Submitting pharmacy claims

All participating pharmacies must comply with NCPDP transaction standards for pharmacy drug claims, coordination of benefits and related pharmacy services.

Bank Identification Numbers (BIN) and Processor Control Numbers (PCN)

Plan	BIN	PCN
Medicare-Medicaid dual eligible	015581	03200000
Medicaid plans	610649	03190000

Submitting compound claims

- The pharmacy must submit all ingredients that make up a compound claim.
- The most expensive ingredient will display at the claim level.
- Edits are returned for each ingredient based on the member's benefits.
- Submission clarification code (SCC) of 08 can be submitted on the claim when a pharmacy approves to process a compound for approved ingredients only.
    - A free-form message will return to the pharmacy when a submission clarification code of 08 can be submitted.
    - There are times when a claim will have SCC 08 edits than can be overridden and non-SCC 08 edits that can be overridden; in this case, the claim will be denied.

Submitting 340B medications

When dispensing medications purchased under Section 340B of the Public Health Service Act, providers should utilize a submission clarification code (42Ø-DK) field with a value of 20, or the most current NCPDP standard for identification of 340B medications.

Prescription origin code requirements

Humana requires the prescription origin code (NCPDP Telecommunications Standard D.0 field 419-DJ) to be populated on all prescriptions. All claims submitted will be denied at the point of sale if this code is not populated. If the pharmacist is not able to populate these values within the pharmacy's practice management system, the pharmacist should contact the pharmacy's current software vendor for assistance. Argus is not able to override this edit.

Prescriptions, including refills, must contain the fill number (NCPDP Telecommunications Standard D.0 field 403-D3), according to the following chart:

Value	Value type
00	Original dispensing — the first dispensing
01-99	Refill number — number of the replenishment

All new prescriptions must contain one of the following alphanumeric values:

Value	Value type
1	Written
2	Telephone
3	Electronic
4	Fax
5	Situations for which a new Rx number needs to be created from an existing valid prescription such as traditional transfers, intra-chain transfers, file buys and software upgrades/migrations. This value is also the appropriate value for "pharmacy dispensing," when applicable, such as over the counter, Plan B, established protocols, pharmacist"s authority to prescribe, etc.

Eligibility verification

Cardholder ID
Pharmacies should submit the Humana member ID number in the cardholder ID field whenever possible. This number can be found on the member's Humana ID card. Sample card images can be seen on pages 11 to 13.

- For Medicaid claims, Humana allows the cardholder ID to be submitted with the Medicaid ID, the Humana ID number or the Social Security number. In addition, pharmacies may call our help desk at **1-800-865-8715** (option 3) and provide the member's name and date of birth to obtain the Humana member ID.
- For Medicare-Medicaid dual eligible members who don't have their Humana ID numbers, pharmacies may use the automated eligibility verification described below or submit an E1 query.

Person code
A person code is not required for Medicaid or Medicare-Medicaid dual demonstration plans. The person code field is a two-digit numeric entry; a single-digit numeric entry will result in a rejection.

Medicare automated eligibility-verification system (for Medicare-Medicaid dual demonstration plans only)
Humana provides an automated eligibility-verification system for Medicare members as an alternative to the NCPDP D.0 E1 transmission to RelayHealth. The Humana tool is available at no cost to pharmacies. Pharmacy employees can contact the Humana pharmacy help desk at **1-800-865-8715** and select option 2 for the automated eligibility-verification process to access this feature. Please have the following information available:

- Pharmacy NCPDP number
- Member Social Security number
- Member date of birth

If the member is not found, the pharmacy employee can assist the member further by contacting the Humana pharmacy help desk at **1-800-865-8715** to initiate a quick activation. This should allow the pharmacy to submit the claim online.

The following information will be needed for the quick-activation process:

- Member first name and last name

- Member address (including city, state and ZIP code)
- Member telephone number
- Member date of birth
- Member gender
- Medicare ID number (nine digits and one alpha character)
- Plan name (Humana Gold Plus HMO, Humana Walmart Preferred RX PDP, HumanaChoice PPO, etc.)
- Plan option/Contract-plan benefit package (e.g., S5884-032, H1806-001, R5826-002)

Humana-specific Argus payer sheets

Pharmacists can find applicable commercial and Medicare pharmacy payer sheets at **Humana.com/pharmacists**. Look for the "Manuals & forms" link. Direct links to the payer sheets are as follows:

- Medicaid plans: use commercial D.0 payer sheet (under the heading "Payer sheet"): **http://apps.humana.com/marketing/documents.asp?file=2295826**
- Medicare-Medicaid dual demonstration plans: use Medicare D.0 payer sheet (under the heading "Payer sheet"): **http://apps.humana.com/marketing/documents.asp?file=2295839**

Prescriber NPI submission

Humana requires the use of a valid and accurate Type 1 (also known as "individual") prescriber National Provider Identifier (NPI) on all electronic transactions. This requirement also applies to Humana's Florida Managed Medical Assistance (MMA) Medicaid plan and the Illinois Integrated Care Program (ICP) Medicaid plan. Claims submitted without a valid and active Type 1 NPI will be rejected at the point of sale with the following error message:

- 'Prescriber Type 1 NPI required'

In addition, the error codes listed below will display in the free-form messaging returned to pharmacies. If the pharmacy believes it has received one of these codes in error (e.g., the NPI submitted is an active, valid, individual NPI number), the pharmacy may override the hard edit with the applicable submission clarification code (SCC). Claims processed with an SCC may be subject to post-adjudication validation review.

