiver. No copay
- Exception Indicator A = Technology waiver. No copay
- Exception Indicator D = Hospice Waiver. No copay
- Exception Indicator E = Aids Waiver. No copay
- Exception Indicator F = Regular Assisted Living. No copay
- Exception Indicator J = Intensive Assisted Living. No copay
- Exception Indicator L = Long Stay Hospital. No copay
- Exception Indicator R = IFDDS Waiver. No copay
- Exception Indicator S = Day support Waiver. No copay
- Exception Indicator T = Alzheimer's Assisted Living. No copay
- Exception Indicator Y = MR Waiver. No copay

5.7. DAY SUPPLY

The standard day supply is 34 days for maintenance and non-maintenance drugs. Automatic refills and shipments are not allowed. Medicaid does not pay for any prescription (original or refill) based on provider's auto-refill policy.

5.8. PAYMENT METHODOLOGY

Payment methodology for pharmacy products is defined in VAC 12VAC30-80-40 at <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-80-40>. Drug claims shall be reimbursed using the lowest of items (1) through (4):

1. The Federal Upper Limit (FUL) established by CMS for multiple-source drugs, except if "Brand Medically Necessary" is noted on the prescription by the prescriber;
2. The Maximum Allowable Cost (MAC) established by the agency for multiple-source drugs. The factors used to set MAC rates include:
 - a. The identity of the reference product used to set the MAC rate;
 - b. The Generic Code Number (GCN) of the reference product;
 - c. The difference by which the MAC rate exceeds the reference product price, which will be no less than 110 percent of the lowest-published wholesale acquisition cost (WAC) for products widely available for purchase in Virginia and included in the national pricing compendia; and
 - d. The identity and date of the published compendia used to determine the reference product and set the MAC rate.
3. The Estimated Acquisition Cost (EAC) established by DMAS. EAC is defined as Average Wholesale Price (AWP) less 13.1% (AWP - 13.1%).
4. The provider's usual and customary charge to the public, as identified by the claim.

Payments for drugs include the allowed drug cost plus only one dispensing fee per month per member for each specific drug entity with the exception of 72-hour emergency prescriptions for non-PDL drugs.

For the current dispensing fees, see 12 VAC 30-80-40: <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-80-40>. This reimbursement formula applies to all prescriptions dispensed to non-institutionalized members as well as to services for nursing facilities.

Co-payments will be deducted where applicable.

Federal Reimbursement Limits

Under the authority of § 1902(a)(3)(A) of the Social Security Act and 42 CFR § 447.332, the Centers for Medicare and Medicaid Services (CMS) establishes a specific upper limit for a multiple-source drug if the following requirements are met:

- All of the formulations of the drug approved by the FDA have been evaluated as therapeutically equivalent in the current edition of the publication Approved Drug Products With Therapeutic Equivalence Evaluations (including supplements or in successor publications); and successor publications); and
- At least three suppliers list the drug, which has been classified by the FDA as category "A" in its publications, Approved Drug Products With Therapeutic Equivalence Evaluations (including supplements or in successor publications), and in the current editions (or updates) of published compendia of cost information for drugs available for sale nationally (e.g., Red Book, Blue Book, Medi-Span).

Reimbursement for Medications Showing Obsolete National Drug Code (NDC) Numbers

DMAS will consider current, active NDC (National Drug Code) numbers for reimbursement of medication charges. Medication charges for products bearing terminated NDC numbers will be denied. Numbers determined to be terminated are based on notification in quarterly updates from the CMS Drug Rebate Program. The Medicaid Drug Rebate Program is based on NDC-specific units billed and captures representative marketplace drug discounts based on accurate data invoiced each calendar year quarter to drug labelers. Incorrect/expired/terminated NDCs provide the basis for rebate disputes that delay drug rebate collections by the Commonwealth.

Regardless of the use of any commercial computer data updating service, each provider is personally responsible for submissions, which are correct in all details. Failure to maintain a complete, current record of product NDCs may result in payment delays as providers must resubmit corrected claims denied for terminated products. To be assured of proper, timely reimbursement, providers should check each stock package used against the billing to be submitted. It is important to be sure that billings are made based on actual stock used.

NDC Obsolete Date plus 365 days for Pharmacy Claims Adjudication

A new field was added to display (+365 Days) next to the Obsolete Date. If an Obsolete Date is posted, the user will know that this NDC will continue to be covered for 365 more days. Internally, the system will know to calculate this additional one year coverage.

VIRGINIA MEDICAID
DMAS DRUG INFORMATION - INQUIRY

Screen ID: RF-S-014-01
 Trans ID: VSA1
 Program ID: RFT310

Name Brand Drug: NDC: 68115071330
 Name: ABILIFY 10 MG TABLET
 Add Date: 05262004
 Obsolete Date: 04012009 (+365 DAYS)
 Coverage Begin Date: 05262004
 Coverage End Date: 12319999
 Update Date: 07072010

Generic Drug: GCN: 18537
 GNC Sequence: 51333
 Name: ARIPIRAZOLE

Va Formulary: N
 Form Code: 1
 FDB Gen Ind: 1
 Class: F
 GN PR: 2
 GNI: 2

Unit Of Use: 0
 DEA: 0
 Category: 0
 Direct: N
 Service: 0
 ANDA: 0

Bypass: N
 Maintenance: 1
 Route Administration: PO
 Institutional Product: 0
 Unit Dose: 0
 NDA: 0

Top 200 : 000
 Standard Package: 0
 Gender Specific:
 Format: 2
 VA MAC Override: 0
 COD Type:

FFP MFG Rebate:
 Rebate Effective Date:
 Max Dispensing Units: 00003.000
 Max Quantity: 00102.000
 VA Generic Indicator:
 COD Date:

Strength: 00000010.000
 Units: MG
 Description: 10 MG
 Volume #: 0000.000
 Volume Units:
 Copay: 0

Package Size: 00000030.000
 Labeler ID: A68115
 Route Description: ORAL
 Manufacturer: DISPENSEXPRESS,
 Dosage Form: TABLET
 Allergy Codes: GQ

Therapeutic Class
 Standard Code: 07
 Generic Code: 80
 Specific Code: H7X
 AHF S: 281608

Smart Key: Generic: 80 Specific: 9851 Seq: 024551 Strength: 0240 Dose: 600 Route: 01 Package Size: 005 UDUU: 0
 Orange Book: ZA Particular pharmaceutical entity (GCN) looked at but
 HICL: H7XA

Buttons: Enter, Update, Refresh, Ther Desc, Pricing, HCFA Data, Daily Dosage, Rebate, Return, Sub Menu, Main Menu

5.9. EXPANSION OF THE NUMBER OF DIGITS FOR PRICING INPUTS

All pricing fields have been expanded to 9 digits left of the decimal point.



MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
------------------------	--------------------------	---------------------------	------------------------	---------------------------	------------------------------	-----------------------------------	----------------------	----------------------	-----------------------	----------------------	---------------------	----------------------------	-----------------------

Reports

Screen ID: RF-S-014-02
 Trans ID: VSA5
 Program ID: RFT320

VIRGINIA MEDICAID
DRUG INFORMATION - PRICING - INQUIRY

Date: 01/30/2015
 Time: 11:16

Code #: 59148064023
 Name: ABILIFY DISCMELT 10 MG TAB RAP

Date Added: 07192006

Begin Date: 07192006
 End Date: 12319999

History	Amount	Begin Date	Source	Update Date		
Reference Cost (REF):	000000032.11678	01012014	A	01082014		
AVG Acquisition (AAC):	000000000.00000		FDB			
Federal Upper Limit (FUL):	000000000.00000					
Rolling 3 Month FUL (R3FUL):	000000000.00000					
Direct Unit Price (DUP):	000000000.00000	01032012	FDB	01112012		
Wholesale Unit Cost (WAC):	000000030.79866	01012014	FDB	01082014		
Average Wholesale (AWP):	000000036.95833	01012014	MED	01082014	05082013	01092013
Vendor MAC (VMC):	000000000.00000					
Speciality MAC (SMAC):	000000000.00000					
DMAS Override (DMAS):	000000000.00000					

Enter	Update	Refresh	REF Hist	AAC Hist	FUL Hist	R3FUL Hist	DUP Hist	Return	Sub Menu	Main Menu
			WAC Hist	AWP Hist	VMC Hist	SMAC Hist	DMAS Hist			

5.10. PRICING SCREEN CHANGES

Effective February 16, 2015

Price Type	Change
FMAC	Renamed as FUL (Federal Upper Limit)
RFUL	Added – Rolling 3 Month FUL
AAC (Avg Acquisition Cost)	Will be populated with NADAC prices from CMS
DMAS Override	Added. Edit code 1731 DMAS Override Price Used will be set. Message Only.
Brand Necessary	Removed
Drug Cost	Removed
Unit Dose Price	Removed


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Member
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Automated Mailing
SURS
MARS
EPSDT
MICC
TPL
Assessment
Drugs

Reports

Screen ID: RF-S-014-02
VIRGINIA MEDICAID
Date: 01/30/2015

Trans ID: VSA5
DRUG INFORMATION - PRICING - INQUIRY
Time: 11:16

Program ID: RFT320

Code #: 59148064023
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History	Amount	Begin Date	Source	Update Date		
Reference Cost (REF):	00000032.11678	01012014	A	01082014		
AVG Acquisition (AAC):	00000000.00000		FDB			
Federal Upper Limit (FUL):	00000000.00000					
Rolling 3 Month FUL (R3FUL):	00000000.00000					
Direct Unit Price (DUP):	00000000.00000	01032012	FDB	01112012		
Wholesale Unit Cost (WAC):	00000030.79866	01012014	FDB	01082014		
Average Wholesale (AWP):	00000036.95833	01012014	MED	01082014	05082013	01092013
Vendor MAC (VMC):	00000000.00000					
Specialty MAC (SMAC):	00000000.00000					
DMAS Override (DMAS):	00000000.00000					

Enter
Update
Refresh
REF Hist
AAC Hist
FUL Hist
R3FUL Hist
DUP Hist
Return
Sub Menu
Main Menu

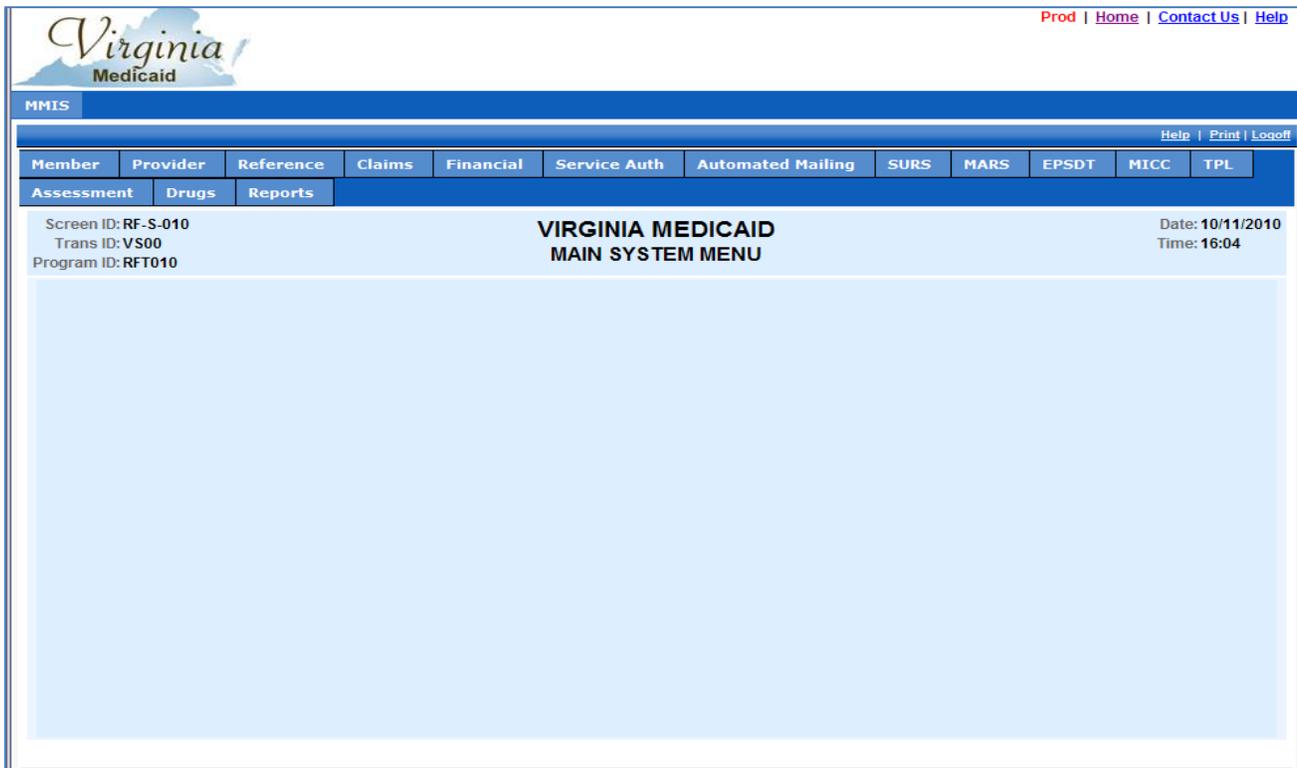
WAC Hist
AWP Hist
VMC Hist
SMAC Hist
DMAS Hist

6. EDITS – SEE [APPENDIX A](#). FOR SUMMARY OF EDITS

7. ELIGIBILITY

Request for new or replacement ID card	Refer recipient to caseworker or local Department of Social Services (DSS) office. Go to http://www.dss.virginia.gov/ and click on 'Local Agency' for listings.
Request for NPI	<p>Error 493 – 'Prescribing Physician Not on File'</p> <p>Refer provider to website, Medicaid, or Automated Response System (ARS). For Medicaid: Dial 800-884-9730, 800-772-9996, 804-965-9732, or 804-965-9733. Requestor will need to enter their provider ID number and select option 6. The requestor will be prompted to enter the 10-digit prescriber state license number.</p> <p>Error 1500 – 'Prescriber Must Enroll with VAMMIS'</p> <p>Practitioners who prescribe medications for Virginia Medicaid members must be enrolled as a Medicaid provider. This means that any practitioner not currently enrolled must do so in order to continue to order, prescribe or refer services for Virginia Medicaid members.</p> <p>Advise that the MD must contact the Provider Enrollment Unit at 888-829-5373.</p>

7.1. PROCESS FOR DETERMINING RECIPIENT ELIGIBILITY



- If the dates of service are greater than 1 year in the past from the current date then click on the Member tab along the top, then select the radio button next to Enrollment. If the dates of service are within the last year then click on the radio button next to verification.

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MMS

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL

Assessment Drugs Reports

Screen ID: RS-S-000 Date: 10/11/2010
 Trans ID: VE00 Time: 16:06
 Program ID: RST000VA

VIRGINIA MEDICAID MEMBER SUBSYSTEM MENU

Select Function

- Enrollment
- Managed Care
- Medicare
- Benefit Definition
- Spend Down
- Verification
- Duplicate Member Link
- Input Request Data

Sub Menu Main Menu

- Click the radio button next to member in the “Select Enrollment Type” field. Click the radio button next to inquiry in the “Select Function” field. Ask the Provider for the Member’s ID or Case ID and enter into bottom left of the screen in the appropriate field. If the caller does not have the IDs, get the name and Date of Birth (DOB) for the Member they are calling about and enter into the appropriate fields and hit enter.

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Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL

Assessment Drugs Reports

Screen ID: RS-S-001 Date: 10/11/2010
 Trans ID: VE01 Time: 16:07
 Program ID: RST005VA

VIRGINIA MEDICAID ENROLLMENT MENU

Select Enrollment Type: Case Member Case and Member (ADD FUNCTION ONLY)

Select Function: Add Update Inquiry Cancel Retro Cancel Reinstate Void CID Request Re-set ID Card ID Card Request Plan First Override

Re-Issue Reason:

Case ID:
 Member ID:
 SSN:
 VACIS/ADAPT ID:
 Last Name: Suffix:
 First Name: Middle Initial:
 DOB: Gender:
 Telephone Number: HIPP:
 New TDO Enrollee? Yes No

ENTER SELECTION AND FUNCTION.

Enter Clear Form Member Eligibility TDO Financial Case TPL Sum ID X-Ref
 Override Sub Menu Main Menu Dup Mem

- Confirm that the Member that comes up in MMIS is the one the Provider is looking for. Click the radio button next to the member’s information and then click the Eligibility button at the bottom of the screen.

Virginia Medicaid

MMIS

Screen ID: RS-S-019
Trans ID: VE19
Program ID: RST013VA

VIRGINIA MEDICAID
SEARCH RESULTS: SELECT THE MEMBER

Date: 04/05/2010
Time: 14:52
Page: 001 of 001

Member ID: [REDACTED] Cancel Date: [REDACTED] Reason: 000
ADAPT/VACIS ID: [REDACTED] Case: [REDACTED] FIPs: 153
Last Name: [REDACTED] First Name: [REDACTED] MI: R
DOB: 05/09/2001 SSN: [REDACTED] Gender: M
HIPP: [REDACTED] Worker: M6274
Suffix: JR
Phone: (703)580-8769

Member ID: [REDACTED] Cancel Date: [REDACTED] Reason: [REDACTED]
ADAPT/VACIS ID: [REDACTED] Case: [REDACTED] FIPs: [REDACTED]
Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]
DOB: [REDACTED] SSN: [REDACTED] Gender: [REDACTED]
HIPP: [REDACTED] Worker: [REDACTED]
Suffix: [REDACTED] Phone: [REDACTED]

Member ID: [REDACTED] Cancel Date: [REDACTED] Reason: [REDACTED]
ADAPT/VACIS ID: [REDACTED] Case: [REDACTED] FIPs: [REDACTED]
Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]
DOB: [REDACTED] SSN: [REDACTED] Gender: [REDACTED]
HIPP: [REDACTED] Worker: [REDACTED]
Suffix: [REDACTED] Phone: [REDACTED]

New Search

SSN: [REDACTED]
ADAPT/VACIS ID: [REDACTED] HIPP: [REDACTED]
Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED] Suffix: [REDACTED]
DOB: [REDACTED] Phone: [REDACTED] Gender: [REDACTED]

END OF ENROLLEE DETAILS.

Enter Member Eligibility TDO Financial Case TPL Sum ID X-Ref Sub Menu Main Menu

- From the screen below a CSR can tell dates of eligibility. Ask what dates the caller is looking for and verify if the member is/was or will be eligible. Do not give out begin and end dates.

