

# Medicaid Processing Update

BCBS of New Mexico Blue Cross Community Centennial  
 General Dispensing Processing Requirements for Naloxone Rescue Kit

**April 1, 2014**

Effective April 1, 2014, Participating Pharmacies are required to submit the following values below when submitting claims for Naloxone Rescue Kits for BCBS of New Mexico Blue Cross Community Centennial.

Blue Cross Community Centennial provides coverage of Naloxone HCl prefilled syringe and an atomizer that constitutes a “Naloxone Rescue Kit”. This kit is an important part of a strategy to prevent opioid overdose deaths.

Naloxone HCl prefilled syringe may be purchased through pharmacy wholesalers. The atomizer may be obtained from LMANA at 1.866.246.6990 or at [www.lmana.com](http://www.lmana.com)

Naloxone Rescue Kit coverage is dependent upon the Covered Person’s benefit plan.

The Pharmacist must counsel the Covered Person or Covered Persons’ representative on how to use Naloxone and when to call 911.

Pharmacy must submit the Naloxone Rescue Kit claim to Prime electronically (online), which includes the applicable ingredient cost, dispensing fee and incentive/administration fee as a single claim.

**For more information**

- If you have questions regarding claims processing, please contact BCBS of New Mexico at 855.699.0040
- For software setup information, please visit Prime’s website at [Primetherapeutics.com](http://Primetherapeutics.com) > Pharmacists > Payer sheets > BCBSNM Medicaid D.0 Payer Sheet
- For Naloxone administration guide and rescue breathing instructions, please visit the New Mexico Department of Health’s website at: [nmhealth.org>erd>opioid/](http://nmhealth.org>erd>opioid/)
- For additional overdose prevention educational materials, please visit the Prescribe to Prevent website at [prescribtoprevent.org](http://prescribtoprevent.org)

**Processing Requirements**

BIN:..... 011552

PCN:.....SALUD

NCPDP Segment Name	NCPDP Field Number	NCPDP Field Name	Value
Claim Segment	407-D7	Product/Service ID	76329-3369-01
Pricing Segment	438-E3	Incentive Amount Submitted	Pharmacy Submitted Incentive Fee
DUR/PPS Segment	473-7E	DUR/PPS Code Counter	Value of 1
DUR/PPS Segment	440-E5	Professional Service Code	MA-Medication Administration