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DMAP Policy and Planning Section

Authorized Signature

Number: DMAP-IM-09-027

Issue Date: 03/05/2009

Topic: Medical Benefits

Subject: Provider Announcement: Pharmacists ProDUR Override Codes

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

A tip sheet for pharmacist for overriding ProDUR Denial Codes when submitting claims.

If you have any questions about this information, contact:

Contact(s):	Cheryl Schollenberg		
Phone:	503-947-1195	Fax:	503-947-1117
E-mail:	cheryl.k.schollenberg@state.or.us		

This information will assist pharmacists to override (if appropriate) Error/EOB Codes 7000 – 7002 for ProDUR Codes (Prospective Drug Utilization Review) PG, ER and HD used with the Medicaid Point of Sale (POS) claims program. *ProDUR Denial Codes appear only the first time a claim is submitted.*

PG or ER Override

To override an Error/EOB 7000 for PG or ER, pharmacists re-enter the Denial Code, add the appropriate Intervention Code and Outcome Code from the table below. *The claim will now process.*

Denial Code		Intervention Code		Outcome Code
PG	Drug Pregnancy - Major to Moderate Severity	M0 (m, zero)	Prescriber Consulted	1A Filled - False Positive
		P0 (p, zero)	Patient Consulted	1B Filled - As Is
ER	Early Refill/Over-Utilization • Narcotics trigger at 83% supply • Non-narcotic at 75% supply	R0 (r, zero)	Pharmacist Consulted- Other Source	1C Filled - Different Dose
		00 (zero, zero)	No Intervention	1D Filled - Different Directions 1E Filled - Different Drug 1F Filled - Different Quantity 1G Filled - Prescriber Approval

HD Override

Some pharmacy software programs automatically calculate supply days, appearing to exceed established dose limits and results in an Error/EOB 7000 - 7002. To override the High Dose edit, pharmacists first must cancel the claim by re-entering the HD Code below, appropriate Intervention Code, either 2A or 2B Outcome Code and re-submit claim. *This cancels the claim and you may now submit a new claim with corrected days supply.*

Avoid delays by manually correcting supply days when initially submitting a claim for any of the three drugs.

Denial Code		Intervention Code		Outcome Code
HD	High Dose for • CNS Stimulants • Oxycodone-Narcotic Long Acting • Narcotic Combinations with Aspirin and Acetaminophen	M0 (m, zero)	Prescriber Consulted	2A Not Filled
		P0 (p, zero)	Patient Consulted	
		R0 (r, zero)	Pharmacist Consulted - Other Source	2B Not Filled/Directions Clarified
		00 (zero, zero)	No Intervention	

Resubmitting all other Denied claims

If a claim has been denied for reasons other than Error/EOB Code 7000—7002, you may rebill via the POS system if you think the claim should be payable, making any needed claims corrections. *Example: A claim denies because the medical ID number is invalid, correct the ID number and resubmit.*