

To:

Dispensing  
Physicians  
Pharmacies  
HMOs and Other  
Managed Care  
Programs

## Pharmacy Handbook replacement pages

This *Update* contains information about Wisconsin Medicaid's prospective Drug Utilization Review (DUR) and Pharmaceutical Care (PC) services for real-time claims, and an omitted page from the Maximum Allowable Cost (MAC) list.

### **Prospective Drug Utilization Review billing**

When submitting real-time claims, pharmacies are required to complete all three of the following fields when overriding or pre-overriding a Drug Utilization Review (DUR) alert:

- Conflict/reason for service code (CC).
- Intervention code (IC).
- Outcome code (OC).

All three fields are required when responding to a DUR alert or initiating a pre-override. If all three fields are not completed, the claim will be denied and Explanation of Benefits (EOB) code 843 will appear on your response. Explanation of Benefits code 843 states, "All three DUR fields must indicate a valid value for prospective DUR. A valid level of service is also required for Pharmaceutical Care (PC) reimbursement."

Attached to this *Update* is Appendix 16, pages J5-051e and J5-051f, which replaces the same page in the current Pharmacy Handbook.

### **Pharmaceutical Care services**

When requesting PC reimbursement on noncompound real-time claims, the level of service (LOS) field is required in addition to the three DUR fields (CC, IC, and OC). Any time the LOS field contains a valid value, all three DUR fields must also be completed. If the provider does not complete all three DUR fields and the LOS field, the claim will also deny with EOB code 843.

### **More information**

Refer to Appendix 35 of the current Pharmacy Handbook for more detailed information about PC procedures. Refer to Appendix 40 of the current Pharmacy Handbook for more information about prospective DUR procedures. The Pharmacy Handbook can be found in the Provider Publications section of the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).

### **Maximum Allowable Cost list**

Attached to this *Update* is Appendix 23, pages J5-091 and J5-092, which replaces the same page in the current Pharmacy Handbook. Page J5-091 was omitted from the Dec./Jan. Pharmacy replacement pages because page J5-090 was duplicated.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).