CVS Caremark Payer Sheet

**Medicaid as Secondary Payer Billing
Other Payer Amount Paid (OPAP)**

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HIGHLIGHTS – Updates, Changes & Reminders

This payer sheet refers to Medicaid as Secondary Payer Billing Other Payer Amount Paid (OPAP). Refer to **www.caremark.com** under the Health Professional Services link for additional payer sheets regarding the following:

- **Commercial Primary**
- **Commercial Other Payer Patient Responsibility (OPPR)**
- **Commercial Other Payer Amount Paid (OPAP)**
- **Medicare Primary Billing & MSP (Medicare as Secondary Payer)**
- **Supplemental to Medicare Part D Other Payer Patient Responsibility (OPPR)**
- **Supplemental to Medicare Part D Other Payer Amount Paid (OPAP)**
- **ADAP/SPAP Medicare Part D Other Payer Patient Responsibility (OPPR)**
- **Medicaid Primary Billing**
- **Medicaid as Secondary Payer Billing Other Payer Patient Responsibility (OPPR)**

> **To prevent point of service disruption, the RxGroup must be submitted on all claims and reversals.**

The following is a summary of our new requirements. The items highlighted in the payer sheet illustrate the updated processing rules.

- **Updated ECL Version to Oct 2024**

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PART 1: GENERAL INFORMATION

Payer/Processor Name: CVS Caremark®

Plan Name/Group Name: All

Effective as of: October 2Ø25

Payer Sheet Version: 2.0.6

NCPDP Version/Release #: D.Ø

NCPDP ECL Version: **Oct 2Ø24**

NCPDP Emergency ECL Version: **July 2Ø24**

🔴 **Pharmacy Help Desk Information**

The Pharmacy Help Desk number is provided below:

System	BIN	Help Desk Number
Legacy ADV	*004336 012114 013089	1-8ØØ-364-6331
CVS Caremark®	610591	As communicated by plan or refer to member ID card.
Aetna Better Health	610591	1-877-874-3317
Partners	025052	1-8ØØ-364-6331
CarelonRx	020107 020396	As communicated by plan or refer to member ID card.
SC Healthy Blue	025771	1-866-781-5094
Maryland ProDUR	610084	1-8ØØ-364-6331 (As communicated by plan or refer to member ID card)
Maryland ProDUR Beneficiary Eligibility Help Desk 1-8ØØ-932-3918		

*Help Desk phone number serving Puerto Rico Providers is available by calling toll-free 1-8ØØ-842-7331.

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PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following table lists the segments available in a Billing Transaction. Pharmacies are required to submit upper case values on B1/B2 transactions. The table also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

See Appendix A and B for BIN/PCN combinations and usage.

M – Mandatory as defined by NCPDP
R – Required as defined by the Processor
RW – Situational as defined by Plan

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	004336, 610591 610084, 021007 012114, 013089 020107, 020396 025052, 025771	M	
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code	B1	M	Billing Transaction
1Ø4-A4	Processor Control Number		M	Use value as printed on ID card, as communicated by CVS Caremark® or as stated in Appendix A
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 – NPI
2Ø1-B1	Service Provider ID		M	National Provider ID Number assigned to the dispensing pharmacy
4Ø1-D1	Date of Service		M	CCYYMMDD
11Ø-AK	**Software Vendor/Certification ID**		**M**	**The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 1Ø bytes and should begin with the letter "D".**

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Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		R	As printed on the ID card or as communicated
3Ø3-C3	Person Code		R	As printed on the ID card
3Ø6-C6	Patient Relationship Code		R	

Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth		R	CCYYMMDD
3Ø5-C5	Patient Gender Code		R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
322-CM	Patient Street Address		RW	Required for some federal programs or when submitting Tax
323-CN	Patient City Address		RW	Required for some federal programs or when submitting Tax
324-CO	Patient State/Province Address		RW	Required for some federal programs or when submitting Tax
325-CP	Patient Zip/Postal Zone		R	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
335-2C	Pregnancy Indicator		RW	Required for some State programs
384-4X	Patient Residence		RW	Required when necessary for plan benefit administration

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Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	Ø3	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (ØØ)
4Ø7-D7	Product/Service ID		M	If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero (Ø)
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1 or 2	R	1 – Not a Compound 2 – Compound
4Ø8-D8	DAW / Product Selection Code		R	
414-DE	Date Prescription Written		R	CCYYMMDD
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code		RW	Required when necessary for plan benefit administration
354-NX	Submission Clarification Code Count	Max of 3	RW	Required when Submission Clarification Code (42Ø-DK) is used
42Ø-DK	Submission Clarification Code		RW	Required for specific overrides or when requested by processor
46Ø-ET	Quantity Prescribed		RW	Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug. Effective 09/21/2020
3Ø8-C8	Other Coverage Code		R	Ø2 – Other coverage exists, payment collected Ø3 – Other coverage billed, claim not covered Ø4 – Other coverage exists, payment not collected
418-DI	Level of Service		RW	Required when requested by processor
454-EK	Scheduled Prescription ID Number		RW	Required for State of NY Medicaid Beneficiaries

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Claim Segment: Mandatory (Cont.)

