



Community Care
of Western North Carolina

NC MEDICAID OVERRIDE CODES

Scenarios	Step One	Step Two	Step Three
<p>A+KIDS Program: Pt (≤17yo) with antipsychotic script</p>	<p>✓ Submit claim for adjudication. (Provider may have completed registration & documentation for med coverage.)</p>	<p>Claim rejected: “SAFETY DOCUMENTATION REQUIRED; CALL ACS”. ✓ If necessary, enter Emergency Override Code “11” in any available submission clarification field. (<i>TWO POS overrides, per recipient, per 365 rolling days, are available for pts where the prescriber has <u>not</u> provided safety documentation.</i>) ✓ Notify provider of each override usage & required safety documentation.</p>	<p>✓ If a <u>third</u> override is attempted, you’ll receive: “OVERRIDE LIMIT EXCEEDED. PRESCRIBER GO TO www.documentforsafety.com or CALL ACS.” ✓ This message cannot be overridden. Share with provider. Pharmacies are reimbursed for a 72-hour emergency supply for recipients who have exhausted the two override opportunities & are waiting for safety documentation to be provided. You’re only reimbursed for <u>cost</u> of medication.</p>
<p>ASAP Program: Pt (≥18yo) with antipsychotic script</p>	<p>✓ Submit claim for adjudication. (SmartPA may capture required DX code for antipsychotic coverage.)</p>	<p>Claim rejected: “SAFETY DOCUMENTATION REQUIRED CALL ACS” but “Meets PA Criteria” is PRESENT on face of Rx (written or typed in ERx comment block). ✓ Put code “1” in PA field or code “2” in Submission Clarification field to override stop.</p>	<p>✓ If “Meets PA Criteria” is ABSENT, use Emergency Override Code “11” in any available submission clarification field. (<i>Two dates-of-service, POS overrides, per recipient, per 365 rolling days, are available for pts when prescriber has <u>not</u> provided documentation or an exempted DX code doesn’t exist.</i>) ✓ Notify prescriber of override use & required documentation. ✓ See 3rd override attempt information above.</p>
<p>DuoNeb & Insulin Cartridges / Pens & Albuterol Inhalers:</p>	<p>✓ Submit claim for adjudication for the non-preferred medication.</p>	<p>Claim rejected: “NON-PDL DRUG; MD CALL ACS: 1-866-246-8505.” On June 15, 2010, NCBOP agreed pharmacists may: ✓ Substitute equivalent strength individual nebulizer dosage forms of Albuterol sulfate & Ipratropium bromide for DuoNeb & ✓ Substitute vial-packaged insulin products for cartridge, pen or similarly packaged insulin products. <i>You will NOT be required to obtain a new prescription in these circumstances when substitution is allowed. You may also interchange ProAir HFA, Ventolin HFA, Proventil HFA, and Xopenex HFA in the same manner.</i></p>	<p>✓ The Board reminds you that patient counseling & education on appropriate usage is VERY important. A copy of the 6/15/10 communication may be found on the DMA website: https://www.ncdhhs.gov/dma/pharmacy</p>
<p>FUL Reimbursement: Pt fills prescription & reimbursement does <u>not</u> cover drug cost.</p>	<p>✓ Refer to Feb 2012 Pharmacy Newsletter for list of drugs identified for which FUL rate does <u>not</u> cover cost.</p>	<p>✓ Use DAW1 to override the FUL reimbursement rate of the drug until the FUL rate has been adjusted to adequately cover cost. ✓ A comment should be entered (<i>FUL too low to cover cost of the drug</i>) when this override code is used.</p>	<p>✓ Report reimbursement issues to Medicaid at 919-855-4300. ✓ Pharmacy providers should monitor FUL rates & discontinue use of DAW1 once updates to the FUL have occurred.</p>



