Effective May 1, 2015, you may receive a prompt at the point-of-sale (POS) to verify diagnosis information for UnitedHealthcare Community Plan members in Texas. UnitedHealthcare will require an appropriate diagnosis for members age 19 and older who are taking ADHD drugs. UnitedHealthcare will also require an appropriate diagnosis for members taking: Alinia, Altabax, Lovaza, Propylthiouracil, Sitaglipt (Januvia), and Xifaxan (Rifaximin).

Here’s how we verify diagnosis information and the steps pharmacies need to take before filling a prescription:

1. We check our medical records to verify the member diagnosis. If an appropriate diagnosis is found in our records the claim will be paid. If the appropriate diagnosis is not found in our medical records, the following steps may be taken by the pharmacy staff:
   a. Check for a diagnosis on the prescription or contact the prescribing provider if no diagnosis is listed. Then verify all diagnosis information entered at the POS and document verification in your system. This information is subject to audit. We have notified providers of this diagnosis match requirement.
   b. 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-DO</td>
<td>Diagnosis code</td>
<td>Required when diagnosis is needed for designated drug coverage</td>
</tr>
</tbody>
</table>

2. If a diagnosis is missing in the POS system, you will receive the message: NCPDP reject code 39 – Missing Invalid Diagnosis code.

3. If a valid diagnosis is not available, please ask the prescriber to work on behalf of the member to submit a prior authorization request through the Pharmacy Services Prior Authorization Help Desk. Physicians may call 800-310-6826 or fax a prior authorization to 866-940-7328.

Special Note to Pharmacies: 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. When submitting a prescription for a 72-hour supply, please include:

1. Texas Vendor Drug Program requirements:  http://www.txvendordrug.com/dur/clinical-edit-criteria.shtml. Select the ADDADHD Medications link
April 1, 2015

“Prior Authorization Type Code” (Field 461-EU) = ‘8’
“Prior Authorization Number Submitted” (Field 462-EU) = ‘801’
“Day Supply” in the claim segment of the billing transaction (Field 405-D5) = ‘3’

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON EACH MEMBER’S ID CARD BEFORE SUBMITTING CLAIMS.

If you have questions, please call the OptumRx Help Desk any time at:
877-305-8952

Please distribute immediately.

   Select the ADDADHD Medications link