Virginia Medicaid

MMIS

Screen ID: RS-S-018
Trans ID: VE18
Program ID: RST010VA

VIRGINIA MEDICAID
MEMBER DEMOGRAPHICS - INQUIRY

Date: 10/11/2010
Time: 16:15

Member ID: [REDACTED] Last Name: [REDACTED] First Name: [REDACTED] MI: N Suffix: [REDACTED]
Case ID: [REDACTED] ADAPT ID: [REDACTED] Caseworker: [REDACTED] Case FIPs: 001 Comments: N
Aid Category: 076 Benefit Plan: MEDICAID FFS More BP: N Exception Indicator: Absent Parent: N HIPP: [REDACTED] HIPP Status: [REDACTED] TPL: N

CMM Restriction Period: - CMM Restriction Status: [REDACTED]

Relationship to Case Head: 02 Gender: M DOB: 11 10 1994 SSN: [REDACTED] Race: 1 Marital Status: U Primary Language: 1
Cit Status: C Cit Level: 5 Identity: VE Cit / ID Date: [REDACTED] SSA Cit Ind: [REDACTED] Country: US Entry Date: [REDACTED]
Same as Case Address: Y Same as Case FIPs: Y Mem FIPs: 001 EDD: [REDACTED] Mother ID: [REDACTED] NRF: [REDACTED] DOD: [REDACTED]
Disability Onset Date: [REDACTED] Special Ind: FC

Member Address: [REDACTED]
City: SUFFOLK State: VA ZipCode: 29434 1519

Suppress ID Card: N

Card Date	Reissue Reason	Sequence #	Request #: 0
06/16/2005	C	02	
06/14/2003	I	01	

View Member FIPS View Previous Names View Previous Address View Aliases View Health Conditions

Pend Claims: Begin Date: End Date: Pend Source:

SELECT AN OPTION AND CHOOSE ENTER.

Enter Update MC Assign Eligibility TDO Financial Comments Case TPL Sum
ID X-Ref Sub Menu Main Menu ID/CID Dup Mem BENDEX MICC Absent Parent VALTC Sum
Cost Eval Case Sum

- More information regarding the type of aid the Member is receiving on which dates can be found by clicking the eligibility button along the bottom.



Prod | Home | C

MMIS

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Ass

Drugs Reports

Screen ID: RS-S-015
Trans ID: VE15
Program ID: RST016VA

VIRGINIA MEDICAID ELIGIBILITY DATA - INQUIRY

Member ID: [REDACTED]
Name: [REDACTED]
Case ID: [REDACTED]
Caseworker: [REDACTED]

Case FIPS: 001

Consent Date: **NO CONSENT**
Income less than or = 100% FPL: **Y**
HIPP:

Comments: **N**
Plan First O/R:
FPL Begin Date: **10 2004**
HIPP Status:

Select	Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstate Reason
<input type="radio"/>	076	02 08 2000	10 26 2004	12 31 9999	000		000	000
<input type="radio"/>	074	02 08 2000	09 05 2003	12 31 9999	099	10 26 2004	000	000
<input type="radio"/>	076	02 08 2000	05 16 2003	12 31 9999	099	09 05 2003	000	000
<input type="radio"/>	092	03 01 2002	03 13 2002	05 31 2003	099	05 16 2003	000	000
<input type="radio"/>	076	02 01 2000	02 01 2000	03 31 2002	099	03 13 2002	000	000

Scroll Up

DATA DISPLAYED.

- Locate the type of service the member has (i.e.: MCO, QMB etc.) and advise the provider calling of this information so complete information is given or the call is referred to the proper place.
- The CSR notes the CR with details of the inquiry, information given to the caller and closes out the CR record

Eligibility Inquiry	
Type	Provider
Source	Phone
Entity ID	Medicaid ID number of caller
Contact	Caller's name
Category	VA – POS Claim Question
Subject	Eligibility Inquiry
Notes	Details of conversation with the caller, information received and given.
Priority	Defaults to Low, may change if necessary
Status	Closed

7.2. NEW AID CATEGORIES 84 AND 035

Aid category 84: Presumptive Eligibility (PE) Plan First

- Only allows drug coverage for products in Drug Categories C (oral contraceptives), T (topical contraceptives) or W (implantable contraceptives).
- Edit code 456 (Enrollee Not Covered for this Service) will be set if non-covered products for this aid category are submitted.

Aid category 035: Presumptive Eligibility Adult (Pregnant).

- Age range 19 but less than 57 and presumed to be pregnant
- Claims require a prior authorization and will set edit code 823 (Req Prior Auth for Aid Cat 035)
- Coverage is limited to prescription drugs related to prenatal care only. Prescriber attests that drug is being used for prenatal care.

8. PHARMACY INQUIRIES

8.1. ADJUDICATION OF CLAIMS

Since POS claims are processed online in a real-time environment, claims submitted through online POS will be either paid or denied. There are some claims that will be captured or pended for review. These claims include the following:

- Charges greater than \$9,999.99
- Certain service authorizations

Claims for compounded drugs are submitted for payment electronically or on paper. Use form DMAS-174 (R6/03) for paper submission. With respect to the effects of the ProDUR Program on the adjudication of claims, refer to the information in the ProDUR section below.

8.2. MANDATORY GENERIC EDIT

The DMAS State Plan requires that prescriptions for multiple-source drugs must be filled with generic drug products unless the physician or other licensed, certified practitioners certify in their own handwriting "Brand Medically Necessary" for the prescription to be dispensed as written.

The prescription must be on file in the pharmacy and made available for review by DMAS Program auditors. Signing the prescription on the signature line – "Dispense as Written" – is not sufficient for reimbursement greater than the maximum allowable cost. This requirement also applies to telephone orders (the pharmacist should write "Brand Medically Necessary" on the telephoned order when instructed by the prescriber).

The Point-of-Sale (POS) system denies claims with a "substitute less costly generic" edit (error code 1498) when a brand-name drug is dispensed without a "1" in the DAW field. For single-source drugs, providers should use a "0" in the DAW field when the prescriber does not designate "Brand Medically Necessary." If the pharmacist dispenses the brand name, because no generics are available in the marketplace (generic is not currently manufactured, distributed, or is temporarily unavailable), and the prescriber does not specify "Brand Medically Necessary," the pharmacist should enter an "8" in the DAW field for proper reimbursement.

For PDL preferred multi-source brands where the generic is non-preferred and the claim is submitted with a DAW code = 9, then claim will bypass the Vendor MAC, Specialty MAC or FUL prices in the pricing algorithm and the claim will pay at reference price. (POS enhancement Feb 2015)

8.3. INJECTABLE DRUGS

Drugs which cannot be self-administered should be billed as a medical benefit to Virginia Medicaid by the physician or provider administering the drug. For details on coverage requirements under the medical benefit, please refer to Chapter IV of the Physicians Manual (<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>). Claims submitted for drugs deemed non-self-administered are denied and the message returned is "Medical Benefit: Provider to Bill as Medical Claim= (DMAS Edit Code = 394 or NCPDP Edit Code = 70).

In February 2015, edit 394 was revised to allow coverage on these physician-administered medications if the patient is in a LTC facility (LOC = 1 or 2).

8.4. SUBMISSION OF MULTIPLE PARTIAL FILLS FOR SCHEDULE 2 DRUGS

This only applies to long-term care (LTC) members (LOC 1 or 2) or pharmacies (provider specialty 069 or 102)

Allow up to 3 paid partial fill claims and 1 paid completed fill claim for the same recipient, same provider and same 11 digit NDC within a 34 day period.

The claim dispensing status must be entered with one of the 3 partial fill claims (P) or the completed claim dispensing status (C). A total of 4 four fills (3 partial and 1 completed)

A dispensing fee will be allowed on the first partial fill claim and on the final completion fill claim.

Error code 822 – Only Three Partial Fills Allowed will be set if partial fills exceeded within a 34 day period for this NDC, recipient and provider.

Error code 842 – Different NDC between Partial(s) &/or Completion will be set if the 11 digit NDC different from the partial claim and the completion claim.

8.5. IMMUNIZATIONS AND VACCINES

Eligibility and Coverage

For Medicaid-eligible members, routine immunizations are covered only under Virginia Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which covers individuals up to the age of 21. However, the federal Vaccines for Children Program (VFC) provides free vaccines for children up through the age of 18. Therefore, for children ages 19 and 20, reimbursement for vaccines will be made to any eligible provider as defined in the amended § 54-3408 of the Code of Virginia. Immunizations for all other individuals are limited except for instances when:

- The immunization is necessary for the direct treatment of an injury; or
- The immunization is a pneumococcal or influenza vaccination that is reasonable and necessary for the prevention of illness; or
- The Hepatitis B vaccine is for high-risk adults.

Any eligible Medicaid provider, will be reimbursed for the cost of pneumococcal or influenza vaccines given as part of a plan of treatment, which has as its objective preventing the occurrence of more serious illness in an individual "at risk." This allows for the administration of influenza and/or pneumococcal vaccinations when these vaccinations are indicated as medically necessary. Pharmacies must maintain documentation, which indicates the valid medical reason(s) justifying the administration of the influenza and pneumonia vaccines. Medicaid enrolled pharmacies can submit claims for the influenza vaccine using the pharmacy POS claims processing system. Payment methodology for pharmacy products is defined in VAC 12VAC30-80-40 at <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC30-80-40>. ***Influenza vaccine claims will be reimbursed using the lowest of the following: Estimated Acquisition Cost (EAC), the provider's usual and customary charge (U&C), the Federal Upper Limit (FUL) or Virginia's Maximum Allowable Cost (MAC). In addition the pharmacy will receive the standard dispensing fee.***

Flumist® Spray (Influenza Vaccine): To receive reimbursement for Flumist® Spray, the pharmacist or physician must complete a CMS-1500 Claim Form and attach a valid medical justification to the CMS-1500 Claim Form.

Reimbursement for Vaccines

Legislation provides for reimbursing pharmacies for vaccines for adults. The legislation amended §54.1-3408 of the Code of Virginia relating to professional use of drugs by practitioners.

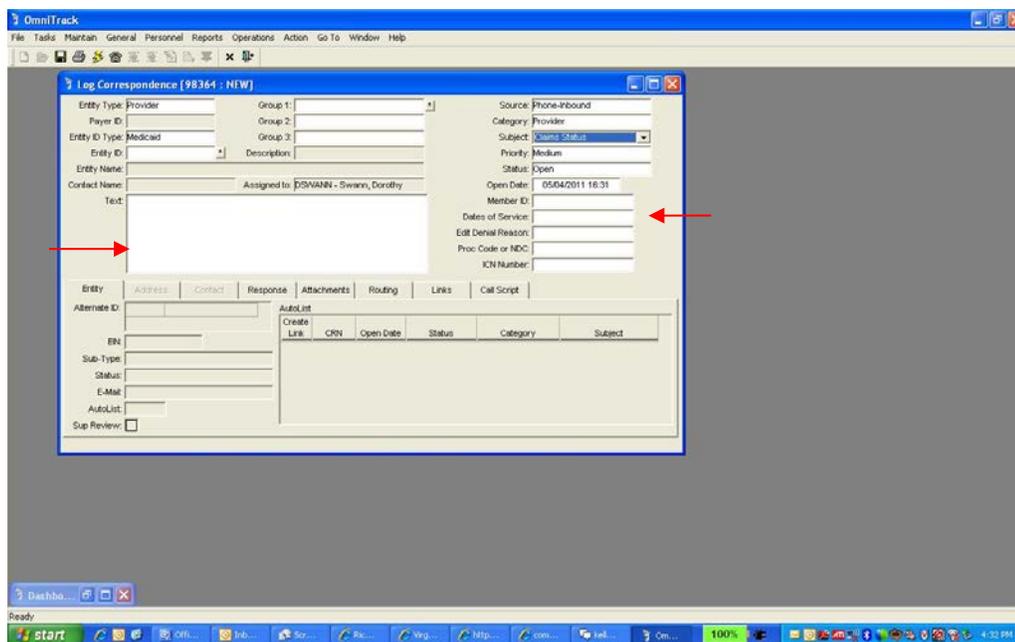
These services, when provided by pharmacists operating under such an approved protocol, are covered when billed to Medicaid for eligible members. Do not bill Medicaid for Medicaid members also covered by Medicare. Submit claims to Medicare in these instances, as Medicaid is the payer of last resort.

Claims for immunizations provided to adults must be billed on the CMS-1500 (8-05) Claim Form (see "Instructions for Billing for Vaccines on the CMS-1500 (8-05) Claim Form" in Chapter V) with the exception of influenza

vaccines administered by a pharmacist. These services cannot be billed online via the Point-of-Sale (POS) computer system. Pharmacists must bill Medicaid directly under their own Medicaid DME provider numbers for these immunizations even if they choose to subcontract with a home health agency to provide the immunizations.

8.6. MEMBER HAS OTHER INSURANCE

- The CSR creates a CR in OmniTrack by selecting the “Provider” category and “Pharmacy” subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the “text box”. Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).



- CSR verifies Member eligibility, identifies edit, and verifies claim is denying for eligibility.
- The CSR notes the CR in the OmniTrack “text box” with details of the inquiry, information given to the caller and closes out the CR record.

Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller’s name
Category	VA – POS Claim Question
Subject	Eligibility
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed

Status Provider – Pharmacy Inquiry	
Member ID	Member's Id number
Dates of Service	DOS – date(s) services were rendered
ICN Number	ICN – claim number

8.7. MEDICAID COVERAGE FOR DUAL ELIGIBLE MEMBERS

Members with any form of Medicare coverage (either Medicare Part A or Part B) are eligible for Medicare Part D and are excluded from most Medicaid pharmacy benefits. Virginia Medicaid maintains records that dual eligible members are Medicare eligible and/or have eligibility for third party coverage. Medicaid pharmacy benefits for dual eligibles may be denied for any third party coverage. When submitting claims at POS, pharmacy providers will see the Medicaid coverage denial (rejected) reasons: "Verify Part D coverage." Virginia Medicaid is not responsible for reimbursement (full or partial) of any Medicare Part D drug.

There are specific drug classes that are excluded by law under the new Medicare Part D program. Medicaid continues to cover these medications within the currently established guidelines of its pharmacy benefit program. Coverage of these drugs is in accordance with existing Medicaid policy as described in Chapter 50 of the Virginia Administrative Code (12 VAC 30-50; "Amount, Duration, and Scope of Medical/Remedial Services"). Prescription drug claims processed for dual eligibles remain subject to Virginia Medicaid's PDL. Those drug classes that Medicaid continues to cover for dual eligibles are as follows:

- Medications for weight loss (SA required);
- Legend and non-legend medications for symptomatic relief of cough and colds;
- Prescription vitamins and mineral products (except prenatal vitamins and fluoride preparations);
- Over-the-counter medications (prescriptions are required);

Medicaid covers co-insurance and deductible for prescription drugs administered under Medicare Part B based on current coverage guidelines. Over-the-counter (OTC) drug claims processed for dual eligibles remain subject to Virginia Medicaid's PDL. Medicare Prescription Drug Plans (PDPs) cover compound drugs that include covered Part D drugs. Medicaid pays for compounded medications for Part D members when the active ingredients include only the above referenced medications.

8.8. MEDICARE PART D INQUIRY

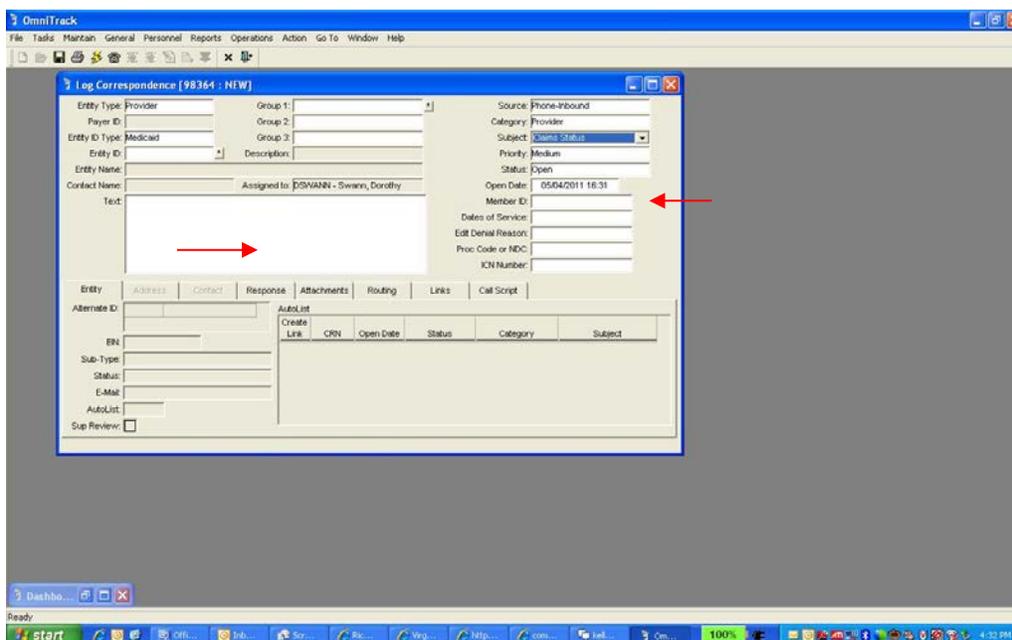
- The CSR creates a CR in OmniTrack by selecting the "Provider" category and "Pharmacy" subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the "text box". Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).

The screenshot displays the OmniTrack software interface. The main window is titled "Log Correspondence [98364 : NEW]". It contains several input fields for creating a new record. On the left, there are fields for "Entity Type" (set to "Provider"), "Payer ID", "Entity ID Type" (set to "Medicaid"), "Entity ID", "Entity Name", "Contact Name", and a large "Text" area. On the right, there are fields for "Source" (Phone-Inbound), "Category" (Provider), "Subject" (Claims Status), "Priority" (Medium), "Status" (Open), "Open Date" (05/04/2011 16:01), "Member ID", "Dates of Service", "Edit Denial Reason", "Proc Code or NDC", and "ICN Number". A red arrow points to the "Member ID" field. Below the form is a table with columns for "Entity", "Address", "Contact", "Response", "Attachments", "Routing", "Links", and "Call Script". The table has a sub-table for "Autolist" with columns for "Create", "Link", "CRN", "Open Date", "Status", "Category", and "Subject". The bottom of the screenshot shows the Windows taskbar with the start button and system tray.

Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller's name
Category	VA – POS Claim Question
Subject	Pharmacy
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed
Member ID	Member's Medicaid Id number
Dates of Service	DOS – date(s) services were rendered
ICN Number	ICN – claim number

8.9. MEMBER HAS HMO TO BE BILLED

- The CSR creates a CR in OmniTrack by selecting the “Provider” category and “Pharmacy” subject from the drop down menu in the upper left hand corner.
- The CSR requests the Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen, details of the call will be recorded in the “text box”.

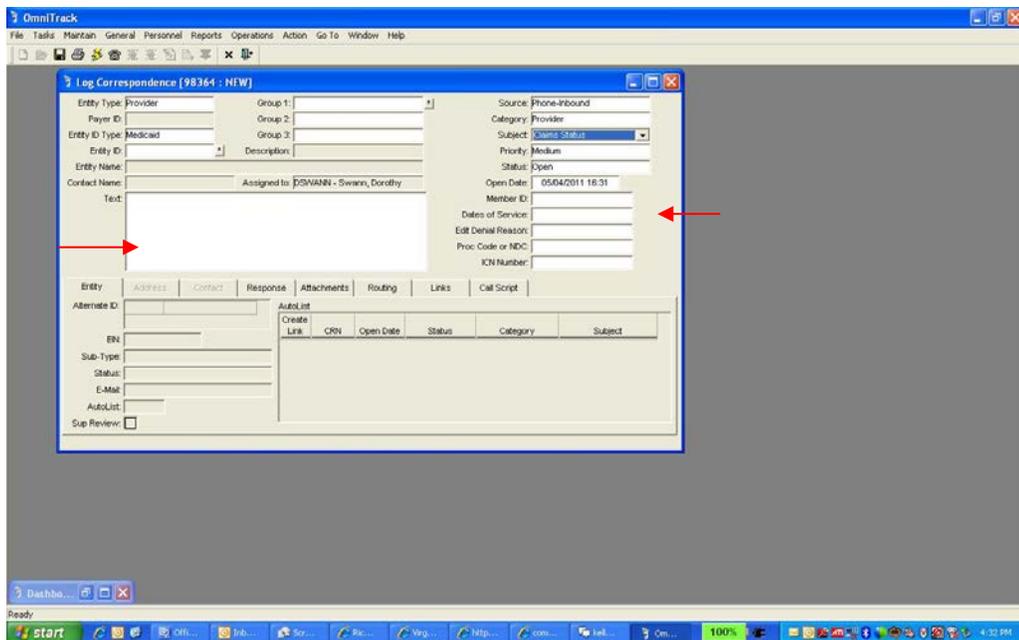


- CSR verifies member eligibility in VAMMIS and lets provider know which HMO member is enrolled with.
- The CSR notes the CR in the OmniTrack “text box” with details of the inquiry, and information given to the caller and closes out the CR record.

Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller's name
Category	VA – POS Claim Question
Subject	HMO Coverage
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed
Member ID	Member's Medicaid Id number
Dates of Service	DOS – date(s) services were rendered

8.10. MEDICARE AND MEDICAID SPLIT BILLING

- The CSR creates a CR in OmniTrack by selecting the "Provider" category and "Pharmacy" subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the "text box". Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).

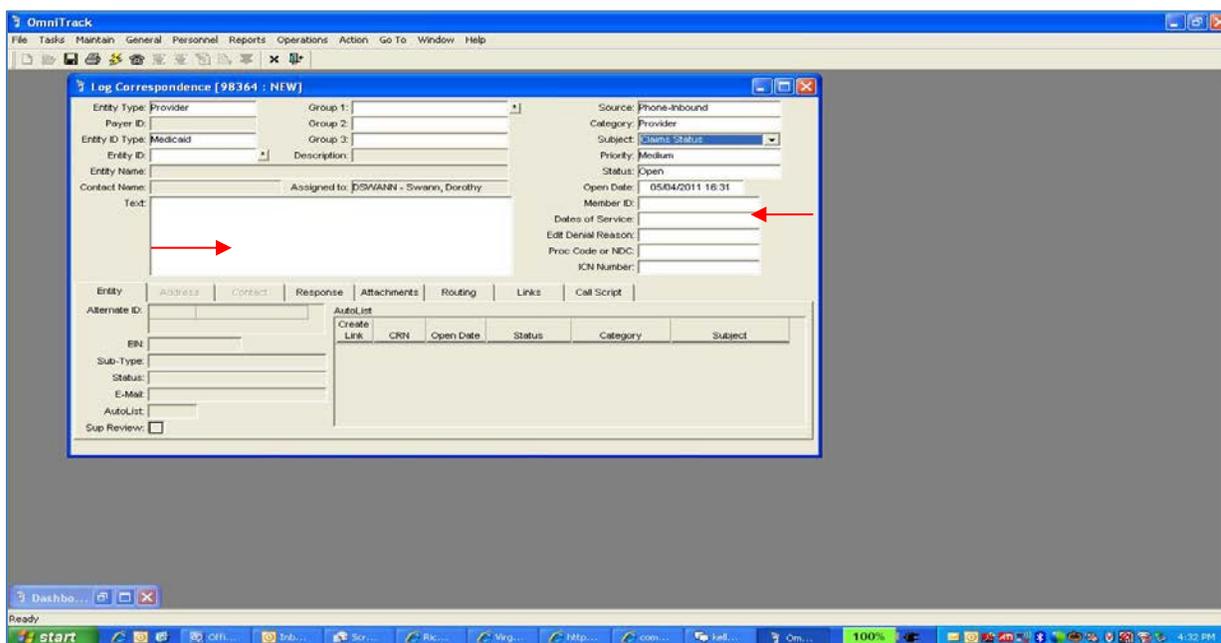


- The CSR notes the CR in the OmniTrack "text box" with details of the inquiry, and information given to the caller and closes out the CR record.

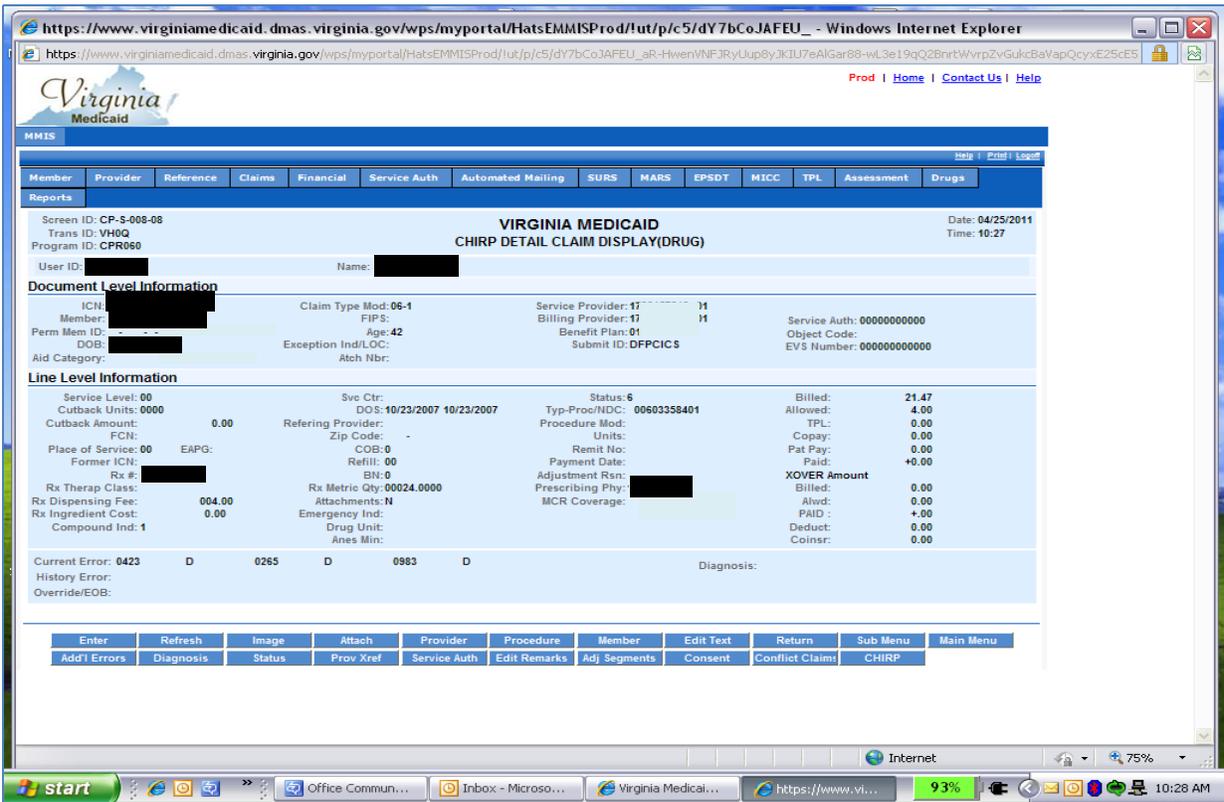
Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller's name
Category	VA – POS Claim Question
Subject	Medicare Dual Eligible
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed
Member ID	Member's Medicaid Id number
Dates of Service	DOS- date(s) services were rendered
ICN Number	ICN – claim number

8.11. CLAIM REVERSAL

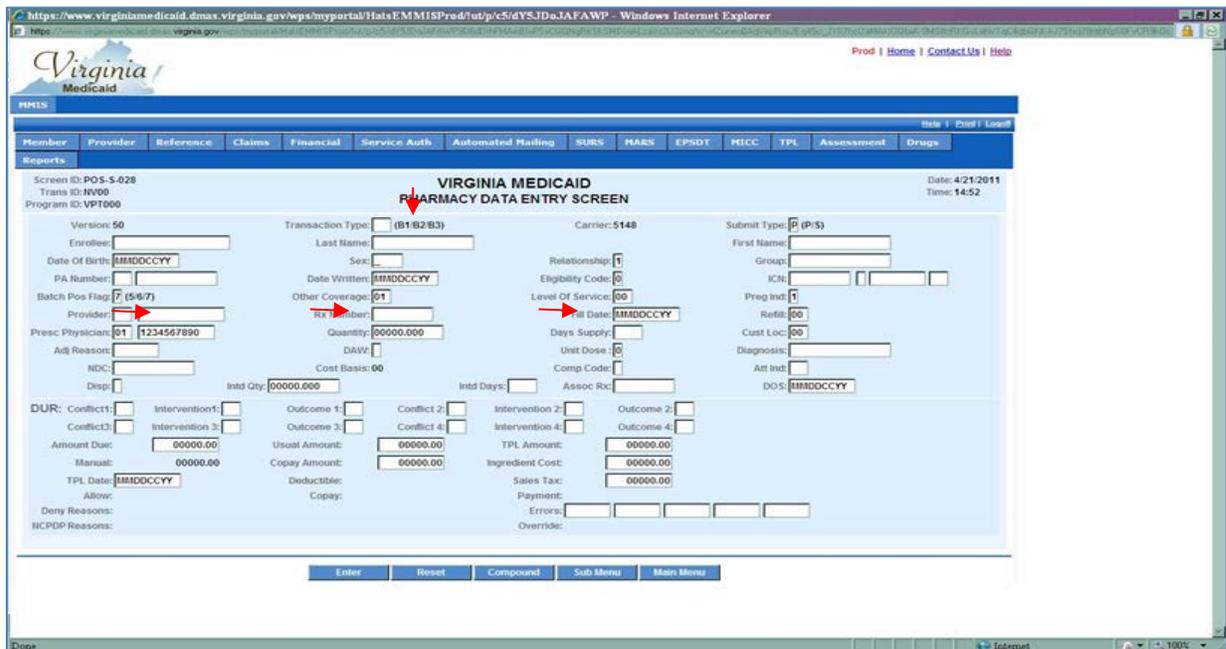
- The CSR creates a CR in OmniTrack by selecting the “Provider” category and “Pharmacy” subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the “text box”. Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).



- CSR looks up claim in VAMMIS and determines if reversing is a valid request (verify claim is paid with same RX number, drug name, NPI, pharmacy). CSR instructs the pharmacy that they should be able to reverse their own claims, however if the pharmacy insists on our help, CSR should request the Drug Name and RX Number so they can ensure that we are reversing the correct claim.



- CSR pulls up Pharmacy Data Entry screen and enters the Transaction Type as B2, the Provider #, the RX #, the Fill Date, and hits enter once the reversal is complete the CSR's screen will display in red, "reversal successful". The claim will be backed out by the system and the provider should see the immediate change.



- The CSR notes the CR in the OmniTrack "text box" with details of the inquiry, and information given to the caller and closes out the CR record.

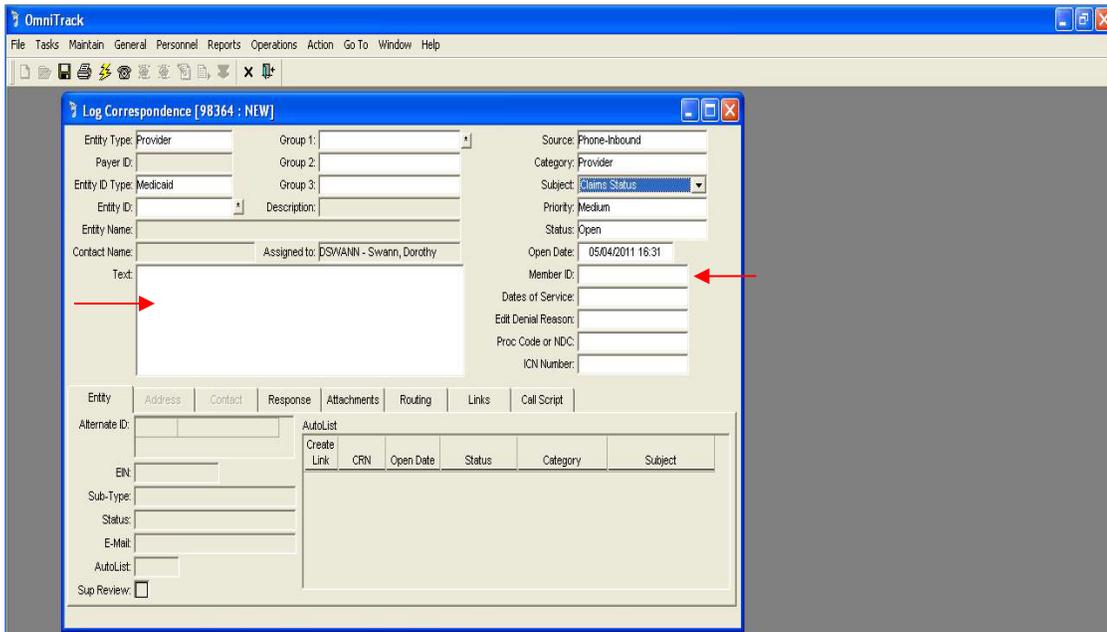
Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller's name
Category	VA – Claim Reversals
Subject	Claim Reversal
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed
Member ID	Member's Medicaid Id number
Dates of Service	DOS – date(s) services were rendered
ICN Number	ICN – claim

8.12. SUBMISSION OF DIAGNOSIS CODES ON PHARMACY CLAIMS

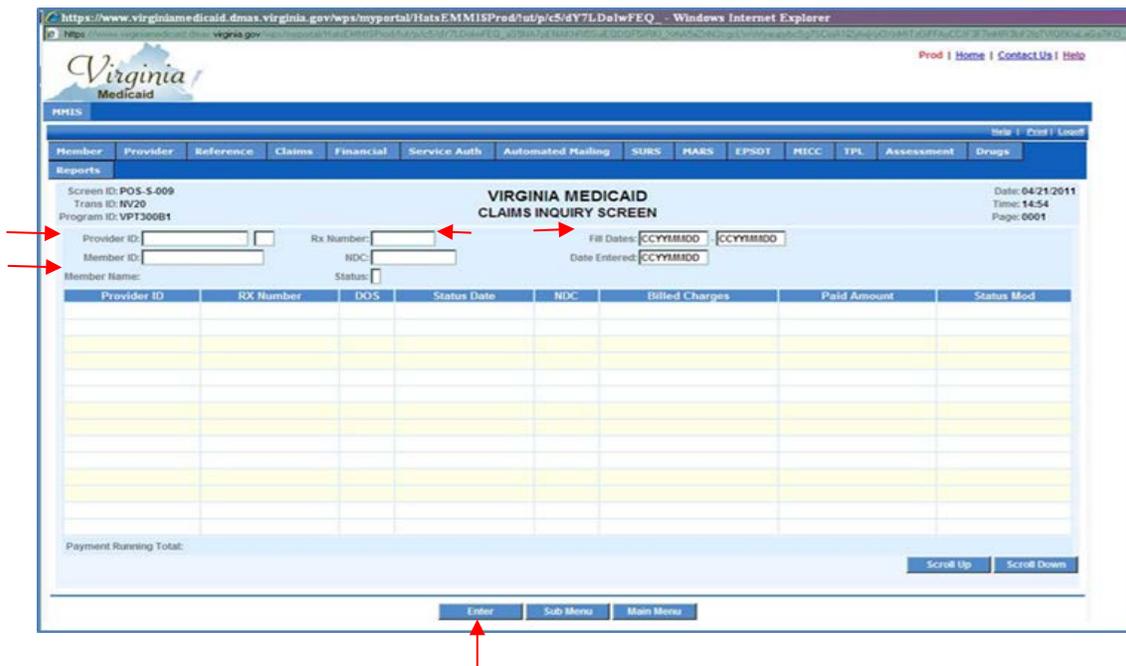
- DMAS does not yet have any clinical edits that require submission of a diagnosis code on the claim however; pharmacists may now enter a member's diagnosis code on the pharmacy claim when submitted.
- Pharmacists will need to enter a qualifier code to indicate the type of ICD code
 - ICD-9 qualifier code = 01 (when submitted before 10/1/2015)
 - ICD-10 qualifier code = 02 (when submitted on or after 10/1/2015)
 - **Edit code 0178 (Invalid Diagnosis Code)**
 - If the diagnosis code for the requested ICD qualifier is not found, the claim will return the edit 0178 but the claim will still pay.
 - Advise caller to use a qualifier of 01 for ICD-9 codes or 02 for ICD-10 codes.
 - **Note: after 10/1/15, only ICD-10 codes will be accepted.**
 - **Edit code 0180 (Qualifier Not Supported)**
 - If the qualifier is missing or does not match the ICD code, the claim will return the edit 0178 but the claim will still pay.
 - Advise caller to use the appropriate qualifier as noted for edit 0178.
 - **Note: On or after 10/1/15, only ICD-10 codes will be accepted and a qualifier of 02 must be used.**

8.13. PRODUR EDITS

- The CSR creates a CR in OmniTrack by selecting the "Provider" category and "Pharmacy" subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the "text box". Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).



