

## **Appendix H– NLPDP Business Rules**

### **1) SPECIAL AUTHORIZATION BUSINESS RULES**

#### **A) Special Authorizations**

- If the submitted DIN is defined as requiring a Special Authorization then the claim will only process for payment if the following criteria are met:
  - The dispense date falls within the defined start and end date for the authorization;
  - There is sufficient approved quantity remaining on the authorization to allow the claim to be processed (if the remaining quantity on the authorization is less than the submitted quantity, the paid quantity will be reduced to the remaining balance and the claim payment adjusted accordingly)
- If a claim is submitted for a drug that is classified as Special Authorization and the client does not have a valid authorization the system will return the message “CP – Eligible for Special Authorization”
- When a claim is filled under Special Authorization, a message will be returned indicating the remaining days and quantity on the authorization.
- If a client has a Special Authorization for a drug that is a member of a ring in the interchangeable formulary, any DIN in that formulary ring may be submitted under the authorization, but the claim will be paid at the lowest formulary price.

#### **B) Special Authorization Day Quantity**

- For a number of drugs, long-term (open ended) Special Authorizations may be approved
- These are managed on the basis of a defined quantity per day, where a claim may be paid if the Dispensed Quantity does not exceed Days Supply \* Defined Daily Quantity
- If the Dispensed Quantity exceeds the allowable amount, it will be reduced to the allowed amount with message “CN – Patient has Attained Quantity Limit” and the paid claim amounts reduced accordingly

### **2) BASIC CLAIM ADJUDICATION BUSINESS RULES**

#### **A) Provider Eligibility**

- The provider (pharmacy / dispensing physician) must be eligible to submit claims on the dispense date

#### **B) Prescriber Eligibility**

- The prescriber must be eligible to submit to the Program on the dispense date

#### **C) Program Eligibility**

- The beneficiary must have a record in the NLPDP database
- The beneficiary must have a valid eligibility under one of the NLPDP plans on the dispense date

D) Date of Birth

- The beneficiary date of birth must be submitted
- The submitted date of birth must match the DOB on file with the Program

E) Gender

- The beneficiary gender must be submitted
- The submitted gender must match the gender on file with the Program

F) Last Name

- The beneficiary surname must be submitted
- The submitted surname must match the gender on file with the Program

G) Days Supply

- The Day Supply submitted may not be blank or 0
- For most DINs first fills for a client are limited to 30 days and maintenance fills are limited to 90 days.
- Narcotic DIN fills are limited to 30 days (first and maintenance fills)
- Controlled substances, including benzodiazepines, antidepressants, antipsychotic, and injectible agents (excluding long acting formulations) are limited to 30 days.
- Intervention codes CS, NF, UA or AE may be used to re-submit rejected claims (with the appropriate notations made to the client file)

H) Narcotic Restriction

- Some prescribers may be restricted from prescribing narcotics under the Program

I) Duplicate Submission

- Duplicate submissions are not allowed. A duplicate claim is defined as a) same client; b) same dispense date, c) same DIN, and d) same provider
- There are 2 exclusions to this rule. PIN 999997 (Compound) and 00999890 (Refusal to Fill). For those two PINS a duplicate claim is described as: a) same client, b) same dispense date, c) same DIN, d) same provider, and e) same Original Rx number

J) Claim too Old

- Claims with a dispense date more than 365 days before the current days date will be rejected
- Reversals submitted more than 365 days after the original dispense date will be rejected

K) Refill Check

Refill claims must have a valid Original Prescription Number on them. A valid Original Prescription Number is defined as one where the Original Prescription Number, Surname, Gender and DOB on the submitted claim match the corresponding values on the original claim

- Refills must be within 365 days of the dispense date of the original fill

L) Provider Restrictions

- In certain cases NLPDP beneficiaries may be restricted to only being able to have claims filled at designated pharmacies (up to a maximum of 2)
- If a claim is submitted by a provider other than the designated provider, the claim will reject and a message will be returned indicating what provider the beneficiary is restricted to

M) Post Dated Claims

- Claims may not be submitted with a dispense date greater than the current date

N) Quantity Check

- The submitted quantity may not be blank or missing

O) DIN Checks

- The submitted DIN must exist within the Program database and be defined as a benefit under one of the NLPDP Plans

P) Transaction Codes

- The Program supports three specific CPhA Transaction Codes:
  - 01 – Submit Claim
  - 11 – Claim Reversal
  - 30 – Request Daily Totals

Q) Group Codes

- Claims to the Program are to be submitted with a Group Code of AUTO, rather than specifying the specific NLPDP plan for the beneficiary. This will allow the system to select the most appropriate coverage for the beneficiary in cases where beneficiaries have multiple eligibilities (e.g. overlapping Foundation and 65+ coverage).

R) Fill/Refill Codes

- Each claim must have a valid code indicating if it is a first fill or refill under the original Prescription

S) Open Benefit Daily Quantity Limit

- For a number of open benefit drugs, there is a defined limit on the quantity that can be dispensed per day

- A Special Authorization is required for a quantity higher than the defined daily limit to be claimed and paid

T) Out of Province Prescriptions

- Out of province prescriptions may be filled for Program beneficiaries in accordance with the Pharmacy Board Bulletin dated May 28<sup>th</sup>, 2009
- These must be submitted to the Program using Prescriber Number P0000, as the Program does not maintain an out-of-province physician listing. Also enter 99 in Prescriber Reference ID