NCPDP error code	NCPDP error code description	Free-form messaging	Applicable SCC
56	Non-matched prescriber ID	Prescriber ID submitted not found. If validated, submit applicable SCC.	42
42	Plan's prescriber database indicates the prescriber ID submitted is inactive or is not found or is expired	Prescriber ID not active. If validated, submit applicable SCC.	42
43	Plan's prescriber database indicates the associated United States Drug Enforcement Agency (DEA) number for submitted prescriber ID is inactive or expired	Validation of active DEA status required. If validated, submit applicable SCC.	44
44	Plan's prescriber database indicates the associated DEA to submitted prescriber ID is not found	Validation of active DEA for prescription required. If validated, submit applicable SCC.	44 or 45

46	Plan's prescriber database indicates associated DEA to submitted prescriber ID does not allow this drug DEA schedule	Validation of active DEA schedule required. If validated, submit applicable SCC.	46
543	Prescriber ID qualifier value not supported	Prescriber Type 1 required. Foreign prescriber ID not allowed.	N/A
619	Prescriber Type 1 NPI required	Type 2 NPI submitted — type 1 NPI required	49

The pharmacy NPI field must contain accurate information identifying the pharmacy for each claim submitted. The pharmacy NPI must be submitted in NCPDP field 201-B1 (service provider ID) with the qualifier "01" in NCPDP field 202-B2 (service provider ID qualifier). The prescriber NPI must also be submitted in NCPDP field 411-DB (prescriber ID) with the qualifier "01" in NCPDP field 466-EZ (prescriber ID qualifier).

Controlled-substance claims
During claims adjudication, Humana attempts to confirm the validity of the prescriber ID submitted on controlled substance (schedule II-V) claims and to confirm that the controlled substance is within the prescriber's scope of practice. Claims for drugs found to be written outside of a prescriber's prescribing authority (according to the DEA) will be rejected with the following error message: "Plan's prescriber database indicates associated DEA to submitted prescriber ID does not allow this DEA drug class."

The free-form message on the claim also will state: "Validation of active DEA schedule required. If validated, submit applicable SCC."

Clarification of federal requirements – Schedule II drugs
Humana would like to remind pharmacies of the importance of monitoring pharmacy claims for accuracy and compliance with federal and state laws, rules and regulations. This is especially important when filling prescriptions and submitting claims for refills and partial fills of Schedule II drugs. In accordance with your pharmacy provider agreement, Humana requires its pharmacies to comply with all federal and state laws, rules and regulations pertaining to the dispensing of medications.

The Controlled Substances Act established five schedules, which are based on medical use acceptance and the potential for abuse of a substance or drug. Schedule II drugs have a high potential for abuse, have an accepted medical use (with severe restrictions) and may cause severe psychological or physical dependence if abused. Pursuant to 21 CFR § 1306.12(a), Schedule II prescription drugs may not be refilled. However, 21 CFR § 1306.13(b) provides that Schedule II drugs for patients residing in a long-term-care facility and for the terminally ill may be partially filled as long as the total quantity dispensed does not exceed the total quantity prescribed. Under this provision, Schedule II prescriptions for these patients are valid for a period not to exceed 60 days from the issue date. In addition, pursuant to 21 CFR § 1306.11(a), Schedule II drugs may not be dispensed without a practitioner's written prescription.

Pharmacies should take appropriate steps to confirm (including verifying with the prescriber, when necessary) that controlled substances, including Schedule II drugs, are being filled only in accordance with federal and state law. This includes preventing refills and partial fills of Schedule II drugs that are not allowable under the Controlled Substances Act.

Controlled substance limitations for FL Medicaid MMA:
In an effort to reduce doctor-shopping behaviors, an edit on narcotic prescriptions defined as federal controlled substances, schedule II-V, has been installed to limit six CII-CV prescriptions per month for oncology and sickle cell patients. Patients with any condition other than cancer or sickle cell are limited to four CII-CV prescriptions per month. For more information

visit: **http://ahca.myflorida.com/medicaid/prescribed_drug/drug_criteria_pdf/CII-V_Edit_Override_Criteria.pdf**

Drug formularies

Humana manages numerous formularies for the many prescription benefit plans it offers. You can view details of these formularies at Humana.com/druglists. Noteworthy annual changes to Humana's formularies are announced in the fall of each year.

