



STATE OF TENNESSEE  
BUREAU OF TENNCARE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE

## MEMORANDUM

**TO:** TennCare Pharmacists  
**DATE:** January 27, 2006  
**RE:** Important Message about Pharmacy Claims

*This notice is to advise you of information regarding the **TennCare Pharmacy Program**. We encourage you to read this notice thoroughly and contact First Health's Technical Call Center at 866-434-5520 should you have additional questions.*

### ICD-9 CODE PRIOR AUTHORIZATION OVERRIDE FOR SELECT AGENTS:

#### Atypical antipsychotics:

Currently, all atypical antipsychotics require a call to the First Health Services clinical call center for a prior authorization that allow for a "step" into that class. Effective March 1, 2006, pharmacists will be able to enter an ICD-9 code at point-of-sale (POS) for **new** prescriptions for **preferred** atypical antipsychotics, if the diagnosis provided by the prescribing physician is consistent with the published Prior Authorization criteria. This code will allow an override for prior authorization over the NCPDP denial code of "75 - PA Required" if the pharmacist knows the diagnosis or ICD-9 code. To enable this functionality, providers will need to include the Clinical Segment (NCPDP segment 13) on the incoming claim. Providers who would like to use the ICD-9 codes are directed to contact their software vendor to make sure that the fields indicated are transmitted on the claims. The fields within this segment that will need to be populated include the following:

Field	Field Name	TennCare Values Supported
111-AM	Segment Identification	<b>13</b> = Clinical Segment
491-VE	Diagnosis Code Count	Required when Diagnosis Code is used
492- WE	Diagnosis Code Qualifier	Required when Diagnosis used. <b>01</b> - ICD9
424-DO	Diagnosis Code	Required when diagnosis is needed for designated drug coverage.

Please review the complete TennCare Payer Specification sheet on the TennCare/First Health website; [https://tennessee.fhsc.com/Downloads/provider/TNRx\\_SXV5\\_Payer\\_Spec.pdf](https://tennessee.fhsc.com/Downloads/provider/TNRx_SXV5_Payer_Spec.pdf). The following atypical antipsychotics are preferred on the TennCare PDL:

-Clozapine      -Geodon®      -Fazaclo®      -Risperdal®      -Seroquel®

#### Respiratory Agents:

Currently, certain respiratory agents require Prior Authorization for specific diagnoses by calling the First Health Services Clinical Call Center. Effective March 1, 2006, providers will be able to enter an ICD-9 code at point-of-sale (POS) for **new** prescriptions for certain respiratory agents. This code will allow an override for prior authorization over the NCPDP denial code of "75 - PA Required," for specific

diagnoses. To enable this functionality, providers will need to include the Clinical Segment (NCPDP segment 13) on the incoming claim, as stated above. The ICD-9 override code applies to the following respiratory agents:

-Foradil®

-Serevent®

-Combivent®

#### **Select Agents:**

Currently, Sporanox® and its generic, itraconazole, require certain clinical criteria (or diagnoses) to be met before the medication is authorized. Effective March 1, 2006, providers will be able to enter an ICD-9 code at POS for **new** prescriptions for Sporanox®. This code will allow an override for prior authorization over the NCPDP denial code of “75 - PA Required,” for specific diagnoses. To enable this functionality, providers will need to include the Clinical Segment (NCPDP segment 13) on the incoming claim, as stated above.

**Please note** that all applicable edits still apply - including but not limited to - drug to drug interactions, PDL edits, quantity limits, and therapeutic duplication. It is our hope this change will make claims processing easier for TennCare providers.

A complete listing of diagnosis codes can be downloaded from the First Health Services / TennCare website at <http://tennessee.fhsc.com>, under “providers,” then “documents.” Choose the document entitled **“Appropriate Diagnosis for Prior Authorization Bypass.”**

#### **EMERGENCY SUPPLY PROCESS & PRIOR AUTHORIZATION REQUIRED FORMS:**

On January 1, 2006, several major changes related to the Grier Consent Decree were implemented. TennCare enrollees are no longer entitled to a 3-day supply of medication (interim supply) every time a prescription is blocked at the point of sale due to a PDL or DUR edit. Instead, a 3-day supply will only be dispensed if the pharmacist determines that the situation represents an emergency (emergency supply). In addition, enrollees will not be permitted to return to the pharmacy and receive the remainder of the supply unless the prescriber has obtained prior authorization or changed the medication to an agent that does not require a prior authorization.