Field #	NCPDP Field Name	Value	Req	Comment
461-EU	Prior Authorization Type Code		RW	Required for specific overrides or when requested by processor
462-EV	Prior Authorization Number Submitted		RW	Required for specific overrides or when requested by processor
995-E2	Route of Administration		RW	Required when Compound Code–2
996-G1	Compound Type		RW	Required when Compound Code–2
147-U7	Pharmacy Service Type		R	Required for plan benefit administration or when Mail Order / Specialty is submitting sales tax

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
438-E3	Incentive Amount Submitted		RW	Required when requested by processor
481-HA	Flat Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	Ø1 – NPI (Required)
411-DB	Prescriber ID		R	
367-2N	Prescriber State/Province Address		R	

Coordination of Benefits: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø5	M	Coordination of Benefits Segment
337-4C	Coordination of Benefits/Other Payments Count	Max of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		R	
34Ø-7C	Other Payer ID		R	Required for identification of the Other Payer when necessary for claim/encounter adjudication
443-E8	Other Payer Date		R	Required for identification of the Other Payer Date when necessary for claim/encounter adjudication – CCYYMMDD
341-HB	Other Payer Amount Paid Count	Max of 9	RW	Required when Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	Other Payer Amount Paid Qualifier		RW	Required when Other Payer Amount Paid (431-DV) is used
431-DV	Other Payer Amount Paid		RW	Required when other payer has approved payment for some/all of the billing
471-5E	Other Payer Reject Count	Max of 5	RW	Required when Other Payer Reject Code (472-6E) is used
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) – 3

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DUR/PPS Segment: Situational
Required when DUR/PPS codes are submitted

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	Max of 9	R	
439-E4	Reason for Service Code		RW	Required when billing for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, Professional Service Code (44Ø-E5) must also be transmitted
44Ø-E5	Professional Service Code		RW	Value of MA required for Primary and Secondary Medicare Part D Vaccine Administration billing transactions. MA value must be in first occurrence of DUR/PPS segment
441-E6	Result of Service Code		RW	Submitted when requested by processor
474-8E	DUR/PPS Level of Effort		RW	Required when submitting compound claims

Compound Segment: Situational
Required when Multi Ingredient Compound is submitted

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count		M	Maximum count of 25 ingredients
488-RE	Compound Product ID Qualifier		M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		R	Required when requested by processor
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	Required when requested by processor
362-2G	Compound Ingredient Modifier Code Count	Max of 1Ø	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	Compound Ingredient Modifier Code		RW	Required when necessary for state/federal/regulatory agency program

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Clinical Segment: Situational
Required when requested by plan

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	Max of 5	R	
492-WE	Diagnosis Code Qualifier	Ø2	R	Ø2 – International Classification of Diseases (ICD10)
424-DO	Diagnosis Code		R	Required for some State programs or when necessary for plan benefit administration

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PART 3: REVERSAL TRANSACTION

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	004336, 610591 610084, 021007 012114, 013089 020107, 020396 025052, 025771	M	The same value in the request billing
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number		M	The same value in the request billing
1Ø9-A9	Transaction Count		M	Up to four billing reversal transactions (B2) per transmission
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 – NPI
2Ø1-B1	Service Provider ID		M	National Provider ID Number assigned to the dispensing pharmacy. The same value in the request billing
4Ø1-D1	Date of Service		M	The same value in the request billing – CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 1Ø bytes and should begin with the letter "D".

Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		RW	Required when segment is sent
3Ø1-C1	Group ID		RW	Required when segment is sent

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Same value as in request billing
436-E1	Product/Service ID Qualifier		M	Same value as in request billing
4Ø7-D7	Product/Service ID		M	Same value as in request billing
4Ø3-D3	Fill Number		R	Same value as in request billing
3Ø8-C8	Other Coverage Code		RW	Same value as in request billing

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PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code		M	Billing Transaction Same value as in request billing B1
1Ø9-A9	Transaction Count		M	Same value as in request billing
5Ø1-F1	Header Response Status	A	M	
2Ø2-B2	Service Provider ID Qualifier		M	Same value as in request billing
2Ø1-B1	Service Provider ID		M	Same value as in request billing
4Ø1-D1	Date of Service		M	Same value as in request billing – CCYYMMDD

Response Message Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
5Ø4-F4	Message		RW	Required when text is needed for clarification or detail

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
3Ø1-C1	Group ID		RW	This field may contain the Group ID echoed from the request
545-2F	Network Reimbursement Id		RW	Returned if known

Response Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Response Insurance Segment
31Ø-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
3Ø4-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	P – Paid D – Duplicate of Paid
5Ø3-F3	Authorization Number		R	Required when needed to identify transaction
13Ø-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when Additional Message Information (526-FQ) is used
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail
131-UG	Additional Message Information Continuity		RW	Required when Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current
549-7F	Help Desk Phone Number Qualifier		RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number

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Response Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	23	M	Response Pricing Segment
5Ø5-F5	Patient Pay Amount		R	This data element will be returned on all paid claims
5Ø6-F6	Ingredient Cost Paid		R	This data element will be returned on all paid claims
5Ø7-F7	Dispensing Fee Paid		RW	This data element will be returned on all paid claims
557-AV	Tax Exempt Indicator		RW	Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing
558-AW	Flat Sales Tax Amount Paid		RW	Required when Flat Sales Tax Amount Submitted (48Ø-HA) is greater than zero (Ø) or if the Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement
559-AX	Percentage Sales Tax Amount Paid		RW	Tax dollar amount paid to pharmacy
56Ø-AY	Percentage Sales Tax Rate Paid		RW	Rate used to calculate Percentage Sales Amount Paid
561-AZ	Percentage Sales Tax Basis Paid		RW	Code indicating basis of dollars used in calculating tax in the final paid claim
521-FL	Incentive Amount Paid		RW	Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø)
563-J2	Other Amount Paid Count	Max of 3	RW	Required when Other Amount Paid (565-J4) is used
564-J3	Other Amount Paid Qualifier		RW	Required when Other Amount Paid (565-J4) is used
565-J4	Other Amount Paid		RW	Required when Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø)
566-J5	Other Payer Amount Recognized		RW	Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø)
5Ø9-F9	Total Amount Paid		R	
522-FM	Basis of Reimbursement Determination		RW	Required when Ingredient Cost Paid (5Ø6-F6) is greater than zero
523-FN	Amount Attributed To Sales Tax		RW	Required when Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount
512-FC	Accumulated Deductible Amount		RW	Returned if known
513-FD	Remaining Deductible Amount		RW	Returned if known
514-FE	Remaining Benefit Amount		RW	Returned if known
517-FH	Amount Applied to Periodic Deductible		RW	Required when Patient Pay Amount (5Ø5-F5) includes deductible

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Response Pricing Segment: Mandatory (Cont.)

Field #	NCPDP Field Name	Value	Req	Comment
518-FI	Amount of Copay		RW	Required when Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility
52Ø-FK	Amount Exceeding Periodic Benefit Maximum		RW	Required when Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum
572-4U	Amount of Coinsurance		RW	Required when Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility

Response DUR/PPS Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR / PPS Response Code Counter		RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when needed to supply additional information for the utilization conflict
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when needed to supply additional information for the utilization conflict

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Response Coordination of Benefits Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	M	Response Coordination of Benefits Segment
355-NT	Other Payer ID Count	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other Payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other Payer Person Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required when needed to provide a support telephone number of the other payer to the receiver
143-UW	Other Payer Patient Relationship Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer

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PART 5: REJECT RESPONSE

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code		M	Billing Transaction Same value as in request billing B1
1Ø9-A9	Transaction Count		M	Same value as in request billing
5Ø1-F1	Header Response Status	A	M	
2Ø2-B2	Service Provider ID Qualifier		M	Same value as in request billing
2Ø1-B1	Service Provider ID		M	Same value as in request billing
4Ø1-D1	Date of Service		M	Same value as in request billing – CCYYMMDD

Response Message Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
5Ø4-F4	Message		R	

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
3Ø1-C1	Group ID		R	This field may contain the Group ID echoed from the request

Response Patient Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Response Patient Segment
31Ø-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
3Ø4-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

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Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	R – Reject
5Ø3-F3	Authorization Number		RW	Required when needed to identify transaction
51Ø-FA	Reject Count	Max of 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required when a repeating field is in error, to identify repeating field occurrence
13Ø-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when Additional Message Information (526-FQ) is used
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail
131-UG	Additional Message Information Continuity		RW	Required when Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current
549-7F	Help Desk Phone Number Qualifier		RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number

