



Important update: Quantity Prescribed (460-ET) submission requirements for CII claims—Updated Sept. 24, 2020

This bulletin is in regards to the communication sent on Aug. 27, 2020 informing pharmacies of a new edit requirement resulting from CMS ruling CMS-0055-F. The ruling mandates that a valid Quantity Prescribed (NCPDP field 460-ET) is submitted on all **federally designated Controlled Substance Level II (CII) drug claims** effective Sept. 21, 2020, across all lines of business. This change impacts pharmacy claim data submission, processor adjudication edits to validate the Quantity Prescribed and payer sheet updates to include the Quantity Prescribed field.

If the field (Quantity Prescribed 460-ET) is not populated for a CII drug you will receive NCPDP Reject Code ET. Enter valid quantity prescribed and resubmit.

Upon implementation of the edit on Sept. 21, 2020, issues were found causing claims to be denied in error. The issues have been fixed and the claims should now process correctly. We apologize for any inconvenience this has caused.

Please see below additional guidance for issues in which your pharmacy may have encountered claims denials in error:

You would have received a claim reject with NCPDP Reject Code 981 starting with dates of service of Sept. 21, 2020 if you had submitted a prescription for a CII under one of the following scenarios:

Scenario 1:

A fill for a CII prescription where Quantity Prescribed = Quantity Dispensed and the Date of Service was more than 30 days beyond the Date Written.

- Such claims may have received the NCPDP Reject Code 981 in error. This has been updated to not have NCPDP Reject Code 981 (Date of Service for Incremental Fill Exceeds Regulatory Timeframe for Dispensing) return in this circumstance. Claims should now process as expected for this scenario.

Action Required: Submit impacted/rejected CII claims again.

Scenario 2:

An initial partial dispensing of a CII prescription (Quantity Dispensed < Quantity Prescribed) and the Date of Service was more than 30 days beyond the Date Written .

- Such claims may have received the NCPDP Reject Code 981 in error. This has been updated to not have NCPDP Reject Code 981 return in this circumstance. Claims should now process as expected for this scenario.

Action Required: Submit impacted/rejected CII claims again.

Scenario 3:

Non CII claims submitted with a Quantity Prescribed value were inappropriately denying when the Quantity Dispense > Quantity Prescribed.

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- Such claims may have received the NCPDP Reject Codes ET (M/I Quantity Prescribed), E7 (M/I Quantity Dispensed) and 85 (Claim Not Processed) in error. This has been updated to not have these reject codes return in this circumstance. Claims should now process as expected for this scenario.
- Note: the edit remains in place for CII.

Action Required: Submit impacted/rejected non-CII claims again.

Additional adjudication edit details:

The list below provides the adjudication requirements, the reject code(s) returned if the edit fails and, when applicable, messaging returned in the Additional Message Information (526-FQ) field, referred to as “AMI” below.

Adjudication Requirements	NCPDP Reject Code	AMI (Additional Message Information Field) 526-FQ
A valid Quantity Prescribed is required on CII drugs effective 9/21/2020.	ET (M/I Quantity Prescribed)	
Quantity Dispensed cannot exceed Quantity Prescribed This edit will be applied to claims when Quantity Prescribed is submitted. It is limited to CII claims only.	ET (M/I Quantity Prescribed)	
Quantity Prescribed must be the same value on the original fill and each incremental fill of a CII prescription	648 (Quantity Prescribed Does Not Match Quantity Prescribed on Original Dispensing)	
Quantity Dispensed on the original and cumulative incremental fills of the same CII prescription cannot exceed the Quantity Prescribed	649 (Cumulative Quantity for this Rx Number Exceeds Total Prescribed Quantity)	
Multiple incremental CII fills are not allowed on the same Date of Service	RM (Completion Not Permitted With Same Date of Service)	MULTIPLE INCREMNTAL CII ON SAME DAY
Incremental fills of CII claims must be filled within 60 days of the date the prescription was written for LTC patients Patient Residence value of 3 (Nursing Facility) or 9 (ICF/IID)	650 (Date of Service Greater Than 60 Days From CII Date Prescription Written For LTC/ Terminally Ill Patient)	
Incremental fills of CII claims must be filled within 30 days for non-LTC patients. Incremental fills only	981 (Date of Service for Incremental Fill Exceeds Regulatory Timeframe for Dispensing)	

Paid claim response

When a CII claim results in a paid status after Quantity Prescribed edits are applied, the remaining quantity

will be calculated and returned as an AMI of "REMAINING QUANTITY = XX" (with XX being the remaining amount). On non-incremental CII claims, or when the sum of the Quantity Dispensed for the original plus incremental fills equals the Quantity Prescribed, zeros will be returned as "REMAINING QUANTITY = 00."

Humana payer sheets on **Humana.com** are updated and include the appropriate Quantity Prescribed requirements.