

PACE

PROVIDER BULLETIN

January 21, 2022

Naloxone Copay Assistance Program Reminder

October 1, 2021, the Naloxone Copay Assistance Program to assist with the reimbursement of naloxone was implemented. Since implementation, claims with correctable errors, resulting in rejected claims and no payment from the program, have been submitted.

This is a reminder of which claims are eligible for payment for this program.

- **Only** naloxone products are eligible for reimbursement.
- A claim for **any** patient may be submitted to the program.
 - The patient will not be assigned a Cardholder ID and enrollment in the program is not needed.
- The program will pay **up to** \$75 on each claim.
- Any remaining payment will be the patient's responsibility.
- **Any PACE provider** may bill these claims.

For a claim to be eligible for reimbursement:

- **BIN 002286, PCN 0000682201, and Group ID NALOXONE** must be submitted on the claim.
- **Only Other Coverage Code (Field 308-C8) of 2** (Other coverage exists-payment collected) will be accepted for payment.
 - The patient **must** have other coverage **that is paying** on the claim.
 - **Other Payer-Patient Responsibility Amount** (Field 352-NQ) must be populated for payment to be determined.
- **Cardholder ID field** (Field: 302-C2) must be submitted but may be left blank.
 - **Note if populated:** *MUST have minimum of 2 digits*
- **Patient First Name** (Field 310-CA), **Patient Last Name** (Field: 311-CB), **Date of Birth** (Field: 304-C4) and **Patient Gender** (Field: 305-C5) must be submitted.
- Patients are **limited to a quantity of 2 doses per claim**

The D.0 Specifications for PACE, SPBP, CRDP and all ancillary programs including the Naloxone Copay Assistance Program are available on the PACE Web Portal at [***papaceportal.magellanhealth.com](http://*****papaceportal.magellanhealth.com) by clicking on the Pharmacist Tab and selecting Documents from the drop down.**

Questions may be directed to Provider Services at 1-800-835-4080.

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