



DELAWARE HEALTH
AND SOCIAL SERVICES

DIVISION OF MEDICAID &
MEDICAL ASSISTANCE

Delaware Medical Assistance Program

Prescribing Provider Policy Billing Reference Guide

Pharmacy Billing Manual:

http://medicaidpublications.dhss.delaware.gov/docs/search?Command=Core_Download&EntryId=214

Preferred Drug List (PDL)*:

http://medicaidpublications.dhss.delaware.gov/docs/search?Command=Core_Download&EntryId=940

**The Preferred Drug List is updated twice a year; please ensure your PDL is the most current version.*

Pharmacy Prior Authorization Forms*:

<https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=32>

**Updated on a regular basis. Please ensure you have the most current version of the form.*

Member Identification Numbers

- All identification numbers are numeric and 10 digits.
- Numbers trailing with “M” are not to be used.
- If a member presents an AmeriHealth Caritas, Highmark Health Options, or Delaware First Health card, you should use that member number for the drug benefit. Please refer to their respective websites for plan specific policies.

AmeriHealth Caritas

1-855-294-7048 (TTY 711)

BIN: 600428

PCN: 07710000

Highmark Health Options

1-844-325-6253 (TTY 711)

BIN: 004336

PCN: MCAIDDE

Delaware First Health

1-877-236-1341 (TTY 711)

BIN: 003858

PCN: DSHP

- There may be a small population of members who are **NOT** enrolled in a managed care program. For these members, the drug benefit will be processed under Delaware Medical Assistance Program (DMAP)/Traditional Fee-for-Service (FFS) Medicaid. Members that may be included in this group:
 - Chronic Renal Disease Program (CRDP)
 - Delaware Cancer Treatment Program (DCTP)
 - FFS Members

Quantity Limits

Additional quantities require prior authorization, and all are tablets/capsules unless otherwise indicated:

- Short-Acting Opioid Analgesics: #120/30 days for acute treatment, #60/30 days for chronic treatment, #720/year
- Benzodiazepines: #120/30 days
- Triptans: #9/45 days
- Anticonvulsants: #240/26 days
- Sedative Hypnotics: #30/30 days
- Lovenox: 10-day supply/30 days
- Tramadol: #240/30 days
- Muscle Relaxants: #120/30 days
- Narcotic Cough Syrup: 240mL/30 days; 480mL/84 days
- Tussionex: 120mL/84 days; 900mL/year
- Oxycodone 15mg: #240/year
- Oxycodone 20mg: #120/year
- Oxycodone 30mg: #60/year
- Depo-Provera Injection: 1 unit/84 days
- Pseudoephedrine: 3600mg/84 days
- Rescue Nebulizer Solutions: 2 boxes/30 days
- Day supply: claims are to be billed with no more than 100 dosing units or a 34-day supply.
- **NOTE:** The time period is a rolling 30-day window based on the date of service being billed. There is no start/stop date. Ex: If a prescription is billed on 7/15, the system looks back at all claims from 6/15 to 7/15.

Early Refill

- For all early refills, the member must have used 83% of the prescription (based on day supply) before the claim will pay.
 - For controlled substance prescriptions (Schedule II - V), members must have used 90% of the prescription (based on day supply) before the claim will pay.
- If the directions on a medication have changed, please call Pharmacy Services with the new dosing and when it was changed.
 - **NOTE:** A prescription will only hit for early refill against the same **medication and strength**.

Pharmacy Copays

- Copays range from \$0.50 to \$3.00 based on the cost of the prescription (for Traditional Medicaid and DCTP members).
- There is a \$15 copay cap per calendar month; so, once the member pays \$15 in copays, all remaining copays will be zero (\$0) for the remainder of the month.
- The following are exceptions to the above copay guidelines. They will always have a \$0 copay:
 - Children (under the age of 21 years)
 - Pregnant women and up to 12 months postpartum.
 - Enter diagnosis code Z331 or Z379 to bypass copay requirement.
 - CRDP members
 - Long-term care nursing facility group or the acute care hospital group
 - Family planning services and supplies
 - Hospice services
 - Naloxone opioid overdose rescue medications
 - Medication-Assisted Treatment used for Opioid Use Disorder
 - Smoking cessation products
 - All immunizations that are Advisory Committee on Immunization Practices (ACIP) recommended

Prior Authorization Requests

- Submit and check the status of a prior authorization (PA) request through the DMAP Provider Portal: <https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx>. If you are not registered, please contact Provider Relations at 1-800-999-3371.
- Submit requests via the DMAP Provider Portal or by fax at 1-302-454-0224.
- If a member is enrolled in a Managed Care Organization (MCO) program, their pharmacy benefits will be included in that MCO package.

Contact Us

- If you have any questions about the above information, please contact the Pharmacy Services team at 1-800-999-3371; Option 0, Option 1.
- Log into the DMAP Provider Portal to submit prior authorizations, verify a member's DMAP eligibility, submit/edit/void claims, or send secure correspondence: <https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx>.