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CONTACT WITH ANY QUESTIONS
OR FOLLOW-UP

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*Turning patients into data:
how claims are created,
processed, and resolved*

Outline



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- Creating a claim
- Situations
 - Maximum days supply
 - Max doses daily
 - ICD-9 billing
 - Coupons
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Introduction



- The pharmacy is responsible for initiating the prescription claim process by entering patient information as data.
- Often after claims goes through adjudication a rejection is generated that the pharmacy must address.
- Some reasons for rejections are ensure proper medication use, reduce waste, and minimize cost.
- Despite these intentions, some rejections do not serve their purpose and cause unnecessary stress for patients and may result in inadequate clinical care.
- By understanding some of these quirks we hope to minimize or avoid them in the future.

Creating a claim



Patient bring prescription to pharmacy

↓
Enter patient, prescription, and billing information

↓
Patient

- Name
- Gender
- Date of birth

Prescription

- Drug name
- Quantity
- Directions
- Days supply
- Refills
- Prescriber ID
- Date written
- Date filled

Billing

- Identification number
- Group number
- PCN
- Dependant code

↓
Claim is transmitted

↓
Prescription is sold to patient

Maximum days supply



- **The situation**

- A prescription for Xalatan 0.005% is processed for a 50 days supply, but rejected due to

MAX DS IS 30 DAYS

- **The problem**

- Fixed quantity packaging.

- **The outcome**

- Billed as a 30 days supply, but dispensed 50 days worth.
- The third party is blinded to the last 20 days of therapy.

Max doses per day



- **The situation**

- A prescription for Celexa 20 mg twice daily rejects due to

MAX DOSES PER DAY=1

- **The problem**

- Indication versus clinical practice.

- **The outcome**

- The patient is late in receiving their medication.
- The patient suffers side effects from once daily dosing.
- The patients conditions is inadequately treated.

ICD-9 Billing



- **The situation**

- Prescription for Adderall XR 20 mg is rejected for

INVALID DGN CODE

- **The problem**

- ICD-9 code is not provided or does not match medication.

- **The outcome**

- The patient must pay full price for the prescription.
- The prescriber is consulted, delaying initiation of therapy.
- The pharmacy falsely enters any ICD-9 code that works.

Coupons



- **The situation**

- Prescription for Advair 250/50 mcg is billed using a manufacturer coupon, but rejects for

COUPON USED/EXP NOT VALID

- **The problem**

- The coupon seems legitimate, but there is some limitation to its use

- **The outcome**

- The pharmacy spends a lot of time trouble shooting, delaying initiation of therapy.
- The patient withdraws the prescription out of frustration or inability to pay.
- The patient pays full price.

Mail order



- **The situation**

- A prescription claim for lisinopril 10 mg rejects due to

RX FILLED REFILL IN 25 DAYS

- **The problem**

- A mail order pharmacy was late in filling the prescription, and the medication is “in the mail.”

- **The outcome**

- The patient pays full price at the community pharmacy.
- The patient goes without medication waiting for the mail order pharmacy.

Step programs and PAs



- **The situation**

- There are many cases where prescriptions are rejected due to various adjudication tools such as

PA REQUIRED

PT NOT MET STEP THERAPY

NOT ELIG FOR NDC

- **The problem**

- Though valid in many cases, there are lots of examples when the patient has met the required criteria, but the paperwork hasn't been filed, has been entered incorrectly, or there is some other miscommunication.

- **The outcome**

- The patient becomes angry at the pharmacy or third party.
- The patient goes without their medication.
- The prescriber changes the medication, changing quality of therapy.
- The prescriber obtains PA, delaying initiation of therapy.

Abandonment and auto-refills



- **The situation**

- A prescription is successfully billed for Benicar 10 mg, but 14 days later the claim is reversed.

- **The problem**

- Noncompliance makes it hard to anticipate when a patient will require a refill of medication.

- **The outcome**

- The pharmacy has extra workload in reversing and re-running the claim.
- The third party sees multiple claims and reversals.
- Either of these can result in miscommunication or errors.

\$4 generics



- **The situation**

- A prescription for hydrochlorothiazide 25 mg is processed at a cost of \$4.00 but returns with a \$4.08 co-pay.

- **The problem**

- \$4.00 generics undercut the cost of the medication.

- **The outcome**

- The patient refuses to pay the \$0.08 and requests the claim is not billed through their third party.
- The pharmacy forgoes third party billing in anticipation.

Conclusion



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