# Compass - Handling Compound Calls – Care

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**Description:** Provides the Point of Sale (Retail) and Paper Claims procedures when a member is asking about a Compound Prescription.

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| Compound Pharmacy to Fill for Members |

Icon - Important Information

* **Millers of Wyckoff no longer handles insurance company compound requests.**
* Mail Order pharmacies stopped filling compound prescriptions as of 03/01/2019.
* **Do not run** Test claims to determine compound prescription coverage since they require more than one ingredient. The Test Claim functionality allows pricing on a single ingredient.

**Note: We are unable to provide pricing information to our members about compound medication.**

**Note:** Contact the Compound Pharmacy for drug cost information.

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| Compound Prescription Already Filled |

If you receive a call about a compound that has been filled and submitted under the new D.0 claim submission format, follow these steps:

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| **Step** | **Action** | |
| **1** | Determine if the Compound prescription was processed through the member’s prescription plan.  **Notes:**   * The phrase “DO NOT USE” may display in place of a medication name. This may require a call to the pharmacy or reviewing the **Compound** hyperlink as identified in [Step 2](#Step2). Standard drug names may not be displayed. Ask for the date of fill and which pharmacy was used. * If the member intends to use Coordination of Benefits (COB) to cover compound medication, they must submit the claim via Paper Claim. Refer to [Paper Claim - Coordination of Benefits (059752)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=667bb22c-1e6c-4736-94b4-bcbea63684b3) and [[Compass - Viewing, Adding and Editing Coordination of Benefits (COB) (058048)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=50aa7279-263d-4b4e-9905-096e4fa3f2a0)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=50aa7279-263d-4b4e-9905-096e4fa3f2a0) for additional information as needed. * For more information regarding D.0 claims submission format, refer to: [PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736). | |
| **If…** | **Then…** |
| Yes | From the Claims Landing Page, on the **Claims** tab locate the claim in question, then click the **Rx #** hyperlink.    **Result:** The Claim Details screen displays. Proceed to [Step 2](#Step2). |
| No | Advise the member that the pharmacy should submit the Compound prescription electronically.   * If this is not an option, determine if the client allows Paper Claims. If yes, the member needs the following two forms for submission:   + - [Compound Prescription Paper Claim Form (065609)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4551aa74-d56c-4466-89ae-1d2d4ffd9366) - Includes all of the ingredients listed separately, with metric quantity and cost for each. This form should be filled out by the pharmacy to ensure accuracy.     - [Prescription Reimbursement Claim (Paper Claim) Form (041941)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e3941d8b-03f2-41e8-997c-8d316b606a2c) - Provides the member information.   Both forms are required for Compound claims. Refer to [[Compass - Paper Claim Multi-Ingredient Compound Prescription (058046)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5e05bf4-e050-4efc-a8df-6e1d51c513f0)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5e05bf4-e050-4efc-a8df-6e1d51c513f0).   * Do not run Test Claims to determine compound prescription coverage as they require more than one ingredient, and Test Claim functionality only allows pricing on a single ingredient.   **Read the disclaimer to the member:**  **The submission of a paper claim does not ensure reimbursement under the prescription benefit plan**.  **Note:** Members submits Compound Paper Claim forms to:  **Government plans:**  Government Address:  <PBM Name>  P. O. Box 52195  Phoenix, AZ 85072-2195  **Commercial plans:**  CVS/Caremark  P.O. Box 52136  Phoenix, AZ 85072-2136  Review the CIF to ensure CVS Caremark handles the plan’s paper claims. If not, advise member to send Paper Claim request to the address provided in CIF. |
| **2** | On the Prescription Details screen for the Rx in question, locate the Compoundthen click the **Yes** hyperlink.    **Result:** The Compound Details window displays. | |
| **3** | Review the Status and the Ingredient Cost (allowed cost) of each ingredient.    **Note:** If an Override/PA was applied, it is displayed in the Override/PA field. Commercial clients may choose to allow OTC ingredients within a Compound claim to be covered. | |
| **If the Status is…** | **Then…** |
| Accepted | The ingredient is covered. The Ingredient Cost indicates the amount reimbursable to the pharmacy (allowed cost). |
| Denied | The ingredients are not covered. The Ingredient Cost is displayed at $0.00.   * The cost of that ingredient is not factored into the member’s copay, and it is at the discretion of the pharmacy whether to charge the member the out-of-pocket cost for the non-covered ingredient.   + If the pharmacy needs assistance in bypassing non-covered ingredients, direct them to the Pharmacy Help Desk. * To view the settlement codes explaining the rejection, click the **Denied** hyperlink in the Status field. |
| **4** | Return to the Claim Details screen and click the **Financials Details** tab. Explain the member’s copay based on the information within the screen and the Accepted/Denied status within the previous Compound Details screen.  **Note:** Although each ingredient is adjudicated separately, they are added together to calculate the member’s copay.    **Example:** If a Compound contains three ingredients, each approved at $10 dollars, the total ingredient cost would be $30. A member with a flat co-pay of $5 would only be charged $5 co-pay. A member with a percentage copay of 20% would be charged $6.  **Note:** The pharmacy may include a **Level of Effort Fee** along with the ingredient costs and other charges. The Level of Effort is determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service. This fee is factored into the total cost the pharmacy submits for reimbursement.  **Example from Financial Details Screen** | |