<p>Lost Prescription: Pt lost supply & requests early refill</p>	<p>✓ Submit claim to receive rejection</p>	<p>✓ Resubmit claim using a “04” in submission clarification field. <i>(Only ONE lost supply allowed per 365 days. Lost supply overrides are NOT ALLOWED for controlled substances.)</i></p>	
<p>Non-preferred Anticoagulants: Pt with Pradaxa or Xarelto script</p>	<p>✓ Submit claim for adjudication for non-preferred oral anticoagulant. <i>(Prescriber may have obtained PA for coverage.)</i></p>	<p><u>Claim rejected:</u> “NON-PDL DRUG; MD CALL ACS: 1-866-246-8505.” ✓ Enter code “1” in submission clarification field to provide patient with 30-day supply of medication. ✓ Notify provider of override usage & required prior authorization for continued coverage.</p>	<p>✓ For <u>second claim</u> of non-preferred oral anticoagulant, you’ll receive 2 messages: “NON-PDL DRUG: MD CALL ACS: 1-866-246-8505” and “ONLY ONE OVERRIDE ALLOWED FOR ORAL ANTICOAGULANTS.” ✓ Prescriber must switch patient to preferred agent or submit for PA to receive non-preferred product. ✓ Pharmacy may provide 72-hour emergency supply.</p>
<p>PDL Overrides: Pt with <i>Brandname Preferred</i> med script (ex:Lovenox, Aricept)</p>	<p>✓ Claim submitted using generic version of medication.</p>	<p><u>Claim rejected:</u> “DISPENSE BRAND; GENERIC NONPREFERRED.” ✓ Resubmit claim with preferred brand med with DAW0. Prescriber does <u>not</u> have to write “Brand Medically Necessary” on this RX.</p>	
<p>PDL Overrides: Pt with statin, leukotriene, inhaled corticosteroid, or 2nd generation anticonvulsant script</p>	<p>✓ Submit claim for non-preferred medication. <i>(PA may already be in place.)</i></p>	<p><u>Claim rejected:</u> “NON-PDL DRUG; MD CALL ACS: 1-866-246-8505. OVERRIDE PA AT POS IF CRITERIA IS MET.” ✓ If “Meets PA Criteria” is PRESENT on face of Rx (written or typed in ERx comment block), put code “1” in PA field or code “2” in submission clarification field.</p>	<p>✓ If “Meets PA Criteria” is ABSENT, notify prescriber of PA requirement. ✓ Prescriber must switch patient to preferred agent, indicate “Meets PA Criteria” on face of Rx (and all subsequent RXs), or submit for prior approval to receive non-preferred product. ✓ Pharmacy may provide 72-hour emergency supply.</p>
<p>Rx Limits: Pt presents more than 8 RXs in calendar month</p>	<p>✓ Submit RX to obtain quantity limit rejection.</p>	<p><u>Claim rejected:</u> “ONLY 8 PRESCRIPTIONS ALLOWED PER MONTH”. ✓ If appropriate for override, resubmit claim with code “5” in PA field for 9th, 10th, & 11th script in calendar month.</p>	<p>✓ If pt attempts to fill a 12th unduplicated RX within calendar month, claim will reject: “RX LIMIT EXCEEDED >11 PER MONTH.” ✓ Pharmacist must call ACS to lock pt in for unlimited, additional fills (1-800-688-6696 option 3, option 4).</p>
<p>Vacation Supply: Pt requests early refill for vacation supply.</p>	<p>✓ Submit claim to obtain early refill rejection</p>	<p>✓ Resubmit claim with code “03” in submission clarification field. <i>(Only ONE vacation supply is allowed per 365 days. Vacation supplies are NOT ALLOWED for controlled substances.)</i></p>	
<p>Emergency Supplies: Pt is awaiting PA or change of lock-in status* but must continue therapy.</p>	<p>✓ Submit claim to obtain rejection for “PA Required” or “Patient Locked into Recipient Management Program”</p>	<p>✓ Resubmit claim with code “3” in level of service field (418-DI). <i>(This claim will only reimburse a 72-hour supply. Co-payments will apply & only cost of drug will be reimbursed.)</i></p>	<p>*For Narcotic Lock-In patients, only ONE 4-day emergency fill is allowed per lock-in period. Overrides subject to Program Integrity audits. Paid quantities in excess of 4 days are subject to recoupment.</p>

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