

PACE

PROVIDER BULLETIN

March 4, 2015

Denied Part D claims: Quantity Limits

Beginning Monday March 16, 2015, claims denied by a Medicare Part D plan and submitted to PACE as the secondary payer must also comply with the Program's quantity limits in addition to the Program's DUR edit criteria.

Example: A Part D primary plan denies a claim submitted with a quantity of 120 for a 30 day supply with NCPDP Error 70 "Product/Service Not Covered-Plan Benefit Exclusion." This denial systematically continues to PACE as the secondary payor. Beginning March 16, this claim will be rejected for NCPDP Error 76 "Plan Limitations Exceeded."

NOTE: Resubmitted claims with a reduced quantity e.g., 100qty/25 days may still reject during the adjudication process.

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