

5101:3-9-06

Prescription billing and recordkeeping requirements.

- (A) The pharmacy claim to the Ohio department of job and family services (ODJFS) or its designee, the pharmacy point-of-sale vendor, must reflect the actual national drug code (NDC) on the container from which the product was dispensed except for unit dose products that must be billed in accordance with paragraph (G) of rule 5101:3-9-03 of the Administrative Code.
- (B) All records of prescriptions must comply with federal and state regulations and shall be retained by the provider for a period of six years from the date of reimbursement of the claim and if an audit is initiated during this time, records must be retained until the audit is resolved.
- (C) For a pharmacy claim to be eligible for reimbursement by ODJFS, any prescription executed in written (and non-electronic) format must be executed on a tamper-resistant form.
- (1) To be considered tamper resistant between April 1, 2008, and September 30, 2008, a prescription form must contain at least one of the following three characteristics:
- (a) One or more features designed to prevent unauthorized copying of a completed or blank prescription form;
- (b) One or more features designed to prevent the erasure or modification of information written on the prescription by the prescriber; or
- (c) One or more features designed to prevent the use of counterfeit prescription forms.
- (2) To be considered tamper resistant beginning October 1, 2008, a prescription form must contain all three of the features in paragraph (C)(1) of this rule.
- (3) The tamper-resistant requirement applies in both of the following situations:
- (a) All written prescriptions presented at the pharmacy on or after April 1, 2008, regardless of the date the prescription was written; and
- (b) All written prescriptions when ODJFS pays any part of the claim, including when ODJFS is not the primary payer, in accordance with paragraphs (F) and (G) of this rule.
- (4) The tamper-resistant requirement does not apply in the following situations:
- (a) Refills of written prescriptions presented at the pharmacy before April 1, 2008;

- (b) Prescriptions transmitted to the pharmacy via an electronic prescription transmission system, facsimile device, or telephone, in accordance with agency 4729 of the Administrative Code;
 - (c) Prescriptions for which payment will be made by an ODJFS-contracting managed care plan;
 - (d) Orders for medications administered in a provider setting and billed by the administering provider in accordance with paragraph (I) of rule 5101:3-9-03 of the Administrative Code; or
 - (e) Orders for medications administered in a long-term care facility (LTCF), including nursing facility or intermediate care facility for the mentally retarded, if the order is written in the patient's medical record and given by medical staff directly to the pharmacy. The prescription is considered tamper resistant if the patient does not have opportunity to handle the written order.
- (5) If a written prescription that is not tamper resistant is presented at the pharmacy on or after April 1, 2008, the pharmacy may fill the prescription on an emergency basis and obtain a compliant tamper-resistant replacement from the prescriber within seventy-two hours of dispensing.
- (a) A tamper-resistant replacement may be obtained via any of the following methods:
 - (i) Telephone verification from the prescriber or prescriber's staff, documented on the prescription with the name of the person at the prescriber's office verifying the prescription, date of verification, and identification of the pharmacist or pharmacy staff member requesting verification;
 - (ii) Obtaining a copy of the prescription from the prescriber via facsimile device;
 - (iii) Obtaining an electronic prescription from the prescriber; or
 - (iv) Obtaining a replacement written prescription from the prescriber on a tamper-resistant form.
 - (b) The replacement tamper-resistant prescription shall be filed with the original, non-tamper-resistant prescription.
 - (c) The dispensing pharmacist shall use professional judgment to define an emergency situation.

(6) When it is determined that a consumer is retroactively eligible, and the consumer's original or refill prescription was filled during a period when the consumer is retroactively eligible, the pharmacy must ensure that the original prescription was tamper resistant before billing the pharmacy claim to ODJFS.

(a) If the prescription meets the provisions of paragraph (C)(4) of this rule, the tamper-resistant requirement does not apply.

(b) If the original prescription was not tamper resistant, the pharmacy may obtain a tamper-resistant replacement as described in paragraphs (C)(5)(a) and (C)(5)(b) of this rule.

