NYRx, The Medicaid Pharmacy Program: Top Edit Resource

Important NYRx Phone Numbers	
eMedNY - Claims billing and ePACES help	1-800-343-9000
Magellan - 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, Option 1

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/index.aspx

The Medicaid Eligibility Verification System (MEVS) Denial Code for a transaction is returned within the Additional Message Info (526-FQ) and indicates the MEVS error for rejected transactions.

NYRx Edit #	NYRx Description	NCPDP reject response	More information and how to resolve	Resources
02242	Early Fill Overuse	**79 - Fill Too Soon**	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 or more. **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 540-NS- (DUR Additional text) to view the other pharmacy and/ or other prescriber name and phone number. Available options for non-matching overrides for "**ER**"- (Early Fill) if the following criteria are met: **For Long Term Care Patient Admit/Readmit Indicator:** • Field 439-E4- (Reason for Service Code) = **NP**- (New Patient) • 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). • Field 420-DK- (Submission Clarification Code) = 18- (Admit/Readmit) **For Long Term Care Leave of Absence:**	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. August 2021 MU page 14 https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no10_aug21_pr.pdf Provider Communication New Patient LOA Pharmacy Manual page 8 ProDUR-ECCA D.0 Provider Manual https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/index.aspx

			• Field 439-E4- (Reason for Service Code) = **AD**- (Additional Drug) • 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). • Field 420-DK- (Submission Clarification Code) = 14- (LTC LOA)	
01631	Client Has Other Insurance	**13 - M/I Other Coverage Code** *Additional MEVS Denial Code: 717 - Client Has Other Insurance	The system identifies another insurance (e.g., Medicare, commercial insurance) for the member that is not being submitted on the claim. Pharmacy must resubmit billing other coverage as Primary with Medicaid as Secondary in a coordination of benefits (COB) claim when drug is covered by Primary. Pharmacies may resubmit claim for drugs that are a Primary coverage uncovered benefit in some circumstances, such as a Medicare member with Part D and claim is an OTC. Pharmacies should be directing the member to either their Local Department of Social Services (LDSS) or the New York State of Health customer services, depending on where they had their Medicaid eligibility determined. This will allow the member to get their information updated as efficiently as possible. • Human Resource Administration (HRA) for New York City (718) 557-1399 • Medicaid Helpline (800) 541-2831	November 2021 MU pages 3 and 16 https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no13_nov21_pr.pdf October 2022 MU page 6 https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no12_oct22_pr.pdf July 2017 MU COB other coverage 4 https://www.health.ny.gov/health_care/medicaid/program/update/2017/jul17_mu.pdf July 2018 MU COB other coverage code 3 https://www.health.ny.gov/health_care/medicaid/program/update/2018/jul18_mu.pdf

01641	Therapeutic Duplication	**88 - DUR Reject Error**	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. Override: • 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).	ProDUR Provider Manual https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA_Provider_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20(D.0).pdf

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	Prescription needs prior authorization (PA). Pharmacy should contact prescriber to inform them that drug needs PA and resubmit when PA is obtained. Note, drugs dispensed as cash instead of waiting for PA are not reimbursable to the member by the Program. A seventy-two (72) hour emergency supply of a prescribed drug may be authorized when the prescriber or pharmacist determines that an emergency condition exists. See the table in this document: Additional Message Field Information on Prior Authorization.	Pharmacists may request the 3-day emergency supply by using the Pharmacy Emergency Supply Worksheet found here: https://newyork.fhsc.com/providers/PA_forms.asp

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 *not* be directed for a Magellan PA.	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. - 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.) * **If the product is a medical supply the pharmacy must submit the HCPCS code in the Product/Service ID field.** Additional information in this document: Edit 00551 Validations.	Cover page April 2022 MU, https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no4_apr22_pr.pdf Medicaid Pharmacy List of Reimbursable Drugs https://www.emedny.org/info/formfile.aspx Medical supplies: https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no4_mar23_speced_pr.pdf
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.	June 2022 MU page 14 https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no7_jun22_pr.pdf

