



Training Video

For NYS Medicaid Providers

Pharmacy

Key Objectives

Familiarize providers with how to resolve
pharmacy claim edits

NCPDP Claim Edits/Errors

The NCPDP Rejection Code for a denied claim is returned with additional message information (511-FB)

The Medicaid Eligibility Verification System (MEVS) Denial Code for a transaction is returned within the additional message information (526-FQ) and indicates the MEVS error for rejected transactions

Common NCPDP Edits

Examples of some common Pharmacy claim denials/rejections:

NCPDP Reject Response	MEVS Code	Description
88 – DUR Reject Error	729	Therapeutic Duplication
79 – Fill Too Soon		Early Fill Overuse
889 – Prescriber Not Enrolled	318 / 068	Prescribing MMIS Provider ID Can Not Be Derived
8J – Incorrect Prod/Serv	705	Item Not Eligible for Payment on Fill Date
65 – Patient Not Covered	719	Recipient Ineligible on Service Date
13 – M/I Other Coverage Code	717	Client Has Other Insurance
75 – Prior Authorization Req'd	303	Unable to Process a Pharmacy PA Call Prime Therapeutics State Government Solutions
620 – Prod. Cover. Medicare D	724	Recipient has Medicare Part D
EK – M/I Sched. Prescrip. ID #	725	Prescription Serial Number Missing
PA - PA Exhausted/ Not Renewable	307	Prior Approval Units or Payment Amount Exceeded

Common Edits Related to Duplication/Overuse

NCPDP Reject Response	MEVS Code	Description
88 – DUR Reject Error	729	Therapeutic Duplication
79 – Fill Too Soon		Early Fill Overuse

Common Edits Related to Eligibility

NCPDP Rejection	MEVS Code	Description
65 – Patient Not Covered	719	Recipient Ineligible on Service Date
13 – M/I Other Coverage Code	717	Client Has Other Insurance
620 – Prod. Cover. Medicare D	724	Recipient has Medicare Part D

Common Edits Related to Prior Authorization

NCPDP Rejection	MEVS Code	Description
75 – Prior Authorization Req'd	303	Unable to Process a Pharmacy PA Please Call Prime Therapeutics State Government Solutions
PA - PA Exhausted/Not Renewable	307	Prior Approval Units or Payment Amount Exceeded

Common Edits Related to Claim Content

NCPDP Rejection	MEVS Code	Description
889 – Prescriber Not Enrolled	318 / 068	Prescribing MMIS Provider ID Can Not Be Derived
8J – Incorrect Prod/Serv	705	Item Not Eligible for Payment on Fill Date
EK – M/I Sched. Prescrip. ID #	725	Prescription Serial Number Missing

eMedNY.org Website

eMedNY Home Page

The screenshot displays the eMedNY.org website home page. At the top, the eMedNY logo is on the left, and navigation links for home, self help, glossary, and site map are on the right. A search bar with the text "ENHANCED BY Google" is also present. Below the header is a horizontal menu with buttons for What's New, Information, Provider Enrollment, Provider Manuals, Provider Outreach and Training, Contacts, eMedNY HIPAA Support, eMedNY Tools Center, and PTAR. The main content area features several promotional banners: a "NEW! For Practitioners ONLY PROVIDER ENROLLMENT MAINTENANCE PORTAL ENROLL TODAY!" banner, a "Pharmacy Benefit Transition" banner from the New York State Department of Health and Medicaid NYRx, and a "Are you compliant with NYSDOH EFT Requirement?" banner. On the right side, there is a vertical list of links: Login ePACES, ePACES Information, Login eXchange, eXchange Information, Medicaid NYRx, Member Resource Site, Provider Enrollment Maintenance Portal, Web Portal, Web Portal Information, Enteral Web Portal, and Login PTAR. The bottom of the page has a large banner with the Statue of Liberty and the text "welcome to eMedNY". Below this banner are four green buttons: NEW MEDICARE CARDS, MEDICAID MANAGED CARE NETWORK, PTAR (with a sub-link "click here for more information"), and REVALIDATION (with a sub-link "click here for more information").

