

Pharmacy Fee Schedule and Pharmacy Benefit Management (PBM) Questions and Answers

General Questions	
QUESTION	ANSWER
1. When was the Pharmacy Fee Schedule established?	The permanent regulations to establish the fee schedules for pharmacy and the rules for the use of the fee schedules and pharmacy networks was adopted by the Chair of WCB on November 6, 2012. The emergency regulations began in July 11, 2007.
2. What is the pharmacy fee schedule?	The maximum fee is based on the Average Wholesale Price (AWP) – found in the most current prescription Red Book or Medi-Span database.
3. Where can I get the regulations for the pharmacy fee schedule and networks?	http://www.wcb.ny.gov/content/main/wclaws/RecentlyAdopted/Part440and442_text.jsp

Injured Worker Questions

QUESTION	ANSWER
1. I need a pharmacy card. Where can I get one?	Please contact your claims adjuster with the WC insurance carrier or contact your self-insured employer.
2. I have a problem with filling my drug prescription. The pharmacy is unable to fill the prescription.	Please contact your claims adjuster with the WC insurance carrier or contact your self-insured employer.
3. My prescription was not filled and the claims adjuster is refusing to approve the prescription. What should I do?	File a RFA-1W (Request for Assistance) form. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve your prescription issues by a WC law judge will be scheduled.
4. The pharmacy is asking for a BIN number/approval number in order to process the prescription. What should I do?	Please contact your claims adjuster with the WC insurance carrier or contact your self-insured employer. The claims adjuster/employer should contact the pharmacy directly.
5. I had to pay for some of the drug prescriptions out-of-pocket. What should I do?	If you are enrolled in a PBM program, you should not have to pay out-of-pocket expenses for pharmacy drugs. However, if you did pay, please contact your claims adjuster/ self-insured employer so that you can claim for these expenses.
6. I had to pay for some of the prescription expenses out-of-pocket. A. The claims adjuster has not responded to my claim, OR B. Denied my claim for out-of-pocket expenses. What should I do?	<p>A. Submit your prescription and receipt to your claims adjuster/ self-insured employer so that you can claim for these expenses.</p> <p>OR</p> <p>B. File a RFA-1W (Request for Assistance) form together with your prescription and receipt. This RFA-1W form can also be filed online. .</p>

Injured Worker Questions

QUESTION	ANSWER
7. I did not use the pharmacy designated by my carrier/self-insured employer. I have a pharmacy card.	If you have received notification to use a pharmacy/pharmacy network, the carrier/self-insured employer may not be liable to pay for the pharmacy bill.
8. I did not use the pharmacy designated by my carrier/self-insured employer. I was not notified to use a pharmacy/pharmacy network and I do not have a pharmacy card.	The carrier/self-insured employer shall pay a bill or reimbursement request submitted by the pharmacy or its billing agent.
9. I was not notified to use a pharmacy/pharmacy network and the carrier/ self-insured employer is refusing to pay for my pharmacy bill. OR 10. I did use the recommended/notified pharmacy/pharmacy network, but the carrier/ self-insured employer is refusing to pay for my pharmacy bill.	File a RFA-1W (Request for Assistance) form together with your prescription and receipt. This RFA-1W form can also be filed online.
11. I was notified to use mail-order/internet pharmacy service even though there is a pharmacy near my residence. Is this allowed?	Yes, the carrier/employer can require you to use the mail-order/internet pharmacy service. Please contact your claims adjuster for details.

Insurance Carrier/Third-Party Administrator(TPA)/Self-Insured Employer Questions	
QUESTION	ANSWER
1. I want to designate a PBM/pharmacy group/ pharmacy that injured employees must use to obtain prescription drugs. What do I need to do?	Notify the WCB Chair by providing a listing of all the pharmacy chains or pharmacies or the name and contact information for a pharmacy benefit manager (PBM). You can also email mcnetworks@wcb.ny.gov to provide information on designating a PBM.
2. What type of notification do I have to provide a claimant?	The self-insured employer/carrier has to provide notification concerning pharmacy benefits and payment for medication as found in Section 440.4 of the rules and regulations (http://www.wcb.ny.gov/content/main/wclaws/RecentlyAdopted/Part440and442_text.jsp)
3. Are compounded medications payable?	Compound medications are not payable under the Medical Treatment Guidelines (see link to New York Non-Acute Pain Medical Treatment Guidelines). If medically necessary, compound drugs are payable at the ingredient level – see section 440.5(d).
5. What type of WC form should the pharmacy use to bill for prescription drugs?	Pharmacies should bill using the CMS 1500 form.
6. The pharmacy provider did not submit a C-4 Auth form for prior authorization.	The C-4 Auth forms are not relevant for pharmacy providers. There are no relevant WC forms for prior authorization purposes. Provider should submit all treatment notes and documentation to request for prior authorization. Providers can use usual and customary billing forms.
7. I would like to object to the pharmacy bill. What should I do?	File C8.1 Part B -NOTICE OF OBJECTION TO PAYMENT OF A BILL FOR TREATMENT PROVIDED.
8. Are over-the-counter drugs payable?	Over-the-counter drugs are not part of the pharmacy fee schedule. Claimants can submit request for reimbursement to the claims adjuster/self-insured employer. Claimants should pay for the over-the-counter drugs.

