

**Automated Medical Payments** 

## Medicaid Bulletin

Colorado Title XIX

Fiscal Agent

1-800-237-0757



**Medicaid Provider Services** 303-534-0146

#### **Mailing Addresses**

Claims & PARs P.O. Box 30 Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments P.O Box 90 Denver, CO 80201-0090

Provider enrollment. Provider information. Changes, Signature authorization, and Claim requisitions P.O. Box 1100 Denver, CO 80201-1100

#### **Medicaid Fiscal Agent Information** on the Internet WWW.CONSULTEC-GCRO.COM

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

**Distribution: Pharmacy Providers** 

January 2000

Reference: B9900046

# Urgent Urgediately Read Immediately

### **Medicaid reprocesses** compound prescription claims

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m A}$ n additional pricing problem was identified that allowed the submitted ingredient cost for compound prescriptions to incorrectly process as the allowed ingredient cost. Effective January 23, 2000, a pricing correction was made to the Medicaid claims processing system for compound prescription pharmacy claims. The processing system will compare the submitted charge to the allowed charge and pay the lower of the two for each submitted ingredient.

Pharmacy claims processed December 1, 1998 through January 22, 2000 were reimbursed using the submitted charge for each ingredient even when the allowed charge was less. Medicaid policy to reimburse the lesser amount.

The Prescription Drug Card System (PDCS) will review all compound prescription claims that were processed December 1, 1998 through January 22, 2000 and will automatically adjust claims submitted with compound code "2" and recover overpayments. This process will begin the first week in February and should be completed by February 10, 2000.

Please refer to the Billing Instructions on pages 10-2 through 10-15 in the Pharmacy Provider Manual for Compound Prescriptions. Enter a compound code of "2" on all claims submitted for compound prescriptions.

As a reminder, only drugs for which there is a signed HCFA rebate agreement are reimbursable by the Medicaid program.

If you have any questions please contact PDCS Pharmacy Support at:

1-800-365-4944.