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NEW MEDICARE CARDS **MEDICAID MANAGED CARE NETWORK** **PTAR** **REVALIDATION**
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PHARMACY BENEFIT TRANSITION

Effective April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through the NYRx Pharmacy program instead of through their MMC Plan. The pharmacy benefit transition to NYRx does not apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus (CHP)]. Transitioning the pharmacy benefit from MMC to NYRx will provide NYS with full visibility into prescription drug costs, allow centralization of the benefit, leverage negotiation power, and provide a uniform list of covered drugs with standardized utilization management protocols simplifying and streamlining the drug benefit for NYS Medicaid members. NYS Medicaid consumers have comprehensive drug coverage and equitable access to an extensive network of over 5,000 pharmacy providers.

Providers, including prescribers, pharmacies and DMEPOS providers, **must be enrolled** in NYS Medicaid to receive reimbursement for services provided to Medicaid members. See [provider enrollment](#) for more information.

Failure to enroll will result in denial of claims for prescriptions, effective April 1, 2023.



Useful Links

- Pharmacy Benefit Transition
- NYRx Medicaid Pharmacy Program
- Medicaid Pharmacy List of Reimbursable Drugs
- Provider Enrollment
- Provider Enrollment Status Resources
- Medicaid Preferred Drug Program
- Medicaid Pharmacy Program Member Resources
- Top Edit Resource Sheet
- ProDUR-ECCA D.0 Provider Manual**
- Pharmacy Communications

Important Medicaid Updates

- October 2022 Medicaid Update Special Edition Part 1
- January 2023 Medicaid Update Special Edition Part 2
- March 2023 Medicaid Update Special Edition Part 3

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ProDUR-ECCA D.0 Provider Manual

4.0	 OVERRIDE PROCESSING (Rev. 02/23)	4.0
4.1	DUR Override (Rev. 02/23)	4.0
5.0	 Pro-DUR/ECCA Input Information (Rev. 04/23)	5.1
5.1	Header Information Fields (Rev. 05/11)	5.1
5.2	Claim Information Fields (Rev. 04/23)	5.2.1
6.0	 PRO-DUR/ECCA RESPONSE MESSAGES (Rev. 12/22)	6.1
7.0	 PRO-DUR/ECCA REVERSAL/CANCEL TRANSACTIONS (Rev. 05/11)	7.1
8.0	 MESSAGE CHARTS (Rev. 12/22)	8.1
	Response Message – Chart A	8.2
	Additional Message – Chart B	8.3
	Rejected Claim Message – Chart C	8.4
9.0	 MEVS ACCEPTED CODES - TABLE 1 (Rev. 05/16)	9.1
10.0	 MEVS DENIAL CODES - TABLE 2 (Rev. 03/23)	10.1
10.1	TABLE 2 ERROR CHART (Rev. 05/11)	10.1.1
11.0	 CO-PAYMENT CODES - TABLE 6 (Rev. 05/11)	11.1
12.0	 Rx DENIAL CODES - TABLE 7 (Rev. 03/23)	12.1
13.0	 DISPENSING VALIDATION SYSTEM REASON CODES - TABLE 9 (Rev. 03/23)	13.1
14.0	 PEND REASON CODES – TABLE 10 (Rev. 11/11)	14.1
15.0	 NCPDP REJECT CODES (Rev. 03/23)	15.1

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eMedNY – Top Edit Resource Sheet



Department
of Health

Medicaid NYRx

NYRx, The Medicaid Pharmacy Program: Top Edit Resource

Important NYRx Phone Numbers	
eMedNY - Claims billing and ePACES help	1-800-343-9000
Prime Therapeutics State Government Solutions - PA requests, Emergency 72 hr supply requests, clinical criteria questions, and NYRx Programs	1-877-309-9493
Medical Supplies and Procedure Code Limits	1-800-342-3005
Enteral Nutrition PA	1-866-211-1736

