



LTC CTO Request Form

(to be used by Long-Term Care Pharmacy for Claim Too Old (CTO) Exception Request)

As set forth in 42 C.F.R. § 423.505(b)(20) and effective with the Medicare Part-D contract year 2010 forward, Long-Term Care (LTC) Pharmacy must submit claims for Eligible Persons within 90-days of the date of service (DOS). Express Scripts® recognizes that there may be exceptional situations where claims will need to be submitted beyond the 90-day allowed time period. LTC Pharmacy requesting such an exception will need to complete, sign, and date the LTC CTO Request Form, attesting to the exception that caused the claim to be submitted past the 90-day allowable time period. Only claims that have been originally submitted through the TelePAID® System and rejected for “Claim Too Old”, currently NCPDP reject 81, will be eligible for consideration for reimbursement through this exception process. No other claim rejections will be accepted through this process.

Permitted Exceptions:

- A.** Change in, or discovery of, retroactive new eligibility information that member was enrolled in a Medicare Part-D plan on the DOS.
- B.** Change in, or discovery of, retroactive of invalid eligibility information that member was not enrolled in a plan on the DOS and claim needs to be reversed beyond the 90-days allowed and resubmitted to proper third-party payer.
- C.** LTC Pharmacy discovers error in the original claim submission after 90-days from the DOS and requests a reversal and resubmission of the claim with the updated corrected information.

Note: The Regulation grants claim submission beyond 90-days for claims for eligible member that meets the above criteria. Related documentation that supports the permitted exception must be retrievable and available on audit, whether conducted by Express Scripts or other parties authorized to review Medicare Part-D claims for compliance, or to detect fraud, waste, and abuse. Such claims that are insufficiently documented or when documentation is not available may be subject to audit recovery. By signing below, LTC Pharmacy acknowledges its liability for any claims that are insufficiently documented or that do not meet the “Permitted Exceptions” set forth above. Express Scripts reserves the right to reverse any previously adjudicated claims that are found to be deficient.

Pharmacy NPI	Rx Number	Date of Service	Exceptions Permitted (Note either A, B, or C as described above)	Patient Name (First name, Last Name)

LTC Pharmacy evidences its understanding and agreement with the terms of 42 C.F.R. § 423.505(b)(20) and the “Exceptions Permitted” noted above for each claim reprocessing request. Please sign, date, and return this form to Express Scripts via fax to: 1 201-477-6687

Pharmacy Name: _____ Contact phone #: _____

Address 1: _____ Fax #: _____

Address 2: _____

City, State, Zip: _____

By*: _____ Title: _____ Date: _____

Signature

Print name: _____

On behalf of LTC Pharmacy

*A Duly Authorized Officer

Attachments not accepted, maximum of 6 claims per form