

NCPDP VERSION D CLAIM BILLING

REQUEST CLAIM BILLING SECONDARY PAYER IS MEDICARE D BASED ON OTHER PAYER PATIENT PAID PAYER SHEET

GENERAL INFORMATION

Payer Name: US SCRIPT		Date: 12/6/2011
Plan Name/Group Name: Secondary Payer is Medicare D		BIN: 008019 PCN: PARTD
Processor: US SCRIPT		
Effective as of: 1/1/2012		NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007		NCPDP External Code List Version Date: March 2010
Contact/Information Source: ITS Service Desk (800) 460-8988		
Certification Testing Window:		
Certification Contact Information:		
Provider Relations Help Desk Info: (800) 460-8988		
Other versions supported: 5.1 supported until 3/31/2012. Refer to 5.1 Payer Sheet		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing
B2	Reversal

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTION

Transaction Header Segment Questions	Check	Claim Billing
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Field #	Transaction Header Segment	Value	Payer Usage	Claim Billing Comment
101-A1	NCPDP Field Name			Payer Situation
101-A1	BIN NUMBER	008019	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	PARTD	M	PCN=PARTD (for Medicare Part D Payer only)
109-A9	TRANSACTION COUNT	1	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01=NPI 07=NCPDP#	M	

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Transaction Header Segment				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Software Vendor ID; Will not cause failure

Insurance Segment Questions	Check	Claim Billing
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "04"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
313-CD	CARDHOLDER LAST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
524-FO	PLAN ID		RW	
301-C1	GROUP ID		RW	Needed for Worker's Comp and POS Eligibility
303-C3	PERSON CODE		RW	Needed to identify specific multi-birth dependent.
306-C6	PATIENT RELATIONSHIP CODE		R	
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	May be submitted by Long Term Care Pharmacies

Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Patient Segment Segment Identification (111-AM) = "01"				Claim Billing Comment
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
R304-C4	DATE OF BIRTH		R	Patient's Date of Birth
305-C5	PATIENT GENDER CODE		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
310-CA	PATIENT FIRST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
311-CB	PATIENT LAST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
307-C7	PLACE OF SERVICE		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR		RW	Group/plan dependent; otherwise will not cause failure if not submitted
384-4X	PATIENT RESIDENCE		R	

Claim Segment Questions	Check	Claim Billing
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1=UPC Ø2=HRI Ø3=NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0,1,2,3,4,5,6,7,8,9	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE	0,1,2,3,4,5	RW	Group/plan dependent; otherwise will not cause failure if not submitted
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required if Submission Clarification Code is sent.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Group/plan dependent; otherwise will not cause failure if not submitted
3Ø8-C8	OTHER COVERAGE CODE	8	RW	Other Coverage Code 8 only is allowed.
418-DI	LEVEL OF SERVICE	0 = Unspecified 3= Emergency	RW	Group/plan dependent; otherwise will not cause failure if not submitted
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Group/plan dependent; otherwise will not cause failure if not submitted
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Group/plan dependent; otherwise will not cause failure if not submitted
995-E2	ROUTE OF ADMINISTRATION		RW	Informational; will not cause failure if not submitted
996-G1	COMPOUND TYPE		RW	Informational; will not cause failure if not submitted
147-U7	PHARMACY SERVICE TYPE		RW	Group/plan dependent; otherwise will not cause failure if not submitted

Pricing Segment Questions	Check	Claim Billing
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT		RW	Imp Guide: Required if its value has an

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Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	SUBMITTED			effect on the Gross Amount Due (43Ø-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

Prescriber Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Prescriber Segment Segment Identification (111-AM) = "Ø3"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 = NPI, 12 = DEA, 05 = Medicaid, 08 = State Lic., 14 = Plan specific, 99 = Other	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
498-PM	PRESCRIBER PHONE NUMBER		RW	Required if needed for Prescriber ID clarification.
364-2J	PRESCRIBER FIRST NAME		RW	Required if needed for Prescriber ID clarification.
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Required if needed for Prescriber ID clarification.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 = NPI, 12 = DEA, 05 = Medicaid, 08 = State Lic., 14 = Plan Specific, 99 = Other	RW	Group/plan dependent; otherwise will not cause failure if not submitted
421-DL	PRIMARY CARE PROVIDER ID		RW	Group/plan dependent; otherwise will not cause failure if not submitted
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	Group/plan dependent; otherwise will not cause failure if not submitted

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "05"			Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		R	<i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID		R	<i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		R	<i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	<i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT		RW	<i>Imp Guide:</i> Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs.

Compound Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is situational	X	Only required if at least one ingredient sent and compound type in claim segment exists

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø1=UPC Ø2=HRI Ø3=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Group/plan dependent; otherwise will not cause failure if not submitted
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Group/plan dependent; otherwise will not cause failure if not submitted
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Group/plan dependent; otherwise will not cause failure if not submitted

Clinical Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is situational	X	This segment may be required as determined by benefit design.

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1=ICD9	R	
424-DO	DIAGNOSIS CODE		R	