Formulary lists are developed and maintained by a medical committee consisting of doctors and pharmacists. Members' drug coverage varies by plan. Certain drugs may have coverage limitations based on duration or dosage or may require preapproval. Humana may add drugs to the list, change drugs on the list or remove drugs from the list at any time, which could affect the amount the member pays for prescription drugs.

To view Humana formularies for Medicaid members, go to **Humana.com/druglists**.

To view Humana formularies for Medicare-Medicaid dual eligible members in Illinois, go to **https://www.humana.com/medicare/medicaid-dual/illinois/pharmacy/**

To view Humana formularies for Medicare-Medicaid dual eligible members in Virginia, go to **https://www.humana.com/medicare/medicaid-dual/virginia/pharmacy/**

For the Florida MMA program, all drugs are limited to a 34-day supply with the exception of certain maintenance medications that are allowed a 100-day supply. For a list of the 100-day supply maintenance medications visit: **http://ahca.myflorida.com/medicaid/Prescribed_Drug/information.shtml**. (Select additional information, then 100 Day Supply Maintenance Meds)

For the Florida MMA program, some services are excluded. This includes hemophilia products (prescriber factor replacement products) to members diagnosed with hemophilia through the Agency for Health Care Administration's hemophilia disease management program. For more information visit: **http://www.fdhc.state.fl.us/medicaid/Policy_and_Quality/Quality/fee-for-service/hemophilia.shtml**

Utilization management

Certain prescriptions must undergo a criteria-based approval process prior to a coverage decision. Humana's Pharmacy and Therapeutics Committee reviews medication based on safety, efficacy and clinical benefit and may make additions or deletions to the list of drugs requiring prior authorization.

For FL Medicaid MMA, Humana follows the AHCA formulary and criteria.

For **information on prior authorizations**, visit **Humana.com/PA**. Please have the prescribing provider fax the prior authorization request to Humana Clinical Pharmacy Review (HCPR) at **1-877-486-2621**. For questions, contact HCPR at **1-800-555-CLIN** (**1-800-555-2546**).

Step therapy

Humana's plans are subject to step therapy protocols as a component of Humana's standard drug utilization review (DUR) program. Step therapy protocols require the member to utilize medications commonly considered

first-line before using medications considered second- or third-line. These protocols promote established national treatment guidelines and assist in promoting safe, cost-effective medication therapy.

For FL Medicaid MMA, Humana follows the Agency for HealthCare Administration (AHCA) formulary and step therapy criteria.

Prescribing providers with requests related to step therapy requirements should fax them to HCPR at **1-877-486-2621**. Requests should be submitted on Humana's **universal fax form**. This form can be found at **Humana.com/PA**. Prescribers or pharmacists with questions may contact HCPR at **1-800-555-CLIN** (**1-800-555-2546**).

Quantity limits

Humana has implemented quantity limits for various classes of drugs to facilitate the appropriate, approved label use of these agents. We believe this program helps members obtain the optimal dose required for treating their conditions.

For FL Medicaid MMA, Humana follows the AHCA formulary and quantity limits criteria.

If a member's medical condition warrants an additional quantity, the pharmacist should ask the prescribing provider to submit a request to Humana Clinical Pharmacy Review. Requests can be submitted by phone at **1-800-555-CLIN** (**1-800-555-2546**) between 8 a.m. and 6 p.m. local time, Monday through Friday. Fax requests should be submitted on Humana's **universal fax form** and be sent to **1-877-486-2621**.

While awaiting clinical review, the pharmacist may:

- Dispense up to the quantity limitation to meet the member's immediate needs. Secondary messaging will provide dosage limit guidelines.
- Inform the prescriber directly that the pharmacist has given the member medication to meet his/her immediate needs.
- Inform the member that the drug in question has a quantity limit, and the pharmacist has given the member an amount to meet his/her immediate needs. Mention that a larger quantity will be available if the prescriber receives clinical approval from HCPR.

If approval is received for a larger quantity, the pharmacist should reverse and resubmit the claim with the appropriate quantity.

Dispense-as-written (DAW) codes

Humana recognizes the NCPDP standard dispense-as-written (DAW) codes. Prescriptions with a DAW request must designate the DAW product selection code (NCPDP field 408-D8) on the submitted claim. For any prescription submitted with a DAW code other than zero, the reason for the selected code must be documented and must be in compliance with all applicable laws, rules and regulations.

FL Medicaid MMA has certain preferred brand drugs where the brand drug is formulary and the generic is not. This may require the pharmacy to use DAW 8 when submitting a claim. Please refer to the formulary to identify the AHCA preferred brand drugs.

Value	Value type

0	No product selection indicated
1	Substitution not allowed by prescriber
2	Substitution allowed — patient requested product dispensed
3	Substitution allowed — pharmacist selected product dispensed
4	Substitution allowed — generic not in stock
5	Substitution allowed — brand drug is dispensed as generic
6	Override
7	Substitution not allowed — brand drug is mandated by law
8	Substitution allowed — generic drug not available in marketplace
9	Other