Effective June 1, 2015

Effective June 1, 2015 you will receive a prompt at the point-of-sale (POS) requiring you to verify diagnosis information for UnitedHealthcare Community Plan of Rhode Island members filling prescriptions for ADHD medications. This requirement is to make sure the diagnosis matches the FDA-approved use or a use supported by the current published evidence. Here’s how to verify diagnosis information:

1. Check for a diagnosis on the prescription or contact the prescribing provider if no diagnosis is listed. We have notified providers of this diagnosis match requirement. Then verify all diagnosis information entered at the POS and document verification in your system. This information is subject to audit.

2. Enter the ICD-9 code by including the clinical segment (NCPDP segment 13) on the incoming claim. If necessary, please contact your software vendor to make sure the fields indicated are transmitted on the claims, then populate the fields within this segment as follows:

<table>
<thead>
<tr>
<th>Field</th>
<th>Field Name</th>
<th>OptumRx Values Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>111-AM</td>
<td>Segment identification</td>
<td>13= clinical segment</td>
</tr>
<tr>
<td>491-VE</td>
<td>Diagnosis code count</td>
<td>Required when diagnosis code is used</td>
</tr>
<tr>
<td>492-WE</td>
<td>Diagnosis code qualifier</td>
<td>Required when diagnosis used; 01=ICD9</td>
</tr>
<tr>
<td>424-D0</td>
<td>Diagnosis code</td>
<td>Required when diagnosis is needed for designated drug coverage</td>
</tr>
</tbody>
</table>

Please note:

1. If a diagnosis is missing in the POS system, you will receive the message: NCPDP reject code 39 – Missing Invalid Diagnosis code.
2. If the diagnosis is in the POS system, but not a match for the NDC on the submitted claim or if you do not submit a diagnosis on the claim, you will receive the message: NCPDP reject code 80 – Diagnosis Missing / invalid or PA required.
3. If a valid diagnosis is not available, please ask the prescriber and/or member to request prior authorization per their usual process.
4. We highly encourage you to begin to follow the diagnosis verification process. However, an override option will be available for 60 days after the effective date to bypass the Diagnosis Edit.
5. We will approve emergency supplies of these medications according to the following rules when drug therapy needs to begin immediately and prior authorization or diagnosis information is not available.

- Issue up to a 30 day supply or less
- Only fill one prescription per generic product identifier for diagnosis overrides
- When submitting an emergency supply, please submit the following:
  - “Prior Authorization Type code” (Field 461-EU) = ‘8’
  - “Prior Authorization Number Submitted” (Field 462-EV) = ‘10’
  - “Day Supply” in the claim segment of the billing transaction (Field 405-D5) = ‘N’ ; N ≤ 30
TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON EACH MEMBER’S ID CARD BEFORE SUBMITTING CLAIMS.

If you have any questions, please contact the OptumRx Help Desk 24 hours a day, seven days a week.

OptumRx Help Desk
UnitedHealthcare Community Plan: 877-305-8952

Please distribute immediately.