

Coverage Rules on Medications:

This is NOT an all exclusive list of coverage rules on medications. Notably, the following are not included so please see the following links on www.hidesigns.com/ndmedicaid for more information:

- Preferred Drug List (PDL)
- NDC Drug Lookup (search for PA form and quantity limits by NDC or Drug Name)

For questions on specific claims, please contact provider relations at 1-800-755-2604 or email medicaidpharmacy@nd.gov.

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90 Day Supply

ANTIDEPRESSANTS	ALLERGY	PRENATAL CARE
Amitriptyline	Montelukast	Prenatal Vitamins
Citalopram	HYPERTENSION/HEART DISEASE	Folic Acid
Escitalopram	Amlodipine/Benazepril	URINARY
Fluoxetine	Amlodipine Besylate	Doxazosin
Mirtazapine	Atenolol	Tamsulosin
Paroxetine	Benazepril	Terazosin
Sertraline	Bisoprolol	
Venlafaxine	Carvedilol	
BPH	Clopidogrel	
Finasteride	Enalapril Maleate	
DEMENTIA	Enalapril-Hydrochlorothiazide	
Donepezil	Felodipine ER	
DIABETES	Fosinopril Sodium	
Glimepiride	Hydrochlorothiazide	
Glipizide	Irbesartan	

Glipizide ER	Irbesartan-Hydrochlorothiazide	
Glipizide-Metformin	Lisinopril	
Glyburide	Lisinopril-Hydrochlorothiazide	
Glyburide Micronized	Losartan Potassium	
Glyburide-Metformin	Losartan-Hydrochlorothiazide	
Metformin	Metoprolol Succinate	
Metformin ER	Metoprolol Tartrate	
Pioglitazone	Propranolol	
HIGH CHOLESTEROL	Quinapril	
Atorvastatin Calcium	Ramipril	
Ezetimibe	Sotalol	
Gemfibrozil	Valsartan	
Lovastatin	Valsartan-Hydrochlorothiazide	
Pravastatin Sodium	Verapamil	
Rosuvastatin Calcium	Verapamil ER	
Simvastatin		

Generic NDCs Preferred

These NDCs are preferred over other generic NDCs for the same drug. The other generic NDCs will reject at the point of sale.		
NDC	Drug Name	Strength
Advair		
66993058497	FLUTICASONE-SALMETEROL	100-50 MCG
66993058597	FLUTICASONE-SALMETEROL	250-50 MCG
66993058697	FLUTICASONE-SALMETEROL	500-50 MCG
Elidel		
68682011001	PIMECROLIMUS	1%
68682011102	PIMECROLIMUS	1%
68682011203	PIMECROLIMUS	1%
Furadantin		
70408023932	NITROFURANTOIN	25 MG/5 ML
Renvela		
00955105290	SEVELAMER CARBONATE POWDER PACK	0.8 G
00955105490	SEVELAMER CARBONATE POWDER PACK	2.4 G

Medical Billing Only

NCPDP Reject Code:

70 – Product/Service Not Covered

Description:

Clinic-administered drug

Sample Message (underlined information is customized to the rejected claim):

"Drug not covered on pharmacy benefit. Please bill on medical benefit using 837P transactions."

Explanation:

Drugs indicated for inpatient use only or requiring clinic administration should not be billed through the pharmacy point of sale (POS) system. If a clinic-administered/inpatient drug is billed through pharmacy POS, the claim will deny (rejection code and message will post).

Action:

Clinic-administered/inpatient-use drugs (including drugs dispensed for administration in the clinic) should be billed on the medical benefit through clinic buy and bill rather than pharmacy POS even if the claim does not deny when submitted through pharmacy POS.

Contact provider relations at 1-800-755-2604 with any questions on billing these medications.

Out of State

NCPDP Reject Code:

75 – Prior Auth Required

Description:

Service provider (pharmacy) is located out of state

Sample Message:

"If a drug can be dispensed by a ND pharmacy, it must be dispensed by a ND pharmacy. If not, complete Out of State PA form found at www.hidesigns.com/ndmedicaid."