- CSR verifies claim in VAMMIS using the Pharmacy (Adjud. Unpd. Claims) or Chirp (ICN) subsystems.
- CSR completes the Provider ID, Member ID, RX Number, and Fill date boxes and clicks enter



- CSR verifies which ProDUR code the claim is denying for: DD (Drug-Drug); MC (Drug-Disease); PG (pregnancy); and TD (Therapeutic Duplication) by checking the adjudicated claims under the Drug heading in MMIS, and refers the provider to Chapter 4 of the Pharmacy manual located on the DMAS website. Note: Some pharmacies will not allow multiple resolutions of the ProDUR codes so the corporate office must be called if this situation arises.

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd!ut/p/c5/dY7bCoJAFEU_ - Windows Internet Explorer

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd!ut/p/c5/dY7bCoJAFEU_aR-HwenWNFJryLup8yJKIU7eAlGar88-wL3e19qQ2BnrTWvpZvGukcBaVd

Prod | Home | Contact Us | Help



MHIS

Member Provider Reference Claims Financial Service Auth Automated Mailing SURS MARS EPSDT MICC TPL Assessment Drugs

Reports

Screen ID: CP-S-008-08 Trans ID: VHOQ Program ID: CPR060

**VIRGINIA MEDICAID
CHIRP DETAIL CLAIM DISPLAY(DRUG)**

Date: 04/25/2011
Time: 10:27

User ID: [REDACTED] Name: [REDACTED]

Document Level Information

ICN: [REDACTED]	Claim Type Mod: 06-1	Sen #: 1730157819 01	
Member: 0	FIP: [REDACTED]	Bill #: 1730157819 01	
Perm Mem ID: - - -	Age: 42	Benefit Plan: 01	Service Auth: 0000000000
DOF: [REDACTED]	Exception Ind/LOC:	Submit ID: DFPCICS	Object Code:
Aid Category:	Atch Nbr:		EVS Number: 0000000000

Line Level Information

Service Level: 00	Svc Ctr:	Status: 6	Billed: 21.47
Cutback Units: 0000	DOS: 10/23/2007 10/23/2007	Typ-Proc/NDC: 00603358401	Allowed: 4.00
Cutback Amount: 0.00	Referring Provider:	Procedure Mod:	TPL: 0.00
FCN:	Zip Code:	Units:	Copay: 0.00
Place of Service: 00	EAPG:	COB: 0	Remit No:
Former ICN:	Refill: 00	BN: 0	Payment Date:
Rx #:	Rx Metric Qty: 00024.0000	Attachments: N	Adjustment Rsn:
Rx Therap Class:	Emergency Ind:	Drug Unit:	Prescribin _:
Rx Dispensing Fee: 004.00	Attachments: N	Emergency Ind:	MCR Coverage:
Rx Ingredient Cost: 0.00	Attachments: N	Drug Unit:	
Compound Ind: 1	Attachments: N	Atch Nbr:	

Current Error: 0423 D 0265 D 0883 D ← Diagnosis:

History Error:

Override/EOB:

Enter	Refresh	Image	Attach	Provider	Procedure	Member	Edit Text	Return	Sub Menu	Main Menu
Add Errors	Diagnosis	Status	Prov Xref	Service Auth	Edit Remarks	Adj Segments	Consent	Conflict Claim	CHIRP	

- The CSR notes the CR in the OmniTrack “text box” with details of the inquiry, information given to the caller and closes out the CR record.

Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller’s name
Category	VA – ProDUR
Subject	ProDUR
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed
Member ID	Member’s Medicaid Id number
Dates of Service	DOS – date(s) services were rendered
ICN Number	ICN – claim number

8.14. PRODUR SCRIPTING

PRO-DUR Calls, Caller want to speak to Pharmacist:

Agent: Thank you for calling the Virginia Medicaid Pharmacy helpdesk. My name is _____ and your ticket number for today’s call is _____. Can I please have your name and NPI number? “Is this a Prior Authorization call?”

If yes:

Agent: I will have to refer you to Magellan Medicaid at 1-800-932-6648.

If no:

Agent: May I please have the patient’s ID#? May I also have the DOS and the RX # you are calling in reference to today?

<Caller asks to speak with a pharmacist.>

(Agent locates claim and verifies reject is for PRO DUR Error)

Agent: Please hold while I conference in a pharmacist to better assist you.

(Conference begins with caller, CSR and Xerox Pharmacist. CSR makes introductions and explains question to Xerox Pharmacist. Peer to Peer discussion begins. Xerox Pharmacist will only provide clinical input. CSR remains on the line as an observer and provides any necessary system data to both parties.)

If First Call Resolution has occurred:

Agent: Your ticket number for today’s call is _____. Is there anything else that I may assist you with today?

Thank you for calling and have a great day!

If follow up is necessary:

Agent: Your ticket number for today's call is _____. I will need to escalate this issue to my supervisor. May I have your contact information so I can contact you with a resolution?

<Caller provides contact information.>

Agent: Thank you for calling and have a great day!

(Note: CSR maintains ownership of the call through its resolution. If the call cannot be resolved in-house, the issue will be escalated to the Clinical Account Manager, Donna Johnson, by email and phone message. If Donna is unable to resolve, she will escalate to DMAS. Donna will copy the CSR on all actions so the OmniTrack record can be updated through the course of resolution. Upon completion of the final outcome, the CSR will update the OmniTrack record and close the ticket.)

8.15. PRODUR PROGRAMS

8.15.1. DOSE OPTIMIZATION

The dose optimization program identifies high cost products where all strengths have the same unit cost and the standard dose is one tablet per day. By providing the highest strength daily dose, the number of units in a 34-day supply is minimized. Dose optimization edits are established for a small number of drugs. Please see http://dmasva.dmas.virginia.gov/Content_atchs/forms/DMAS-171.pdf for this listing.

8.15.2. MAXIMUM QUANTITY LIMITS

Maximum quantity limits involve identifying high cost products where a 34-day supply is defined by a set number of tablets. This strategy establishes quantity limits based on commonly accepted clinical dosing practices. Maximum quantity limit edits are established for a small number of drugs. Please see http://dmasva.dmas.virginia.gov/Content_atchs/pharm/pharm-mql.pdf for this listing. Pharmacy providers will receive a claim denial when these quantity limits are exceeded. The XEROX Clinical Call Center can be reached at 1-800-774-8481 to answer questions regarding maximum quantity limits.

8.15.3. EARLY REFILLS AND THERAPEUTIC (CLASS) DUPLICATION EDITS

DMAS has an early refill denial edit and therapeutic (class) duplication edit as an enhancement of the Medicaid ProDUR activities requirement. These POS edits expand ProDUR activities to include the denial of unjustified requests for early prescription refills or therapeutic (class) duplicate products. A mechanism has been provided for override of the denial for therapeutic (class) duplicate products in unusual situations as identified below.

"Early refill" is defined as "when a prescription refill is requested before 75% of the calculated days' supply has elapsed for the previously filled prescription." Providers must take extra care in verifying that a correct amount is shown for the "days' supply" entry for all prescriptions. Early Refill (ER) alerts that deny and require the pharmacist to enter an intervention code to override the denial, require a phone call for an override. The Pharmacist should call Magellan at 800-932-6648 for the override. The following table outlines the Early Refill (ER) Override Criteria.

**Virginia Medicaid
ProDUR – Early Refill (ER) Override Criteria**

Early Refill Approval Criteria
<ul style="list-style-type: none">• Dosage Adjustments• Incorrect days supply• Lost/Stolen/Destroyed• Vacation• Hospital kept Meds• Member Error*• Two meds needed• Nursing home in/out
*Member error will only be accepted as valid reason one time per drug per lifetime.

8.16. EDIT 0418 – EARLY REFILL

- The CSR creates a CR in OmniTrack by selecting the “Provider” category and “Pharmacy” subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the “text box”. Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).



- CSR instructs the provider that this is a denial code for an early refill and they need to contact the Magellan call center at 1-800-932-6648 to obtain an authorization.
- The CSR notes the CR in the OmniTrack “text box” with details of the inquiry, information given to the caller and closes out the CR record.

Status Provider – Pharmacy Inquiry	
Notes	Member Name, Member ID #, ICN # and details of call including all information given and received
Priority	Low
Status	Closed
Member ID	Member's Medicaid Id number
Dates of Service	DOS – date(s) services were rendered
ICN Number	ICN – claim number

8.17. EDIT 0942 THERAPEUTIC DUPLICATION PROCESSING

- From this screen highlight the error message and select the “Edit Text” option at the bottom of the page.

The screenshot displays the 'VIRGINIA MEDICAID CHIRP DETAIL CLAIM DISPLAY(DRUG)' interface. It includes a navigation menu at the top with options like 'Member', 'Provider', 'Reference', 'Claims', 'Financial', 'Service Auth', 'Automated Mailing', 'SURS', 'MARS', 'EPSDT', 'MICC', 'TPL', and 'Assess'. The main content area is divided into 'Document Level Information' and 'Line Level Information'. A red error message 'Dur Reject Code.' is highlighted in a white box, pointing to the 'Current Error: 0942' field. The bottom navigation bar includes buttons for 'Enter', 'Refresh', 'Image', 'Attach', 'Provider', 'Procedure', 'Member', 'Edit Text', 'Return', 'Sub Menu', 'Add Errors', 'Diagnosis', 'Status', 'Prov Xref', 'Service Auth', 'Edit Remarks', 'Adj Segments', 'Consent', 'Conflict Claims', and 'CHIRP'.

- From here go to the drug tab

Screen ID: RFT2-002-02
 Trans ID: VS43
 Program ID: RFT202

**VIRGINIA MEDICAID
 EDIT TEXT - INQUIRY**

Date: 08/17/2011
 Time: 16:40

Error ESC: 0942 Edit Code: 0942 Edit Type: M Begin Date: 01011990
 Short Description: PRODUR THERAPEUTIC DUPLICATION End Date: 12319999
 Long Description: PRODUR THERAPEUTIC DUPLICATION

Select	Form	Program	Claim Type	Srv Auth Override	Cut Back	Criteria Exist	Begin Date	End Date
<input type="radio"/>	DRUG	01	06	N		N	01011990	12319999
<input type="radio"/>	DRUG	07	06	N		N	01011990	12319999

Select the drug tab

Screen ID: POS-S-000
 Trans ID: N1MM
 Program ID: PRT88MEN

**VIRGINIA MEDICAID
 PHARMACY MAIN MENU
 SELECTION BY SUBSYSTEM**

Select from Item

Selection:

- Provider
- Service Authorization
- Member
- Adjud. Unpd. Claims**
- Claims
- Benefit Master
- Drug File
- Edit Text File
- Online Current Rejects
- ProDUR Menu
- Data Entry - NIPS

- This will populate and bring up the drug submenu screen. The agent will select the option for Adjudicated Unpaid Claims (Adjud.Unpd.Claims) and search for the correct RXs for the DOS that correspond to the rejection.
- The agent will advise the caller that the claim is denying for a PRO-DUR rejection and a manual override can be provided by if the pharmacy would locate their DUR fields in the billing system.
- DUR codes are a combination of codes to notify a provider of an interaction with a specific drug, and to also advise of how this was corrected.

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/!ut/p/c5/dY7ZdkNQFEU... - Windows Internet Explorer

https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal/HatsEMMISProd/!ut/p/c5/dY7ZdkNQFEU_aR83N25FDWORt1aaXoRUhJo5Qurrq9gr_e1NjIcDMa1MxSjEPRiUEm54FETN38L1195PJC



MMIS Help | Print | Logout

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL
Assessment	Drugs	Reports									

Screen ID: POS-S-010
Trans ID: NV20
Program ID: VPT300B1

**VIRGINIA MEDICAID
CLAIMS DETAIL SCREEN**

Date: 08/17/2011
Time: 16:46

Member Information

Provider: [REDACTED]	Relationship: 1	Gender: M	Update User ID: CICACSP1
Member: [REDACTED]	Benefit: 01010100	Srv Auth Ind: Y	DOB: [REDACTED]
Name(L-4, F-1): [REDACTED]	Level of Care:	Level of Service: 00	TPL: 02
		Age: 12	

Claim Information

Former ICN: [REDACTED]	Status: 20110817	Date Filled: 20110817	Claim Type Mod: 1
ICN: [REDACTED]	Line of Business: 00	Status Date: 20110817	Prescribing Physician: [REDACTED]
Adj Reason: [REDACTED]	TRN: B1	Date Entered: 20110817	Compound Ind: [REDACTED]
Adj ICN: [REDACTED]	Rx Number: [REDACTED]	Date Written: 20110816	Unit Dose: 0
NDC: 00078037205	Quantity: 30.000	Days: 030	Refill Code: 00
Disp: [REDACTED]	Intd Qty: 0.000	Intd Days: 000	Assoc Rx: [REDACTED]
Error Codes: 0942		DAW: 0	DEA: 2

Billing Information

Usual & Customary: 176.99	Billed Charges: 176.99	TPL Amount: 87.98	Copay: 0.00
Ingredient Cost: 136.82	Dispensing Fee: 3.75	Computed Amt: 140.57	Allowed Amount: 140.57
Vendor MAC: 0.00000	MAC Price: 0.00000	Cost Ind: A	Payment: 0.00
AWP: 5.24830	Category Code: Z	Ref Cost: 4.56077	Unit Price: 4.56077
Specific Therapeutic: HZV	Drug Form: CPMP 50-5	Class: F	HICL: 001682
Standard Therapeutic: 10	Budget Code: 0000	GCN: 20391	Intervention Code: [REDACTED]
ProDUR Errors: TD	Addl Fee: 0.00	Dosage: 000000000	Outcome Code: [REDACTED]

This is where the overrides go.

Enter	Compound	Prov	Recip	NDC	Physician	Edit Text	Return	Sub Menu
-------	----------	------	-------	-----	-----------	-----------	--------	----------

- The provider may select the appropriate codes from the list of the following DMAS ProDUR Codes:

ProDUR Reason for Service (Conflict Code) NCPDP Field 439	Current Claims Disposition	New Claims Disposition	Professional Service (Intervention Code) NCPDP Field 440 942	ProDUR Result of Service (Outcome Code) NCPDP Field 441
DD Drug-Drug	Message only	Provider override for severity level 1	AS = Member Assessment CC = Coordination of Care DE = Dosing Evaluation/ Determination MØ = Prescriber Consulted MR = Medication Review PØ = Member Consulted	1A 1B 1C 1D 1E 1F 1G 1H 1J 1K 2A 2B 3A 3B 3C 3D 3E 3F 3G 3H 3J 3K 3M 3N
MC Drug- Disease	Message only	Provider override for severity level 1	AS = Member Assessment CC = Coordination of Care DE = Dosing Evaluation/ Determination MØ = Prescriber Consulted MR = Medication Review PØ = Member Consulted	1A 1B 1C 1D 1E 1F 1G 1H 1J 1K 2A 2B 3A 3B 3C 3D 3E 3F 3G 3H 3J 3K 3M 3N
PG Pregnancy	Message only	Provider override for severity level 1	AS = Member Assessment CC = Coordination of Care DE = Dosing Evaluation/ Determination MØ = Prescriber Consulted MR = Medication Review PØ = Member Consulted	1A 1B 1C 1D 1E 1F 1G 1H 1J 1K 2A 2B 3A 3B 3C 3D 3E 3F 3G 3H 3J 3K 3M 3N
TD Therapeutic Duplication	Deny for 11 drug classes - provider override allowed	Provider override – 11 Drug Classes* Anti-Ulcer Agents ACE Inhibitors Angiotensin II Receptor Blockers Antidepressants Benzodiazepines NSAIDs (includes salicylates and COX-2s) Calcium Channel Blockers Thiazide Diuretics Loop Diuretics Potassium-Sparing Diuretics Narcotics	AS = Member Assessment CC = Coordination of Care DE = Dosing Evaluation/ Determination MØ = Prescriber Consulted MR = Medication Review PØ = Member Consulted	1A 1B 1C 1D 1E 1F 1G 1H 1J 1K 2A 2B 3A 3B 3C 3D 3E 3F 3G 3H 3J 3K 3M 3N

- Once the provider resubmits the claim the override will reflect as below.

Virginia Medicaid
MMIS

Screen ID: POS-S-010
Trans ID: NV20
Program ID: VPT300B1

**VIRGINIA MEDICAID
CLAIMS DETAIL SCREEN**

Date: 08/17/2011
Time: 16:49

Member Information

Provider: [REDACTED] Relationship: 1 Gender: M Update User ID: CICACSP1
Member: [REDACTED] Benefit: 01010100 Srv Auth Ind: Y DOB: [REDACTED]
Name(L, F, 1): [REDACTED] Level of Care: Level of Service: 00 Age: 12 TPL: 02

Claim Information

Former ICN: [REDACTED] Status: 20110817 Date Filled: 20110817 Claim Type Mod: 1
ICN: [REDACTED] Line of Business: 00 Status Date: 20110817 Prescribing Physician: [REDACTED]
Adj Reason: [REDACTED] TRN: B1 Date Entered: 20110817 Compound Ind: 1
Adj ICN: [REDACTED] Rx Number: [REDACTED] Date Written: 20110816 Unit Dose: 0
NDC: 00078037205 Quantity: 30.000 Days: 030 Refill Code: 00
Disp: Intd Qty: 0.000 Intd Days: 000 Assoc Rx: DOS: [REDACTED]
Error Codes: DAW: 0 DEA: 2

Billing Information

Usual & Customary:	176.99	Billed Charges:	176.99	TPL Amount:	87.98	Copay:	0.00
Ingredient Cost:	136.82	Dispensing Fee:	3.75	Computed Amt:	140.57	Allowed Amount:	140.57
Vendor MAC:	0.00000	MAC Price:	0.00000	Cost Ind: A		Payment:	52.59
AWP:	5.24830	Category Code: Z		Ref Cost:	4.56077	Unit Price:	
Specific Therapeutic: H2V		Drug Form: CPMP 50-5		Class: F		Conflict Code: TD	
Standard Therapeutic: 10		Budget Code: 0094		GCN: 20391		Intervention Code: M0	
ProDUR Errors: TD		Addl Fee: 0.00		Dosage: 000000000		Outcome Code: 1A	

Enter Compound Prov Recip NDC Physician Edit Text Return Sub Menu

These are correct codes for this dur and the claim is paid.

