



# CVS Caremark Payer Sheet

**Medicare  
Primary Billing & MSP  
(Medicare as Secondary Payer)**

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## HIGHLIGHTS – Updates, Changes & Reminders

This payer sheet refers to Medicare Part D Primary Billing and Medicare as Secondary Payer Billing. Refer to [www.caremark.com](http://www.caremark.com) under the *Pharmacists & Medical Professionals* link for additional payer sheets regarding the following:

- Commercial Primary
- Commercial Other Payer Patient Responsibility (OPPR)
- Commercial Other Payer Amount Paid (OPAP)
- 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)
- Medicaid as Secondary Payer Billing Other Payer Amount Paid (OPAP)

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
- For processing information related to the **Medicare Prescription Payment Plan**, please refer to the ***Supplemental to Medicare Part D Other Payer Patient Responsibility (OPPR)*** Payer sheet. Located at [www.caremark.com](http://www.caremark.com) on the Health Professional Services page.
- Added new BIN/PCN combination: BIN 028272 PCN MOHMCARE (Effective 01/01/2026)
- Added new BIN/PCN combination: BIN 028272 PCN MOHPARTB (Effective 01/01/2026)

**PART 1: GENERAL INFORMATION**

Payer/Processor Name: CVS Caremark®

Plan Name/Group Name: All

Effective as of: January 2026

Payer Sheet Version: 2.0.7

NCPDP Version/Release #: D.0

NCPDP ECL Version: **Oct 2024**

NCPDP Emergency ECL Version: **July 2024**

■ **Pharmacy Help Desk Information**

Inquiries can be directed to the Interactive Voice Response (IVR) system or the Pharmacy Help Desk. (24 hours a day)

The Pharmacy Help Desk numbers are provided below:

| CVS Caremark® System | BIN              | Help Desk Number                                  |
|----------------------|------------------|---------------------------------------------------|
| Legacy ADV           | *004336          | 1-800-364-6331                                    |
| CVS Caremark®        | 610591           | As communicated by<br>plan or refer to ID<br>card |
| Aetna                | 610502           | 1-800-238-6279                                    |
| Molina               | 028272           | 1-800-364-6331                                    |
| CarelonRx            | 020115<br>020388 | 1-833-377-4266                                    |

\*Help Desk phone number serving Puerto Rico Providers is available by calling toll-free 1-800-842-7331.

## 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.

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<br>020115, 020388<br>610502, 028272 | 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". |

**Insurance Segment: Mandatory**

| Field # | NCPDP Field Name                      | Value | Req | Comment                                                              |
|---------|---------------------------------------|-------|-----|----------------------------------------------------------------------|
| 111-AM  | Segment Identification                | Ø4    | M   | Insurance Segment                                                    |
| 3Ø2-C2  | Cardholder ID                         |       | M   |                                                                      |
| 312-CC  | Cardholder First Name                 |       | RW  | Required when necessary for state/federal/regulatory agency programs |
| 313-CD  | Cardholder Last Name                  |       | RW  | Required when necessary for state/federal/regulatory agency programs |
| 3Ø9-C9  | Eligibility Clarification Code        |       | RW  | Submitted when requested by processor                                |
| 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 or as communicated                         |
| 3Ø6-C6  | Patient Relationship Code             |       | R   |                                                                      |
| 997-G2  | CMS Part D Defined Qualified Facility |       | RW  | Required when necessary for plan benefit administration              |

**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, when submitting Sales Tax, or Emergency Override code                                                                               |
| 323-CN  | Patient City Address           |       | RW  | Required for some federal programs, when submitting Sales Tax, or Emergency Override code                                                                               |
| 324-CO  | Patient State/Province Address |       | RW  | Required for some federal programs, when submitting Sales Tax, or Emergency Override code                                                                               |
| 325-CP  | Patient Zip/Postal Zone        |       | R   | Required for some federal programs, when submitting Sales Tax, or Emergency Override code                                                                               |
| 3Ø7-C7  | Place of Service               |       | RW  | Required when necessary for plan benefit administration                                                                                                                 |
| 335-2C  | Pregnancy Indicator            |       | RW  | Required for some federal programs                                                                                                                                      |
| 384-4X  | Patient Residence              |       | R   | Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>Required when necessary for plan benefit administration |

**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<br>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<br><br>Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer |
| 46Ø-ET  | Quantity Prescribed                             |          | RW  | Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.<br>Effective as of 09/21/2020                                                                          |