~~(C)(D)~~ The quantity of the product dispensed must be submitted in a metric decimal format for payment. ~~For claims submitted prior to November 17, 2003, if the provider is unable to submit decimal quantities, the provider must multiply the product quantity first and then round up. For example, three units of a 3.3 gram drug should be calculated as "3 X 3.3 = 9.9" and billed as "10."~~

~~(D)~~(E) Voids and reversals

(1) Return to stock

(a) When patients fail to pick up their prescriptions, pharmacies must reverse the claim submitted to ODJFS as soon as possible. Reversing a claim within fourteen days will simplify claim reconciliation for providers.

(b) When prescriptions have been dispensed to ~~long term care~~ residents of a LTCF and there is an unutilized portion of a legally redispensable drug remaining, the drug must either:

(i) Be destroyed; or

(ii) Returned to the pharmacy to be redispensed and the product cost, not including the dispensing fee, must be credited to ODJFS. This shall be done by voiding or reversing the original claim and submitting a new claim for the utilized amount plus dispensing fee.

(2) Voids, reversals, and replacement claims for other reasons

(a) Original claims shall be submitted within three hundred sixty-five days of

the date of service. Claims may be reversed, voided, or replaced (i.e., re-billed) at any time within the first three hundred sixty-five days after the date of service.

- (b) Claims may be reversed, voided, or replaced beyond three hundred sixty-five days after the date of service in the following circumstances:
- (i) Adjudicated paid claims may be reversed and replaced (i.e., re-billed) beyond three hundred sixty-five days after the date of service if the adjudication date of the replacement claim is within ninety days after the date of original claim payment.
 - (ii) Adjudicated denied claims may be replaced (i.e., re-billed) beyond three hundred sixty-five days after the date of service if the adjudication date of the replacement claim is within ninety days after the date of adjudication of an original denied claim.
 - (iii) Adjudicated paid claims may be reversed or voided beyond three hundred sixty-five days after the date of service if the adjudication date of the reversal or void is within five hundred forty-five days after the date of original claim payment.

~~(E)~~(F) Third party liability

- (1) In accordance with rules 5101:3-1-17.2 and 5101:3-1-08 of the Administrative Code, ODJFS is the ~~payor~~payer of last resort.
- (2) ODJFS shall reimburse the difference between the third party payment and the medicaid calculated allowable minus any co-payments imposed by medicaid in accordance with rule 5101:3-1-09 of the Administrative Code. This shall be considered payment in full.

~~(F)~~(G) Medicare part B-covered services

Drugs covered by medicare part B for dually eligible consumers must be billed to medicare. ODJFS shall reimburse the medicare part B cost sharing in accordance with rule 5101:3-1-05 of the Administrative Code.

~~(G)~~(H) Medicare part D-covered services

Drugs that are covered or may be covered by medicare part D for dually eligible consumers must be billed to the appropriate medicare part D prescription drug plan

(PDP) and are not covered by medicaid. Medicare cost sharing for medicare part D services is not reimbursable by ODJFS.

~~(H)~~(I) Point-of-sale claims processing

- (1) Pharmacy claims must be billed through the electronic point-of-sale system provided by the ODJFS pharmacy point-of-sale vendor or using a paper claim format as approved by the pharmacy point-of-sale vendor.
- (2) Effective July 1, 2006, batch process claims ~~will no longer be~~ are not accepted.

Effective:

R.C. 119.032 review dates: 01/15/2008

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02, 5111.98
Rule Amplifies: 5111.01, 5111.02, 5111.021, 5111.98
Prior Effective Dates: 4/7/77, 12/21/77, 12/30/77, 7/8/78, 10/1/78, 5/9/86,
11/1/86, 10/1/87, 2/1/88, 1/13/89 (Emer), 4/13/89,
6/1/89, 7/1/94, 10/1/97, 2/3/00 (Emer), 5/1/00,
8/30/01, 1/1/04, 1/1/06, 7/1/06