Note:

If NDC data needed, click NDC tab at bottom to view only. RETURN tab does not navigate back, select MAIN MENU to exit.

8.18. FIRST DATA BANK (FDB) CLINICAL MODULE FOR PRODUR EDIT CRITERIA

The following ProDUR Conflict Types will be supplied by FDB, effective March 1, 2015:

Conflict Type	Conflict Description	Error Code	NCPDP Reject Code
DD	Drug to Drug Interaction	675	88
EX	Excessive Quantity (formerly ER1)	941	9G
HD1	High Dose	636	HD
HD2	High Dose Over Age	973	HD
HD3	High Dose Under Age	974	HD
LD1	Low Dose	643	88
LD2	Low Dose Over Age	975	88
LD3	Low Dose Under Age	976	88
MC	Drug to Medical Condition (Disease)	692	88
PA	GERI – Geriatric Contraindication	943 (new)	88
PA	PEDI – Pediatric Contraindication	969 (new)	88
PG	Drug to Pregnancy	614	88
TD	Therapeutic Duplication	942	88

8.19. INTEGRATION OF FDB NIMIMUM/MAXIMUM DOSING

The Daily Dosage Screen (RF-S-014-05) of the Drug Information Inquiry has been updated to include pediatric dosing. The system will only apply the pediatric dosing rules when the recommended dosage is not weight-based (e.g. mg/kg/day). The high dose, low dose and excessive quantity ProDUR edits will be based on this information going forward.

Age-related edits will be calculated using days rather than years. To determine the age in years, the age in days that is displayed should be divided by 365.


UAT1 | [Home](#) | [Contact Us](#) | [Help](#)

MMIS

[Help](#) | [Print](#) | [Logout](#)

Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs

Reports

Screen ID: RF-S-014-05 **VIRGINIA MEDICAID** Date: 01/30/2015
 Trans ID: VSB5 **DRUG INFORMATION - INQUIRY** Time: 11:56
 Program ID: RFT350

NDC: 00071036932 Date Added: 10042007 Begin Date: 10042007
 Name: DILANTIN 100 MG CAPSULE End Date: 12319999

	Minimum Daily Dose				Maximum Daily Dose			
	Daily Dose		Daily Units		Daily Dose		Daily Units	
	Units	Quantity	Form	Quantity	Units	Quantity	Form	Quantity
Adult:	MG	300.000	EA	3.000	MG	600.000	EA	6.000
Geriatric:	MG	300.000	EA	3.000	MG	600.000	EA	6.000
MMAR Absolute:	MG	300.000	EA	3.000	MG	600.000	EA	6.000
MMGR Absolute:	MG	300.000	EA	3.000	MG	600.000	EA	6.000

Pediatric

	Age (DAYS)	Daily Dose		Daily Units	
		Units	Quantity	Form	Quantity
Min:	30	MG/KG/DAY	5.000000	EA/KG/DA	0.050000
Max:	179	MG/KG/DAY	10.000000	EA/KG/DA	0.100000
Min:	180	MG/KG/DAY	5.000000	EA/KG/DA	0.050000
Max:	1459	MG/KG/DAY	10.000000	EA/KG/DA	0.100000
Min:	1460	MG/KG/DAY	5.000000	EA/KG/DA	0.050000
Max:	3649	MG/KG/DAY	10.000000	EA/KG/DA	0.100000
Min:	3650	MG/KG/DAY	5.000000	EA/KG/DA	0.050000
Max:	4744	MG/KG/DAY	10.000000	EA/KG/DA	0.100000

[Scroll Up](#) [Scroll Down](#)

Return Sub Menu Main Menu

8.20. EDIT 1513 – NON PREFERRED NARCOTIC

Refer to [Appendix C](#) for the entire Non-Preferred Drug List (PDL)

- The CSR creates a CR in OmniTrack by selecting the “Provider” category and “Pharmacy” subject from the drop down menu in the upper left hand corner.
- The CSR requests the ICN, Dates of Service, and Member ID and fills this information in the category fields located on the right of the screen; details of the call will be recorded in the “text box”. Note if the caller does not have ICN, CSR can look up the claim using the Member ID, NPI, and Dates of Service (DOS).

- CSR instructs the provider that this is a denial code for a Non Preferred Narcotic and the Member’s Physician will need to contact the Magellan call center at 1-800-932-6648 to obtain an authorization.
- The CSR notes the CR in the OmniTrack “text box” with details of the inquiry, information given to the caller and closes out the CR record.

Status Provider – Pharmacy Inquiry	
Type	Provider
Source	Phone - Inbound
Entity ID	NPI number of caller
Contact	Caller’s name
Category	VA – POS Claim Question
Subject	PA Required
Notes	Member Name, Member ID #, ICN # and details of call, including all information given and received
Priority	Low
Status	Closed
Member ID	Member’s Medicaid Id number
Dates of Service	DOS- date(s) services were rendered
ICN Number	ICN – claim number

8.21. EDIT 1500: ORDERING, REFERRING AND PRESCRIBING (ORP) PROVIDERS

The Department of Medical Assistance Services (DMAS) has implemented the provider enrollment and screening regulations in response to directives established by Section 6401(a) of the Affordable Care Act (ACA) in which CMS requires all state Medicaid agencies to implement the provider enrollment and screening provisions of the Affordable Care Act (42 CFR 455 Subpart E).

Practitioners who prescribe medications for Virginia Medicaid members must be enrolled as a Medicaid provider. This means that any practitioner not currently enrolled must do so in order to continue to order, prescribe or refer services for Virginia Medicaid members.

DMAS has created a streamlined enrollment application for providers that order, refer or prescribe for Virginia Medicaid members. **The streamlined application is for providers that do not bill Virginia Medicaid for professional services.** The enrollment application is available on the Virginia Medicaid Web Portal. To complete the online enrollment application, you must register for access to the web portal. If a prescriber is not already registered, they may do so by visiting the site at www.virginiamedicaid.dmas.virginia.gov to establish a user ID and password. Should they have any questions related to their enrollment, instruct them to contact the Provider Enrollment Unit at 888-829-5373.

Effective March 16, 2015, a denial message will be returned to the pharmacy (via point-of-service) stating that the prescriber is not an enrolled Medicaid provider (DMAS Edit 1500 or NCPDP Edit 56). Pharmacy claims will deny if the provider has not enrolled with Virginia Medicaid. Prescription claims with a date of service on or after the hard edit date must be written by a prescriber who has a valid and active Virginia Medicaid enrollment which is verified by the prescriber's NPI number.

8.22. 340B PROVIDERS AND EDITS

See Appendix B for the complete list of Virginia 340B providers.

Pharmacy providers who are listed on the HRSA* Medicaid Exclusion List are included in a VAMMIS value set as 340B Entities. These providers are required to include a valid Submission Clarification Code (420-DK) and Basis of Cost of Determination (420-DN) on all pharmacy claims.

If the pharmacy provider is a 340B entity, upon submitting a claim through point of sale (POS), they must submit the Submission Clarification Code (420-DK) field with a value of "20" and Basis of Cost Determination (420-DN) field with a value of "08."

If the pharmacy provider is a 340B entity, the pharmacy must submit an actual acquisition cost for the "usual and customary" amount for the drug claim.

Edit Scenarios

DMAS Edit 1621 (NCPDP 8R). The provider is submitting a claim with Submission Clarification Code = 20 and Basis of Cost = 8 but the provider is not enrolled with Virginia Medicaid as a 340B entity. Provider needs to provide DMAS with documentation that they are enrolled with HRSA. Email documentation to keith.hayashi@dmas.virginia.gov

DMAS Edit 1620 (NCPDP 34). Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and the pharmacy claim is missing or has an invalid Submission Clarification Determination Code.

DMAS Edits 1238, 1620, or 1622 (NCPDP DN). Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and the pharmacy claim is missing or has an invalid Basis of Cost Determination.

DMAS Edit 1623 (NCPDP DQ). Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and has submitted a pharmacy claim with Submission Clarification Code = 20 and Basis of Cost = 8; however, the submitted U&C price is greater than Virginia Medicaid allowed amount. Pharmacy must submit their actual acquisition cost (AAC) for the drug. NOTE: Claims will continue to deny if the U&C is missing or invalid for existing DMAS edit = 0014.

Call Scenarios

- 1) Pharmacy provider is receiving the above edits and states they **are not** a 340B entity. Pharmacy must contact HRSA and start process to get removed from the program. Call center representative should forward the pharmacy's NPI and contact information to keith.hayashi@dmavirginia.gov
- 2) Pharmacy provider is receiving the above edits and states they **are** a 340B entity but does **not** dispense drugs purchased under the 340B program to Medicaid members. Pharmacy must contact HRSA and start the process to get removed from the Medicaid Exclusion List. Call center representative should forward the pharmacy's NPI and contact information to keith.hayashi@dmavirginia.gov. The pharmacy claim may be paid if the pharmacy submits the claim with Submission Clarification Code = 20 and Basis of Cost = 8 and the AAC for the drug.

*HRSA = Health Resources and Services Administration <http://www.hrsa.gov/opa/index.html>

8.23.EDIT 1760 BRAND NAME COVERED

This new edit applies to the Preferred Drug List (PDL) preferred brand name drugs. If the generic version of a preferred brand is dispensed, the claim will reject for edit 1760. The generic product is non-preferred.

9. POS ACRONYMS

POS Acronyms	
BENZO	Benzodiazepine
BIN	Beneficiary Identification Number
CIS	Computer Information System
COB	Coordination of Benefits
COMTAN	Catechol-o-methyl transferase inhibitor
COX II	Form of NSAID
CRNP	Certified Registered Nurse Practitioner
DAW	Dispense as Written
DDI	Didanosine
DEA	Drug Enforcement Agency
DOS	Date of Service
DUR	Drug Utilization Review
ED	Erectile Dysfunction
GA	Georgia
ICF	Intermediate Care Facility
INH	Inhalation
LOC	Location ppo
LTC	Long Term Care
M/I	Missing/Incorrect
MA	Medicare Advantage
MCO	Managed Care Organizations
MR	Medical Review
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NPI	National Provider Identifier
NSAID	Nonsteroidal Ant inflammatory Drug
OTC	Over the Counter
SA	Prior Authorization
PDL	Preferred Drug List
PE	Program Exception
PPI	Proton Pump Inhibitor
PPS	Professional Pharmacy Services
PRD	Prednisone
PRODUR	Prospective Drug Utilization Review
REQ	Required
SOL	Solution
SSRI	Selective Serotonin Reuptake Inhibitor
SVC	Service
TPL	Third Party Liability (other insurance)

10. DURABLE MEDICAL EQUIPMENT (DME)

Durable Medical Equipment is any medical equipment used in the home to aid in a better quality of living. Calls may come into the call center inquiring about what equipment is covered.

- The CSR receives a call from a provider.
- The CSR validates the caller and verifies their reason for calling.
- The CSR selects “referred to KePRO” in the Customer Field box.
- Provider can review DME Manual, Appendix B. This may be accessed from website. Go to www.virginiamedicaid.dmas.virginia.gov. Select ‘Provider Manuals’ from DMAS Content Menu. Select ‘Durable Medical Equipment and Supplies’. ‘Medicaid DME Supplies Listing’ (Appendix B) appears on this page.
- Refer caller to Provider Helpline at 800-552-8627.
- DME prior authorizations are given by KEPRO 888-827-2884.
- The CSR notes the CR with details of the inquiry, information given to the caller and closes out the CR record.

DME Inquiry	
Type	Provider
Source	Phone
Entity ID	Medicaid ID number of caller
Contact	Caller’s name
Category	VA – POS Claim Question
Subject	DME Inquiry
Notes	Details of call including all information given and received
Priority	Defaults to Medium, may change if necessary
Status	Closed

11. PHARMACY PROVIDER NOT ENROLLED

Point of Sale (POS) refers to the capturing of data and customer payment information at a physical location when goods or services are bought and sold. Virginia Medicaid Pharmacies have the option to enroll for POS for services rendered to Medicaid Members. The pharmacy may call into the helpdesk when they experience problems with POS.

- The CSR receives a call from a provider.
- The CSR validates the caller and verifies their reason for calling.
- The CSR creates a CR in OmniTrack by selecting the “Pharmacy” category and “POS Inquiry” subject from the drop down menu in upper left hand corner.
- Access the Provider Location Information-Update screen in MMIS.
- Check the POS section in the middle of the page to see if there is a begin and end date on file.

The screenshot shows the 'VIRGINIA MEDICAID PROVIDER LOCATION INFORMATION - UPDATE' screen. Key sections include:

- Provider Information:** Fields for Provider ID, Name, Address (WASHINGTON DC 20010-3017), Legacy ID, Tracking ID, Type Loc (001 OF 001), Prov Type (001), Date Added (02/28/1993), and Site Ind (01).
- Provider Information:** Fields for Practise Type (13), Inactive Override (N), PPA Ind (N), Assessment Ind (Y), EPST Ind (N), Facility Rating, and Facility Control.
- Languages:** Checkboxes for English (checked), Spanish, Korean, Vietnamese, Hindi, Farsi, and Other.
- EMC:** Fields for Ind (1), Begin Date (12/19/2005), End Date (12/31/9999), Reason (000), and Service Center (1405).
- MCO:** Fields for Ind, Begin Date, End Date, Reason, and Service Center.
- POS:** Fields for Begin Date, End Date, and Reason.
- Beds:** Fields for Total, NF, SHF-NF, SHF, Non-Cert, ICF-MR, and Spec Care.
- Case Manager:** Fields for Type, Begin Date, End Date, and Reason.
- Navigation:** Buttons for Update, Clear Form, Refresh, EMC Hist, MCO Hist, POS Hist, Case Mgr Hist, Address, Return, Sub Menu, Main Menu, M/C Enrol, Affiliation, Service Center, Financial, Restrictions, Group, Ind Rates, Previous, and Next.

- If there is not a date on file and the caller has an immediate need to get their file updated, get the Provider’s name, NPI/API and telephone number and contact your manager so an update can be made.
- Advise the caller they will need to complete the Pharmacy Point-Of-Sale form on the DMAS website at www.virginiamedicaid.dmas.virginia.gov.
- Instruct the Provider to check the box next to Pharmacy Point-Of-Sale and complete the information listed.
- The form should be mailed or faxed to the PES address in Chapter 2 of the provider manual available on the DMAS website.
- The CSR notes the CR with details of the inquiry, information given to the caller and closes out the CR record.

POS Transmission Inquiry	
Type	Provider
Source	Phone
Entity ID	Medicaid ID number of caller
Contact	Caller's name
Category	Pharmacy
Subject	POS Inquiry
Notes	Details of call including all information given and received
Priority	Defaults to Medium, may change if necessary
Status	Closed

12. OMNITRACK SUBJECTS

Complaint Record	MCO Coverage	Patient Not Eligible
Copay Inquiry	Medicall	Pharmacy
DME Inquiry	Medicare Part D	Pharmacy not Eligible
Dropped Call	Member Inquiry	Provider Unenrolled
Eligibility	Missing/Invalid Cardholder ID	Referrals
Ext. Call	Non-Matched Cardholder ID	Submit to Other Insurance
HMO Coverage	Non-Matched Prescriber ID	Transfer Back into Queue
Missing/Invalid DAW	NDC Not Covered by Plan	Website Address
Missing/Invalid Day Supply	NDC Not on File	Wrong Number
Missing/Invalid Prescriber ID	PA Inquiry	

Please consult the [Appendix A](#) for details on handling edit inquiries.