**Claim Segment: Mandatory (Cont.)**

| Field # | NCPDP Field Name                     | Value | Req | Comment                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------|--------------------------------------|-------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3Ø8-C8  | Other Coverage Code                  |       | RW  | <b>Values Ø and 1 required when necessary for plan benefit administration.</b><br>Ø – Not specified by patient<br>Ø1 – No other coverage<br><br><b>Values Ø2, Ø3 and Ø4 required when necessary for plan benefit administration of MSP claims</b><br>Ø2 – Other coverage exists, payment collected<br>Ø3 – Other coverage billed, claim not covered<br>Ø4 – Other coverage exists, payment not collected |
| 429-DT  | Special Packaging Indicator          |       | RW  | Long-Term Care brand drug claims should be dispensed as a 14 day or less supply unless drug is on the exception list                                                                                                                                                                                                                                                                                     |
| 418-DI  | Level of Service                     |       | RW  | Required for specific overrides or when requested by processor                                                                                                                                                                                                                                                                                                                                           |
| 454-EK  | Scheduled Prescription ID Number     |       | RW  | Required when requested by processor                                                                                                                                                                                                                                                                                                                                                                     |
| 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 some federal programs, when submitting Sales Tax, or Emergency Override code<br><br>Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer                                                                                                                                                                      |

**Pricing Segment: Mandatory**

| Field # | NCPDP Field Name                      | Value | Req | Comment                                                                                                                                                                        |
|---------|---------------------------------------|-------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 111-AM  | Segment Identification                | 11    | M   | Pricing Segment                                                                                                                                                                |
| 409-D9  | Ingredient Cost Submitted             |       | R   |                                                                                                                                                                                |
| 412-DC  | Dispensing Fee Submitted              |       | R   |                                                                                                                                                                                |
| 438-E3  | Incentive Amount Submitted            |       | RW  | Required for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, then Data Element Professional Service Code (440-E5) must also be transmitted |
| 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<br><br>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<br><br>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<br><br>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   |                                                                                                                                                                                |
| 430-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            | 03    | M   | Prescriber Segment                                                                             |
| 466-EZ  | Prescriber ID Qualifier           |       | R   | 01 – NPI (Required)<br><br>17 – Foreign Prescriber Identifier (Required when accepted by plan) |
| 411-DB  | Prescriber ID                     |       | R   |                                                                                                |
| 367-2N  | Prescriber State/Province Address |       | R   |                                                                                                |

**Coordination of Benefits: Situational  
Required only for MSP Claims**

| Field # | NCPDP Field Name                              | Value    | Req | Comment                                                                                                                |
|---------|-----------------------------------------------|----------|-----|------------------------------------------------------------------------------------------------------------------------|
| 111-AM  | Segment Identification                        | 05       | 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                      |          | RW  | Required when Other Payer ID (340-7C) is used                                                                          |
| 340-7C  | Other Payer ID                                |          | RW  | Required when identification of the Other Payer is necessary for claim/encounter adjudication                          |
| 443-E8  | Other Payer Date                              |          | RW  | Required when identification of the Other Payer Date is 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 (308-C8) – 3 |

**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 programs |

**Clinical Segment: Situational**
**Required when requested to submit clinical information to 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   |                                                       |

## PART 3: REVERSAL TRANSACTION

### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name                 | Value                                              | Req | Comment                                                                                                                                                                                                        |
|---------|----------------------------------|----------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1Ø1-A1  | BIN Number                       | 004336, 610591<br>020115, 020388<br>610502, 028272 | 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   | NPI – 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 |

| 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 |
| 147-U7  | Pharmacy Service Type                           |       | RW  | Same value as in request billing |

## 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   | Same value as in request billing             |
| 1Ø9-A9  | Transaction Count             |       | M   | 1-4 occurrences supported for B1 transaction |
| 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<br>D – Duplicate of Paid                                                                                                                                                                                         |
| 503-F3  | Authorization Number                      |           | R   | Required when needed to identify transaction                                                                                                                                                                              |
| 547-5F  | Approved Message Code Count               |           | RW  | Required when (548-6F) Approved Message Code is used                                                                                                                                                                      |
| 548-6F  | Approved Message Code                     |           | RW  | Required for Medicare Part D transitional fill process. See ECL for codes                                                                                                                                                 |
| 130-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 (550-8F) is used                                                                                                                                                                     |
| 550-8F  | 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         |
| 402-D2  | Prescription/Service Reference Number           |       | M   | Rx Number              |

