



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Quantity Prescribed Field Required on Schedule II Pharmacy Claims Effective 9/21/2020**

Issue Date: 09/01/2020

Run Length: 12 weeks

Provider Type(s): 001, 002, 003, 005, 008, 010, 012, 020, 021, 042, 051, 070, 107, 108, 126, 133

Message: Effective 9/21/2020, the Quantity Prescribed field (460-ET in the Claim segment) is required for every Alaska Medicaid Schedule II pharmacy point-of-sale claim. If a claim for a Schedule II drug is submitted without the prescribed amount, the claim will reject with NCPDP Reject Code 'ET - M/I Quantity Prescribed'. The submitted prescribed quantity must adhere to the NCPDP-defined numeric field definition and field length (10 bytes, 9999999v999). See the [Medicaid Pharmacy](#) page for additional information.

Questions? Contact the Magellan Call Center at 800.331.4475.