13. APPENDIX A. SUMMARY OF EDITS

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
3	05	Invalid Billing Provider Number	Billing Provider ID Number Missing or Not in Valid Format. If a payment request is entered with a billing provider number that is missing, not numeric or invalid the claim will deny.	Provider should verify billing NPI and resubmit.
4	07	Invalid or Missing Enrollee ID	Enrollee ID Number Missing or Not in Valid Format. If a payment request is entered with an enrollee number that (1) is missing (is spaces or zeros) or (2) is not numeric, the claim will deny.	After verifying information, provide the correct ID number
7	15	Invalid Date of Service	For Pharmacy, if date of service is missing, not a valid formatted date or greater than current date, the claim will deny.	Advise caller of date format
14	DQ	Billed Amount Missing or Invalid	Billed charges are not numeric or are spaces, the claim will deny.	Advise caller to correct the billed amount entered
39	AE	QMB Only Enrollee-Bill Medicare First	Qualified Medicare Beneficiary Only Enrollee. Medicaid coverage limited to deductible and coinsurance.	Advise caller to bill to Medicare
44	21	NDC Missing or Not in Valid Format	If the national drug code (NDC) is missing or not 11 digits numeric for a pharmacy Payment request (claim type 06), the claim will deny. If a compound claim is being entered, the NDC must be zeros in the primary NDC field. The ingredient NDCs are entered individually in the compound portion.	Advise caller 11 digit NDC number must be submitted
45	E7	Invalid Metric Quantity	If the metric decimal quantity field is not present, not numeric, or not greater than zero, the claim will deny.	Advise to submit quantity correctly
47	DQ	Invalid Pharmacy Cost	The Usual and Customary amount billed must be numeric and greater than zero.	Advise to submit amount billed correctly
56	16	Prescription Number Missing	If the prescription number is not present on the payment request or not greater than zero, the claim will deny.	Advise to submit script number
57	17	Refill Indicator is Invalid	If the refill indicator is not numeric (00 thru 99), the claim will deny. If non-numeric data is received, the refill indicator will be defaulted to 99 on the database.	Must have number in this field

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
116	25	Invalid/Missing Prescribing Physician	If the prescribing physician number is missing or an invalid number (9-digit numeric), set this edit. Prescriber Qualifier can only be "01" or "05"-if other qualifier is found set edit. After NPI compliance date-Prescriber Qualifier must be "01"-if other qualifier found set edit. If the NPI number submitted is not valid the claim will deny. The provider may or may not be on the VAMMIS table.	Advise to use the correct provider NPI number
130	50	Billing Provider Number Not on File	If the billing provider's NPI needs to be validated. If not in VAMMIS provider must enroll through Provider Enrollment.	Advise caller that provider is not on file
144	40	Billing Provider Not Eligible DOS	Verify provider submitted NPI and it is correct #. CSR needs to check the beginning and ending dates of provider's eligibility along with DOS on the claim. If provider's eligibility is incorrect in VAMMIS, provider must call Provider Enrollment. Check License expiration date.	Advise that the provider is not eligible and should contact Provider Relations at 800-552-8627
169	22	Invalid Dispensed As Written Indicator	If the Dispensed As Written indicator does not equal a 0-9, the claim will deny.	Provide list of acceptable DAW codes
178	39	Invalid Diagnosis Code	If the diagnosis code for the requested ICD qualifier is not found, the claim will return the message only. Claim will pay.	Advise caller to use a qualifier of 01 for ICD-9 codes or 02 for ICD-10 codes. Note: after 10/1/15, only ICD-10 codes will be accepted.
180	521	Diagnosis Qualifier Not Supported	If the qualifier is missing or does not match the ICD code, the claim will return the message only. Claim will pay.	Advise caller to use the appropriate qualifier as noted for edit 0178. Note: On or after 10/1/15, only ICD-10 codes will be accepted and a qualifier of 02 must be used.
222	85	Suspended For Enrollee Review	This needs to be referred to DMAS. Call 804-786-8658.	Refer caller to DMAS
265	85	Claim Priced at Zero	If the pharmacy claim is approved to pay (passes all other edits) but the reimbursement amount is zero based on the lesser of logic (billed amount-copayment-TPL compared to calculated payment amount).	Advise of reimbursement amount of zero

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
301	83	Duplicate Payment Request –Same Provider	This edit is set when the payment request being processed is a duplicate of another payment request being processed in the same check write cycle, based on the following parameters: PHARMACY (CLAIM TYPE 06): same enrollee, same base provider ID, same NDC (1st 9pos), same dispensed date.	Advise caller of duplicate payment
302	83	Duplicate of History File Record	This edit is set when the payment request being processed is a duplicate of a payment request from a previous check write cycle. Duplicate of History File Record, same provider, same dates of service. A SA can be granted which allows for the claim to be paid. SA must be entered by Magellan Medicaid.	Refer to Magellan Medicaid for SA inquiry if needed
307	85	Enrollee Age 21 or Older	For Pharmacy (claim type 06), if the NDC's drug service limit (service) on the drug file =5, and the enrollee's age is >=21, the claim will deny.	Advise of age limit for drug
308	81	Payment Request Filed After 1 YR	If the claim is greater than 1 yr, determined by the current date compared to the Julian thru date of service (fill date), the claim will deny.	Advise of claim date > 1 year
313	41	Bill Any Other Available Insurance	On screen PD-S-019 under DRUGS – If the enrollee has other pharmacy coverage (TPL type =R) and the payment request other coverage code = 0 (Not specified) and the payment request TPL amount is >0, the claim will deny. If the enrollee has other pharmacy coverage (TPL type=R) and the payment request other coverage code =1 (No other coverage identified) and the payment request TPL amount =0, the claim will deny. If the payment request other coverage code = 4 (other coverage exist, payment not collected) and the payment request TPL amount =0, the claim will deny. If the enrollee is Medicare part D eligible (TPL =D), with the NDC excluded on benefit master (INCL/EXCL =X), and payment request other coverage code =1 (no other coverage identified), the claim will deny.	Advise claim needs to be billed to another insurance first
318	65	Enrollee Not Eligible On DOS	Enrollee not eligible on DOS. Go to screen PD-S-019 and check eligibility dates and compare to DOS to validate.	Verify eligibility dates and advise

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
326	70	Non-Legend Drug	RF-S-014-01 (Drug information/inquiry/update screen) – If the NDC Class = 0 (OTC) and the drug has a rebate indicator = 1 and is not listed on the Benefit Master File (BMF) as an approved OTC covered product the claim will deny. Before closing this screen, note the NDC's Gen TC, STD TC and the GCN. Go to POS-S-012 (BMF) selection = inquiry, record = Include/Exclude, Plan =01 then ENTER. POS-S-015 Include/Exclude screen add selection "0" "0" which will pull back ALL covered OTC products. Look for the combination of type 70=Gen TC and STD TC plus	Verify drug rebate indicator, BMF and advise Supervisor will contact DMAS if all information is correct and claim will not pay
326	70	Non-Legend Drug (continued)	The GCN or Type 80=Gen TC and STD TC combination to determine if the NDC is an approved OTC product. If the claim denied and the provider thinks the OTC product should be payable, recheck to make sure the Rebate indicator =1. If all looks correct and CSR cannot make determination, supervisor should call DMAS.	
364	74	Primary carrier payment Equals/Exceeds	If the other carrier amount (DE 2222) submitted on the incoming claim is greater than or equal to the calculated allowed amount, set this edit.	Primary paid more than Medicaid would cover
366	76	Authorized Number of Refills Exceed	RF-S-014-01 (Drug information Inquiry) – Refills are not allowed for drugs with a "1" or "2" in the DEA field. A refill is defined by the same prescription number and NDC. There is a limit of six refills for drugs with a DEA code of 3,4	Advise caller of refill limits
372	62	Enrollee Name and ID Number Match	Enrollee name/number mismatch. Resubmit with correct name/number or contact local DSS. VAMMIS does not deny the claim for this reason – message only.	Verify patient name and ID being used

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
387	13	Review of Medicare Coinsurance Coverage	On screen PD-S-019 under DRUGS – If the enrollee has other pharmacy coverage (TPL type =R) and the payment request other coverage code = 0 (Not specified) and the payment request TPL amount is >0, the claim will deny. If the enrollee has other pharmacy coverage (TPL type=R) and the payment request other coverage code =1 (No other coverage identified) and the payment request TPL amount =0, the claim will deny. If the payment request other coverage code = 4 (other coverage exist, payment not collected) and the payment request TPL amount =0, the claim will deny. If the enrollee is Medicare part D eligible (TPL =D), with the NDC excluded on benefit master (INCL/EXCL =X), and payment request other coverage code =1 (no other coverage identified), the claim will deny.	Advise caller to check OCC and payment amount
389	6E	Other Reject Code Not Valid NCPDP	Verifies that a valid NCPDP value was submitted. If not, then the edit is set.	CSR will advise caller to check the NCPDP value submitted.
394	70	Provider to Bill as a Medical Claim	In March 2014, DMAS renamed this edit so that it involves only those claims such as injectables that should be billed as a medical claim. These drugs are not covered as a Pharmacy Benefit. This edit is determined by the Include/Exclude indicator on the Benefit Master file. In February 2015, coding was added to allow coverage of physician-administered drugs to patients in a LTC facility (LOC = 1 or 2)	CSR will determine why med is not covered
398	70	DESI Drug – Federal Funds Not Available	DESI (Drug Efficacy Study Implementation) drugs are not covered. If the DESI indicator is = 5 or 6, the claim will deny. Go to screen RF-S-014 and click on HCFA and look at DESI CODE. If DESI CODE =5 or 6, claim will deny.	Advise caller that drugs classified as DESI are not covered
401	78	Charges Exceed Maximum Allowance	If the calculated allowed amount exceeds the maximum allowed amount on the Drug Benefit Master, set this edit.	Advise that max allowed amount exceeded
403	70	NDC Not Covered	If the NDC is not a covered drug on the date of service based on Obsolete Date or the date of service on the claim is before the Drug Coverage Begin Date (Coverage Begin) DE5201, the claim will deny. ALSO , DMAS uses this edit to exclude certain medications from coverage as a Pharmacy Benefit (for example, cosmetics). The medications will be coded on the BMF as “E” with error code 0403.	Inform caller that NDC is not covered after determining why med is not covered

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
406	85	Provider Not Approved For POS	If the claim payment request is entered by POS and the provider EMC billing indicator (DE 4081) is not set for POS authorization (POS authorization = 6), the claim will deny. That is, using the claim billing provider number, read the PS_PROV_ECOMM_TYPE table where C_ECOMM_CVAL = P and the claim's dates of service are within D_PROV_ECOMM_BEGIN and D_PROV_ECOMM_END. If no rows are found, the claim will deny.	Advise caller that provider is not authorized for POS authorization. Caller needs to be referred to appropriate Xerox provider enrollment unit to set up provider for POS transactions
418	79	ER-RPH Call Magellan Medicaid 800-932-6648 For SA	This is a ProDUR alert. An early refill alert results when 75% of the previous script has not been used. It is automatically denied. Refer caller to Magellan Medicaid 800-932-6648	Refer to SA department
419	M2	Not An Emergency And Not CMM Provider	For enrollees locked into a specific physician (enrollee exception indicator = 4), if the prescribing physician is not equal to the locking physician and is not affiliated with the lock-in physician (enrollee indicator = 4), the claim will deny.	Advise caller that lock-in physician must be prescriber on non-emergency claims
420	M2	Not An Emergency And Not CMM Provider	If the enrollee is locked in to a specified pharmacy (enrollee exception indicator =5) and the billing provider is not the lock-in pharmacy and is not affiliated with the lock-in pharmacy and the payment request is not for emergency services (the level of care is not equal to 03 on the new form), the claim will deny.	Advise caller that lock-in pharmacy must be provider on non-emergency claims
432	ED	Quantity Per Ingredient	For drug compound payment request: If a quantity is not present (non-blank > 0) for each ingredient entered, the claim will deny.	Advise that all ingredients in compound must have quantity > 0
453	M1	Enrolled in MCO Or An Encounter FFS	Enrolled in MCO or an Encounter Claim for F.F.S.	Provide name of MCO (list can be found on OCS under MCO)
456	M1	Enrollee Not Covered For This Service	For originals and adjustments, enrollees with aid category codes of 53 (Special Low-Income Medicare Beneficiary), 55 (Qualified Disabled and Working Individuals), 56 (QI1), or 57 (QI2) are not eligible for Medicaid fee for service and cause the edit to set. For Aid Category 80 and Pharmacy Claim Type 06, the drug category must be `C`, `T` or `W` (family planning), otherwise the claim will deny.	Inform caller of the patient's plan

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
462	EC	Identify Each Ingredient with NDC	For compound drug payment requests, each ingredient must be a valid NDC. If the number of ingredients entered is not the same as the number of NDCs entered on the request, the edit will set.	Advise that all ingredients in compound must be valid NDC
464	85	Invalid Drug Code; Not a Compound	If a compound drug is indicated and only one NDC code is specified on the payment request, the claim will deny. This edit will fail if a compound drug claim is submitted without at least one covered legend drug.	Inform caller that one NDC in compound must be a covered drug
470	63	Not Covered/Nursing Facility Supply	For nursing home enrollees (enrollee exception indicator =1, 2, 7), certain drugs and supplies are included in the nursing home rate and are not reimbursed to the pharmacy. These drugs are identified by a NDC service limitation of 4 on the Medical and Administrative Codes Database. If a NDC has a service limitation =4, the claim will deny. Exception Indicator of `D` was included until release 15 (12/19/2005)	Advise that enrollee is nursing home and drug/supply will not be reimbursed to pharmacy
493	25	Prescribing Physician Not on File	If prescriber is not a valid Medicaid provider ID, the claim will deny. Edit modified 02/01/06: If prescribing provider class type is not recorded in Value Set-Prescriber Provider Class Type, the claim will deny. If prescriber is recorded in Value Set-Provider Provider Class Type, the claim will deny. If NPI prescriber is recorded in Value Set-Prescriber ID invalid, the claim will deny.	Advise caller to check prescriber ID submitted
614	88	ProDUR Pregnancy Alert	This is a ProDUR pregnancy alert. It notifies the pharmacy provider that the enrollee is currently taking prenatal vitamins and that the drug prescribed has a pregnancy precaution.	Provide DUR codes to caller
624	75	ProDUR Age Alert	This is a ProDUR age alert. It notifies the pharmacy provider that this drug has contraindications for enrollees this age.	Provide DUR codes to caller
636	HD	ProDUR High Dose Alert	This is a ProDUR high dose alert. It informs the pharmacy provider that units dispensed divided by the days supply exceeds recommended limits.	Provide DUR codes to caller
643	88	ProDUR Low Dose Alert	This is a ProDUR low dose alert. It informs the pharmacy provider that units dispensed divided by the days supply does not meet recommended dosage levels.	Provide DUR codes to caller
675	88	ProDUR DRUG/DRUG Alert	This is a ProDUR drug/drug alert. It informs the pharmacy provider that the drug dispensed is contraindicated for a currently active prescription that the patient has received.	Provide DUR codes to caller

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
678	88	ProDUR Under Utilization	This is a ProDUR underutilization alert. It informs the pharmacy provider that this maintenance drug has not been supplied frequently enough to meet minimum dosage recommendations.	Provide DUR codes to caller
692	88	ProDUR Drug/Disease	This is a ProDUR drug/disease alert. It informs the pharmacy provider that this drug is contraindicated for an active disease diagnosed for this enrollee. The medical history of the enrollee is used to determine if a contraindicated disease diagnosis is on file. Medical and hospital diagnoses codes are used to create a disease profile for each enrollee. This file is consulted to see if the enrollee has been diagnosed with an active disease which would contraindicate the use of this medication.	Provide DUR codes to caller
694	P1	Limitation Audit – One Dispensing Fee	The once-a-month dispensing fee for this enrollee/drug combination has been paid. If a payment request has already been paid with a dispensing fee during a calendar month, then all other pharmacy payments requests within that month pay only the ingredient cost. This EOB is printed on those requests.	Advise that dispensing fee has already been paid for the <u>calendar</u> month and only the ingredient cost will be paid until next calendar month
755	62	Enrollee Name Missing	If the enrollee short name on the claim form is spaces, the claim will deny.	Advise caller to put patient's name in the claim
822	RB	Limit Three Partial Fills – LTC CII	Only 3 partial fills will be allowed for CII medications. The edit will be set if partial fills exceeded within a 34 day period for this NDC, recipient and provider.	Advise caller that partial fill limit exceeded
838	3C	Missing/Invalid SA Required End Date	If the service SA request end date is invalid, set this edit. Refer call to Magellan Medicaid at 800-932-6648.	Refer caller to SA department
841	RB	Multiple Partial Fills Not Allowed	If a pharmacy claim is received with a dispensing status of `P` and a corresponding status of `P` the claim will deny.	Advise that partial claim has already been received
842	RC	Different NDC between Partial Fills and Completed Fills	This edit will be set if the 11 digit NDC is different for the partial claims and the completed claim.	Advise caller that the same NDC must be used for each partial and completed fills.
844	RG	M/I Associated Rx Number On Completion	M/I Associated Prescription Number on Completion Transaction. If a claim has a dispensing status of `C` and the associated Rx Number is missing or invalid, the claim will deny. Claim with 'C' status must have associated 'P' status with same Rx number.	Advise that prescription number on completion transaction needs to be corrected

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
849	RN	Intended Days Supply Exceeds Maximum	Intended Days Supply Exceeds Maximum Allowed (34 days). For pharmacy claims, if the intended days supply exceeds the maximum on the Benefit Data Table, the claim will deny.	Advise caller to check day supply
866	83	Duplicate Provider, Rx# and Date of Service	Duplicate provider, prescription number and date of service. For pharmacy claims, if the same provider, Rx# and DOS are found on the claims database, the claim will deny.	Advise of duplicate claim
868	76	Maximum Quantity Limit Exceeded	Quantity Exceeds Maximum. For pharmacy claims, if the quantity exceeds the maximum on the Benefit Dosage Limits Table, the claim will deny.	Refer caller to SA department
876	70	No Compound Ingredients Payable	No compound Ingredients payable. If all of the individual compound ingredients have a calculated price of zero, the claim will deny.	Advise to check price of individual compound ingredients
878	ER	ER Override Due to Increase in Dose	Early Refill Override Due to Increase In Dosage. If an early refill situation is encountered, (see edit 418 for logic) and an increase in dosage has occurred, set this edit and not the early refill (418) edit. This edit is always set to EOB.	Refer caller to SA department
941	ER	ProDUR Over Utilization	ProDUR Over Utilization. This is a ProDUR over utilization alert. It informs the pharmacy provider that this enrollee is receiving more than the recommended dosage of this maintenance drug. The provider may override the denial by submitting another POS pharmacy payment request with the appropriate outcome and intervention codes.	Provide DUR codes to caller.
942	88	ProDUR Therapeutic Duplication	ProDUR Therapeutic Duplication. This is a ProDUR therapeutic duplication alert. It informs the pharmacy provider that this enrollee is receiving another prescription which is considered the therapeutic equivalent of the current prescription. For selected criteria, the edit denies while for other criteria, it only sets an EOB. The provider may override the denial by submitting another POS pharmacy claim with the appropriate outcome and intervention codes.	Provide DUR codes to caller
964	E4	Invalid DUR Conflict Code	Invalid DUR Conflict Code. If a payment request is resubmitted as a result of the generation of a DUR conflict code and the DUR conflict code submitted is not a valid code, the claim will deny. Valid DUR conflict codes are: DD, ER, HD, LD, LR, MC, PA, PG, and TD.	Provide DUR codes to caller

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
965	E5	Invalid DUR Intervention Code	Invalid DUR Intervention Code. If a payment request is resubmitted as a result of the generation of a DUR conflict code and the DUR intervention codes submitted is not a valid code, the claim will deny. Valid DUR intervention codes are: 00, P0, M0, and R0. Note that the 0 in the above codes is a numeric 0.	Provide DUR codes to caller
966	E6	Invalid DUR Outcome Code	Invalid DUR Outcome Code. If a payment request is resubmitted as a result of the generation of a DUR conflict code and the DUR intervention codes submitted is not a valid code, the claim will deny. Valid DUR intervention codes are: 00, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 2A, 2B.	Provide DUR outcome codes to caller
968	70	Non-Rebatable NDC Not Covered	The National Drug Code (NDC) must have the manufacturer code of a participating manufacturer in the federal rebate program.	Refer to wholesaler
975	88	ProDUR Low Dose Alert for Person Over Age	This is a ProDUR low dose (LD2) alert for a person over a particular age. It informs the pharmacy provider that units dispensed divided by the days supply does not meet recommended dosage levels for a person over a particular age. This edit is informational only, it will not deny.	Provide DUR codes to caller
983	07	Enrollee Not on File	If the enrollee number is not on the Enrollee Datastore, the claim will deny.	Inform caller that patient is not on file. CSR must look up patient by name to assist caller with determining eligibility
985	76	Step Edit MD Must Call 800-932-6648	This edit requires a trial of one medication before another medication can be dispensed. For example, dispense NSAIDs Before misoprostol. If the current claim is for misoprostol, a previous claim for NSAIDs must have been dispensed within 400 days of the misoprostol. This is a PDL edit. Refer caller to Magellan Medicaid at 800-932-6648.	Refer caller to SA department
998	76	Days Supply Exceeds Maximum Allowed	For pharmacy claims, if the days supply exceeds the maximum on the Benefit Data Table, set the error.	Advise caller that the max day supply is 34 days
999	19	Days Supply Missing or Invalid	The days supply must be present, numeric and greater than zero. If not, the claim will deny.	Advise caller to enter day supply
1238	DN	M/I Basis of Cost	Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and the pharmacy claim is missing or has an invalid	Advise caller to enter a valid Basis of Cost Determination