Pharmacy Provider Questions

QUESTION	ANSWER
1. Do I need to be authorized by the Workers' Compensation Board to be a WC pharmacist?	No, the Board does not authorize WC pharmacy providers/suppliers. However, any pharmacist providing services to WC claimants should be a certified pharmacist in NYS (see New York State Education Department, Office for the Professions).
2. What type of WC form should I use to bill for prescription drugs?	There are no relevant WC forms for billing purposes. The pharmacy provider can use any form or the usual and customary CMS/HCFA1500 billing forms.
3. The WC pharmacy fee for my patient's prescription drugs is less than my usual fees. Can I charge the patient the balance between my fee and the WC pharmacy fee schedule?	No, if you accept a Workers' Compensation patient, you must charge the fees as indicated in the WC pharmacy fee schedule.
4. Do I need to request for prior authorization to the WC carrier or self-insured employer for prescription drugs?	In accordance with section 13-a(5) of the Workers' Compensation Law, if the cost of the prescriptions will exceed \$1,000, the pharmacy provider is required to request prior authorization.
5. Can I require Workers' Compensation patients to pay up front for the prescription drugs or bill a WC patient for prescription supplies/refills?	Yes, but if a claimant presents a prescription indicating it is related to a workers' compensation injury, you must charge no more than the amount stated in the workers' compensation fee schedule. If you bill an insurance carrier and receive notice that the employee is required to use another designated pharmacy or pharmacy chain, the carrier will not be required to pay future bills.
6. Are over-the-counter drugs payable?	Over-the-counter drugs are not part of the pharmacy fee schedule. Claimants can submit request for reimbursement to the claims adjuster/self-insured employer. Claimants should pay for the over-the-counter drugs.
7. Where should I send the WC pharmacy billing forms?	All relevant billing forms and treatment notes should be sent to the WC carrier. Copies of all documents should be: A) Mailed to NYS Workers' Compensation Board, PO Box 5205, Binghamton, NY 13902-5205, OR, B) Faxed to 1-877-533-0337
8. I do not know the patient's WC carrier. How can I get this information?	A. Contact the patient or patient's legal representative for this information. B. Contact the WC District office and speak to a claims examiner.

Pharmacy Provider Questions

QUESTION	ANSWER
9. Can an insurance carrier or self-insured employer direct a WC claimant to a specific pharmacy or pharmacy network?	Yes, a carrier or employer can direct a WC claimant to a specific pharmacy or pharmacy network if the carrier/employer has designated a PBM to provide prescription services and provide adequate notification to the claimant.
10. How long must I wait for payment to be made by the patient's WC insurance carrier?	Claims submitted by a pharmacy provider to the carrier or self-insured employer shall be paid within forty-five calendar days of receipt of the claim. If the bill is disputed, carrier/employer must provide a response and can request additional information. The carrier/employer shall have thirty days to pay the claim or provide written notice to the Board, claimant, and pharmacy provider explaining why the claim is not being paid. Upon receipt of the information reasonably requested, the self-insured employer or carrier shall have twenty days to pay the claim or provide written notice to the Board, claimant, and supplier explaining why the claim is not being paid. Where the self-insured employer or carrier has failed to pay a claim or make reasonable request for additional information within forty-five calendar days, the self-insured employer or carrier is deemed to have waived any objection to liability for the claim and shall pay the claim.
11. The carrier/self-insured employer did not pay within the established time limits. Can I file a request for an administrative award with the WCB using the HP1 process?	No. Because pharmacists are not authorized by the Board, the law does not allow for this. The pharmacist should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.
12. The carrier/self-insured did not respond to my pharmacy bill within the established time limits. OR 13. The carrier/self-insured did not pay my pharmacy bill in full.	The pharmacy should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.

Medical Provider Questions

QUESTION	ANSWER
1. Can I bill for prescriptions?	According to the Article 137 of the Education Law, Section 6800, physicians are able to supply a 3 day supply of prescription drugs to claimants. These drugs are payable according to the WC pharmacy fee schedule.