Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2026-40**
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TO: All Pharmacy Providers

RE: Documentation Required for Override of Claims Rejected for ProDUR

In response to significant, ongoing issues with lack of documentation for major ProDUR overrides entered on Pharmacy POS claims, the Department is reminding Pharmacy Providers of the requirement to document ProDUR overrides.

CMAP Provider Manual – Chapter 8 – Pharmacy Services, Section 8.7 states in part:

"ProDUR processing identifies potential drug use problems and reports them to the pharmacy provider through a standardized set of warning messages. If the Connecticut Medical Assistance Program data system detects a ProDUR alert condition, the claim is dispositioned based on the value of the override indicators. During the process, other alerts may be detected which are utilized to disposition the claim to a status of deny, suspend, or approve to pay. If the disposition is set as informational, the pharmacist will receive a "Claim Payable" response that includes the ProDUR alert information. **If the disposition is set as deny or suspend, the pharmacist receives a "Claim Reject" response that includes the ProDUR alert information.**

A DUR response from the provider consists of three components:

- Reason for Service Codes (Formerly Conflict Code) that reflect the type of potential therapeutic problem identified,
- Professional Service Codes (Formerly Intervention Code) that consist of alphanumeric characters identifying the action the pharmacist took to resolve the DUR conflict, and
- Result of Service Codes (Formerly Outcome Code) that inform if the prescription was dispensed and determine the payment status of the claim.

NOTE: If an alert is overridden, the pharmacist must document why this action was taken. Documentation should include the name of the party consulted along with the justification. This documentation may be requested upon audit by DSS."

Effective immediately, each time a Pharmacy overrides a "major" ProDUR Alert rejection when adjudicating a paid claim (whether new or refill), the following contemporaneous documentation MUST be recorded in the prescription record:

- the clinical justification,
- intervention,
- for claims overridden with Professional Service Code:
  - M0 (zero)- Prescriber Consulted: the name/contact information of the prescribing provider, or the prescribing provider's staff member, authorizing the override, and the date and time of contact with prescribing provider
  - P0 (zero)- Patient Consulted: outcome of patient conversation related to the ProDUR alert
  - R0 (zero)- Pharmacist Consulted Other Source: list of sources consulted,
- the legible name or initials of the Pharmacist obtaining the authorization to override the ProDUR alert.

Notations such as "OK per MD", a Rubber Stamp "Verified", or a list of alpha-numeric override codes used, will not be accepted without the inclusion of the above information.

This documentation may be recorded:

- **in writing** on the original hard copy of the prescription that is filed numerically
- **stored electronically** under the individual Rx number in the pharmacy Software vendors "Notes field"
  - For electronically documented notes, it is imperative that Pharmacies proactively confirm with their software vendor that any information entered and documented and saved in such electronic note's fields, for individual Rx numbers, are date & time stamped at the time that they are created and cannot be updated or changed at any later date. Such notes must be readily retrievable upon request, and include date and time created in the audit log.
  - A copy of the software vendors explanation of electronically stored notes, including confirmation that such notes are date and time stamped, and cannot be updated or changed after being saved should be on file at the Pharmacy, and available on request.
- **** OR **** a combination of written and electronic formats based on the operational needs of the Pharmacy so long as all documentation is readily retrievable upon request.

As per the CMAP Provider Enrollment Agreement section 7, all providers are required

"To maintain all records for a minimum of five years or for the minimum amount of time required by federal or state law or regulation governing record retention, whichever period is greater. In the event of a dispute concerning goods and services provided to a client, or in the event of a dispute concerning reimbursement, documentation shall be maintained until the dispute is completely resolved or for five years, whichever is greater.

The Provider acknowledges that failure to maintain all required documentation may result in the disallowance and recovery by DSS of any amounts paid to the Provider for which the required documentation is not maintained and provided to DSS upon request."

- **Failure to properly document and retain clinical justification for a ProDUR claims rejection override will result in recoupment of funds during a state Medicaid audit.**