Effective 10/1/2015, the ICD-10 diagnosis code is required when you receive a prompt at the point-of-sale (POS) requiring you to verify diagnosis information for UnitedHealthcare Community Plan of New York members filling prescriptions for ADHD, HIV and Antipsychotic 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-10 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: 02=ICD10</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>

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 – Submitted Dx excluded for product
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 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 the member’s ID card before submitting claims. If you have questions, please call the OptumRx Help Desk any time.

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