Claim Submission Reminders

January 21, 2022

Medi-Cal Rx

Medi-Cal Rx is live! All administrative services related to Medi-Cal pharmacy benefits that are billed on pharmacy claims have transitioned to Medi-Cal Rx. Here are some reminders for pharmacy claim submissions. The *Medi-Cal Rx Provider Manual* houses valuable resources and information to properly submit claims. Adherence to the following reminders will ensure effective submission of claims and timely payment.

Reject Codes

See the National Council for Prescription Drug Programs (NCPDP) Reject Codes for a full list of reject codes. The following reject code and resolution table is not inclusive of all scenarios. For scenarios not applicable to the following resolutions, please reference the *Medi-Cal Rx Provider Manual*.

Reject Codes & Resolutions	
Reject Code	**Resolution**
52: Nonmatched Cardholder ID with message of "Please submit the members BIC/CIN/HAP ID which should contain a minimum of 9 characters"	• Pharmacies must have the beneficiary's Benefits Identification Card (BIC), Client Index Number (CIN), or Health Access Program (HAP) number to successfully bill for the medication. • Beneficiaries will **NOT** be able to utilize the Managed Care Plan (MCP) ID card. Please **DO NOT** submit claims with the MCP ID. • If billing a newborn claim, please refer to the *Newborn Claims* section of this document. • Pharmacies may use the Beneficiary Eligibility Lookup Tool by logging in to the Medi-Cal Rx Secured Provider Portal to verify and obtain a beneficiary ID number.
52: Nonmatched Cardholder ID with message of "Submitted First/Last name or DOB does not match to the submitted Member ID"	• Beneficiary name on the claim needs to be identical as it appears on the BIC or HAP. The beneficiary's full last name needs to be entered. See the two examples below: – Full name on BIC/HAP Card: Fred Q Smith-Flintstone

Reject Codes & Resolutions	
Reject Code	**Resolution**
	• Last name should be billed as: Smith-Flintstone – Full name on BIC/HAP Card: Fred Q Flintstone De Rubble • Last name should be billed as: Flintstone De Rubble • If billing a newborn claim, please refer to the *Newborn Claims* section of this document.
70: Product/Service Not Covered	• Enter the National Drug Code (NDC) listed on the package for the brand. • Verify that the NDC number is entered correctly. • Make sure the billed drug is a covered benefit on the *Medi-Cal Rx Contract Drugs List* (CDL) or in the Drug Lookup Tool. • Review drug limitations and/or restrictions as listed in the *Medi-Cal Rx Contract Drugs List* by generic drug name and the Drug Lookup Tool searchable using brand name or generic drug name.
PZ: Nonmatched Unit Of Measure To Product/Service ID	Enter the correct unit of measure matching the corresponding drug dosage.
41: Submit Bill To Other Processor Or Primary Payer	The recipient has health coverage other than Medi-Cal (third-party or Medicare). Submit an eligibility verification transaction to determine other health coverage (OHC) and bill other carrier before billing Medi-Cal Rx. If the beneficiary indicates that they do not have OHC, the pharmacy directs them to resources below so it can be corrected. **OHC Online Form:** Other Coverage (ca.gov) (click the **OHC Removal(s) Form**). The URL is https://www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx OHC **Online Form Step-by-Step:** *Other Health Coverage Reference Guide* (ca.gov). The URL is https://www.dhcs.ca.gov/services/Documents/OHCReferenceGuide_0619.pdf