02004	Recipient Has Medicare Part D	**620 - This Product/Service May Be Covered Under Medicare Part D**	Member has Medicare Part D. Claim must be resubmitted to Medicare Part D.	October 2022 MU page 6 https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no12_oct22_pr.pdf
02002	Prescription Serial Number Missing	**EK - M/I Scheduled Prescription ID Number** *Additional MEVS Denial Code: 725 - Serial Number Missing	Each pharmacy claim must be submitted with a corresponding 8-character serial number, For example: electronic prescriptions will have the serial number: 'EEEEEEEE'	https://www.health.ny.gov/health_care/medicaid/program/update/2020/no12_2020-07.htm#serialno

01642	Early Fill Overuse	**88 – DUR Reject Error**	The Drug Overuse edit determines at the time of refill that less than 75% of the previously dispensed amount, based on the previously dispensed supply, has been used. **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 540-NS- (DUR Additional text) to view the other pharmacy and/ or other prescriber name and phone number. Available options for non-matching overrides for "**ER**"- (Early Fill) if the following criteria are met: **F** **or Long Term Care Patient Admit/Readmit Indicator:** • Field 439-E4- (Reason for Service Code) = **NP**- (New Patient) • 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). • Field 420-DK- (Submission Clarification Code) = 18- (Admit/Readmit) **For Long Term Care Leave of Absence:** • Field 439-E4- (Reason for Service Code) = **AD**- (Additional Drug) • Field 441-E6- (Result of Service Code)- one of the following: (1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H,	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. August 2021 MU https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no10_aug21_pr.pdf, Provider Communication New Patient LOA, Pharmacy Manual page 8, ProDUR-ECCA D.0 Provider Manual https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/index.aspx

			1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A). • Field 420-DK- (Submission Clarification Code) = 14- (LTC LOA)	
00162	Recipient Ineligible On Service Date	**65 - Patient Not Covered** *Additional MEVS Denial Code: 001 - Recipient Ineligible On Service Date	Claim submitted for a non covered individual. Refer the patient to their local district or HBE for eligibility.	https://www.health.ny.gov/health_care/medicaid/how_do_i_apply.htm
00556	Refill Number Exceeds Maximum	**8Q - Excessive Refills Authorized** *Additional MEVS Denial Code: 708 - Exceeds NY Allowed Maximum	Refills entered on prescription or fiscal order are more than Medicaid allows for the item. Generally, NYRx allows a maximum of 11 refills per prescription. Products with specific FDA labeling and typical usage may be less. The pharmacy will need to reduce the number of refills for the item.	May 2021 Medicaid Update, https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

01600	Discontinued NDC Number	**77 - Discontinued Product/Service ID Number** This should *not* be directed for a Magellan PA.	NDC submitted is not covered. Choose an alternative and resubmit.	https://www.emedny.org/info/formfile.aspx
02119	Brand Required Instead Of Generic Equivalent	**606 - Brand Drug/Specific Labeler Code Required** *Additional MEVS Denial Code: 421 - Dispense Brand Drug Instead of Generic Equivalent	A generic drug on the claim is in the Brand Less Than Generic Program. The pharmacy should resubmit claim with the Brand. DAW= 9	https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf https://newyork.fhsc.com/providers/BLTGP_about.asp
00550	Maximum Quantity Exceeded	**9G - Quantity Dispensed Exceeds Maximum Allowed** *Additional MEVS Denial Code: 710 - Maximum Quantity Exceeded This should *not* be directed for a Magellan PA	Claim submitted for a quantity more than established guidelines. Pharmacy should ensure claim was submitted correctly, then reduce quantity to Medicaid limitations. Pharmacy should notify the prescriber regarding necessary changes to the order. Most maintenance medications are covered up to 90-day supply, and oral contraceptives up to 1 year supply. Pharmacists may choose the package size that most closely resembles the fiscal order for OTC drugs.	June 2020 Medicaid Update https://www.health.ny.gov/health_care/medicaid/program/update/2020/docs/mu_no11_jun20.pdf, https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