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
			Basis of Cost Determination.	
1364	05	Service NPI Not Found On Claim	If the ICN (also known as TCN) date of the claim is on or after the compliance date, an NPI must be submitted,; if not, the claim will deny. Exception #1: paper claim or generated claim (media not =`7` EDI or `9` encounter) with date or service before the compliance date, the provider does not have an NPI on file ant the provider's Legacy number has a program code end reason other than 200 (suspended for lack of NPI). Exception #2: Claim is an adjustment or void for adjustment reason 6000 – 6099 (Check Void) or 8000 – 8999 (Cash Receipt) with date of service before the compliance date, and the provider does not have an NPI on file, and the provider's Legacy number has any program code end reason. Note: The compliance date is maintained on the RF_SYS_SARAMETER table. Currently it is 5/23/2008.	Advise caller that they need to get the correct NPI number to submit
1492	00	Medicare Dual Eligible	Set EOB edit when TPL Coverage = `RD` (Medicare part D Coverage).	Advise caller that patient had Med-D and they should bill them first
1495	76	Step 2 Edit Drugs Call 800-932-6648	This is a PDL edit that only allows a long acting narcotic to be dispensed if two short acting narcotics are dispensed within the last 180 days. Refer caller to Magellan Medicaid at 800-932-6648.	Refer caller to SA department
1496	R9	Priced at Vendor MAC (paid claims)	If Vendor MAC price used in pharmacy pricing; set edit.	Advise of vendor MAC pricing
1497	76	Dose OPT Limit 34/MO-MD 800-932-6648	Error is set based on NDC exceeded established limits and the error is present on the BMF limitations.	Advise of dosing limits

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
1498	AJ	Substitute Less Costly Generic	Select Invoice Processing then CHIRP request. This will take CSR to Chirp Primary Selection Screen (CP-S-008-01). CSR needs to check "inquiry", "encounter", and "in process", and include either the member's ID or ICN number. On the next screen = CHIRP Secondary Screen (CP-S-02), add "06" in Claim Type field and adjust date of service field as needed, then "enter". At next CHIRP SUMMARY CLAIMS DISPLAY screen (CP-S-008-05), select the claim. On CHIRP DETAIL CLAIM DISPLAY (CP-S-008-08), review the field indicator of BN. This Code indicates whether or not the prescriber's instructions regarding generic substitution were followed. If the prescribed drug is a brand drug and the Dispense as Written (DAW) Indicator is not `1` (Substitution Not Allowed by Prescriber) or `8` (Generic Drug Not Available in Marketplace), set this edit. To determine brand vs. generic: If the GPI is 0, 1 or 3, classify the drug as `generic`. If the GPI is 2, classify the drug as `brand`.	Advise to submit less costly generic after following procedures in edit details
1499	60	PDL SA REQ.-MD Call 800-932-6648	PDL Age Restriction. If the enrollee's age is less than the minimum age or greater than the maximum age for a particular drug or drug class (checked against the Benefit Exception Database), set this edit. Prescriber must contact Magellan Medicaid at 800-932-6648 to obtain service authorization (SA).	Advise that MD must call Magellan Medicaid
1500	56	PRESCRIBER MUST ENROLL WITH VAMMIS	Practitioners who prescribe medications for Virginia Medicaid members must be enrolled as a Medicaid provider. This means that any practitioner not currently enrolled must do so in order to continue to order, prescribe or refer services for Virginia Medicaid members.	Advise that the MD must contact the Provider Enrollment Unit at 888-829-5373.
1502	76	>9 Scripts, Retrospective DUR	Threshold Limit. For pharmacy, if a <u>non-LTC</u> enrollee (exception indicator is not 1, 2 or 7) has more than 9 unique drugs (9 different GCNs) within a two month period (current and previous month) and the current claim does not have a ProDUR alert, set this edit.	Advise of unique drugs within two months
1504	76	>9 Scripts, Retrospective DUR	Threshold Limit – <u>Institutional Enrollee</u> . For pharmacy, if an LTC enrollee (exception indicator =1, 2 or 7) has more than 9 unique drugs (9 different GCNs) within a one month period (current month), set this edit.	Advise of unique drugs within two months

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
1505	75	PDL SA REQ. –MD Call 800-932-6648 <i>Angiotensin II Receptor Blockers (ARBs)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-66484.	Advise that MD must call Magellan Medicaid
1506	75	PDL SA REQ. –MD Call 800-932-6648 <i>ACE Inhibitors</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-66484.	Advise that MD must call Magellan Medicaid
1507	75	PDL SA REQ. –MD Call 800-932-6648 <i>ACE Inhibitor/Calcium Channel Blockers</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1509	75	PDL SA REQ. –MD Call 800-932-6648 <i>Calcium Channel Blockers</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1510	75	PDL SA REQ. –MD Call 800-932-6648 <i>Proton Pump Inhibitors (PPIs)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1511	75	PDL SA REQ. –MD Call 800-932-6648 <i>Sedative Hypnotics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1512	75	PDL SA REQ. –MD Call 800-932-6648 <i>Beta-Agonists (MDIs and Nebulizer Solutions)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1513	75	Non Preferred NARC/MD Call 800-932-6648 <i>Narcotics, Long-Acting</i>	Prescriber must contact Magellan Medicaid at 800-932-6648	Advise that MD must call Magellan Medicaid

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
1515	75	PDL SA REQ. –MD Call 800-932-6648 <i>Beta-blockers</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1516	75	PDL SA REQ. –MD Call 800-932-6648 <i>Lipotropics - Statins</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1517	75	PDL SA REQ. –MD Call 800-932-6648 <i>Inhaled Corticosteroids (ICS)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1518	75	PDL SA REQ. –MD Call 800-932-6648 <i>Nasal Steroids</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1519	75	PDL SA REQ. –MD Call 800-932-6648 <i>COX-2 Inhibitors</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1520	75	PDL SA REQ. –MD Call 800-932-6648 <i>Second Generation Antihistamines</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1521	75	PDL Ranitidine Or MD 800-932-6648 <i>H-2 Blockers</i>	Prescriber must contact Magellan Medicaid at 800-932-6648	Advise that MD must call Magellan Medicaid
1522	75	PDL SA REQ. –MD Call 800-932-6648 <i>Oral Hypoglycemics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1523	75	PDL SA REQ. –MD Call 800-932-6648 <i>Leukotriene Receptor Antagonists</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1524	75	PDL SA REQ. –MD Call 800-932-6648 <i>NSAIDs</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1525	75	PDL SA REQ. –MD Call 800-932-6648 <i>Bisphosphonates for Osteoporosis</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1526	75	PDL SA REQ. –MD Call 800-932-6648 <i>Oral Antifungals</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1527	75	PDL SA REQ. –MD Call 800-932-6648 <i>Serotonin Receptor Agonists (Triptans)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1528	75	PDL SA REQ. –MD Call 800-932-6648 <i>Cephalosporins – 2nd and 3rd Generation</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1529	75	PDL SA REQ. –MD Call 800-932-6648 <i>Macrolides</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1530	75	PDL SA REQ. –MD Call 800-932-6648 <i>Quinolones – 2nd and 3rd Generation</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1531	75	PDL SA REQ. –MD Call 800-932-6648 <i>Agents for Glaucoma</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1532	75	PDL SA REQ. –MD Call 800-932-6648 <i>CNS Stimulants/ADHD Agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1533	75	PDL SA REQ. –MD Call 800-932-6648 <i>Fibric Acid Derivatives</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1534	75	PDL SA REQ. –MD Call 800-932-6648 <i>Urinary Tract Antispasmodics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1535	75	Not 1st Line –RPH Call 800-932-66448 <i>Topical Immunomodulators</i>	Prescriber must contact Magellan Medicaid at 800-932-6648	Advise that MD must call Magellan Medicaid
1536	75	PDL SA REQ. –MD Call 800-932-6648 <i>PDE-5 Inhibitors – Pulmonary Hypertension (PAH)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1538	75	PDL SA REQ. –MD Call 800-932-6648 <i>Electrolyte Depleters</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1539	75	PDL SA REQ. –MD Call 800-932-6648 <i>COPD Anticholinergics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
1540	75	PDL SA REQ. –MD Call 800-932-6648 <i>Ophthalmic: Anti-Inflammatory</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1541	75	OPH PDL SA REQ. –MD Call 800-932-6648 <i>Ophthalmic: Mast Cell Stabilizers</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1542	75	OPH PDL SA REQ. –MD Call 800-932-6648 <i>Ophthalmic: Quinolones</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1543	75	OPH PDL SA REQ. –MD Call 800-932-6648 <i>Ophthalmic: Antihistamines</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1544	75	HERPES PDL SA REQ. – MD Call 800-932-6648 <i>Antivirals: Herpes</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1545	75	INFLU PDL SA REQ. –MD Call 800-932-6648 <i>Antivirals: Influenza</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1546	75	PPI STEP EDIT TRIAL OF OTC PRILOSEC	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1547	75	STEP EDIT TRIAL-BENZO 800-932-6648 <i>Sedative Hypnotics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1548	75	GH CLINICAL SA MD CALL 800-932-6648 <i>Growth Hormones</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1551	75	TOP ANTIBIOTIC MD CALL 800-932-6648 <i>Topical Antibiotics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1552	75	PDL SA REQ MD CALL 800-932-6648 <i>Self-Administered Rheumatoid Arthritis Drugs</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1554	75	PDL SA REQ MD CALL 800-932-6648 <i>Dermatologic Agents for Acne</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1555	75	PDL SA REQ. –MD Call 800-932-6648 <i>Topical Agents for Psoriasis</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1556	75	PDL SA REQ. –MD Call 800-932-6648 <i>Otic Antibiotics - Quinolones</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1557	75	PDL SA REQ. –MD Call 800-932-6648 <i>Topical Antivirals</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1558	75	PDL SA REQ. –MD Call 800-932-6648 <i>Intranasal Antihistamines</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1559	75	PDL SA REQ. –MD Call 800-932-6648 <i>Non-Ergot Dopamine Receptor Agonists</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1560	75	PDL SA REQ. –MD Call 800-932-6648 <i>Calcitonins</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid Advise that MD must call Magellan Medicaid
1561	75	PDL SA REQ. –MD Call 800-932-6648 <i>Gout Suppressants</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid Advise that MD must call Magellan Medicaid
1562	75	PDL SA REQ. –MD Call 800-932-6648 <i>Self-Injectable Epinephrine</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid Advise that MD must call Magellan Medicaid
1563	75	PDL SA REQ. –MD Call 800-932-6648 <i>Anticoagulants</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1564	75	PDL SA REQ. –MD Call 800-932-6648 <i>Ulcerative Colitis – oral/rectal agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1565	75	PDL SA REQ. –MD Call 800-932-6648 <i>BPH Agents: Androgen Hormone Inhibitors, Alpha blockers and PDE-5 Inhibitors</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1566	75	PDL SA REQ. –MD Call 800-932-6648 <i>Bile Acid Sequestrants</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1567	75	PDL SA REQ. –MD Call 800-932-6648 <i>Hematopoietic Agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1568	75	PDL SA REQ. –MD Call 800-932-6648 <i>Progestins for Cachexia</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1569	75	PDL SA REQ. –MD Call 800-932-6648 <i>Injectable Hypoglycemics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1570	75	PDL SA REQ. –MD Call 800-932-6648 <i>Androgenic Agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1571	75	PDL SA REQ. –MD Call 800-932-6648 <i>Topical Agents & Anesthetics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1572	75	USE ACTOS 15MG –MD Call 800-932-6648 <i>Actos® 30mg & 45mg tablets</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1573	75	PDL SA REQ. –MD Call 800-932-6648 <i>Skeletal Muscle Relaxants</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1574	75	PDL SA REQ. –MD Call 800-932-6648 <i>Suboxone</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1575	75	PDL SA REQ. –MD Call 800-932-6648 <i>GLP-1 Receptor Agonists</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1576	75	PDL SA REQ. –MD Call 800-932-6648 <i>Smoking Cessation</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1577	75	PDL SA REQ. –MD Call 800-932-6648 <i>Intestinal Motility Stimulants</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1578	75	PDL SA REQ. –MD Call 800-932-6648 <i>All Contraceptives</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1579	75	PDL SA REQ. –MD Call 800-932-6648 <i>Vaginal Estrogens</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1580	75	PDL SA REQ. –MD Call 800-932-6648 <i>Progestational Agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1581	75	PDL SA REQ. –MD Call 800-932-6648 <i>Short-acting Narcotics</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

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1582	75	PDL SA REQ. –MD Call 800-932-6648 <i>Cough and Cold</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1583	75	PDL SA REQ. –MD Call 800-932-6648 <i>Platelet Inhibitors</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1584	75	PDL SA REQ. –MD Call 800-932-6648 <i>Alzheimer's Agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1585	75	PDL SA REQ. –MD Call 800-932-6648 <i>Antibiotics, Inhaled</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1586	75	PDL SA REQ. –MD Call 800-932-6648 <i>Antibiotics, Vaginal</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1587	75	PDL SA REQ. –MD Call 800-932-6648 <i>Antiemetic/Antivertigo Agents</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1588	75	PDL SA REQ. –MD Call 800-932-6648 <i>Bile Acid Salts</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1589	75	PDL SA REQ. –MD Call 800-932-6648 <i>H. Pylori Treatment</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
1590	75	PDL SA REQ. –MD Call 800-932-6648 <i>Hereditary Angioedema</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1591	75	PDL SA REQ. –MD Call 800-932-6648 <i>Irritable Bowel Syndrome</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1592	75	PDL SA REQ. –MD Call 800-932-6648 <i>Ophth Antibiotic/Steroid Combo</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1593	75	PDL SA REQ - MD CALL 800-932-6648 Mental Health Agent – Non-PDL, SA Required	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1594	75	PDL SA REQ - MD CALL 800-932-6648 Anticonvulsants – Non-PDL, SA Required	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is a “non-preferred” agent on Virginia Medicaid’s Preferred Drug List (PDL) and requires a SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1600	75	SA REQ MD CALL 800 932-6648 <i>DUR Clinical Edits (see Appendix B for complete list)</i>	If a drug is excluded on the BMF with this ESC associated with the exclusion, set this edit. Drug is requires a clinical SA. Prescriber must contact Magellan Medicaid at 800-932-6648.	Advise that MD must call Magellan Medicaid
1620	34	MV Submission Clarification Code	Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and the pharmacy claim is missing or has an invalid Submission Clarification Determination Code	Advise caller to enter a valid Submission Clarification Determination Code (=20)
1621	8R	Pharmacy NOT Authorized for 340B	The provider is submitting a claim with Submission Clarification Code = 20 and Basis of Cost = 8 but the provider is not enrolled with Virginia Medicaid as a 340B entity.	Advise caller to provide DMAS with documentation that they are enrolled with HRSA. Email documentation to keith.hayashi@dm.as.virginia.gov

Edit #	NCPDP Code	Edit Description	Edit Details	Additional Call Center Action
1622	DN	Invalid Basis of COST/SUB CLARF CD	Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and the pharmacy claim is missing or has an invalid combination of Basis of Cost and Submission Clarification Code	Advise caller to enter a valid Basis of Cost (=8) and Submission Clarification Code (=20)
1623	DQ	Submitted U/C more than allowed amount	Pharmacy provider is known to Virginia Medicaid as 340B entity (i.e., NPI number is included in VAMMIS value set) and has submitted a pharmacy claim with Submission Clarification Code = 20 and Basis of Cost = 8; however, the submitted U&C price is greater than Virginia Medicaid allowed amount.	Advise caller to submit their actual acquisition cost (AAC) for the drug. NOTE: Claims will continue to deny if the U&C missing or invalid for existing DMAS edit = 0014.
1730	70	NDC NOT COVERED- NOT FDA APRVD	Claims for NDCs that have an unapproved COD indicator value will reject for edit code 1730. COD codes listed below would NOT be allowed for VA Medicaid coverage (claims will deny) 05 = DESI 5* – LTE/IRS drug for all indications 06 = DESI 6* – LTE/IRS drug withdrawn from market 09 = OTC Monograph Tentative 12 = Unapproved Drug – Per 1927(k)(2)(A)(ii) 13 = Unapproved Drug – Per 1927(k)(2)(A)(iii)	Advise caller to select another NDC for the prescribed drug or to contact doctor for alternative treatment.
1731	85	DMAS OVERRIDE PRICE USED	This edit sends a message only. It is designed to flag those NDCs where DMAS revised the drug price	No action required.
1760	75	BRAND NAME IS COVERED	Applies to Preferred Drug List (PDL) preferred brand name drugs. If the generic version of a preferred brand is dispensed, the claim will reject for 1760. The generic is non-preferred.	Advise caller to use the brand name drug. The generic is PDL non-preferred.