Reject Codes & Resolutions	
Reject Code	**Resolution**
80: Drug-Diagnosis Mismatch	Verify Code 1 limitations on the CDL, and if patient meets criteria, resubmit the claim with Submission Clarification Code (*SCC*) code: 7.
10: Missing or Invalid Patient Gender Code	Verify the beneficiary's gender. If the gender on file is incorrect, the member must contact their local county social services office to update the record on file.
61: Product/Service Not Covered For Patient Gender	Verify the beneficiary's gender. If the gender on file is incorrect, the member must contact their local county social services office to update the record on file.
16: M/I Prescription/Service Reference Number	Medi-Cal Rx is temporarily suspending Reject Code 16 M/I Prescription/Service Reference Number. Please resubmit your claims if you have received this rejection.
35: Missing or Invalid Primary Care Provider ID	Verify the primary care provider ID is populated.
40: Pharmacy Not Contracted With Plan On Date Of Service	Confirm you are a Medi-Cal Fee-for-Service (FFS) provider using the California Health and Human Services Open Data Portal and resubmit your claim.
60: Product/Service Not Covered for Patient Age	Refer to the *Medi-Cal Rx Contract Drugs List* for age limitations and specifications. If you are submitting for the flu vaccine and getting Reject Code 60, vaccines (other than Covid) are covered only for beneficiaries aged *19 and older*.
65: Beneficiary Eligibility	Medi-Cal Rx identified pharmacy claim denials related to beneficiary eligibility and has fixed the issue. If you are a pharmacy provider that received Reject Code 65, please resubmit your claims. We apologize for the inconvenience this may have caused.
75: Prior Authorization Required	If you receive Reject Code 75 from Medi-Cal Rx for a claim and you have evidence the beneficiary has a valid approved PA and/or a prior paid claim in your system, please resubmit the claim to Medi-Cal Rx with a value of **55555** in the **Prior Authorization Number Submitted** field (462-EV). Your attestation is subject to audit.

Reject Codes & Resolutions	
Reject Code	**Resolution**
76: Plan Limitations Exceeded for opioid claims	While there are many situations in which Reject Code 76 is returned, specifically for opioid claims it can be returned when the **cumulative** Morphine Milligram Equivalents (MME) calculated across all active claims exceeds 90 mg. This alert can be overridden by a pharmacist. Please submit appropriate Drug Utilization Review (DUR) codes if the dose is deemed medically necessary.

Prior Authorization

- Do not bill with a MCP PA or a Medi-Cal FFS Treatment Authorization Request (TAR) or Service Authorization Request (SAR).
- You may check if a drug is a Medi-Cal Rx benefit by using either the Drug Lookup Tool or the Medi-Cal Rx Contract Drugs List.
- Review the Medi-Cal Rx Pharmacy Transition Policy and Five Ways to Submit a Prior Authorization (PA) Flyer.
- The Prior Authorization (PA) Case Review Process Flyer illustrates the case review process for claims that do not meet Auto-PA rules.
- If you have evidence the beneficiary has a valid approved PA and/or a prior paid claim in your system, please resubmit the claim to Medi-Cal Rx with a value of **55555** in the **Prior Authorization Number Submitted** field (462-EV). Your attestation is subject to audit.

Claims Cutoff

Claims submitted for pharmacy services previously submitted to MCPs are processed by Medi-Cal Rx for dates of service beginning January 1, 2022. Claims with a date of service prior to January 1, 2022, should continue to be sent to the appropriate MCP. Please see the tables below regarding all pharmacy claim transactions including appeals, reversals, inquiries, and prior authorization transactions.

FFS Medi-Cal (i.e., CA-MMIS)

DATE OF SERVICE	SEND TRANSACTION TO:
Prior to 1/1/2022	Medi-Cal Rx
1/1/2022 and after	Medi-Cal Rx

MCP

DATE OF SERVICE	SEND TRANSACTION TO:
Prior to 1/1/2022	Managed Care Plan
1/1/2022 and after	Medi-Cal Rx

Coordination of Benefits

Because Medi-Cal Rx is always the payer of last resort, claims should be billed to the beneficiary's primary payer prior to submitting the claims to Medi-Cal Rx. Coordination of Benefits (COB) claims will be processed accordingly. See the *Coordination of Benefits (COB)* section of the *Medi-Cal Rx Provider Manual* for more detailed information.

Crossover Claims

Submit non-automatic pharmacy crossovers using NDCs on the Universal Claim Form (UCF) or the California Specific Pharmacy Claim Form (**30-1**).

> **Providers must identify a Crossover claim on the UCF by notating "Crossover" on the claim form.**

See the *Medicare Part B Crossover Claims* section of the *Medi-Cal Rx Provider Manual*. Please note that crossover claims do not require a PA request. Straight Medi-Cal Rx claims for Medicare denied or noncovered services may require a PA request. Review the Medi-Cal Rx Contract Drugs List for a comprehensive list of covered services.