02300	Dispense As Written Code Invalid For Brand Less Than Generic NDC	**22 - M/I Dispense As Written (DAW)/Product Selection Code**	A generic drug on the claim is in the Brand Less Than Generic Program. The pharmacy should resubmit claim with the Brand, DAW=9.	https://www.health.ny.gov/health_care/medicaid/program/update/2021/no10_2021-08.htm#pharmacy https://newyork.fhsc.com/providers/BLTGP_about.asp
01643	Invalid DUR Conflict Code	**9B - Reason for Service Code Value Not Supported**	The claim will be denied if the provider submits a transaction to override a DUR Conflict and the DUR Conflict submitted in field 439-E4 does not match the current conflict being posted. **Note:** The pharmacy may not override an Early Fill edit by submitting "ER" in field 439-E4. For Early Fill "ER" rejects, the pharmacy should view the Response field 544-FY- (DUR Free Text Message) which displays the next allowable date the prescription may be filled. Or refer to Edits 01642/02242 for possible non-matching overrides for "ER" conflicts.	https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA_Provider_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20(D.0).pdf
00562	Drug Price Not Available On Fill Date	**70 - Product/ Service Not Covered - Plan/Benefit Exclusion** This should *not* be directed for a Magellan PA.	The NDC submitted is not covered on the dispensed date. Choose another NDC.	https://www.emedny.org/info/formfile.aspx

00547	Recipient Eligible Emergency Services Only	**70 - Product/ Service Not Covered - Plan/Benefit Exclusion** *Additional MEVS Denial Code: 007 - Emergency Services Only Coverage This should *not* be directed for a Magellan PA.	Item submitted is not a covered benefit for the Emergency Services Only Category of Eligibility; item does not treat an emergency medical condition. Patient will need to make other financial arrangements for the item.	https://www.health.ny.gov/health_care /medicaid/program/pharmacy/2020- 06-09_emergency_svs.htm
00539	Refill Exceeds Maximum Number Authorized	**17 - M/I Fill Number** *Additional MEVS Denial Code: 706 - Refill Code Exceeds Number of Refill Authorized	The fill number exceeds total refills authorized on the original prescription or fiscal order. Partial fills or remainder quantity for prescriptions that have been decreased are not recognized as refills. For prescriptions with valid quantity remaining due to partial filling, the pharmacy may create a new prescription number using the remaining balance as refills matching the initial fill that was decreased.	May 2021 Medicaid Update https://www.health.ny.gov/health_care /medicaid/program/update/2021/docs/ mu_no06_may21_pr.pdf NYRx Guidance: https://newyork.fhsc.com/downloads/p roviders/NYRx_PDP_PDL.pdf

02276	Submitted Ingredient Cost Exceeds Ceiling Price	**78 - Cost Exceeds Maximum** *Additional MEVS Denial code: 708 - Exceeds NY Allowed Maximum	Pharmacy has identified the claim as dispensing a 340B drug. **The pharmacy must submit the ingredient cost at their 340b price, with no fees added.** The 340B ceiling price refers to the maximum amount that a manufacturer can charge the covered entity for the purchase of a 340B drug. A claim submitted to Medicaid should never be higher than the 340B ceiling price or it will be denied. Claims that are denied must be resubmitted with the correct ingredient cost. Alternatively, the pharmacy may dispense non 340B drug and remove the claim level identifiers and submit at the usual and customary charge.	August 2019 MU page 5 https://www.health.ny.gov/health_care /medicaid/program/update/2019/aug1 9_mu.pdf, Pharmacy Manual page 38
02275	Invalid Codes Submitted For 340B Pharmacy Drugs	**34 - M/I Submission Clarification Code** *Additional MEVS Denial Code: 734 - Invalid Combination of Values for 340B Drug	Pharmacy has identified the claim as dispensing a 340B drug with a claim level identifier of 20 in field 420-DK but has not submitted the claim with a Basis of Cost Determination Code of 08 in field 423-DN as required for a 340B claim, or the pharmacy submitted the Basis of Cost of 08, but did not enter a 20 in field 420-DK. Pharmacy should resubmit claim with actual acquisition cost and 08 in the Basis of Cost field	August 2019 MU page 5 https://www.health.ny.gov/health_care /medicaid/program/update/2019/aug1 9_mu.pdf, November 2021 MU https://www.health.ny.gov/health_care /medicaid/program/update/2021/docs/ mu_no13_nov21_pr.pdf, Pharmacy Manual page 38

