New Program Features

Per Centers for Medicare & Medicaid Services (CMS) guidelines:

- When a prescription claim for a compound medication containing multiple ingredients is used for a diagnosis or via a route of administration that is not supported by the Medicare approved references, the compound is no longer considered eligible for payment under Medicare Part D.
- When a prescription claim for a compound medication contains ingredients that can be covered under Medicare Part D or Part B depending on the situation, the compound must be evaluated for coverage under the appropriate Medicare Part D or Part B benefit.

In these instances, OptumRx, UnitedHealthcare’s pharmacy benefits manager, may reject the claim for multi-ingredient compound prescriptions as follows:

- Reject Code: 70
- One of the following Reject Messaging:
  - Ingredient Not Part D Supported Compound
  - Ingred Req B vs D, Call PA 800-711-4555
  - Non-formulary, call PA at 800 711-4555

NCPDP Submitted Clarification Code (SCC) 08 cannot be used to override any of these rejections. For Medicare Part D plans, NCPDP Submitted Clarification Code (SCC) 08 CAN be used in instances when the claim rejects with only Part D excluded ingredients, where the rejection message may state “Ingredient Part D Excluded, Use SCC 08.”

The following options are available:

- The member may ask their prescriber for other medication options.
- The prescriber can contact the Prior Authorization Department and ask for an exception at 800-711-4555.
- The member can call the number on the back of their insurance card to ask for an exception.
- The member may pay the full cost of the compound. If exception is granted later, the member can call the number on the back of their insurance card to learn more about requesting reimbursement.
Part B Compounds

When a prescription claim for a compound medication contains at least 1 Part B ingredient, the compound is covered under Part B. For plans with only a Part D benefit, these claims will reject with the following reject codes:

- A5: Not Covered Under Part D Law
- A6: This Product/Service May Be Covered Under Medicare Part B

Re-submit the claim to the member's Part B plan.

Level of Care Changes

If member experiences a level of care change such as entering a long term care (LTC) facility and the claim rejects for refill too soon, contact the Pharmacy Help Desk for an override to continue coverage of the drug.

To reduce processing errors, please confirm the information on member's ID card prior to submitting prescription claims.

If you have questions or need assistance, please contact the OptumRx Pharmacy Help Desk, 24 hours a day, seven days a week:

- AARP® MedicareComplete® MAPD, UnitedHealthcare® MedicareComplete MAPD plans: 877-889-6510
- AARP® MedicareRx PDP, UnitedHealthcare® MedicareRx™ for Groups plans: 877-889-6481
- UnitedHealthcare Medicaid plans: 877-305-8952
- All other plans: 800-788-7871

If you have questions regarding this communication call:
Provider Relations 877-633-4701 or e-mail provider.relations@optum.com.