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Payer
Sheet

Response DUR/PPS Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter	Max of 9	RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when Previous Date of Fill (53Ø-FU) is used
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when Reason for Service Code (439-E4) is used

Response Prior Authorization Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	26	M	Response Prior Authorization Segment
498-PY	Prior Authorization Number – Assigned		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim

Response Coordination of Benefits Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	M	Response Coordination of Benefits Segment
355-NT	Other Payer ID Count	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other Payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other Payer Person Code		RW	Required when known
127-UB	Other Payer Help Desk Phone Number		RW	Required when known
143-UW	Other Payer Patient Relationship Code		RW	Required when known

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APPENDIX A: BIN / PCN COMBINATIONS

COB PCN Values	
BIN	**Processor Control Number**
004336	MCAIDADV
012114	MCAIDADV MCAIDDE MCAIDMN MCAIDMS MCAIDMSCP MCAIDOH
013089	MCAIDADV MCAIDDE MCAIDMN MCAIDMS MCAIDMSCP MCAIDOH
610591	MCAIDADV (Replaces ADV)
025052	MCAIDADV
025771	IRXCOBAP IRXCOMAP
020107	IRXCOBOPAP IRXCOMOPAP
020396	IRXCOBAP IRXCOMAP

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APPENDIX B: COORDINATION OF BENEFITS (COB)

🔴 Medicaid COB

- Use the information provided in the chart below to submit the claim
- The OPAP field (Other Payer Amount Paid) should be populated

RXPCN ADV will begin to transition to MCAIDADV for most Medicaid Plans (does not apply to certain plans with unique RXPCN values or states that have unique RXPCN values (e.g., Ohio, Delaware, Minnesota and Mississippi). This will allow pharmacies to more easily identify Medicaid plans and COB pricing scenarios for those plans. This will be an on-going enhancement, starting with new plans and will eventually roll out to existing plans. **Please do not change any current setups until directed to do so by communication or being presented with an updated Member Id Card.**

All other forms of insurance coverage (e.g., Medicare Part B or Part D, commercial insurance, etc.) should be submitted before Medicaid. Please update the member profile with COB information.

🔴 Example of Medicaid COB

Scenario	If the Primary is…	If the Secondary is…	BIN	PCN	Other Coverage Code
Scenario #1	Medicare Part D Plan	Medicaid	012114	MCAIDADV MCAIDDE MCAIDMN MCAIDMS MCAIDMSCP MCAIDOH	Ø2, Ø3, Ø4
			020107	IRXCOBOPAP	Ø2, Ø3, Ø4
			020396	IRXCOBAP	Ø2, Ø3, Ø4
			025771	IRXCOBAP	Ø2, Ø3, Ø4
			025052	MCAIDADV	Ø2, Ø3, Ø4
			004336*	MCAIDADV	Ø2, Ø3, Ø4
			610591*	MCAIDADV (Replaces ADV)	Ø2, Ø3, Ø4
Scenario #2	Commercial Insurance Plan	Medicaid	013089	MCAIDADV MCAIDDE MCAIDMN MCAIDMS MCAIDMSCP MCAIDOH	Ø2, Ø3, Ø4
			020107	IRXCOMOPAP	Ø2, Ø3, Ø4
			020396	IRXCOMAP	Ø2, Ø3, Ø4
			025771	IRXCOMAP	Ø2, Ø3, Ø4
			025052	MCAIDADV	Ø2, Ø3, Ø4
			004336*	MCAIDADV	Ø2, Ø3, Ø4
			610591*	MCAIDADV (Replaces ADV)	Ø2, Ø3, Ø4

*Note: usage of Primary BIN for secondary billing is being phased out

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APPENDIX C: Sales Tax Submission

🔴 Sales Tax Billing Claim Submission

Mail / Specialty Pharmacies or Retail Pharmacies submitting claims, with Sales Tax, are required to submit the values detailed below.

A submitted Pharmacy Service Type (147-U7) of 06 – Mail Order Pharmacy Services or 08 – Specialty Care Pharmacy Services, will indicate the order is being shipped to the Patient. The value submitted in Patient State/Province Address (324-CO) should be linked to actual destination address of the Patient (if destination address is not available, use Patient demographic address).

