



NCPDP Version 5 Request Payer Sheet – Long Term Care Version

NCPDP Rev.04.16.02

General Information

Payer Name: Priority Health MA-PD, Priority Health Regional PDP	Date: 11/19/2009
Plan Name/Group Name: Priority Medicare, MA-PD Priority Medicare Plus, MA-PD Priority Medicare Rx, PDP	
Processor: Argus	Switch: Various
Effective as of: 01/01/2006	Version/Release #: LTCV1.5
Contact/Information Source: 1-800-466-6642	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 1.800.KC.ARGUS (1.800.522.7487)	
Other versions supported: The HIPAA required format is 5.1	

Other Transactions Supported (as of 10/16/2003)

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

Billing or Rebill Transaction

Segments

The following lists the segments available in a Billing or Rebill Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data

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fields. Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) must always be sent. Fields designated as “Required When” (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	012353	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	B1 = Billing (claim)
104-A4	Processor Control Number	03690000 03700000	M	Priority Medicare Priority Medicare Plus Priority Medicare Rx
109-A9	Transaction Count		M	1
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	Pharmacy NPI required effective 5/23/2008.
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

Patient Segment: Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01	M	
304-C4	Date Of Birth		R	
305-C5	Patient Gender Code		RW	Required when gender edits are in place.

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307-C7	Patient Location	R	Valid values determined by customer/client specific edits: 03=Nursing Home (Defined as CMS approved LTC entity according to NCPDP Appendix F. Long-Term Care Pharmacy Claims Submission Recommendations For Version 5.1.) 05=Rest Home (Defined as an Assisted Living Facility according to NCPDP Appendix F. Long-Term Care Pharmacy Claims Submission Recommendations For Version 5.1.)
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Note: LTC/ALF claims not submitted with location codes will be paid at retail provided pharmacy is in the retail network. If submitting pharmacy is not in the retail network, the claim will be denied with error #169 (pharmacy not found in plan).

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID		M	
303-C3	Person Code		RW	Required when needed for patient identification.

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07	M	
455-EM	Prescription/Service Ref # Qualifier	Blank=Not specified 1=Rx billing	M	Blank will be treated as 1=Rx Billing
402-D2	Prescription/Service Reference Number		M	

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436-E1	Product/Service ID Qualifier	03 = NDC	M	
407-D7	Product/Service ID		M	Note: If item is a compound most expensive ingredient needs to be submitted until multi-ingredient segment processing becomes available in 2006. 99999 series NDCs will be rejected
442-E7	Quantity Dispensed		R	
403-D3	Fill Number	00 – 99	R	00 = Original Prescription 01–99 = Refill Prescription
405-D5	Days Supply		R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	Required for compound claim submission. Default: 1=Not a compound Note: If item is a compound most expensive ingredient needs to be submitted until multi-ingredient segment processing becomes available in 2006. 99999 series NDCs will be rejected
408-D8	DAW/Product Selection Code		R	
414-DE	Date Prescription Written		R	

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419-DJ	Prescription Origin Code (POC) 0 = Not Specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	RW	Required on original Rx. When Fill Number is '00' (Original Prescription), the POC requires a value of 1 – 4. Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 0 – 4. Values of 1 – 4 are recommended. Note: POC editing for Original Rx varies by customer. If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code).
420-DK	Submission Clarification Code	RW	Required when needed to clarify LTC claim submission. Valid values determined by customer/client specific edits. 03=Vacation Supply, max 7 days supply 04=Lost Prescription, max 3 days supply- 1 per lifetime 05=Therapy Change 07=Medically Necessary
308-C8	Other Coverage Code	RW	Required when needed to clarify LTC claim submission.
418-DI	Level Of Service	RW	Required when needed to clarify LTC claim submission. Required with starter dose or drug dispensed for E-box. If days supply is 4 days or less, refill too soon will be overridden 03=Emergency

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462-EV	Prior Authorization Number Submitted		RW	Required when needed to clarify LTC claim submission.
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Pharmacy Provider Segment (02): Not used

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	
466-EZ	Prescriber ID Qualifier		RW	Required when 411-DB is used.
411-DB	Prescriber ID		RW	Prescriber NPI required effective 5/23/2008. Prescriber default is prescriber DEA if prescriber NPI is not available.

COB/Other Payments Segment: Situational

Note: Required for supplemental claim submission.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	
337-4C	Coordination of Benefits/Other Payments Count		RW	Required for COB claim submission.
338-5C	Other Payer Coverage Type		RW	Required for COB claim submission. Can occur up to 3 times.
339-6C	Other Payer ID Qualifier	03=Bank Information Number (BIN)	RW	Required for COB claim submission. Can occur up to 3 times.
34Ø-7C	Other Payer ID		RW	Required for COB claim submission. Can occur up to 3 times.

