

Compound Prescription Claim Form

Number of compound prescriptions you are submitting for reimbursement: _____

1. A compound prescription must contain more than one ingredient.
2. List the VALID 11-digit NDC number for each ingredient used in the compound prescription.
3. List the ingredient names for each NDC.
4. Indicate the "metric quantity" (for example – expressed in number of tablets, grams, or milliliters) for each ingredient NDC number.
5. Indicate the cost for each ingredient (dollar amount).

Compound Prescription 1	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
SUMMARY FOR COMPOUND PRESCRIPTION 1		Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□
Compound Prescription 2	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
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SUMMARY FOR COMPOUND PRESCRIPTION 2		Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□

Compound Prescription Claim Form (continued)

Compound Prescription 3	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
DRUG NAME: _____			
National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□	
SUMMARY FOR COMPOUND PRESCRIPTION 3			
	Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□	
Compound Prescription 4	Pharmacy Name:	Date Filled (MM/DD/YY) □□ / □□ / □□	Prescription (Rx) Number □□□□□□□□□□□□□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
	DRUG NAME: _____		
	National Drug Code (NDC Number) □□□□□ - □□□□□ - □□	Metric Quantity □□□□□□□□□□	Cost □□□□□□□.□□
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SUMMARY FOR COMPOUND PRESCRIPTION 4			
	Total Metric Quantity □□□□□□□□□□	Total Cost □□□□□□□.□□	

For compounded drugs that contain more than four ingredients, please submit all additional prescription details along with your submission. If you have questions or concerns completing the form, please ask your pharmacist to complete it for you.

Frequently Asked Questions for Compound Claims

Q1: What constitutes a compound medication?

A1: A compound is a unique medication created by a pharmacist with two or more ingredients; a list of these ingredients is required when submitting compounds for reimbursement. Compound ingredients can come in many different dosage forms such as, capsules, creams, liquids, applicators, syringes, etc.

Q2: What are the requirements for submitting compounds?

A2: Under the Health Insurance Portability and Accountability Act (HIPAA) regulations, compound claims need to include information on all of the ingredients in order to be processed through your plan benefit.

Q3: What items are required for submitting compounds?

A3: The following items are required for processing your compound and are usually found on your receipt:

- Member ID #
- Prescription #
- Date of fill (date of service)
- Pharmacy identifier name/address and/or store number
- Drug (NDC) #s or name of drug/item and strength for each ingredient, NDC is 11 digits
- Metric quantities for each ingredient
- Cost for each ingredient, total compounded metric quantity
- Total amount paid by patient
- The days' supply

Prescription Label Example: Please use the example below as a guide to locate the required information.
Note: Each pharmacy may have a unique label format.

<p>Anytime Pharmacy #1234 (555) 555-5555 123 Any Street Store NPI: 1234567890 Home Town, US 12345-6789</p> <p>RX# XXXXXXXX Date Filled: 01/01/2018</p> <p>Patient Last Name, Patient First Name DOB: XX/XX/XXXX 123 Any Street Patient Phone Number Home Town, US 12345-6789</p> <p>Keta Lido Clon 10/5/0.2% Lipoderm DAW: 0 QTY: 30 GMS Days Supply: 30</p> <p>Doctor's Name, MD NPI: XXXXXXXXXX You Pay: \$64.82</p>	<p>Compound Information: Please enter all information per drug used.</p> <p style="text-align: center;">Compound Prescriptions For pharmacy use only</p> <table border="1"> <thead> <tr> <th>NDC#</th> <th>Ingredient</th> <th>Quantity</th> <th>Charge</th> </tr> </thead> <tbody> <tr> <td>51927-2790-00</td> <td>Drug 1</td> <td>3.00 gms</td> <td>\$0.00</td> </tr> <tr> <td>51927-1031-00</td> <td>Drug 2</td> <td>1.50 gms</td> <td>\$5.70</td> </tr> <tr> <td>51927-3573-00</td> <td>Drug 3</td> <td>2.00 ml</td> <td>\$0.36</td> </tr> <tr> <td>51927-4236-00</td> <td>Drug 4</td> <td>1.00 ml</td> <td>\$1.00</td> </tr> <tr> <td>51927-3338-00</td> <td>Drug 5</td> <td>23.0 gms</td> <td>\$46.00</td> </tr> <tr> <td>51927-2379-00</td> <td>Drug 6</td> <td>0.06 gms</td> <td>\$11.69</td> </tr> <tr> <td>07572-0006-09</td> <td>Drug 7</td> <td>1.00 ml</td> <td>\$0.07</td> </tr> <tr> <td colspan="3" style="text-align: right;">Total:</td> <td>\$64.82</td> </tr> </tbody> </table>	NDC#	Ingredient	Quantity	Charge	51927-2790-00	Drug 1	3.00 gms	\$0.00	51927-1031-00	Drug 2	1.50 gms	\$5.70	51927-3573-00	Drug 3	2.00 ml	\$0.36	51927-4236-00	Drug 4	1.00 ml	\$1.00	51927-3338-00	Drug 5	23.0 gms	\$46.00	51927-2379-00	Drug 6	0.06 gms	\$11.69	07572-0006-09	Drug 7	1.00 ml	\$0.07	Total:			\$64.82
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Q4: What is required to identify the drug/item?

A4: Drugs are identified by a variety of methods. Some of the most common are NDC # (National Drug Code), UPC Code (Universal Prescription Code) and HRI (Health Related Item) Number. Review your paperwork and make sure that your pharmacist has provided and listed all ingredient-related details. Providing complete information will help ensure your claim is processed seamlessly.