Required Fields for Tax, on Mail Order / Specialty Claims

NCPCP Segment	NCPDP Field #	NCPDP Field Name	Value
Patient Segment	322-CM	Patient Street Address	
Patient Segment	323-CN	Patient City Address	
Patient Segment	324-CO	Patient State/Province Address	
Patient Segment	325-CP	Patient Zip/Postal Zone	
Patient Segment	481-HA	Flat Sales Tax Amount Submitted	
Claim Segment	147-U7	Pharmacy Service Type	06 Mail 08 Specialty
Pricing Segment	482-GE	Percentage Sales Tax Amount Submitted	
Pricing Segment	483-HE	Percentage Sales Tax Rate Submitted	
Pricing Segment	484-JE	Percentage Sales Tax Basis Submitted	

Retail Specialty Pharmacies should either submit the Pharmacy Service Type Code as 01 (Community/Retail Pharmacy Services) or leave the field blank in order to be reimbursed Sales Tax properly.

Required Fields for Tax, on Retail Claims

NCPCP Segment	NCPDP Field #	NCPDP Field Name	Value
Patient Segment	322-CM	Patient Street Address	
Patient Segment	323-CN	Patient City Address	
Patient Segment	324-CO	Patient State/Province Address	
Patient Segment	325-CP	Patient Zip/Postal Zone	
Patient Segment	481-HA	Flat Sales Tax Amount Submitted	
Pricing Segment	482-GE	Percentage Sales Tax Amount Submitted	
Pricing Segment	483-HE	Percentage Sales Tax Rate Submitted	
Pricing Segment	484-JE	Percentage Sales Tax Basis Submitted	

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APPENDIX D: 34ØB Claim Submission

🔴 Medicaid 34ØB Claim Submission

**Providers must not submit Claims for Covered Items purchased through the 340B Drug
Pricing Program to a Medicaid plan unless all the following conditions are met.**
- **Submission of a Claim for a Covered Item purchased through the 340B Drug
Pricing Program is permitted by the applicable state Medicaid program and the
Plan Sponsor.**
- **Plan Sponsor or CVS Caremark has published Plan specific Claim submission
requirements.**
- **Provider can implement the Plan specific Claim submission requirements.**

Plan specific Claim submission requirements for Covered Items purchased through the 340B
Drug Pricing Program often utilize one of the following methods:

Method One
Indication that the product billed (Field 4Ø7-D7 or 489-TE as applicable) is purchased through the
340B Drug Pricing Program.

NCPDP Field No.	NCPDP Field Name	Value	Segment Summary	Comments
420-DK	Submission Clarification Code	2Ø = 34ØB	RW	2Ø = Required when designating the product being billed is purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992.

Method Two
Indication that the product billed (Field 4Ø7-D7 or 489-TE as applicable) is purchased through the
340B Drug Pricing Program, and the product's actual acquisition cost as realized through the
340B Drug Pricing Program is included in the submission along with an indication that such
amount is related to the 340B Drug Pricing Program.

NCPDP Field No.	NCPDP Field Name	Value	Segment Summary	Comments
420-DK	Submission Clarification Code	2Ø = 34ØB	RW	2Ø = Required when designating the product being billed is purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992.
409-D9	Ingredient Cost Submitted	Actual Acquisition Cost	RW	Required when submitting claims for a product purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992. Providers must submit their actual acquisition cost as required by the state or Plan Sponsor.
423-DN	Basis of Cost Determination	Ø8 = 34ØB	RW	Ø8 = Required when designating the Ingredient Cost Submitted as being attributable to rights under Section 340B of the Public Health Service Act of 1992.

**For additional Plan specific processing information please refer to plan notifications you
have received or as communicated by CVS Caremark®.**

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APPENDIX E: COMPOUND BILLING

🔴 Route of Administration Transition

This appendix was added to assist in transition from the NCPDP code values formerly found in Compound Route of Administration (452-EH) in the Compound Segment to the Route of Administration (995-E2) in the Claim Segment, which only uses Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) available at http://www.snomed.org/.

High level SNOMED Value	High Level Description of Route of Administration (995-E2)
112239003	by inhalation
47056001	by irrigation
372454008	gastroenteral route
421503006	hemodialysis route
424494006	infusion route
424109004	injection route
78421000	intramuscular route
72607000	intrathecal route
47625008	intravenous route
46713006	nasal route
54485002	ophthalmic route
26643006	oral route
372473007	oromucosal route
10547007	otic route
37161004	per rectum route
16857009	per vagina
421032001	peritoneal dialysis route
34206005	subcutaneous route
37839007	sublingual route
6064005	topical route
45890007	transdermal route
372449004	dental route
58100008	intra-arterial route
404817000	intravenous piggyback route
404816009	intravenous push route

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