| 00710 | Procedure / Formulary Code Exceeds Service Limits | **76 - Plan Limitations Exceeded** *Additional MEVS Denial Code: 136 - Requested Item Exceeds Frequency Limitation This should _not_ be directed for a Magellan PA | Quantity or frequency for procedure code or NDC is more than established guidelines. Provider should check order, then reduce quantity if necessary. Pharmacy should notify the prescriber regarding necessary changes to the order. Alternatively, prescriber may Contact DME for assistance. | July 2017 MU, page 3 https://www.health.ny.gov/health_care/medicaid/program/update/2017/jul17_mu.pdf

DME provider manual found here: https://www.emedny.org/ProviderManuals/DME/index.aspx

Questions regarding Medical supply PA criteria, quantity, duration, limits etc. may be referred to: 800-342-3005 or email ohipmedpa@health.ny.gov |
| 00218 | Provider Not Approved For Service | **6Z - Provider Not Eligible To Perform Service/ Dispense Product** *Additional MEVS Code: 705 - NDC Not on Formulary or bill DME HCPCS | The Special Edition Medicaid Update highlights medical supply billing and resources.

When billing NCPDP for medical supplies:
• Items billed to NYRx using the HCPCS code should be submitted in the 11-digit NDC field with leading zeros. Enter the five-character alpha-numeric code (e.g., **"A4259"**) in the last five spaces of the NDC field.
• NCPDP Field Names: Product/Service ID- 407-D7 and Product/Service ID Qualifier- 436-E1 (valid values **"03"** = NDC, **"09"** = HCPCS).

Additionally, providers would need to be enrolled with a category of service (COS) of 0442 to provide medical supply products. | March 2023 MU https://www.health.ny.gov/health_care/medicaid/program/update/2023/no04_2023-03_speced.htm

https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf |
| 01172 | Patient Is Not Covered | **AF, Patient Enrolled Under Managed Care** | Includes patients enrolled in Managed Long Term Care plans (e.g., PACE, MAP, MLTC) or the Essential Plan for prescription benefits. | |

| 01243 | Prescribing/ Ordering Provider Not In Active Status On Date Of Service | **777 - Plan's Prescriber Database Not Able To Verify Active State License With Prescriptive Authority For Prescriber ID Submitted** *Additional MEVS Code: 318 - Prescribing Provider License Not In Active Status | Prescriber was enrolled but not at this time due to either an expired license, a lack of revalidation or other means. Prescriber should be referred to Provider Enrollment at 800-343-9000 or emedny.org. The pharmacy should attempt to obtain the prescription from another enrolled practitioner. | https://www.emedny.org/info/Provider Enrollment/index.aspx

https://www.op.nysed.gov/registration-renewal/online-registration-renewal |
|---|---|---|---|---|
| 00700 | PA Units or Payment Amount Exceeded | **PA Exhausted/Not Renewable** *Additional MEVS Code: 307 - Prior Approval units or payment amount exceeded | The amount transmitted on the claim is larger than the PA units that were authorized. This can occur if the quantity is larger than what remains on the PA. The quantity on the claim can be reduced or a new PA can be obtained for the quantity that is being submitted. | |
| 01493 | Pharmacy Service Included In In-State Facility Rate | **70 - Product/ Service Not Covered - Plan/Benefit Exclusion** *Additional MEVS Code: 325 Pharmacy Service included in – In-State Facility Rate | The member is in a skilled nursing facility. NYRx provides reimbursement for prescription drugs only.

