

# PACE/CRDP/SPBP PROVIDER BULLETIN

October 08, 2020

## Incremental Fills- CII medications

Effective 9/21/20, HHS (Health and Human Services) is requiring all pharmacies to submit the Quantity Prescribed on CII transactions.

- The D.0 Payer Specification Sheet for PACE, SPBP, CRDP and all ancillary programs has been updated to reflect the change to “Qualified Requirement” to field 460-ET that requires the population of the field when the transaction is for a CII medication.

The Updated D.0 Specifications for PACE, SPBP, CRDP and all ancillary programs is available on the PACE Web Portal at <https://papaceportal.magellanhealth.com> by clicking on the Pharmacist Tab and selecting Documents from the drop down.

Effective November 09, 2020,

- **The Quantity Prescribed (field 460-ET) must be included on all CII transactions.**
  - If the Quantity Prescribed (field 460-ET) is not populated on an incoming claim, the claim will deny with an NCPDP Error Code ET: “M/I Quantity Prescribed”.
- **Partial Fills must be identified as such**
  - If the claim is submitted as a Partial Fill transaction but is identified as an Initial or Subsequent Incremental Fill, the claim will deny with an NCPDP Error Code RK: “Partial Fill Transaction Not Supported”.
- **Initial Incremental Fills cannot be reversed if Subsequent Incremental Fills exist.**
  - If all Subsequent Fills are not reversed, the claim will deny for NCPDP Error Code 87: “Reversal Not Processed”.
- **The Initial fill for ALL CII claims cannot exceed 183 days of the date the Rx is written. – This includes claims being processed for the full quantity prescribed as well as the Initial Incremental Fill**
  - If this limit is exceeded, the claim will deny for NCPDP Error Code M4: “Rx/Service Reference Number/Time Limit Exceeded”.
- **All Subsequent Incremental Fill claims must occur within 60 days from the Initial Incremental Fill for Long Term Care resident cardholders OR 30 days from the Initial Incremental Fill for all other cardholders**
  - If the Subsequent Incremental Fill exceeds the 60-day limit for Long Term Care resident cardholders, the claim will deny for NCPDP Error Code 76: “Plan Limitations Exceeded” and return the additional transaction message “Rx Written Exceeds 60 Day Limit”
  - If the Subsequent Incremental Fill exceeds the 30-day limit for all other cardholders, the claim will deny for NCPDP Error Code 76: “Plan Limitations Exceeded” and return the additional transaction message of “Rx Written Exceeds 30 Day Limit”

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