If the prescriber obtains a Prior Authorization (PA) or changes the drug to an alternative not requiring a PA in the same month, the remainder of the prescription and/or substitute prescription will not count toward the limit. **To exempt the remainder of the prescription from the prescription limit once a Prior Authorization is obtained, or to exempt the replacement prescription from counting toward the prescription limit, the value of “S” must be submitted in the Submission Clarification Code (NCPDP field 42Ø-DK) on the incoming claim.** This must be completed **within 14 days** of the initial emergency supply claim in order for it to adjudicate at point-of-sale.

First Health provided training across the state regarding these new procedures. To view or download the emergency supply process educational materials, information is available at: [https://tennessee.fhsc.com/Downloads/provider/TNRx\\_Workshop\\_Powerpoint.pdf](https://tennessee.fhsc.com/Downloads/provider/TNRx_Workshop_Powerpoint.pdf).

#### **LIST SERVE FOR NOTIFICATIONS REGARDING THE TENNCARE PROGRAM:**

TennCare has created a service where any providers who would like to receive notifications regarding the TennCare program can enter their contact information to receive notifications electronically. This service is free to join and providers interested in signing up can follow the links at:

<http://www.state.tn.us/tenncare/pharmacy/pharmlistserv.htm>

## PHARMACY BONUS CHECKS:

TennCare would like to inform pharmacy providers that the pharmacy bonus checks for the first half of 2005 were sent during the week of January 23. These checks are for claims from January 1, 2005 to June 30, 2005. Please refer to your pharmacy contract for information regarding the pharmacy bonus checks and how the calculations were made. As you are aware from the new pharmacy contract, the pharmacy bonus program has ended but pharmacy bonus checks for the second half of 2005 will be distributed later this year.

## TENNCARE PHARMACY CONTRACTS:

The new pharmacy contracts were inserted with the pharmacy remittance advice statements the first week of January, 2006. Please read the contract and return the signed form within the contract in order to provide services for TennCare patients. If you do not receive your pharmacy payment check or remittance advice directly, the pharmacy contract is available online at: [https://tennessee.fhsc.com/Downloads/provider/TNRx\\_Pharmacy\\_Agreement\\_2006.pdf](https://tennessee.fhsc.com/Downloads/provider/TNRx_Pharmacy_Agreement_2006.pdf)

## TENNCARE MAC PRICING UPDATE:

Many pharmacy providers have called regarding being paid under cost for some medications. TennCare has updated the MAC drug list on 1-4-06. If you believe a medication is incorrectly MAC'd and you would like to request First Health to investigate whether the pricing is correct on the MAC'd product, you can submit the MAC Inquiry and Price Request Form at: [https://tennessee.fhsc.com/Downloads/provider/TNMAC\\_researchform.pdf](https://tennessee.fhsc.com/Downloads/provider/TNMAC_researchform.pdf). You may also review the list of MAC products on the TennCare/First Health website at: <https://tennessee.fhsc.com/secure/providers/mac/default.asp>.

## GUIDE FOR TENNCARE PHARMACIES: OVERRIDE CODES

OVERRIDE TYPE	OVERRIDE NCPDP FIELD	CODE
Emergency 3-Day Supply of Non-PDL Product	Prior Authorization Type Code (461-EU)	8
Emergency supply (Rx CHANGED to PDL or PA received after 3-day supply already dispensed) to prevent from counting twice toward script limit	Submission Clarification Code (42Ø-DK)	5
Hospice Patient (Exempt from Co-pay)	Patient Location Field (NCPDP field 307-C7)	11
Pregnant Patient (Exempt from Co-pay)	Pregnancy Indicator Field (NCPDP field 335-2C)	2
Clozapine / Clozaril® (process second clozapine prescription in the month with an override code to avoid counting twice)	Submission Clarification Code (42Ø-DK)	2
Effexor® 225mg (Effexor® XR 75 mg and Effexor® XR 150 mg) – process second rx with an override code to avoid the second fill counting as another prescription against the limit). Two co-pays will apply.	Submission Clarification Code (42Ø-DK)	2

