# Paper Claim Multi-Ingredient Compound Prescription

[Paper Claim Multi Ingredient Compound Prescription Process](#_Toc190843530)

[Related Documents](#_Toc190843531)

**Description:** Instructions to determine when a reimbursement claim is filed and when a plan member has paid “out-of-pocket” for a multi-ingredient compounded prescription purchased at a retail pharmacy.

Emphasize this to members when educating on paper claims that for mail-in paper claims, the member must submit the **original** receipts and paperwork stapled to the Rx bag by the pharmacy.



| Paper Claim Multi Ingredient Compound Prescription Process |
| --- |

This process **does not apply to FEP or MED D.**



Complete the steps below:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Picture 876151417, Picture **Read the disclaimer to the member:**  Picture 1114238077, Picture **The submission of a paper claim does not ensure reimbursement under the prescription benefit plan.** |
| **2** | Review the CIF to determine if the plan covers compound medication paper claims.   * If not, notify the member that compound medications are not covered. * If yes, proceed to the next step. |
| **3** | **Member will need to:**  Complete the Compound Paper Claim submission process online (preferred), or if mailing, complete both forms refer to [Paper Claim Research (Submissions, Locating, Rejections, and Reimbursements (059668)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4e81c6b3-9feb-442a-b625-508abf839729) and provide the original receipt and pharmacy prescription leaflet(s) which were stapled to the bag when Rx was picked up.  Refer to:   * [Prescription Reimbursement Claim (Paper Claim) Form (041941)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3941d8b-03f2-41e8-997c-8d316b606a2c) that provides the member information. * [Compound Prescription Paper Claim Form (065609)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4551aa74-d56c-4466-89ae-1d2d4ffd9366) that includes the ingredient details, this form should be filled out by the pharmacy to ensure accuracy.   **The documentation must include the following**:   * Member Name * Prescription Number * Prescribing Physician’s NPI Number * Prescribing Physician’s Name * Pharmacy Name and Address **or** Pharmacy NABP Number * Medication NDC Number * Metric Qty / Day Supply Number (May be written in by the pharmacy or member if not included) * Dispensed Quantity * DAW (if applicable) * Date of Fill * Cost of Medication * Level of Effort / Compounding Fee * Total Cost must match the pharmacy prescription leaflet * Each Ingredient must be listed separately with its own:   + NDC #   + Quantity and   + Cost   If some of this original paperwork has been discarded, the member may be able to get new copies from the Pharmacy.  If the member is unable to submit the forms electronically (digitally) or print the paper claim forms, submit the following RM Task. (Refer to [Compass – Complete a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).     * **Task Category:**  Fulfillment * **Task Type:**  Claim Forms * **Queue:** Fulfillment – Richardson * **Notes:** Specify that a Compound Prescription form is needed.   **Result:** When the CCR requests the form for a compound prescription, a standard claim form is mailed in addition to this form. The member automatically receives both within the one request.  **Turn Around Time (TAT):** Up to 3 (three) business days, not including delivery time.  Do not submit two separate requests. |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

* [Paper Claim Index (042914)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=1f72603c-4632-4e85-8d97-16cb51a3be1f)
* [PeopleSafe - Paper Claims Submission (042385)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6cb07dab-eeef-4ae1-85fc-d153ca009cbc)for addresses to mail requests.
* [Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Documents:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION – PAPER COPY – INFORMATIONAL ONLY**