

To:

Pharmacies

Blood Banks

Dispensing

Physicians

HMOs and Other

Managed Care

Programs

Software Vendors

## Important Point of Sale claims reminder

It is very important that providers enter accurate values into the "other coverage" and "unit dose" fields on Point of Sale (POS) billing screens to avoid claim denial or inaccurate claim reimbursement. It is providers' responsibility to ensure the accuracy of claims information and to return overpayments.

### Enter values into "other coverage" and "unit dose" fields

Providers are required to enter valid National Council on Prescription Drug Programs (NCPDP) values into the "other coverage" and "unit dose" fields on Point of Sale (POS) billing screens. Failure to enter values into the "other coverage" and "unit dose" fields will cause some software to automatically enter NCPDP default values into these fields inappropriately. The following sections provide examples of the incorrect use of default values. **Providers are strongly encouraged to work closely with their software vendors to determine how their POS software is handling blank fields in the billing screens.**

#### *Other coverage code*

Currently, 19-20% of POS claims that are denied for other coverage errors are denied because a pharmacy did not enter a value into the "other coverage" field.

When the "other coverage" field is left blank on a POS billing screen, some software may default to "0." Attachment 1 of this Update is a crosswalk that lists NCPDP other coverage

values and the equivalent Wisconsin Medicaid values. As the crosswalk indicates, "0" is the equivalent of Wisconsin Medicaid code "D," which means the claim was denied by private insurance. If the software is allowed to default to "0" in the "other coverage" field and a recipient does not have other insurance listed on his or her eligibility file, the claim will be denied because of this inconsistent information. Or, if the software defaults to "0" and the recipient does have other insurance which has not been billed, the provider will be incorrectly reimbursed.

#### *Unit dose code*

When the "unit dose" field is left blank on a POS billing screen, some software may default to "1." Attachment 2 of this Update is a crosswalk that lists NCPDP unit dose values and the equivalent Wisconsin Medicaid values. As the crosswalk indicates, "1" is the equivalent of Wisconsin Medicaid code "D," which means the pharmacy should receive a repackaging allowance in addition to the traditional dispensing fee. If the software is allowed to default to "1" in the "unit dose" field and the pharmacy did not perform unit dose packaging, they will incorrectly receive the repackaging allowance. Or, if the drug prescribed does not permit this additional allowance, the claim will be denied.

## Providers' responsibility

If providers have received incorrect payment due to the software issues described in this Update, it is their responsibility to correct these payments. According to HFS 106.04(5), Wis. Admin. Code, a provider is required to return overpayments to Wisconsin Medicaid, regardless of cause, within 30 days after the date of discovery. Wisconsin Medicaid is closely monitoring POS claims to ensure that providers are billing correctly.

For more information, call Provider Services at (800) 947-9627 or (608) 221-9883.

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 their requirements. Wisconsin Medicaid HMOs are required to provide at least the same benefits provided under fee-for-service arrangements.

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 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/).

## Attachment 1

### OTHER COVERAGE CODE (NCPDP)/OTHER INSURANCE INDICATOR (WISCONSIN MEDICAID) CROSSWALK

The following table lists National Council on Prescription Drug Programs (NCPDP) values and the equivalent Wisconsin Medicaid values. Use the NCPDP values for real-time and paper claims. Use Wisconsin Medicaid values for electronic media claims (EMC). Also use Wisconsin Medicaid values when submitting prior authorization requests.

NCPDP CODE	NCPDP DESCRIPTION	WISCONSIN MEDICAID CODE	WISCONSIN MEDICAID DESCRIPTION
0	NOT SPECIFIED	D	DENIED BY PRIVATE INSURANCE (BENEFITS EXHAUSTED, NOT COVERED, DEDUCTIBLE REACHED, ETC.)
1	NO OTHER COVERAGE IDENTIFIED	Blank	NO OTHER INSURANCE COVERAGE
2	OTHER COVERAGE EXISTS - PAYMENT COLLECTED	P	PAID IN PART BY OTHER INSURANCE OR HMO
3	OTHER COVERAGE EXISTS - THIS CLAIM NOT COVERED	7	DENIED/REJECTED MEDICARE BENEFITS
4	OTHER COVERAGE EXISTS - PAYMENT NOT COLLECTED	Y	YES, RECIPIENT HAS OTHER COVERAGE BUT WAS NOT BILLED FOR REASONS
5*	MANAGED CARE PLAN DENIAL	H	HMO OR HMP DOES NOT COVER THIS SERVICE OR BILLED AMOUNT DOES NOT EXCEED THE COINSURANCE OR DEDUCTIBLE AMOUNT
7*	OTHER COVERAGE EXISTS - NOT IN EFFECT AT TIME OF SERVICE	6	NON-MEDICARE ELIGIBLE RECIPIENT

\*Effective with NCPDP version 3.3



## Attachment 2

### UNIT DOSE INDICATOR (NCPDP)/UNIT DOSE (WISCONSIN MEDICAID) CROSSWALK

The following table lists National Council on Prescription Drug Programs (NCPDP) values and the equivalent Wisconsin Medicaid values. Use the NCPDP values for real-time and paper claims. Use Wisconsin Medicaid values for electronic media claims (EMC). Also use Wisconsin Medicaid values when submitting prior authorization requests.

NCPDP CODE	NCPDP DESCRIPTION	WISCONSIN MEDICAID CODE	WISCONSIN MEDICAID DESCRIPTION
0	NOT SPECIFIED	Blank	TRADITIONAL DISPENSING FEE WITH NO REPACKAGING ALLOWANCE
1	NOT UNIT DOSE	D	TRADITIONAL DISPENSING FEE WITH REPACKAGING ALLOWANCE
2	MANUFACTURER UNIT DOSE	U	UNIT DOSE DISPENSING FEE WITH NO REPACKAGING ALLOWANCE
3	PHARMACY UNIT DOSE	B	UNIT DOSE DISPENSING FEE WITH REPACKAGING ALLOWANCE