### **Important Phone Numbers:**

TennCare Family Assistance Service Center	866-311-4287
Express Scripts Health Options Hotline (RxOutreach PAP)	888-486-9355
TennCare Fraud and Abuse Hotline	800-433-3982
TennCare Pharmacy Program ( <b>providers only</b> )	888-816-1680
TennCare Pharmacy Fax (to reorder Prior Authorization Required Forms)	888-298-4130
First Health Services Technical Call Center	866-434-5520
First Health Services Clinical Call Center	866-434-5524
First Health Services Call Center Fax	866-434-5523
First Health Services Outbound Call Center (for patients needing help with PA	800-639-3957

**Helpful TennCare Internet Links:**

First Health Services: <http://tennessee.fhsc.com> under “Providers,” then “Documents”

Preferred Drug List (PDL)

Clinical Criteria, Step Therapy, and Quantity Level Limits for PDL medications

Brand Drugs Counted As Generics

Short List of Medications

TennCare home website

[www.tennessee.gov/tenncare/](http://www.tennessee.gov/tenncare/)

Please visit the First Health / TennCare website regularly to stay up-to-date on changes to the pharmacy program. For additional information or updated payer specifications, please visit the First Health Services website at: <http://tennessee.fhsc.com> under “Providers,” then “Documents.” Please forward or copy the information in this notice to all providers who may be affected by these processing changes.

<b>Thank you for your participation in the TennCare program and your commitment to assist your patients.</b>
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## Appropriate Diagnosis for Prior Authorization Bypass

**ICD-9 code prior authorization over-ride for *preferred* atypical antipsychotics:** clozapine, Geodon®, Risperdal®, Seroquel®, Fazaclo®

ICD-9 Code	Diagnosis/Description
	<b>Schizophrenic disorders</b>
295.0	Schizophrenic simplex
295.1	Hebephrenic type schizophrenia
295.2	Catatonic schizophrenia
295.3	Paranoid schizophrenia
295.4	Schizophreniform disorder
295.5	Latent schizophrenia
295.6	Residual schizophrenia
295.7	Schizoaffective disorder
295.8	Other specified types of schizophrenia
295.9	Unspecified schizophrenia
	<b>Episodic Mood disorders</b>
296.0	Bipolar I disorder, single manic episode
296.1	Manic disorder, recurrent episode
296.2	Major depressive disorder, single episode
296.3	Major depressive disorder, recurrent episode
296.4	Bipolar I disorder, most recent episode (or current) manic
296.5	Bipolar I disorder, most recent episode (or current) depressed
296.6	Bipolar I disorder, most recent episode (or current) mixed
296.7	Bipolar I disorder, most recent episode (or current) unspecified
296.80	Bipolar disorder, unspecified
296.81	Atypical manic disorder
296.82	Atypical depressive disorder
296.89	Bipolar - Other (Bipolar II, Manic -depressive psychosis, mixed type)
296.90	Other and unspecified episodic mood disorder
296.99	Other specified episodic mood disorder
	<b>Delusional disorders</b>
297.0	Delusional disorders - paranoid state, simple
297.10	Delusional disorder
297.20	Paraphrenia
297.30	Shared psychotic disorder
297.80	Other specified paranoid states
297.90	Unspecified paranoid state
298.00	Depressive type psychosis
298.10	Excitative type psychosis
298.2	Psychogenic confusion
298.3	Acute paranoid reaction
298.4	Psychogenic paranoid psychosis
298.8	Other unspecified reactive psychosis
298.9	Unspecified psychosis
301.20	Schizoid personality disorder

ICD-9 Code	Diagnosis/Description
301.21	Introverted personality
301.22	Schizotypal personality disorder
	<b>Other</b>
292.10	Drug Induced psychotic disorders with hallucinations
293.81	Psychotic disorder with delusions in conditions classified elsewhere
293.82	Psychotic disorder with hallucinations in conditions classified elsewhere
299.9	Childhood type schizophrenia

**The following ICD-9 codes should allow for the authorization into the class for the following agents: Foradil®, Serevent®, Combivent®**

ICD-9 Code	Diagnosis/Description
496.0	Chronic Obstructive Pulmonary Disease (COPD) Chronic Obstructive Lung Disease Non-specific Lung Disease

**The following ICD-9 codes should allow for the authorization into the class for the following agents: Sporanox®**

ICD-9 Code	Diagnosis/Description
117.3	Aspergillus
116.0	Blastomycosis
117.5	Cryptococcosis
321.0	Cryptococcal meningitis
115.0	Infection by Histoplasma capsulatum
115.1	Infection by Histoplasma duboisii
115.9	Histoplasmosis, unspecified