

Health Services
Office of Medical Assistance Programs

Allison Knight, Acting Manager
OMAP Program and Policy Section

Number: OMAP IM-05-176
Issue Date: 10/27/05

Authorized Signature

Topic: Medical Benefits

Rx Provider Announcement:

Subject: Denials of Therapeutic Duplication of Long-Acting Opioids

Applies to (check all that apply):

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Health Services
- Seniors and People with Disabilities
- Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists

Message: OMAP is posting the attached message about payments for long-acting opioids for pharmacy and prescribing providers at http://egov.oregon.gov/DHS/healthplan/notices_providers/main.shtml and http://egov.oregon.gov/DHS/healthplan/notices_providers/pharmacies.shtml. We encourage our providers to e-Subscribe to appropriate Web pages so they will receive e-mails whenever new information is posted there.

If you have any questions about this information, contact:

Contact(s):	Brian Olson, Pharmacy Policy Analyst		
Phone:	(503) 945-6482	Fax:	(503) 373-7689
E-mail:	brian.olson@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services

Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E35

Salem, OR 97301-1077

Voice (503) 945-5772

FAX (503) 373-7689

TTY (503) 378-6791

October 27, 2005

To: OMAP Pharmacy and Prescribing Providers

From: Allison Knight, Acting Manager
OMAP Program and Policy Section



Subject: Denials of Therapeutic Duplication (TD) of Long-Acting Opioids

Effective: November 1, 2005

OMAP will reinstate the policy of **denying** claims for concurrent, duplicate long-acting opioids effective November 1, 2005.

Concurrent use (defined as “days supply” overlap) of any two long-acting opioids will stop the POS claim from processing. Pharmacists will have authority to override the edit using NCPDP clarification override codes. We will no longer accept default professional service codes and result of service codes (00) for this edit. In addition, we will restrict the tolerance for early refill to 83% (from 75%) of days supply. This denial edit includes therapy that contains two strengths of the same drug.

We will evaluate this policy in approximately six months. Use of the pertinent NCPDP codes will be essential to the evaluation of the effectiveness of this program.

The provider level overrides for TD include those listed on the next page.

Billing questions? You can now e-mail Provider Services for assistance at OMAP_prov-callcenter@state.or.us or call them at (800) 336-6016.

OMAP CU Oct. 05-211

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The following fields will need to be used to complete a Therapy Duplication (TD) override at the pharmacy provider level:

Submission Clarification Code (420-DK):

5 (Therapy Change)
7 (Medically Necessary)

Reason for Service Code (439-E4):

TD (Therapeutic Duplication)

Professional Service Code (440-E5):

AS=Patient assessment
CC=Coordination of care
DE=Dosing evaluation/determination
FE=Formulary enforcement
GP=Generic product selection
MA=Medication administration
MØ=Prescriber consulted
MR=Medication review
PE=Patient education/instruction
PH=Patient medication history
PM=Patient monitoring
PØ=Patient consulted
PT=Perform laboratory test
RØ=Pharmacist consulted other source
RT=Recommend laboratory test
SC=Self-care consultation
SW=Literature search/review
TC=Payer/processor consulted
TH=Therapeutic product interchange

Result of Service Code (441-E6):

1A=Filled As Is, False Positive
1B=Filled Prescription As Is
1C=Filled, With Different Dose
1D=Filled, With Different Directions
1E=Filled, With Different Drug
1F=Filled, With Different Quantity
1G=Filled, With Prescriber Approval
1H=Brand-to-Generic Change
1J=Rx-to-OTC Change
1K=Filled with Different Dosage Form
2A=Prescription Not Filled
2B=Not Filled, Directions Clarified
3A=Recommendation Accepted
3B=Recommendation Not Accepted
3C=Discontinued Drug
3D=Regimen Changed
3E=Therapy Changed
3F=Therapy Changed-cost increased acknowledged
3G=Drug Therapy Unchanged
3H=Follow-Up/Report
3J=Patient Referral
3K=Instructions Understood
3M=Compliance Aid Provided
3N=Medication Administered