# Compass - Paper Claim Multi-Ingredient Compound Prescription

[Process](#_Toc203993881)

[Submission Addresses](#_Toc203993882)

[Related Documents](#_Toc203993883)

**Description:** Used 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: for mail-in Paper Claims, the member must submit the **original** receipts and paperwork stapled to the Rx bag by the pharmacy.

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



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| **Step** | **Action** |
| **1** | **Read the disclaimer to the member:**  **The submission of a paper claim does not ensure reimbursement under the prescription benefit plan.** |
| **2** | Review **Member Details** on the Member Snapshot Landing Page to ensure **Active** eligibility.  **Note:** If **Inactive** coverage, search for an active account. (Unable to assist member with an inactive account.) Refer to [Compass - Guided Authentication (050163)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) as needed. |
| **3** | Review the **CIF** to determine if a Universal Claim form is accepted.   * If yes and the member has a Universal Claim form (printed by their pharmacy) with all the required information as outlined in this step, then we will be able to accept this to process the claim. Proceed to the next step. * If CIF does not allow Universal Claim forms, then the member needs the following two forms for submission: * [**Prescription Reimbursement Claim Form (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.   Both forms are required for Compound claims. If the member does not have the necessary forms, then submit a Support Task for the Compound Prescription Claim form using the **Create a Support Task** button:   * **Task Type:** Fulfillment * **Type of Form:** Claim Form * **Compound Form?** Yes * **Note:** 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 with one request.  **TAT:** Up to 3 business days, not including delivery time.  Do not submit two separate requests. |
| **4** | Members must complete the required forms and provide the original receipt and pharmacy prescription leaflet(s) which were stapled to the bag when the Rx was picked up.  These must include:   * 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 members may be able to get new copies from the Pharmacy. |
| **5** | Advise the members to make copies of all documentation for their records and send all the original Paper Claim forms and copies of the pharmacy leaflets. Refer to the [Submission Addresses](#_Submission_Addresses) section below for mailing address information.  Copies of the pharmacy receipts are not acceptable; only the original receipt attached to bag when they first picked up their medication are accepted.  **Note:** If the member is utilizing Caremark.com or the Mobile site to submit Paper Claim forms, the member retains all copies for their records and upload all required documents to the site per the instructions provided. Refer to [Caremark.com – Submitting Paper Claims Through Desktop/Mobile Site or Mobile App (Commercial Clients) (021490)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54a38024-1554-4f79-b741-7a24347df7d3).  **Standard Turn Around Time:**   * Allow up to 10 business days for the claim to arrive in the mail. * Allow up to 30 days for the claim to be processed. * If claim is found in the system and it has been **more than** 45 business days since the claim was received by CVS Caremark, and the member has not received reimbursement, then refer to [Compass - Identifying Paper Claims (050034)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c281dde6-a86e-451a-8828-9f2b98c17bb9). |

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| Submission Addresses |
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Review the CIF in theSource for Paper Claims addresses.

Government Address:

<PBM Name>

P. O. Box 52195

Phoenix, AZ 85072-2195

If the member has a **RxBin number of 004336** or if they are unable to find their RxBin number, then they would need to mail their documents to the following:

CVS/Caremark

P.O. Box 52136

Phoenix, AZ 85072-2136

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| Related Documents |

**Parent Documents:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049) and [CALL 0011 Authenticating Caller](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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