NURSE PRACTITIONER

Importance of Medical Coding on Practitioner Drug Claims

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NYRx, the Medicaid Pharmacy Program, utilizes a sophisticated clinical editing system that leverages Pharmacy & Medical claim data (from both Medicaid fee-for-service & Medicaid Managed Care) to auto approve claims that meet prior authorization (PA) criteria as described in the Preferred Drug List (PDL). **This means if the correct diagnosis, drug, or procedure code is present in the members claim history, <u>an approved PA can be generated without prescriber involvement</u>. This decreases the need for the prescriber to obtain a PA.**

Providers can further improve this process and decrease the need to obtain PA.

Prescribers can:

- Submit Medical claims <u>timely</u> to Medicaid FFS & the Medicaid Managed Care Plans
- Ensure the <u>accuracy</u> of the claim information being transmitted
- Code claims with <u>all</u> appropriate diagnosis (ICD) and procedure codes that are most closely associated with the services provided
    - up to 12 codes on professional claims
    - up to 25 codes on institutional claims
    - up to 5 codes on prescriptions claims

Pharmacies can:

- Submit ICD codes to NYRx, if present on a prescription
    - up to 5 codes can be submitted per the pharmacy transaction
    - claims should be formatted with the decimal included
    - ICD codes will be collected via the transaction & used for future claim approvals (the codes cannot be leveraged on the same day of service)

Policy questions can be directed to NYRx@health.ny.gov.
Claims processing questions can be directed to eMedNY at: 1-800-343-9000.