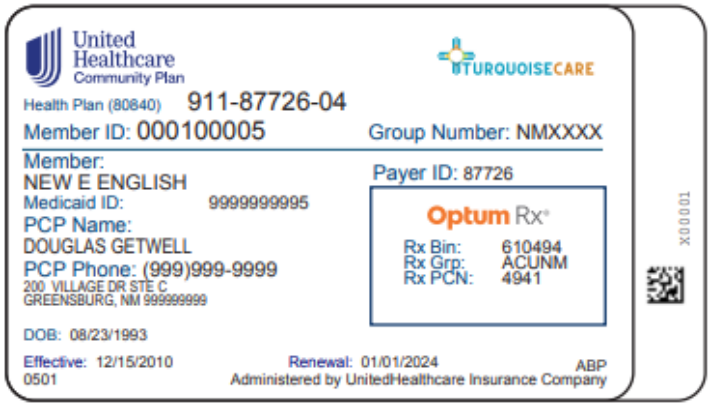
June 5, 2024

NEW PLAN INFORMATION
UnitedHealthcare Community Plan of New Mexico Turquoise Care

Effective Date: July 1, 2024		
BIN: 610494	**PCN: 4941**	**Group: ACUNM**

- All members of **UnitedHeathcare Community Plan of New Mexico Turquoise Care** will receive **a new member identification (ID) card** as shown below.
- Process prescriptions online using the applicable plan ID card information.



Additional Information				
Plan Name	**Plan Type**	**New Member ID**	**New Member ID Format**	**Person Code Required**
New Mexico Turquoise Care	Medicaid	Yes – Enter exactly as printed on the member's ID card	10 digit numeric	No

Dispensing 72 Hour Emergency Supply of Prescriptions:

Dispense medications as an emergency 72-hour supply when drug therapy must start urgently but prior authorization isn't completed. This emergency supply:

- Is limited to a single 72-hour supply per drug per member.
- If medication can't be dispensed as an exact 72-hour supply, dispense the minimum quantity as a 72-hour supply. Examples include, but are not limited to: metered dose inhalers, nasal sprays, topical preparations and powders for reconstitution.

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team: pharmacyprovidercommunications@optum.com

© 2024 United HealthCare Services, Inc.
All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. This document contains information that is considered proprietary to OptumRx and should not be reproduced without express written consent of OptumRx. ©2021 Optum, Inc. All rights reserved.

Please include the following information when submitting claims for a 72-hour supply:

NCPDP Field Name & Number	Value	Description
Prior Authorization Type Code (Field 461-EU)	8	Code clarifying the Prior Authorization Number.
Prior Authorization Number Submitted (Field 462-EV)	72	Number submitted by the provider to identify the prior authorization.
Days Supply (Field 405-D5)	3	Estimated number of days that the prescription will last.

DUR/PPS:

Turquoise Care pays a professional fee to pharmacies for pharmacist counseling services per New Mexico Board of Pharmacy approved protocols. These services are; prescribing with counseling of hormonal contraceptives including Opill and emergency contraceptives, smoking cessation products, naloxone, HIV PEP, Influenza antivirals, COVID-19 antivirals, antibiotics for strep, prescribing/counseling/administration/ reading of TB Mantoux tests, and prescribing/counseling/administration of Vaccines/Toxoids. In addition, a professional services fee is paid for counseling by pharmacists of patients with a prescription for hepatitis C antivirals.

Pharmacists should submit a POS Rx claim with DUR/PPS codes as follows:

NCPDP Field Name & Number	Value	Description
Reason for Service Code (439-E4)	PP	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service
Professional Service Code (440-E5)	PE	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.
Result of Service Code (441-E6)	1B	Action taken by pharmacist in response to a conflict or the result of a pharmacist's professional service.
DUR/PPS Level of Effort (474-8E)	11,12,13,14	Code indicating the level of effort as determined by the complexity of decision making or resources utilized by a pharmacist to perform a professional service. 11 = 15 minutes @ $27.31 12 = 30 minutes @ $54.62 13 = 45 minutes @ $82.93 14 = 60 minutes @ 109.24

© 2024 United HealthCare Services, Inc.
All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. This document contains information that is considered proprietary to OptumRx and should not be reproduced without express written consent of OptumRx. ©2021 Optum, Inc. All rights reserved.

340B Processing:

- 340B claims submitted via the National Council for Prescription Drug Programs (NCPDP) D.0 format must include the following:

NCPDP Field Name & Number	Value	Description
Submission Clarification Code (420-DK)	20 = 340B claim	Required for 340B claims. Indicates that the drug was purchased through the 340B Drug Pricing Program.
Basis of Cost Determination (423-DN)	08 = Disproportionate Share Pricing	Required for 340B claims. Indicates the basis of cost determination.

- Claims will deny if:
  - The Submission Clarification and Basis of Cost Determination fields indicate that the drug was purchased through the 340B Drug Pricing Program, but the pharmacy NPI number is not listed on the HRSA 340B Medicaid Exclusion File.
  - The pharmacy NPI number is listed on the HRSA 340B Medicaid Exclusion File, but the Submission Clarification and Basis of Cost Determination fields did not include the correct values.
- 340B claims submitted as medical claims shall require the manufacturer assigned NDC identifier and the “UD” modifier.

Diagnosis Required at the Point-of-Sale:

- The ICD-10 diagnosis code will be required when a prompt is received at the point-of-sale (POS). This requirement will check that the diagnosis matches the FDA-approved use, or a use supported by the current published evidence.
- If the diagnosis is in the POS system, but not a match for the National Drug Code (NDC) on the submitted claim, or if a diagnosis code is not submitted on the claim, you will receive the message: **NCPDP reject code 80 – Enter ICD 10 code provided by prescriber.**

Enter the ICD-10 code by including the clinical segment (NCPDP segment 13) on the claim. If necessary, please contact your software vendor to ensure the fields indicated are transmitted on the claims.

Populate the fields within this segment as follows:

NCPDP Field Name & Number	Value	Description
Segment Identification (111-AM)	13	Identifies the segment in the request record (clinical).
Diagnosis Code Count (491-VE)	1-4	Count of diagnosis occurrences. Required when diagnosis code is used.
Diagnosis Code Qualifier (492-WE)	02	Code qualifying the diagnosis code (ICD10).
Diagnosis Code (424-DO)	Specific ICD10 code	Code identifying the diagnosis of the patient. Required when diagnosis is needed for designated drug coverage.

Should you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk at **(800) 970-3887** (24 hours a day, 7 days a week).

© 2024 United HealthCare Services, Inc.
All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. This document contains information that is considered proprietary to OptumRx and should not be reproduced without express written consent of OptumRx. ©2021 Optum, Inc. All rights reserved.