



**TO: Pharmacy Providers**

**RE: Change in Professional Fee (Dispensing Fee)**

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The purpose of this bulletin is to notify pharmacy providers of the elimination of the dispensing fee on any pharmacy claim paid on behalf of clients enrolled in the Connecticut Medical Assistance Program (CMAP) where CMAP is not the primary payer.

**Effective May 15, 2013**, the Department of Social Services (DSS) will no longer pay a dispensing fee to pharmacy providers for claims that are billed to CMAP with Third Party Liability (TPL) payments. The primary payer of the claim has included the dispensing fee in their calculated reimbursement to the pharmacy and no additional dispensing fee will be added to the payment received from the State. Claims paid by a private carrier will no longer return a \$1.70 dispensing fee when submitted to CMAP as a secondary insurance. This includes pharmacy claims billed with the other coverage code of 2.

Additionally, effective May 15, 2013, DSS will no longer pay a dispensing fee to 340B pharmacy providers for claims that are billed to CMAP with TPL payments.

As a reminder, dispensing fees are only paid on reimbursable pharmacy claims submitted with a National Drug Code (NDC) of a legend drug. A dispensing fee is not paid on claims submitted with an NDC of an over-the-counter (OTC) medication/product or on any claims where the Connecticut Medical Assistance Program is not the primary payer.

