## PACE PROVIDER BULLETIN

November 22, 2023

## **UPDATE: Naloxone Copay Assistance Program**

The Naloxone Copay Assistance Program accepts claims for individuals without other coverage. All existing other coverage should be billed prior to the Naloxone Copay Assistance Program.

- These Other Coverage Code(s) (Field 308-C8) may be accepted for payment.
  - 0 = Not Specified by Patient
  - 1 = No Other Coverage
  - 2 = Other Coverage Exists- Payment Collected
    - Other Payer-Patient Responsibility Amount (Field 352-NQ) must be populated for payment to be determined.
  - 3 = Other Coverage Billed- Claim Not Covered
  - 4 = Other Coverage Exists- Payment Not Collected
    - Other Payer-Patient Responsibility Amount (Field 352-NQ) must be populated for payment to be determined.

## Additional criteria for claims to be eligible for payment by the program includes:

- Only naloxone products are eligible for reimbursement.
  - All naloxone products in the current PA Department of Health's Naloxone Standing Order are eligible for reimbursement.
    <a href="https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf">https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf</a>
  - OTC Narcan may also be eligible for reimbursement.
- A claim for any Pennsylvania resident may be submitted to the program.
  - The patient will not be assigned a Cardholder ID and enrollment in the program is not needed.
- The program will pay <u>up to</u> \$75 on each claim.
- Any remaining payment will be the patient's responsibility.
- Any PACE provider may bill these claims.
- BIN 002286, PCN 0000682201, and Group ID NALOXONE must be submitted on the claim.
- Cardholder ID field (Field: 302-C2) must be submitted but may be left blank.
  - Note if populated: MUST have minimum of 2 digits.
- Patient First Name (Field 310-CA), Patient Last Name (Field: 311-CB), Date of Birth (Field: 304-C4) and Patient Gender (Field: 305-C5) must be submitted.
- Patients are limited to a quantity of 2 doses per claim.

The D.0 Specifications for PACE, SPBP, CRDP and all ancillary programs including the Naloxone Copay Assistance Program are available on the PACE Web Portal at <a href="https://papaceportal.magellanhealth.com">https://papaceportal.magellanhealth.com</a> by clicking on the Pharmacist Tab and selecting Documents from the drop down.