

2020 Pharmacy point-of-sale edits

Effective **Jan. 1, 2019**, to support state and federal regulations regarding opioids and other controlled substances, Medicare's Limited Income Net Program (LINET) employs several point-of-sale edits. The edits will be based on the following:

- I. Drug utilization review (DUR)/professional pharmacy service (PPS) code not allowed or prior authorization required**
 - A. Opioid days' supply limitation**
 - Opioid-tolerant patients will be limited to a 30-day supply for opioids regardless of diagnosis or place of residence. An opioid-tolerant patient is defined as a patient who has a paid opioid claim within the last 108 days.
 - This limitation applies to both short- and long-acting opioids.
 - NCPDP 76: *Plan limitation exceeded*; additional messaging: *Days' supply greater than maximum allowed for this plan*
 - B. Benzodiazepinedays' supply limitation**
 - All prescriptions for benzodiazepines will be limited to a 30-day supply regardless of diagnosis or place of residence.
 - NCPDP 76: *Plan limitations exceeded*; additional messaging: *Days' supply greater than maximum allowed for this plan*
 - C. Drug Management Program—At-riskopioidoverutilization**
 - The Comprehensive Addiction and Recovery Act (CARA) enacted in 2016 requires Medicare Part D sponsors to establish drug management programs for beneficiaries who are at-risk of opioid overuse and limit beneficiaries' coverage for frequently abused drugs to certain prescribers and pharmacies ("lock-in"). A beneficiary-specific edit is applied after case management and notice to the beneficiary.
 - Claims may reject for any one of the following codes:
 - NCPDP 050: *Non-matched pharmacy number*; additional messaging: *Member is not serviced by this pharmacy*
 - NDPDP 056: *Non-matched prescriber ID*; additional messaging: *Member is not serviced by this prescriber*
 - NCPDP 070: *Product/service not covered-plan/benefit exclusion*; additional messaging: *Member is restricted by/from drug level*
 - D. Antipsychotic use in patients with dementia**
 - Patients who are 65 years and older, have a diagnosis of dementia and are prescribed an antipsychotic will require prior authorization.
 - NCPDP 88: *DUR reject error*; additional messaging: *Drug excluded due to dementia diagnosis*
 - E. Morphine milligram equivalent (MME)**
 - Patients filling opioid medication doses greater than 250 mg MME
 - NCPDP 88: *DUR reject error*; additional messaging: *Cumulative morphine equivalent dose exceeds limits*
 - NCPDP 922: *Morphine equivalent dose exceeds limit*
 - NCPDP G4: *Physician must contact plan*

II. DUR/PPS code functionality allowed

Claims will display the message “Soft Reject Payer Allows DUR/PPS Code Override” in NCPDP field 526-FQ. Please see the chart on the following page for the appropriate PPS code to use based on the edit. Please notify patients that any prescription partially filled may require a new prescription for refills or a subsequent second fill.

A. Opioid naïve—opioid days’ supply

Patients new to opioid therapy or who have not had a paid opioid claim in the last 108 days are defined as opioid naïve and will be limited to no more than a seven-day supply of opioids on the initial fill.

- Edit will apply to both short- and long-acting opioids
 - Claims will reject with NCPDP 88: *DUR reject error*; NCPDP reject code 925: *Exceeds opioid initial fill limits*

B. Morphine milligram equivalent—opioid care coordination

- Opioid doses between 90 mg and 250 mg MME will reject with NCPDP 88: *DUR reject error*; NCPDP reject code 922: *Cumulative morphine equivalent dose exceeds limits*
- Opioid doses greater than 250 mg MME will require a coverage determination. Claims will reject as NCPDP error 88: *DUR reject error*; additional messaging: *Opioid threshold exceeded*
- When this MME edit is triggered for any patient, the pharmacy is required to contact the prescriber and document the discussion prior to use of the PPS code to override the edit.

C. Triple threat—concurrent use of opioids, benzodiazepines and muscle relaxant medications

- The edit will act as a drug-to-drug interaction between three interacting problematic medications when there are overlapping fills of opioids, anti-anxiety/sedative hypnotics and muscle relaxant medications.
- Initially this will be a “message only” edit.

D. Double threat—concurrent use of any opioid medication with a benzodiazepine medication

- The edit will act as a drug-to-drug interaction between two interacting problematic medications when there are overlapping fills of opioid and benzodiazepine medications.
- Claims will reject with NCPDP 88: *DUR reject error*; additional messaging: *This drug interacts with patient’s other drug(s)*

The following chart includes codes to override the edit and generate a paid claim when:

- Pharmacists employ professional judgment to review and recommend therapy changes or override the claim utilizing PPS codes.
- The claim should be resubmitted after entering the correct “Reason for Service,” “Professional Service” and “Result of Service” codes based on the error code.
- Code submission is **required** for successful claim adjudication.

Edit type	Reason for service	Professional service code	Result of service
Opioid naïve	MX – Excessive duration	M0 – Prescriber consulted PH – Patient medication history R0 – Pharmacist consulted other source	1G – Filled with prescriber approval 4B – Filled, palliative care 4D – Filled, cancer treatment 4J – Dispensed, patient is not opioid naïve 4K – Prescriber specialty exemption-oncology of non-hospice palliative care 4L – Prescriber specialty exemption-hospice
Care coordination-MME/MED Doses > 90 mg MME or multiple prescribers/pharmacies (more than 4 of each)	HC – High dose	M0 – Prescriber consulted	1B – Filled prescription as is 1D – Filled with different directions 1F – Filled with different quantity 1G – Filled with prescriber approval 3D – Regimen changed 3E – Therapy changed 4A – Prescribed with acknowledgments 4B – Filled, palliative care 4D – Filled, cancer treatment 4K – Prescriber specialty exemption-oncology of non-hospice palliative care 4L – Prescriber specialty exemption-hospice
Concurrent opioid and benzodiazepine (double threat)	DD – Drug interaction	DE – Dosing evaluation M0 – Prescriber consulted MP – Patient will be monitored PE – Patient educated PO – Patient consulted R0 – Pharmacist consulted other source SW – Literature search/review	1B – Filled prescription as is 1D – Filled with different directions 1F – Filled with different quantity 1G – Filled with prescriber approval 3D – Regimen changed 3E – Therapy changed 4A – Prescribed with acknowledgments 4B – Filled, palliative care 4D – Filled, cancer treatment

For questions, please contact the LINET help desk at **1-800-783-1307**, Monday through Friday, 8 a.m. to 7 p.m., Eastern time.