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443-E8	Other Payer Date		RW	Required for COB claim submission. Can occur up to 3 times.
341-HB	Other Payer Amount Paid Count		RW	Required when reporting Other Payer paid claim amounts.
342-HC	Other Payer Amount Paid Qualifier	07=Drug Benefit 08=Sum of All Reimbursement, or as determined by trading partner agreement	RW	Required when reporting Other Payer paid claim amounts. Can occur up to 9 times per payer
431-DV	Other Payer Amount Paid		RW	Required when reporting Other Payer paid claim amounts. Can occur up to 9 times per payer
471-5E	Other Payer Reject Count		RW	Required when reporting Other Payer rejected/denied claims.
472-6E	Other Payer Reject Code		RW	Required when reporting Other Payer rejected/denied claims. Can occur up to 5 times per payer

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Workers' Compensation Segment (06):

N/A

DUR/PPS Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08	M	
473-7E	DUR/PPS Code Counter		RW	Required when submitting DUR/PPS codes.
439-E4	Reason for Service Code	NP = New Patient Processing	RW	Required when needed to clarify LTC claim submission. Occurs up to 9 times
440-E5	Professional Service Code		RW	Required when needed to clarify LTC claim submission. Occurs up to 9 times
441-E6	Result of Service Code		RW	Required when needed to clarify LTC claim submission. Occurs up to 9 times

Pricing Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		R	May be populated with zeros
426-DQ	Usual And Customary Charge		R	
430-DU	Gross Amount Due		R	

Coupon Segment (09):

Not used

Compound Segment (10):

Not used – Future development

Prior Authorization Segment (12):

Not used

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Clinical Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count		RW	Required when submitting Diagnosis Codes
492-WE	Diagnosis Code Qualifier		RW	Required when 424-DO is used. Can occur up to 5 times
424-DO	Diagnosis Code		RW	Required when needed to clarify LTC claim submission. Can occur up to 5 times

Additional Information for Claim Submissions

Sales Tax Processing

Sales tax may not apply to the payer.

Other Transaction Information

Reversals

Maximum Number of Transactions Supported per transmission	Max # of transactions supported = 1
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Timeframe = 80 days from initial receipt

Certification Requirements

Does payer/processor require software certification?

No, but we encourage certification through NHIN, the third-party certification used by Argus.

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NCPDP Version 5 Response Payer Sheet – Long Term Care Version

NCPDP Rev.04.16.02

General Information

Payer Name: Priority Health MA-PD, Priority Health Regional PDP	Date: 11/19/2009
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Segments

The purpose of this document is to provide further clarity for Providers as to the Response Data they will receive. This document lists the segments available in a Response Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. See Template Instructions for mandatory or optional fields and the usage of the M/R/RW and Comment columns. Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) will always be sent. Fields designated as “Required When” (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer. Note that on the Response segments, “Required” should be interpreted as “Reported” by the processor.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

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PAID (or Duplicate of Paid or Rebill) Response

Response Header Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	B1=Rx Billing
109-A9	Transaction Count	Same value as in request billing	M	1
501-F1	Header Response Status	A	M	A = Accepted
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

Response Message Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging

Response Insurance Segment (25):

Not used

Response Status Segment:

Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	P or D	M	P = Paid D = Duplicate of Paid

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526-FQ	Additional Message Information	RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging
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Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22	M	
455-EM	Prescription/Service Reference Number Qualifier		M	1=Rx Billing
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment: Mandatory

Will Payer/Processor provide the following fields regarding the member's overall pharmacy benefit?

512-FC Accumulated Deductible Amount	No
513-FD Remaining Deductible Amount	No
514-FE Remaining Benefit Amount	No

Will Payer/Processor provide the following Partial Fill payment fields?

546-HH Basis of Calculation – Dispensing Fee	No
547-HJ Basis of Calculation – Copay	No
548-HK Basis of Calculation – Flat Sales Tax	No
549-HL Basis of Calculation – Percentage Sales Tax	No

Will Payer/Processor support the inclusion of Tax Exempt Flag (557-AV)?

No

Will Payer/Processor follow the pricing formula from the NCPDP Telecommunication Implementation Guide Version 5.1 section “4.2.9 Pricing Segment” and “4.4.4 Response Pricing Segment”?

Yes, excluding percentage sales tax fields.

Will Payer/Processor populate the following fields with zeros when the field value is zero, because the following fields are part of the sum reported in the field “total provider reimbursement”?

505-F5 Patient Pay Amount	Yes
509-F9 Total Amount Paid	Yes

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Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23	M	
505-F5	Patient Pay Amount		R	May be populated with zeros
506-F6	Ingredient Cost Paid		RW	Reported back when amount is submitted
507-F7	Dispensing Fee Paid		RW	Reported back when amount is submitted
558-AW	Flat Sales Tax Amount Paid		RW	Reported back when amount is submitted
559-AX	Percentage Sales Tax Amount Paid		RW	Reported back when amount is submitted
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable
517-FH	Amount Applied To Periodic Deductible		RW	Reported when applicable
518-FI	Amount Of Copay/ Co-Insurance		RW	Reported when applicable
519-FJ	Amount Attributed To Product Selection		RW	Reported when applicable

Response DUR/PPS Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24	M	
567-J6	DUR/PPS Response Code Counter		RW	
439-E4	Reason For Service Code		RW	Reported when applicable. Can occur up to 9 times.
528-FS	Clinical Significance Code		RW	Reported when applicable
544-FY	DUR Free Text Message		RW	Reported when applicable

Response Prior Authorization Segment (26):

Not used

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Reject Response

Response Header Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	
501-F1	Header Response Status	A	M	
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

Response Message Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging

Response Status Segment:

Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	R	M	R = Reject
510-FA	Reject Count		R	
511-FB	Reject Code		R	Can occur up to 5 times.

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526-FQ	Additional Message Information	RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging
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