

To:
Billing Services
Software Vendors

Pharmacy Electronic Media Claims record layout changes

This Update explains the changes to pharmacy Electronic Media Claims record layouts.

The Department of Health and Family Services (DHFS) is making changes to the pharmacy Electronic Media Claims (EMC) record layouts that will take effect with the statewide implementation of the pharmacy Point of Sale (POS) electronic claims management system later this year.

Use of the POS system is not mandatory. Providers may submit pharmacy claims using POS, paper claim forms, or EMC.

Pharmacy providers who choose to continue to submit EMC claims will be required to use the modified record layouts; however, the Medicaid fiscal agent will not update its proprietary pharmacy software to include these changes.

The modifications are specific to Medicaid pharmacy claim submissions only. To continue to submit pharmacy EMC claims, you will need to make these modifications.

Addition of a diagnosis code field

One of the changes to the pharmacy EMC record layouts is the addition of a diagnosis code field. The diagnosis code field, "DIAG," has been added to the "Claim Header Record 1" in positions 70-74.

Only one diagnosis code may be used per claim submission. If you are billing for another drug that requires a different diagnosis code, you must submit a separate claim. When filing a claim for a diagnosis-restricted drug, enter the applicable *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code. See page VI.7 of the enclosed "Field Entry Instructions Pharmacy (CT 10)."

Electronic record layout field value changes

The pharmacy EMC record layouts have also been revised to allow for changes to the facility provider number, the Medicare status code, and unit dose indicators. The changes to the record layouts are as follows:

- FP-NBR (facility provider number): For Medicaid claims only, leave this field blank. The FP-NBR is located on the "Claim Header Record 1" in positions 41-48. Refer to page VI.6 of "Field Entry Instructions Pharmacy (CT 10)."
- MSC (Medicare status code): For Medicaid claims, the only valid values are:
 - Blank for recipients without any Medicare coverage.
 - "6" for non-Medicare eligible recipients. (The recipient has Medicare coverage but not the part that covers drug services. For example, the recipient has Part B coverage but the service is only covered by Part A.)

- “7” for Medicare benefits denied or rejected. The MSC field is located on the “Claim Header Record 1” in position 50. Refer to page VI.7 of “Field Entry Instructions Pharmacy (CT 10).”
- UD (unit dose indicator): The valid values are:
 - “U” for unit dose dispensing fee with no repackaging allowance,
 - “B” for unit dose dispensing fee with repackaging allowance,
 - “D” for traditional dispensing fee with repackaging allowance,
 - Blank for traditional dispensing fee with no repackaging allowance.
 The UD field is located on the “Claim Detail Record 3” in position 55. Refer to page VI.9 of “Field Entry Instructions Pharmacy (CT 10).”

Testing record layout changes for EMC billing

Billing services and providers that need to make record layout changes for EMC billing are encouraged to send a test tape or transmission. You will be notified of the testing dates in an upcoming publication. To test your record layout changes, call the EMC Unit at (608) 221-4746, ext. 3037 or 3041 for a test identification vendor number.

Fiscal agent’s pharmacy software changes

The fiscal agent’s current pharmacy EMC software will be discontinued. Pharmacies may continue to use the fiscal agent’s software until POS is implemented statewide. When POS is implemented statewide later this year, providers will be required to include diagnosis codes for diagnosis-restricted drugs.

Pharmacies that currently use the fiscal agent’s software are encouraged to consider other billing options.

Required paper claim submission

Not all claims can be submitted using the modified EMC record layouts. The following types of claims must be submitted on paper claim forms:

- Pharmaceutical care (PC) services.
- Compound drugs.
- Diagnosis-restricted drugs if software changes are not made to add the diagnosis code field.

For more information about POS, please refer to the notification entitled “Pharmacy Point of Sale (POS) Electronic Claims Management” (POH 1095), which was mailed to pharmacy providers in September 1998. This publication is available on our web site at www.dhfs.state.wi.us/medicaid

If you have questions regarding this notification, call the EMC Department at (608) 221-4746, ext. 3037 or 3041.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization (MCO) for more information about their billing procedures.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

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

For provider questions, call the Medicaid fiscal agent at (800) 947-9627 or (608) 221-9883 or visit our web site at www.dhfs.state.wi.us/medicaid.