General Resources

NYRx Pharmacy Program	https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm
NYRx Pharmacy Transition	https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/index.htm
Medicaid Updates	https://www.health.ny.gov/health_care/medicaid/program/update/main.htm
Pharmacy Preferred Drug Programs	https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf
Pharmacy Manual	https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf
Medicaid Drug Covered List	https://www.emedny.org/info/formfile.aspx
ProDUR-ECCA D.0 Provider Manual (NCPDP Reject Response/MEVS)	https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/

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eMedNY – Top Edit Resource Sheet (continued)

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
01641	Therapeutic Duplication	88 - DUR Reject Error	<p>The Therapeutic Duplication edit checks that therapeutic class of the new drug against class of the member's current, active drugs already dispensed. If the claim transaction was rejected due to a DUR conflict and the pharmacy intends to dispense the drug, they will need to override the conflict (if appropriate). In order to process a DUR override, the same code that was returned as the denial code (Drug Conflict Code) must be placed in the Reason for Service Code (439-E4) field. The DUR Conflict Code being sent as the override must match the DUR Conflict code received in the Response of the original transaction. A corresponding entry must also be entered in the Result of Service Code (441-E6) field.</p> <p>Override:</p> <ul style="list-style-type: none">• Field 439-E4- (Reason for Service Code) = TD- (Therapeutic Dup).• Field 441-E6- (Result of Service Code)- one of the following: (1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A).	<p>ProDUR Provider Manual</p> <p>https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA_Provider_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20(D.0).pdf</p>

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eMedNY – Top Edit Resource Sheet (continued)

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02242	Early Fill Overuse	79 - Fill Too Soon	<p>The Drug Overuse edit determines at the time of refill that the remaining days supply of the drug dispensed for the member's history claims, based on the past 90 days, has accumulated to an additional 10 days for Non-Controlled Substances and 7 days for Controlled Substances.</p> <p>Resolution: The Pharmacy may not override an Early Fill edit by submitting "ER" in field 439-E4. Possible non-matching overrides for "ER" conflicts are below. Review the Response field 544-FY- (DUR Free Text Message) which displays the next earliest date of service that the drug may be filled. Also for ER conflict edits only, if the conflicting fill was filled by a different pharmacy and/or different prescriber, review field 570-NS- (DUR Additional text) to view the other pharmacy and/ or other prescriber name and phone number.</p> <p>Available options for non-matching overrides for "ER"- (Early Fill) if the following criteria are met: For Long Term Care Patient Admit/Readmit Indicator:</p> <ul style="list-style-type: none"> Field 439-E4- (Reason for Service Code) = NP- (New Patient) Field 441-E6- (Result of Service Code)- one of 	<p>The date of next fill returned may differ based on the sequencing of edit denials for edit #01642 and edit # 02242. This is due to the difference of lookback criteria days when resubmitting claims on a different date of service.</p> <p>August 2021 MU page 14 https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no10_aug21_pr.pdf</p> <p>Provider Communication New Patient & LOA https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/long-term-care_pharmacies_new_patient_-_11-1-23.pdf</p> <p>Pharmacy Manual https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Policy_Guidelines.pdf</p>

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eMedNY – Top Edit Resource Sheet (continued)

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
01634	Drug to Drug Interaction	88 – DUR Reject Error	<p>The Drug-Drug Interaction edit matches the new drug against the member's current, active drugs to identify clinically relevant interactions. If the claim transaction was rejected due to a DUR conflict and the pharmacy intends to dispense the drug, they will need to override the conflict (if appropriate). In order to process a DUR override, the same code that was returned as the denial code (Drug Conflict Code) must be placed in the Reason for Service Code (439-E4) field. The DUR Conflict Code being sent as the override must match the DUR Conflict code received in the Response of the original transaction. A corresponding entry must also be entered in the Result of Service Code (441-E6) field.</p> <p>Override:</p> <ul style="list-style-type: none">• Field 439-E4- (Reason for Service Code) = DD- (Drug-Drug Interactions).• Field 441-E6- (Result of Service Code)- one of the following: (1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A).	<p>ProDUR-ECCA D.0 Provider Manual https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/index.aspx</p>