Explanation:

ND Medicaid requires medications to be dispensed by an enrolled, in-state pharmacy if possible. In-state is defined as pharmacies located within North Dakota or within a border state (Minnesota, South Dakota, or Montana).

Action:

If a retail pharmacy is unable to fill a prescription due to a limited distribution program, verify if an in-state pharmacy has access to the medication. The drug manufacturer and/or in-state specialty pharmacies are good resources to consult.

If a prescription cannot be filled at an in-state pharmacy, the out-of-state pharmacy must be enrolled with ND Medicaid and submit the [Out of State Prior Authorization form](#).

Underutilization

NCPDP Reject Code:

88 – DUR Reject Error

Description:

Continued coverage of medication is under review due to lack of adherence

Sample Message (underlined information is customized to the rejected claim):

"Since 02/01/2019 the patient has missed 20 days of therapy for this drug."

Explanation:

Underutilization is calculated for claims within the past 180 days. When maintenance medications are underutilized, the rejection code will post with the customized sample message. Most of these messages are informative and will pay. However, if medication possession is below a certain threshold, the claim will deny and require additional follow up.

Action:

Please have adherence information (e.g. rationale for missed doses, plan to address identified adherence barriers, etc.) available when contacting provider relations at 1-800-755-2604 if requesting an override.

Brand Preferred

NCPDP Reject Code:

76 – Prior Auth Required

Description:

Service authorization is required for non-preferred drug

Sample Message:

"Please visit www.hidesigns.com/ndmedicaid to see PDL and PA criteria. Use NDC drug lookup to access forms. Only forms from this website can be accepted."

"Please use brand."

Explanation:

Brand name medications are preferred when there is a significant cost savings to ND Medicaid or if the requirement increases access to products. If the generic product is billed when ND Medicaid prefers brand name, the claim will deny (rejection code and message will post) and require additional follow up.

Action:

When filling brand name preferred product, use **DAW9** to be reimbursed at the brand rate.

To dispense generic product for first fill or due to primary insurance requirements, contact provider relations at 1-800-755-2604 to request an override for brand preferred denial.

To dispense brand product when ND Medicaid does not prefer brand, please submit the [Dispense as Written PA Form](#).

Diagnosis Code Required

NCPDP Reject Code:

39 – Inv Diagnosis Code

Description:

Missing/invalid ICD-10 code submitted

Sample Message:

“Please submit ICD-10 diagnosis with claim. Plan covers FDA approved diagnoses. Please call provider relations at 1-800-755-2604 with questions.”

Explanation:

ICD-10 codes are required for certain drugs to ensure appropriate use, minimize cost, and increase access. ICD-10 code submission at claim adjudication eliminates the need to require prior authorization for diagnosis verification.

If a non-covered ICD-10 code, an invalid ICD-10 code, or no ICD-10 code was submitted, the claim will deny (rejection code and message will post) and require additional follow up. If the diagnosis is not included on the prescription, please call to get the diagnosis and write it on the prescription, the same as any other part of the prescription you may clarify when needed.

Action:

If the diagnosis is not included on the prescription, contact the prescriber to obtain all applicable ICD-10 codes for use of the drug and document that information on the prescription.

Work with the pharmacy’s software vendor if clarification needed regarding NCPDP fields required for diagnosis submission:

111-AM	Segment Identification	Use “13” since it is in the clinical segment
491-VE	Diagnosis Code Count	Use the number of diagnosis codes being submitted Example: if submitting one diagnosis code, use “1” in this field
492-WE	Diagnosis Code Qualifier	Use “02” since ND Medicaid accepts ICD-10 codes
424-DO	Diagnosis Code	Use the ICD-10 code(s) provided by the prescriber in this field

Reference ND Medicaid Payer Sheet:

<https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/b1-b2-b3-payer-sheet.pdf>