April 2013
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 prescription
(800) 558-9363 NPI# 1234567890

Prescriber NPI Must be:

• Active
• Valid
• Type 1

MAY NOT SUBSTITUE

Dr. Doctor
Active and valid NPI required on claim submission

Effective 01/01/2013, CMS required an active and valid prescriber National Provider Identifier (NPI) – either a Type 1 (Individual) or a Type 2 (Group). Additionally, effective 01/01/2013, foreign prescribers are required to have an NPI or their prescriptions will be denied at point-of-sale.

Cigna is currently not rejecting claims at point-of-sale to try to limit the impact to your patient/our members. Cigna is planning to implement the hard reject on 05/01/2013. Your pharmacy will begin to receive:

NCPDP REJECT CODE 25 “M/I PRESCRIBER ID” if the prescriber ID is:

- Not found, or
- Not active on the date the script is filled

Effective 05/06/2013, CMS will only accept an active and valid NPI – Type 1 (Individual). The rejection for this will begin promptly on 05/06/2013.

For claims submitted to Cigna with an incorrect Prescriber NPI, Cigna will contact your pharmacy to update the claim with the correct Prescriber NPI; we appreciate your cooperation.

Active and valid NPI with Suboxone Prescriptions

Doctors that prescriber Suboxone have a unique DEA number to do so, which the DEA issues after receiving a request form the Center for Substance Abuse Treatment (CSAT). These DEA numbers typically begin with the letter ‘X’.

When inputting the prescriber DEA number for Suboxone prescriptions, please use the doctor’s actual DEA number for processing the claim.

Note: DEA regulations require that this unique DEA ‘X’ number, along with the actual DEA registration number be included on all prescriptions for Suboxone for the treatment of opioid dependence.

Pharmacist can verify the validity of a physician’s DATA 2000 waiver by:

- Calling 866.BUP.CSAT (866.287.2728), or
- Emailing info@buprenorphine.samhsa.gov

Medicare Part D E1 Enhancement

Currently, the Medicare Part D Eligibility Verification Transaction (E1) only identifies if the beneficiary has LIS/LICS coverage with a ‘Yes’ or ‘No’ response. On May 23, 2013 RelayHealth will implement an enhancement to the Medicare Part D E1 Transaction by including the LIS/LICS level (low income subsidy co-pay category), LIS/LICS effective and termination dates (if applicable), and the Medicare Plan Type, when a beneficiary match is successful. The information will be provided in the Message field (504-F4) in a structured manner.
Long-Term Care, Short Cycle Dispensing

Effective 01/01/2013, Cigna, in accordance with CMS ruling, will require 14-day or less dispensing for the following Medicare Part D drugs, where Patient Residence Code must = 03 and Place of Service = 01:

- Brand
- Oral (Route of administration is Oral, Sublingual, Buccal, or Mucous Membrane)
- Solid (Solids are defined by Tablet or Capsule)
- Not Excluded
- Not Unbreakable

The following error codes are associated with Appropriate Dispensing:

- NCPCP REJECT Code 613 “THE PACKAGE OR DISPENSING FREQUENCY IS MISSING OR INAPPROPRIATE FOR LTC SHORT CYCLE”
- NCPDP REJECT Code 597 “LTC DISPENSING TYPE DOES NOT SUPPORT THE PACKAGING TYPE”
- NCPDP REJECT Code 34 “MISSING OR INVALID SCC”

PrevPac® and Helidac® Package Size Change

Due to a recent review by NCPDP, the package size of the below PrevPac and Helidac products have change on December 28, 2012 as noted below in accordance with the NCPDP Billing Unit Standard:

<table>
<thead>
<tr>
<th>NDC</th>
<th>Name</th>
<th>New Package Size</th>
<th>Previous Package Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>65483-0495-14</td>
<td>Helidac Therapy Pack</td>
<td>224</td>
<td>56</td>
</tr>
<tr>
<td>64764-0702-01</td>
<td>PrevPac Patient Pack</td>
<td>112</td>
<td>14</td>
</tr>
<tr>
<td>54569-4592-00</td>
<td>PrevPac Patient Pack</td>
<td>112</td>
<td>14</td>
</tr>
<tr>
<td>54868-4909-00</td>
<td>PrevPac Patient Pack</td>
<td>112</td>
<td>14</td>
</tr>
</tbody>
</table>

e-Remit Enrollment Begins in April

Beginning April 11, 2013, Argus will discontinue providing paper remittance to pharmacies through the mail in conjunction with CMS Operating Rules requiring standardization in EFT and ERA enrollment. Argus will implement online access to remittance advice; Argus will begin a four (4) phase approach, ending August 2013.

Over the next four months, Argus will migrate blocks of states to the new electronic remittance (e-Remit) platform. Pharmacies will receive notification from Argus prior to each phase with instructions on how to create and manage login ID information.

Each pharmacy will continue to receive paper remittance for a 30-day period. After 30 days, Argus will no longer mail remittance advices to the pharmacy. Each enrolled pharmacy will be required to access their remittance online. Argus will verify pharmacy access by information provided through NCPDP dataQ and fields that are specific to each pharmacy, such as National Provider ID (NPI), NCPDP, Drug Enforcement Agency (DEA), and Pharmacy Tax ID.

To find out if your state has migrated to e-Remit, please visit our website at www.Cigna.com/pharmacists

continued >
Notice of Coverage Rights

CMS requires that all pharmacies provide Medicare members with the Notice of Coverage Rights upon the following NCPDP notifications:

- NCPDP APPROVAL CODE 018
- NCPDP REJECT CODE 569

The pharmacy notice must be provided to the enrollee if the pharmacy receives a transaction response indicating the claim is not covered by Part D and the designated NCPDP response code is returned.

The designated NCPDP response code is NOT returned in the following scenarios:

- The claim rejects only because it does not contain all necessary data elements for adjudication
- The drug in question is an over-the-counter drug that is not covered by the enrollee’s Part D plan sponsor
- The prescription is written by a sanctioned provider who has been excluded from participation in the Medicare program
- The drug is not listed on the participating CMS Manufacturer Labeler Code List
- The drugs are not listed on the FDA Electronic List – NDC Structured Product Labeling Data Elements File
- The Part D plan rejects the claim for the drugs in question only because of a “Refill too soon/early fill” edit
- The drug in question is not covered by the Part D plan benefit, but is covered by a co-administered insured benefit managed by a single processor. In this scenario, the pharmacy submits a single claim transaction for the drug, and the drug is covered by the co-administered insured benefit after being rejected by Part D and processed in accordance with the benefits offered by the supplemental payer. [NOTE: if the drug is not covered by the Part D plan, but the enrollee pays for the cost of the drug pursuant to plan-sponsored negotiated pricing or a discount card program (which may provide a lower price but leave the enrollee responsible for 100% of the drug cost), a designated NCPDP response code will be returned notifying the pharmacy to provide the enrollee with a copy of the pharmacy notice.]

Printing the pharmacy notice on prescription label stock or an integrated prescription receipt is permitted, so long as the notice is provided in at least 12-point font. Electronic distribution of the notice is permitted if the enrollee or the enrollee’s appointed representative has provided an e-mail address and has indicated a preference for that method of communication.

The only permissible customization of the pharmacy notice is population of optional fields for the enrollee’s name and the drug/Rx# to be added to the notice. The Notice of Coverage Rights letter to be provided to the member is available on www.Cigna.com/pharmacists.