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eMedNY – Top Edit Resource Sheet (continued)

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02218	Prescribing MMIS Provider ID Cannot Be Derived	889 - Prescriber Not Enrolled in State Medicaid Program	Prescriber submitted on the claim is not enrolled in NYS Medicaid. Claims using prescribers who are unlicensed interns, residents or foreign physicians in training will pay when the pharmacy resubmits and enters an override (see June 2022 Medicaid Update page 14). If prescriber is not an intern, resident or foreign physician in training, the Pharmacy should attempt to obtain a new prescription from a prescriber who is enrolled in NYS Medicaid. An override may be available for non-enrolled prescribers under certain situations.	<p>Provider Communication Exception to Medicaid Provider Enrollment https://www.emedny.org/ProviderManuals/communications/Exception_to_enrollment_-_8-25-23.pdf</p> <p>September MU cover page https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no14_sep23_pr.pdf</p>

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eMedNY – Top Edit Resource Sheet (continued)

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02179	Unable To Process a Pharmacy PA Please Call Magellan	75 - Prior Authorization Required *Additional MEVS Denial Code: 303 - Prior Approval Indicated Denied/Rejected By NYS	<p>Prescription needs prior authorization (PA). Pharmacy should contact prescriber to inform them that drug needs PA and resubmit when PA is obtained.</p> <p>Note, drugs dispensed as cash instead of waiting for PA are not reimbursable to the member by the Program.</p> <p>If the pharmacist cannot reach the prescriber and the medication requires immediate attention, the pharmacist may contact Magellan (1-877-309-9493) to obtain a PA for up to a seventy-two (72) hour emergency supply for any drug that requires prior authorization.</p> <p>See the table in this document: Additional Message Field Information on Prior Authorization.</p>	<p>Pharmacists may request the 3-day emergency supply by using the Pharmacy Emergency Supply Worksheet found here:</p> <p>https://newyork.fhsc.com/providers/PA_forms.asp</p> <p>Provider Communication Out of Pocket Costs https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Member_Out_of_Pocket_Costs_-_12-14-23.pdf</p>

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eMedNY – Top Edit Resource Sheet (continued)

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
00551	Item Not Eligible For Payment On Fill Date	8J - Incorrect Product/Service ID for Processor/Payor * Additional MEVS Denial Code 705-NDC NOT ON FORMULARY OR BILL DME HCPCS This should <u>not</u> be directed for a Prime Therapeutics State Government Solutions PA.	<p>It is not a Medicaid covered NDC. The pharmacy may try another NDC for that drug, consult the Medicaid Pharmacy List of Reimbursable drugs, or discuss possible alternatives with the prescriber.</p> <ul style="list-style-type: none">- Not participating in the Federal Drug Rebate Program- DESI Drug- Terminated Drug- Excluded from coverage per State Plan (weight loss drugs, cosmetic drugs, hair loss drugs, select OTCs, etc.) <p>* If the product is a medical supply the pharmacy must submit the HCPCS code in the Product/Service ID field.</p> <p>Additional information in this document: Edit 00551 Validations.</p>	<p>Cover page April 2022 MU, https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no4_apr22_pr.pdf</p> <p>Medicaid Pharmacy List of Reimbursable Drugs https://www.emedny.org/info/formfile.aspx</p> <p>Medical supplies: https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no4_mar23_speced_pr.pdf</p>

Reference and Contact Information

1) Top Edit Resource Sheet:

https://www.emedny.org/nyrx/Top_Edit_Resource.pdf

2) eMedNY:

1-800-343-9000 - www.emedny.org

3) NYS Medicaid Pharmacy Program (NYRx):

1-518-486-3209 - NYRx@health.ny.gov

https://www.health.ny.gov/health_care/medicaid/program/pharmacy.htm

4) Prime Therapeutics State Government Solutions:

1-877-309-9493 - newyork.fhsc.com



Conclusion

NCPDP Common Claim Edits



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