



## **New Medicaid FFS Pharmacy Early Fill Edit**

**Effective January 22, 2015**, per the 2014-15 enacted budget, a new pharmacy early fill edit will be implemented that will tighten early fill parameters based on days' supply on hand in an effort to further reduce overutilization, stockpiling and/or diversion of drugs. This new enhanced edit will deny a claim if more than a 10 day supply of medication has been filled over the previous 90 days, and will augment current editing where claims are denied when less than 75% of the previously dispensed amount, has been used (the more stringent rule will apply). Beneficiaries will still have the ability to refill their prescription(s) early allowing for ample supply of their medication(s) on hand.

The determination of an early fill will be applied to all claims for the same drug product and strength, regardless of prescribing provider, billing provider, or prescription number.

Like the current eMedNY claim denial messaging, eMedNY will indicate the reason for denial and specify the date that is the earliest the claim will be accepted for payment in the Response DUR/PPS Segment field 544-FY- (DUR Free Text Message). This can be found in the ProDUR/ECCA Provider manual and is shown below:

### **New edit 02242 (Early Fill Overuse)**

NCPDP Reject Code- "88"- (DUR Error) and "ER"- (Overuse) will be returned in the rejected Response Status Segment field 511-FB- (Reject Code). The Response DUR/PPS Segment field 544-FY- FY REJECT- DRUG OVERUSE (**DYS**) XX/XX/XX

### Existing edit 01642 (Early Fill Overuse)

NCPDP Reject Code- "88"- (DUR Error) and "ER"- (Overuse) will be returned in the rejected Response Status Segment field 511-FB- (Reject Code). The Response DUR/PPS Segment field 544-FY- FY REJECT- DRUG OVERUSE XX/XX/XX

## **Reminders:**

### **LONG-TERM CARE PHARMACY PROVIDERS ONLY:**

A newly admitted resident to a long-term care facility is eligible for an early fill on their medication. When medically necessary, a pharmacist can override edit 01642 "Early Fill Overuse" or edit 02242 "Early Fill Overuse" denial at the point of sale, by using a combination of the NCPDP Reason for Service Code (439-E4) 'NP', and a Submission Clarification Code (420-DK) of '02'. **Only** long term care providers are allowed to use the "02" Submission Clarification Code. Use of this override code will be monitored by the Department of Health.

### **PRESCRIBERS AND PHARMACIES FOR LOST/STOLEN REQUESTS:**

Submission Clarification Code "04" (Lost/Stolen) in field 420-DK denies edit 01642 and edit 02242 when used for submission of a pharmacy claim. If a Medicaid beneficiary has

experienced a loss or theft of medication, pharmacy providers should instruct beneficiaries to contact their prescriber. The decision to honor a beneficiary's request should be based on the professional judgment of the prescriber.

**In no event will approval be granted for lost or stolen controlled substances.**

Prescribers or their authorized agents may initiate a prior authorization request for a loss or theft of medication by contacting the Bureau of Pharmacy Policy and Operations at (518) 486-3209 or emailing [ppno@health.ny.gov](mailto:ppno@health.ny.gov) for replacement. Approval will **ONLY** be granted for the balance of the medication reported lost or stolen.

Original article:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2011/april11mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2011/april11mu.pdf)

**PRESCRIBERS AND PHARMACIES FOR VACATION REQUESTS:**

Submission Clarification Code "03" (Vacation Supply) in field 420-DK, is **not** an acceptable override for both early fill edits and will deny. Beneficiaries should be instructed to make arrangements for the mailing of medications when a temporary absence prevents them from picking up their prescriptions.

Original article:

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2010/july10mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2010/july10mu.pdf)

**Questions regarding this new edit?**

Please call the eMedNY Call Center at 800-343-9000