Physician administered drugs (commonly referred to as J-code drugs), over-the-counter drugs, durable medical equipment (DME), medical supplies and immunization services will remain the responsibility of the nursing home facility. | https://www.health.ny.gov/health_ca re/medicaid/program/update/2011/2 011-06_special_edition.htm |

01634	Drug to Drug Interaction	**88 – DUR Reject Error**	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. Override: • 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).	ProDUR-ECCA D.0 Provider Manual https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/index.aspx
01644	Invalid DUR Outcome Code	**E6 – DUR Outcome Code**	The claim will be denied if the provider submits a transaction to override a DUR Conflict in field 439-E4- (Reason for Service), and the DUR Outcome code submitted in field 441-E6- (Result of Service Code) is not one of the following valid codes: (1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1J, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G, 3H, 3J, 3K, 3M, 3N, 4A). **Resolution:** Resubmit with a valid Result of Service Code.	ProDUR-ECCA D.0 Provider Manual https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-ECCA_Provider_Manual/index.aspx

| 00186 | Procedure Requires PA | **75 – Prior Authorization Required**

MEVS Code: 306 - Item Requires Manual Review (the NDC being billed requires manual review by DOH prior to payment); or the Medicare Paid Amount reported is less than reasonable. | Medical supply requires PA/manual review.
• This edit was pending for review prior to 5/12/23 midday. This edit applies to items such as enteral formula and diapers (PA codes 1 and 4). Since the pend process can take a few days for review, it was causing any adjustments or reversals to the claim to reject with a response of "87" Reversal Not Processed & subsequently "88" Therapeutic duplication if reprocessed.
• **Effective 5/12/23 at 2:11pm this edit disposition was changed to a pay & report status for pharmacy claims only, to resolve the issue**. Once the transition period ends this edit will be set to deny for PA. | Medical Supply Fee Schedule & Column Descriptions
https://www.emedny.org/ProviderManuals/Pharmacy/index.aspx |

Additional Message Field Information on Prior Authorization

NCPDP field 526-FQ - Call Magellan 1-877-309-9493, with the following code(s) on auto-PA failure criteria reason denial:

75AC	AGE CRITERIA FAILURE
75AT	DRUG/CLINICAL HISTORY NOT MET
75A1	NO COVERED DIAGNOSIS FOUND
75A2	USE HIGHER STRENGTH
75A3	DRUG CONTRAINDICATION FAILURE
75CC	MAXIMUM CLAIM COUNT EXCEEDED
75CD	MAX DAILY DOSE EXCEEDED
75CH	MAX DOSE IN HISTORY NOT MET
75DC	DRUG THERAPY COUNT LIMIT
75DT	DUPLICATE DRUG THERAPY FAILURE
75GC	INVALID GENDER
75MD	DURATION CRITERIA FAILURE
75MH	MAX MME IN HISTORY NOT MET
75MQ	QUANTITY CRITERIA FAILURE
75MV	PRIOR AUTHORIZATION REQUIRED
75PC	MULTIPLE PRESCRIBER LIMIT FAILURE
75PD	BILL MEDICARE PART D FIRST
75PH	MULTIPLE PHARMACY LIMIT FAILURE
75RD	REQUIRED DIAGNOSIS CRITERIA FAILURE
75RP	REQUIRED PROCEDURE CRITERIA FAILURE
75ST	STABLE THERAPY CRITERIA FAILURE
75SY	PRIOR AUTHORIZATION REQUIRED
75UD	UNITS PER DAY OR DAYS SUPPLY CRITERIA FAILURE

Edit 00551 Validations

Edit 00551 "Item Not Eligible For Payment On Fill Date" checks the following 5 conditions. If any of these conditions cannot be validated, then the claim will deny.