Share of Cost (SOC)

- To clear a beneficiary's SOC, providers will need to access the Automated Eligibility Verification System (AEVS) or Transaction Services on the Medi-Cal website and enter a provider number, Provider Identification Number (PIN), beneficiary's BIC number, BIC issue date, billing code, and service charge. The SOC information is **updated**, and a response is displayed on the screen or relayed over the telephone. For more information on SOC clearance, please consult the *Share of Cost (SOC)* section of the *Medi-Cal Rx Provider Manual*.
- Beginning January 1, 2022, field 28 (**Patient's Share**) on the California Specific Pharmacy Claim Form (30-1), field 29 (**Patient's Share**) on the California Specific Compound Pharmacy Claim Form (30-4), field 81 (**Patient Paid Amount**) on the Universal Claim Form (UCF), Version D.0, or field 433-DX (**Patient Paid Amount Submitted**) on the NCPDP Version D.0 B1 transaction are not required and should be **left blank**.
- If you receive a denial for SOC on your Medi-Cal Rx claim, you will need to clear the remaining balance and resubmit your claim. This will require you to follow the existing process to clear the SOC. Please refer to the AEVS: Transactions section of the *Medi-Cal Provider Manual*.
- You can also view the *Medi-Cal Rx Share of Cost* alert for more detailed information.

BIC/CIN

- Claims must be billed with the beneficiary's Benefits Identification Card (BIC), Client Index Number (CIN), or Health Access Program (HAP) card number to successfully bill for the medication.
- Claims billed with the MCP plan ID number will be denied.
- Providers can look up beneficiary eligibility by logging in to the Medi-Cal Rx Secured Provider Portal.
- You can also review the *Requirements for Medi-Cal Rx Claims* alert for more detailed information.

Newborn Claims

Services to an infant may be billed with the mother's ID for the month of birth and the following month only, </= 60 days. After this time, infants must have their own Medi-Cal ID number.

Claims for newborn beneficiaries who are up to 60 days old (the first month of birth to the end of the following month) are covered under their mother's Medi-Cal Rx ID number.

Follow the below instructions to submit claims for newborn beneficiaries </= 60 days.

- Insured's ID Number:
  - Enter the mother's BIC ID.
- Insured/Patient Name (First and Last):
  - Enter the mother's first and last name.
- Relationship Code (NCPDP Field ID 306-C6):
  - 03 – Dependent
- Prior Authorization Type Code (NCPDP Field ID 461-EU):
  - 8 – Payer Defined Exemption
- In the **Specific Details/Remarks Field** enter "Newborn using mother's ID" with the infant's name, sex, and date of birth. If the infant has not yet been named, write the mother's last name followed by "Baby Boy" or "Baby Girl." Newborns from a multiple birth must also be designated by number or letter (e.g., "Twin A" and "Twin B").

Newborn claims submitted after the above-mentioned time frame will deny with NCPDP EC 600 – Coverage Outside of Submitted Date of Service.

Refer to the *Newborns* section of the *Medi-Cal Rx Provider Manual* for additional information.

Cost Ceiling

Medi-Cal Rx will have a cost ceiling of $10,000.00 for all drugs except for the classes noted in the *Cost Ceiling* section of the *Medi-Cal Rx Provider Manual*.

Banking Identification Number (BIN), Processor Control Number (PCN), and Group Number

Effective January 1, 2022, bill all pharmacy claims to Medi-Cal Rx with the **new** BIN, PCN, and group number.

- BIN: 022659
- PCN: 6334225
- Group: MEDICALRX

Contact Information

Medi-Cal Rx provides a wide range of contacts and resources for your convenience.

Department	Contact Information
Customer Service Center (CSC)	Toll-free number: 1-800-977-2273, available 24 hours a day, 7 days a week, 365 days per year.
Pharmacy Service Representatives (PSRs)	Email Education and Outreach requests to: MediCalRxEducationOutreach@primetherapeutics.com
Live Chat & Messaging	For assistance, visit the Medi-Cal Rx Provider Portal's Contact Us page.