

Medicaid Processing Update

BlueCross BlueShield BluePlus of Minnesota and PrimeWest Health
General Dispensing Processing Requirements for Naloxone Rescue Kit

April 15, 2015

Effective April 15, 2015, Participating Pharmacies are required to submit the following values below when submitting claims for Naloxone Rescue Kits for BlueCross BlueShield BluePlus of Minnesota and PrimeWest Health.

BlueCross BlueShield BluePlus of Minnesota and PrimeWest Health provide coverage of Naloxone HCl prefilled syringe and an atomizer that constitutes a “Naloxone Rescue Kit”. This kit is an important part of a strategy to prevent opioid overdose deaths.

Naloxone HCl prefilled syringe may be purchased through pharmacy wholesalers. The atomizer may be obtained from LMANA at 1.866.246.6990 or at www.lmana.com

Naloxone Rescue Kit coverage is dependent upon the Covered Person’s benefit plan.

Processing Requirements

For more information

- Pharmacy must submit the Naloxone Rescue Kit claim to Prime electronically (online), which includes the applicable ingredient cost, dispensing fee and incentive/administration fee as a single claim.
- If you have questions regarding claims processing, please contact Prime’s Contact Center at 800.821.4795
- For software setup information, please visit Prime’s website at Primetherapeutics.com > Pharmacists > Payer sheets > Minnesota Medicaid D.0 Payer Sheet
- For additional overdose prevention educational materials, please visit the Prescribe to Prevent website at prescribertoprevent.org

Plan Sponsor	Plan Name	BIN	PCN
BCBSMN	BlueCross BlueShield Blue Plus of Minnesota MinnesotaCare	610455	MHCP
BCBSMN	BlueCross BlueShield Blue Plus of Minnesota Blue Advantage PMAP	610455	MHCP
BCBSMN	BlueCross BlueShield Blue Plus of Minnesota Blue Advantage MSC Plus	610455	MHCP
PrimeWest	PrimeWest Health	610455	PWEST

NCPDP Segment Name	NCPDP Field Number	NCPDP Field Name	Value
Claim Segment	407-D7	Product/Service ID	76329-3369-01 or 00409-1782-69
Pricing Segment	438-E3	Incentive Amount Submitted	Pharmacy Submitted Incentive Fee
DUR/PPS Segment	473-7E	DUR/PPS Code Counter	Value of 1
DUR/PPS Segment	440-E5	Professional Service Code	MA-Medication Administration