

# PACE/CRDP/SPBP

## PROVIDER BULLETIN

September 30, 2014

### **Copaxone® 20 mg.** Package Change

Effective Wednesday, October 1, 2014, reimbursement for Copaxone® 20mg NDC 68546-0317-30, will change from 1 EA kit to 1 ML per syringe.

FIELD NUMBER	Claim Segment Field Name	DOS ON/ BEFORE 9/30/14	DOS ON/ AFTER 10/1/14
442-E7	QUANTITY DISPENSED	1	30
405-D5	DAYS SUPPLY	30	30
600-28	UNIT OF MEASURE	EA	ML

#### NOTE:

This pricing change is based on the date of service of the claim; not the submission date. For example, claims having a date of service on, or before, September 30, *but not submitted* until October 1 or later should have the number of kits entered in the Quantity Dispensed field.

Questions may be directed to Provider Services at 1-800-835-4080.