1. **Not Participating in the Federal Drug Rebate Program**
    The [Medicaid Drug Rebate Program (MDRP)](#) is a program that includes Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and participating drug manufacturers that helps to offset the Federal and state costs of outpatient prescription drugs dispensed to Medicaid patients. The program requires a drug manufacturer to enter into a National Drug Rebate Agreement (NDRA) with the Secretary of the Department of Health and Human Services (HHS) in exchange for state Medicaid coverage the manufacturer's drugs.

    List of new/reinstated and terminated labelers: https://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/newreinstated-terminated-labeler-information/index.html

2. **Terminated NDC**
    A drug's termination date is defined by CMS as (1) the expiration date of the last batch of a discontinued drug sold by the manufacturer or (2) the date that the Food and Drug Administration (FDA) or the manufacturer withdraws a drug from the market for health and safety reasons or orders such withdrawal.

    Terminated drug information can be found in the National Drug Code Directory: https://www.accessdata.fda.gov/scripts/cder/ndc/index.cfm

3. **Drug Efficacy Study Implementation (DESI) Designation**
    FDA's administrative process to consider the effectiveness of drugs that had been approved <u>only for safety</u> between 1938 and 1962, is called the drug efficacy study implementation (DESI). *Congress amended the Federal Food, Drug, and Cosmetic Act in 1962 to require that new drugs be shown effective, as well as safe, to obtain FDA approval*. The amendment required FDA to evaluate the effectiveness of the drugs the agency had approved only for safety between 1938, when Congress enacted the FD&C Act requiring new drugs be shown safe prior to marketing, and 1962. Medicaid only covers drugs that are proven to be safe & effective. Therefore, Medicaid does not cover drugs with a DESI designation of "5" or "6" noted below.

- 05 - DESI 5* (Drug Efficacy Study Implementation) – FDA's DESI review determined that the drug is "Less than effective for all of its labeled indications", or the drug is "identical, related or similar" to such drug ('LTE/IRS')
- 06 - DESI 6* – LTE/IRS drug withdrawn from market

More information: https://www.fda.gov/drugs/enforcement-activities-fda/drug-efficacy-study-implementation-desi

4. **Excludable Categories**

Medicaid only provides reimbursement for drugs included on the New York State List of Medicaid Reimbursable Drugs. The following are examples of drugs/drug uses which are not reimbursable by Medicaid in accordance with Policy and/or State or Federal Legislation:

- Drugs used for the treatment of anorexia, weight loss or weight gain pursuant to SSA §1927(d)(2);
- Drugs for the treatment of sexual dysfunction pursuant to SSA §1927(d)(2), and Social Services Law §365-a(4)(f);
- Drugs indicated for cosmetic use or hair growth pursuant to SSA §1927(d)(2)

5. **Medical Supplies (Procedure Code Required in NDC Field)**

Procedure codes must be submitted in the NDC field with these exceptions: Preferred Diabetic Supply Program and select medical supplies such as lancets & devices, syringes, alcohol wipes, needles, condoms, and aero chambers. Products are listed in https://www.health.ny.gov/health_care/medicaid/program/pharmacy/docs/nyrx_medical_supplies.pdf

Additional resources:

- NYRx Procedure Codes Listing
  https://www.emedny.org/ProviderManuals/Pharmacy/PDFS/Pharmacy_Procedure_Codes.pdf
- Billing Guidance for Procedure Codes via NCPDP in March 2023 Medicaid Update NYRx Pharmacy Benefit Transition: Part Three Special Edition
  https://www.health.ny.gov/health_care/medicaid/program/update/2023/no04_2023-03_speced.htm#dmepos