Q5: What is required for submitting the ingredient costs?

A5: The ingredient cost is required for each ingredient in the compound. Ingredient cost is the actual dollar value of each ingredient in the compound based on the quantity used. It will not be the cost of the entire package the ingredient came from originally, just the portion used in the compound. Total ingredient costs should not be more than the amount you paid for the product.

Q6: What is required for submitting quantity?

A6: The metric quantity in milliliters (ml) or grams (gm) is required for each ingredient. Submitting cost for entire package or a zero quantity is not acceptable.

To avoid delays in processing, please contact your pharmacy to obtain any necessary information.

Frequently Asked Questions

MISSING/INVALID INFORMATION	WHAT TO DO?
Days' Supply	Days' supply is the number of days medication is to be taken. This is not the quantity of medication dispensed. See below for quantity. Contact your pharmacy to obtain a new receipt or itemized printout that includes the days' supply in addition to the quantity and directions for use. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
National Drug Code (NDC) Number	The NDC number is a unique 11-digit number assigned to each medication by the U.S. Food and Drug Administration (FDA). Contact your pharmacy to obtain a new receipt or itemized printout that shows the NDC number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
Original Receipts	Contact your pharmacy to obtain a new receipt or itemized printout. Please make sure the receipt or itemized printout includes the patient's name, prescription number, date filled, dispensing pharmacy name and address, drug name, strength/form, quantity, ingredient cost, gross amount due, days' supply, and price. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. An original cash register receipt is acceptable for diabetes supplies.
NPI, NCPDP or NABP Number	The National Council for Prescription Drug Programs (NCPDP) or National Boards of Pharmacy (NABP) number is the unique number assigned to each pharmacy. A National Provider Identifier (NPI) is a 10-digit numerical identifier for providers of health care services. It is national in scope and unique to the provider. Contact your pharmacy to obtain a new receipt or itemized printout with their valid pharmacy number. Contact your doctor to obtain his or her NPI. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. You also may write this information on the claim form by hand.
Member ID Number	Your member ID number is found on your prescription ID card. The member ID you submitted can't be located or matched in our system. Please provide the member ID number that was valid on the date the pharmacy filled the prescription. Always ensure the member ID is correct on the claim form you submitted. If you have additional questions, call the number on your prescription ID card.
Prescription Number	Every prescription is assigned a unique prescription number (Rx#) by the pharmacy. Contact your pharmacy to obtain a new receipt or itemized printout that includes the prescription number. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. As an alternative, you may contact your pharmacy for this information and write it on the claim form by hand.
Date of Fill	Date of fill is the date the pharmacy filled the prescription. Contact your pharmacy to obtain a new receipt or itemized printout that includes the date the prescription was filled. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing.
Quantity	Quantity is the total number of tablets, milliliters or grams of medication that was dispensed. Contact your pharmacy to obtain a new receipt or itemized printout that includes the quantity of your prescription. Once you have the receipt or itemized printout, please resubmit the original claim form and receipt or itemized printout for processing. You also may contact your pharmacy for this information and write it on the claim form by hand.

To avoid or reduce the likelihood of having to submit a paper claim in the future:

- Have your card available at the time you pick up your prescription
- Use a pharmacy that is within the network chosen by your plan sponsor
- Consider medication from your Preferred Drug List
- Refer to the claim form for required information

Please note: Submitting the requested information does not guarantee payment of your claim.

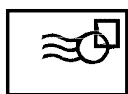
Notice of Nondiscrimination

If you need these services, have questions or concerns, call Customer Care at the phone number on your benefit ID card.

Discrimination is against the law

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. The statute extends nondiscrimination protections to individuals participating in: any health program or activity, any part of which receives funding from the U.S. Department of Health and Human Services (HHS); any program or activity that HHS administers under Title I of the ACA, such as the Federally-facilitated Marketplace; Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

If you believe you have been discriminated against, you can file a grievance with your health plan's Civil Rights Coordinator by contacting them at the phone number on your benefit ID card. You may also file a complaint with the Office for Civil Rights (OCR) electronically through the OCR Complaint Portal, available online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.¹



Mail:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, DC 20201



Phone:

1-800-368-1019
TTY: 711

Complaint Forms: Available online at <http://www.hhs.gov/ocr/office/file/index.html>.

Communicating with you is important

We provide appropriate aids and services, free of charge, to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:

- Auxiliary aids and services
- Written information in other formats (large print, audio, accessible electronic formats)

We're here for you in many languages

We provide language assistance services in over 200 languages, free of charge, to provide meaningful access to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

1. Washington residents may also file a complaint with the State Office of the Insurance Commissioner at: <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status> or by phone at: 1-800-562-6900.

ATTENTION: If you speak [LANGUAGE], language assistance services are available to you free of charge. Call Customer Care at the number on your benefit ID card (TTY: 711).

1. ESPAÑOL:

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios.

3. 中文:

請注意：如果您使用繁體中文，您可以獲得免費的語言協助服務。請撥打您福利身份卡 (Benefit ID Card) 上的電話號碼致電客服中心。

5. DEUTSCH:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an

2. Tiếng Việt:

CHÚ Ý: Nếu bạn nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn

4. 日本語:

注：日本語での会話を希望される場合は、無料の言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号へお問い合わせください。

6. فارسی

توجه: اگر به زبان فارسی گفتگو میکنید، تسهیلات زبانی بصورت رایگان برای شما فراهم میباشد. از طریق شماره تلفن درجشده بر روی کارت شناسایی مزایای تان با بخش پشتیبانی مشتریان تماس بگیرید

