

PACE

PROVIDER BULLETIN

June 8, 2023

REMINDER: Naloxone Copay Assistance Program

The Naloxone Copay Assistance Program accepts claims for individuals with or without other coverage.

- These Other Coverage Code(s) (Field 308-C8) may be accepted for payment.
 - 0 = Not Specified by Patient
 - 1 = No Other Coverage
 - 2 = Other Coverage Exists- Payment Collected
 - Other Payer-Patient Responsibility Amount (Field 352-NQ) must be populated for payment to be determined.
 - 3 = Other Coverage Billed- Claim Not Covered
 - 4 = Other Coverage Exists- Payment Not Collected
 - Other Payer-Patient Responsibility Amount (Field 352-NQ) must be populated for payment to be determined.

Additional criteria for claims to be eligible for payment by the program includes:

- **Only** naloxone products are eligible for reimbursement.
 - **All naloxone products in the current PA Department of Health's Naloxone Standing Order are eligible for reimbursement.**
<https://www.health.pa.gov/topics/Documents/Opioids/General%20Public%20Standing%20Order.pdf>
- A claim for **any** patient of **any** age may be submitted to the program.
 - The patient will not be assigned a Cardholder ID and enrollment in the program is not needed.
- The patient **must** be an individual, not a business or group.
- **If the patient has primary insurance**, the claim must be submitted to the primary first.
 - Following any payment made by the primary payer, the claim should be submitted to the Naloxone Copay Assistance Program.
- The program will pay **up to** \$75 on each claim.
- Any remaining payment will be the patient's responsibility.
- **Any pharmacy enrolled as a PACE provider in the Commonwealth of Pennsylvania**, may bill these claims.
- BIN 002286, PCN 0000682201, and Group ID NALOXONE must be submitted on the claim.
- 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.

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