14. APPENDIX B. 340B PROVIDER LIST

340B PROVIDER NPI	340B PROVIDER NAME
1013946763	Hopewell Health Clinic
1023028909	Harrisonburg Health Department
1023237724	Stone Mountain Health Services
1033102942	Carilion Medical Center
1033153747	Bristol Health Clinic
1033166442	Shenandoah Memorial Hospital
1043299662	MCO Carilion Giles Memorial Hospital
1053355859	Washington County Health Clinic
1053362996	Virginia Beach Health Clinic
1053386979	Southampton County Health Department
1053417766	Cumberland Health Clinic
1053638890	Chenault Ostroff Urological Associates
1053668996	St. Charles Health Council Inc.; Oakwood, VA
1073548160	Fairfax County Health Department
1073576419	Middlesex County Health Clinic
1083611107	Peninsula Health Center
1083665020	Shenandoah County Health Clinic
1083675474	Dickenson County Health Clinic
1093759706	Wythe County Health Clinic
1093777260	King and Queen County Health Department
1104879568	Botetourt Health Clinic
1124097621	Daily Planet
1134163280	Spotsylvania County Health Clinic
1144230814	Highland County Health Clinic
1144298142	Hampton County Health Clinic
1144339144	Petersburg City Health Clinic
1144342270	Stone Mountain Health Services
1154428605	Loudoun County Health Clinic
1164536652	Floyd County Health Department
1184668477	King George County Health Clinic
1184680126	Brunswick Health Clinic
1184738692	Giles County Health Department
1194718304	Carilion Giles Memorial Hospital
1194845552	Stone Mountain Health Services
1215041538	Rector and Visitors of UVA
1215284153	St. Charles Health Council Inc.; St.Charles, VA
1225150824	Konnarock Family Health Center
1235173949	Galax Health Clinic
1235187089	Hanover County Health Clinic
1275669277	Alexandria Health Clinic
1285685487	Roanoke County Vinton Health Department
1285787804	Clinch River Pharmacy
1295795078	Portsmouth City Health Clinic

340B PROVIDER NPI	340B PROVIDER NAME
1295857993	Stone Mountain Health Services
1306146790	Rector and Visitors of UVA
1306948112	Charles City Health Clinic
1306950753	Montgomery County Health Clinic
1316193741	Eagle Harbor Medical Associates
1326230723	Rector and Visitors of UVA
1336103738	Community Memorial Hospital
1336170745	Fredericksburg Health Clinic
1346337979	MCO Woodbridge Office-Prince William
1356302988	Central Virginia Health
1356354963	Bath Health Department
1366404428	Richmond Community Hospital
1366462137	Powhatan County Health Clinic
1366547747	Riverside Hospital
1366726424	Alexandria Health Department Pharmacy
1376587089	Smyth County Health Clinic
1376595785	Roanoke City Health Clinic
1386686731	Norfolk City Health Clinic
1386739456	Accomack Health Clinic
1396858197	Lexington Health Department
1407818701	Essex County Health Clinic
1417127382	Bon Secours Surgical Specialists
1417900739	Winchester City - Frederick Health Department
1417908450	Warren County Health Clinic
1417908708	Alleghany Health Clinic
1427018977	Bedford Health Clinic
1427164383	Rector and Visitors of UVA
1427229749	Bon Secours Neuroscience Center
1437452927	Internists of Churchland
1447213061	Chesapeake Health Department
1447285622	Bland Health Clinic
1447341417	Henrico County Health Clinic
1457396335	Dinwiddie County Health Clinic
1467413880	Health Care Alliance Pharmacy
1467542480	Fauquier County Health Department
1477560787	Greene County Health Clinic
1477572626	Chesterfield County Health Clinic
1487629374	Suffolk Screening Clinic
1508829128	Lancaster County Health Clinic
1508893892	Internists at Western Branch
1508951567	Henrico County Health Department-E
1509978398	BLANK, NO DATA
1518918200	Henry County Health Clinic
1518950484	Stonewall Jackson Hospital
1518994805	Nansemond Suffolk Family Practice
1518996768	Surry County Health Clinic

340B PROVIDER NPI	340B PROVIDER NAME
1528002235	Carroll County Health Clinic
1528029675	King William County Health Clinic
1528155157	Prince William Health Clinic
1548243603	Danville Health Clinic
1548352602	Franklin County Health Clinic
1558390302	Sussex County Health Clinic
1558451575	Madison County Health Clinic
1558653741	Clinch River Health Services
1588633317	University of VA Barringer
1588647135	Pittsylvania Health Clinic
1588668842	Halifax Regional Hospital
1598777963	Rector and Visitors of UVA
1619076916	Shore Memorial Hospital
1619911427	Grayson County Health Clinic
1629029483	Halifax County Health Clinic
1629029640	Clarke County Health Clinic
1639132137	Northumberland Health Clinic
1639284979	Pulaski County Health Clinic
1649231044	Russell County Health Clinic
1649360660	Rappahannock Health Clinic
1649385907	Radford Health Clinic
1659313179	Emporia Health Clinic
1659456077	MCV Pharmacy-Outpatient Services
1659487452	Rector and Visitors of UVA
1669511051	Inova Health Systems Juniper P
1669567632	Northampton County Health Clinic
1679580922	Nelson City Health Department
1679695316	Stone Mountain Health Services
1699705699	Western Branch Family Practice
1699887539	Lee County Health Clinic
1700898178	Rector and Visitors of UVA
1710104260	Stone Mountain Health Services
1710931365	Augusta Staunton Health Department
1710936729	Appomattox County Health Department
1710938576	Mecklenburg Health Clinic
1710949771	Campbell County Health Clinic
1710990437	Rector and Visitors of UVA
1710993530	Albemarle Health Clinic
1710998950	Waynesboro Health Department
1720031180	Craig County Health Clinic
1720053648	Western Tidewater Health District
1730122417	Shore Cancer Center
1740231067	Roanoke County Health Clinic
1740243161	Richmond County Health Clinic
1740252501	St. Charles Health Center
1740386457	Buckingham Health Clinic

340B PROVIDER NPI	340B PROVIDER NAME
1750399192	Maryview Hospital
1760444871	Mathews County Health Department
1770693939	Virginia Baptist Hospital
1780630608	University of Virginia Hospital
1790745321	Lynchburg Health Department
1790894780	Wise County Health Clinic
1801013354	Stone Mountain Health Services
1801060595	Stone Mountain Health Services
1811958200	Buchanan County Health Clinic
1821188848	Culpeper County Health Clinic
1821194549	Amelia Health Clinic
1831106327	Fluvanna County Health Department
1831109032	Buena Vista Health Department
1831220714	Inova Fairfax Hospital
1831292325	Goochland County Health Clinic
1841241874	Page County Health Clinic
1851332746	Caroline County Health Clinic
1861595357	New Kent County Health Clinic
1871513630	Colonial Heights Health Department
1871602730	Scott County Health Clinic
1871611574	Arlington Health Clinic
1871660100	Orange County Health Clinic
1881643815	Amherst Health Clinic
1881657211	Westmoreland Health Clinic
1881883007	Capital Area Health Network
1891728440	Division of HIV STD and Pharma
1902813231	Louisa County Health Department
1902902612	Nottoway County Health Clinic
1912003617	Prince Edward Health Clinic
1912939703	Children's Hospital (NMC)-Acute
1932130424	Stafford County Health Clinic
1932160355	Tazewell County Health Clinic
1932218153	Patrick County Health Clinic
1942306659	Charlotte County Health Clinic
1952301897	Continuum
1952330193	Prince George Health Clinic
1952338246	Harbour View Family Practice
1952423667	Stone Mountain Health Services
1962709287	Johnson Health Center Pharmacy
1972692143	Richmond City Health Clinic
1982679874	Isle of Wight Health Clinic
1992767131	Gloucester County Health Clinic
1992801609	Lunenburg County Health Clinic
1992827604	Stone Mountain Health Services

15. APPENDIX C. VA MEDICAID PREFERRED DRUG LIST (PDL)

<https://www.virginiamedicaidpharmacyservices.com/documents/VAmed-PDL-List-Criteria-20150819a.pdf>

- The program provides clinically effective and safe drugs to members in a cost-effective manner.
- Is a list of preferred drugs by select therapeutic class in which Medicaid will reimburse without a service authorization?
- Non-preferred drugs will require a service authorization.
- Includes provisions for a 72-hour supply of necessary medications so an individual doesn't go without a necessary drug therapy.
- The PDL is effective for Medicaid and FAMIS fee-for-service members but not for MCO or FAMIS members.
- The listing is reviewed annually by the Pharmacy & Therapeutics (P&T) Committee.

16. APPENDIX D. VA MEDICAID MAXIMUM QUANTITY LIMITS

The following are maximum quantity limits per fill for select drug classes. The “days supply” entered on the POS claim should follow the prescriber’s directions. Pharmacy providers will receive a claim denial when these quantity limits are exceeded. The Call Center can be reached at 1-800-774-8481 to answer questions regarding these quantity limits.

Brand Name	Generic Name	Qty Limit/Rx	Recommended Dosage*
Anti-Emetic Agents			
Anzemet® 50 mg tab	Dolasetron	10 tabs	100 mg 1 hour prior to chemo
Anzemet® 100 mg tab		10 tabs	
Emend® 40 mg tab	Aprepitant	4 tabs	125 mg 1 hour prior to chemo, then 80 mg daily days 2 and 3
Emend® 80 mg tab		2 tabs	
Emend® 125 mg tab		1 tab	
Emend® Tripack		1 pack	
Kytril® 1 mg tab	Granisetron	10 tabs	2 mg daily on chemo days
Sancuso® 34.3 mg Transdermal system		2 systems	
Zofran® 4 mg tab	Ondansetron	15 tabs	24 mg daily on chemo days in divided doses. Multi-day single dose 24 mg has not been studied.
Zofran® 8 mg tab		15 tabs	
Zofran® ODT 4 mg tab		15 tabs	
Zofran® ODT 8 mg tab		15 tabs	
Zofran® 24 mg tab		1 tab	
Anti-Migraine Agents			
Amerge® 1 mg tab	Naratriptan	9 tabs	1 to 2.5 mg ORALLY; may repeat once after 4 hr, MAX 5 mg/24 hr
Amerge® 2.5 mg tab		9 tabs	
Axert® 6.25 mg tab	Almotriptan	6 tabs	6.25 to 12.5 mg ORALLY, may repeat after 2 hr, MAX 2 doses/24 hr
Axert® 12.5 mg tab		6 tabs	
Frova® 2.5 mg tab	Frovatriptan	12 tabs	2.5 mg ORALLY, may repeat after 2 hr, MAX 7.5 mg/24 hr
Imitrex® 25 mg tab	Sumatriptan	18 tabs	25 to 100 mg ORALLY, repeat after 2 hr, MAX 200 mg/24 hr
Imitrex® 50 mg tab		18 tabs	
Imitrex® 100 mg tab		9 tabs	
Maxalt® 5 mg tab	Rizatriptan	12 tabs	5 to 10 mg ORALLY; may repeat after 2 hr, MAX 30 mg/24 hr
Maxalt® 10 mg tab		12 tabs	
Maxalt-MLT® 5 mg tab		12 tabs	
Maxalt-MLT® 10 mg tab		12 tabs	
Zomig® 2.5 mg tab	Zolmitriptan* (requires a PDL PA)	8 tabs	2.5 mg ORALLY; may repeat after 2 hr, MAX 10 mg/24 hr
Zomig® 5 mg tab		8 tabs	
Zomig-ZMT® 2.5 mg tab		8 tabs	
Zomig-ZMT® 5 mg tab		8 tabs	
Relpax® 20 mg tab	Eletriptan* (requires a PDL PA)	6 tabs	20 to 40 mg ORALLY; may repeat after 2 hr; MAX single dose 40 mg; MAX daily dose 80 mg
Relpax® 40 mg tab		6 tabs	

Brand Name	Generic Name	Qty Limit/Rx	Recommended Dosage*
Narcotics			
Actiq® 200 mcg lozenge	Fentanyl (Generic patches require PDL PA)	136 lozenges	4 lozenges per day
Actiq® 400 mcg lozenge		136 lozenges	
Actiq® 600 mcg lozenge		136 lozenges	
Actiq® 800 mcg lozenge		136 lozenges	
Actiq® 1200 mcg lozenge		136 lozenges	
Actiq® 1600 mcg lozenge		136 lozenges	
Duragesic® 12 mcg/hr patch		15 patches	1 patch every 72 hours
Duragesic® 25 mcg/hr patch		15 patches	
Duragesic® 50 mcg/hr patch		15 patches	
Duragesic® 75 mcg/hr patch		15 patches	
Duragesic® 100 mcg/hr patch		15 patches	
Duragesic® 100 mcg/hr patch	15 patches		
Opiate Dependence			
Suboxone® 2 mg	Buprenorphine and Naloxone	102 tablets	16 mg/day; range: 4-24 mg/day
Suboxone® 8mg		102 tablets	
Subutex® 2 mg	Buprenorphine	102 tablets	16 mg/day; range: 4-24 mg/day
Subutex® 8mg		102 tablets	
Postherpetic Neuralgia Pain			
Lidoderm® 5% patches	Lidocaine Patch 5% (requires a PDL PA beginning July2010)	90 patches	Up to 3 patches may be applied in a single application. Patch may remain in place for up to 12 hours in any 24-hour period.
Cystic Fibrosis Inhalation Antibiotics			
Cayston 75 mg/ml vials	aztreonam	84 ml per 28 days	
Bethkis 300 mg/4ml nebulizer ampules	tobramycin	224 ml per 28 days	
TOBI Podhaler 28 mg capsules		224 capsules per 28 days	
Basal Cell Carcinoma - Hedgehog Pathway Antagonists			
Odomzo	Sonidegib	30 caps	One cap per day for 30 days
Erivedge	Vismodegib	30 caps	One cap per day

17. APPENDIX E. VA MEDICAID DUR SERVICE AUTHORIZATIONS

DUR SA Edit	Error Code	Begin Date	Revision Date	Update Description
Antipsychotics in Children	1600	12/1/2012	3/1/2015	Ages expanded to less than 18 yrs and all antipsychotics (both typical and atypical)
Cerdelga (eliglustat)	1600	1/1/2015		Approved at Nov 2014 DUR Board mtg
Dose Optimization	1497	1/1/2008		
Ellelyso (taliglucerase)	1600	1/1/2013		
Erivedge (vismodegib)	1600	1/1/2016		Approved at Nov 2015 DUR Board
Esbriet (pirfenidone)	1600	10/1/2015		Approved at Aug 2015 DUR Board
Exjade (deferasirox)	1600	10/1/2015		Approved at Aug 2015 DUR Board
Eylea (afibercept)	1600	7/1/2012	8/1/2014	New indication - diabetic macular edema (7/29/14)
Farydak (panobinostat)	1600	10/1/2015		Approved at Aug 2015 DUR Board
Ferriprox (deferiprone)	1600	7/1/2012		
Fulyzaq (crofelemer)	1600	7/1/2013		
Gilotrif (afatinib)	1600	1/1/2014		
Iclusig (ponatinib)	1600	7/1/2013		
Imbruvica (ibrutinib)	1600	4/21/2014	8/20/2015	FDA approval for Waldenström's macroglobulinemia
Jakafi (ruxolitinib)	1600	7/1/2012	8/20/2015	FDA approved indication for polycythemia vera in patients who cannot take hydroxyurea.
Kalydeco (ivacaftor)	1600	7/1/2012	8/20/2015	Additional mutation added as well as new age indication for patients 2 yrs of age and older.
Korlym (mifepristone)	1600	1/1/2013		
Luzu (luliconazole)	1600	7/1/2014		
Max Quantity	868	1/1/2008		
Mekinist (trametinib)	1600	1/1/2014		
Mirvaso (brimonidine)	1600	4/21/2014		
Natpara (parathyroid hormone)	1600	10/1/2015		Approved at Aug 2015 DUR Board mtg
Northera (droxidopa)	1600	1/1/2015		Approved at Nov 2014 DUR Board mtg
Odomzo (sonidegib)	1600	1/1/2016		Approved at Nov 2015 DUR Board mtg
Ofev (nintedanib)	1600	10/1/2015		Approved at Aug 2015 DUR Board mtg
Onfi (clobazam)	1600	7/1/2012		
Otrexup (methotrexate sc inj)	1600	7/1/2014		
Potiga (exogabine)	1600	1/1/2013		
Promacta (eltrombopag)	1600	7/1/2012	8/20/2015	FDA approval for patients 1 yr and older with chronic ITP
Ravicti (glycerol phenylbutyrate)	1600	7/1/2013		
Signifor (pasireotide)	1600	7/1/2013		
Sivextro (tedizolid)	1600	10/1/2014	8/21/2014	New SA -approved at Aug DURB
Synagis (palivizumab)	985	10/1/2011	8/21/2014	REVISIONS made based on recent AAP guidelines 2014
Tafilar (dabrafenib)	1600	1/1/2014		
Topical Onychomycosis Agents	1600	10/1/2014	8/21/2014	New SA -approved at Aug DURB (includes ciclopirox, Penlac, CNL-8, Jublia)
Triumeq (abacavir, doluteg, lamivudine)	1600	1/1/2015		Approved at Nov 2014 DUR Board mtg

DUR SA Edit	Error Code	Begin Date	Revision Date	Update Description
Valchlor (mechlorethamine)	1600	1/1/2014		
Weight Loss Drugs	1600	1/1/2000	8/20/2015	Added Contrave and Saxenda to criteria
Xalkori (crizotinib)	1600	7/1/2013	8/1/2014	
Zelboraf (vemurafenib)	1600	7/1/2012	8/1/2014	
Zydelig (idelalisib)	1600	2/1/2015		Approved at Nov 2014 DUR Board
Zykadia (ceritinib)	1600	10/1/2014		New SA - approved at Aug DURB
Zyvox (linezolid)	1600	10/1/2014		New SA - approved at Aug DURB

18. REVISION HISTORY

Date	Revisions
September 2012	Manual created
September 22, 2014	Entire manual revised: <ol style="list-style-type: none"><li data-bbox="581 331 1484 369">1. Incorporated VAMMIS Pharmacy Edit Resource Guide into one manual.<li data-bbox="581 375 1484 436">2. Added information about Edit 1500 ORPs and the VA 340B Provider program<li data-bbox="581 443 1484 506">3. Created appendices with summary of edits, 340B providers, PDL, DUR SAs and max qty limits.
May 1, 2015	Manual revised to include the February 2015 Pharmacy POS enhancements
September 1, 2015	<ol style="list-style-type: none"><li data-bbox="581 556 1446 594">1. Manual revised to include the August 2015 DUR Board approved SAs<li data-bbox="581 600 1127 638">2. Updated link to current July 2015 PDL list
October 1, 2015	<ol style="list-style-type: none"><li data-bbox="581 623 1414 684">1. Added information about the use of diagnosis codes on pharmacy claims and edits for ICD-10 code submissions.
November 30, 2015	<ol style="list-style-type: none"><li data-bbox="581 690 1182 728">1. Added 2 new DUR SAs – Odomzo and Erivedge<li data-bbox="581 735 1263 751">2. Added maximum qty limits for Odomzo and Erivedge.