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| New Compound Prescription |

If receive a call about determining coverage for a new Compound prescription, follow these steps:

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| **Step** | **Action** |
| **1** | Review the CIF to determine if Compounds are not covered.   * If it advises Compounds are not covered, advise the member. * If it does not discuss Compounds, proceed to the next step. |
| **2** | Advise the member to contact their Retail pharmacy to determine if they will be able to make the compound, then proceed to the next step.  **Notes:**   * If the member intends to use Coordination of Benefits to cover Compound medication, they must submit the claim via a Paper Claim. * For additional information, refer to [Compass - Viewing, Adding and Editing Coordination of Benefits (COB) (058048)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=50aa7279-263d-4b4e-9905-096e4fa3f2a0) and [Compass - Paper Claim Multi-Ingredient Compound Prescription (058046)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c5e05bf4-e050-4efc-a8df-6e1d51c513f0). |
| **3** | Inform the member that the price of the compound is available once submitted through their insurance. Due to the complexity of Compounds, it is not possible to provide an accurate price quote in advance.  Encourage the member to ask the pharmacy to submit the claim to their insurance first before creating the compound. This gives them the opportunity to decline if unwilling to pay for the cost of the compound. |

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| Topical Analgesics and Compound Rejections |

**Icon - Important Information** Does not apply to Medicare Part D, Medicaid, EGWP Wrap or Marketplace (Exchange) plans.

Non-FDA approved topical analgesic pain patches may reject NDC/Plan Exclusion for commercial plans if they contain the ingredients, but are not limited to Lidocaine, Menthol, Capsaicin and Methyl Salicylate.

Prior Authorization may be required for compound drug claims over $300 (no fill limit), as well as the exclusion of costly Compounding bases and bulk Compounding powders and Compound kits. Refer to CIF to determine who handles Prior Authorizations and any compound drug specific process.

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| **If the Prescription is a…** | **And Rejects…** | **Then…** |
| Topical Analgesic | NDC Not Covered/Plan Exclusion | Your plan now excludes topical analgesics medication. These products are not FDA approved, and there is no clinical data to determine if they are safe and effective. Very often an FDA approved alternative is available so discuss with your physician if a commercially available product is appropriate to treat your condition. |
| Topical Analgesic | PA Required | Refer to CIF, if Caremark handles Prior Authorizations, then:  Dialogue Ask your doctor to call us toll-free at **1-800-294-5979** to request prior authorization. |
| Compound Drug | NDC Not Covered/Plan Exclusion | Your plan now excludes all bulk compounding powders and (in some cases) certain compound bases. These products are not FDA approved, and there is no clinical data to determine if they are safe and effective. Very often an FDA approved alternative is available that does not require compounding. Discuss with your physician if a commercially available product is appropriate to treat your condition. |

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| New Compound Language Template |

Refer to as needed:

A close-up of a prescription

AI-generated content may be incorrect.

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[PHD - NCPDP vD.0 - Compound Submission, Adjudication, and Reimbursement (064288)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e117b055-6ad0-4894-80b4-099f760ed736)

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

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