**Response Pricing Segment: Mandatory**

| Field # | NCPDP Field Name                      | Value    | Req | Comment                                                                                                                                                                                               |
|---------|---------------------------------------|----------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 111-AM  | Segment Identification                | 23       | M   | Response Pricing Segment                                                                                                                                                                              |
| 505-F5  | Patient Pay Amount                    |          | R   | This data element will be returned on all paid claims.                                                                                                                                                |
| 506-F6  | Ingredient Cost Paid                  |          | R   |                                                                                                                                                                                                       |
| 507-F7  | Dispensing Fee Paid                   |          | RW  | Required when this value is used to arrive at the final reimbursement                                                                                                                                 |
| 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 (480-HA) is greater than zero (0) 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  | Required when this value is used to arrive at the final reimbursement                                                                                                                                 |
| 560-AY  | Percentage Sales Tax Rate Paid        |          | RW  | Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0)                                                                                                                      |
| 561-AZ  | Percentage Sales Tax Basis Paid       |          | RW  | Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0)                                                                                                                      |
| 521-FL  | Incentive Amount Paid                 |          | RW  | Required when Incentive Amount Submitted (438-E3) is greater than zero (0)                                                                                                                            |
| 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 (480-H9) is greater than zero (0)                                                                                                                        |
| 566-J5  | Other Payer Amount Recognized         |          | RW  | Required when Other Payer Amount Paid (431-DV) is greater than zero (0)                                                                                                                               |
| 509-F9  | Total Amount Paid                     |          | R   |                                                                                                                                                                                                       |
| 522-FM  | Basis of Reimbursement Determination  |          | RW  | Required when Ingredient Cost Paid (506-F6) is greater than zero (0)                                                                                                                                  |
| 523-FN  | Amount Attributed to Sales Tax        |          | RW  | Required when Patient Pay Amount (505-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 (505-F5) includes deductible                                                                                                                                         |

**Response Pricing Segment: Mandatory (Cont.)**

| Field # | NCPDP Field Name                          | Value | Req | Comment                                                                                            |
|---------|-------------------------------------------|-------|-----|----------------------------------------------------------------------------------------------------|
| 518-FI  | Amount of Copay                           |       | RW  | Required when Patient Pay Amount (505-F5) includes copay as patient financial responsibility       |
| 520-FK  | Amount Exceeding Periodic Benefit Maximum |       | RW  | Required when Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum       |
| 572-4U  | Amount of Coinsurance                     |       | RW  | Required when Patient Pay Amount (505-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            |
| 530-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            |
| 570-NS  | DUR Additional Text             |       | RW  | Required when needed to supply additional information for the utilization conflict            |

**Response Coordination of Benefits Segment: Situational**

| 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 (340-7C) is used                                                                         |
| 340-7C  | 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 |

## PART 5: REJECT RESPONSE

### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name              | Value | Req | Comment                                                    |
|---------|-------------------------------|-------|-----|------------------------------------------------------------|
| 102-A2  | Version/Release Number        | DØ    | M   | NCPDP vD.Ø                                                 |
| 103-A3  | Transaction Code              |       | M   | Billing Transaction<br>Same value as in request billing B1 |
| 109-A9  | Transaction Count             |       | M   | Same value as in request billing                           |
| 501-F1  | Header Response Status        | A     | M   |                                                            |
| 202-B2  | Service Provider ID Qualifier |       | M   | Same value as in request billing                           |
| 201-B1  | Service Provider ID           |       | M   | Same value as in request billing                           |
| 401-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 |
| 504-F4  | Message                |       | R   |                          |

### Response Insurance Segment: Situational

| Field # | NCPDP Field Name       | Value | Req | Comment                                                     |
|---------|------------------------|-------|-----|-------------------------------------------------------------|
| 111-AM  | Segment Identification | 25    | M   | Response Insurance Segment                                  |
| 301-C1  | Group ID               |       | RW  | This field may contain the Group ID echoed from the request |

### Response Patient Segment: Situational

| Field # | NCPDP Field Name       | Value | Req | Comment                                                |
|---------|------------------------|-------|-----|--------------------------------------------------------|
| 111-AM  | Segment Identification | 29    | M   | Response Patient Segment                               |
| 310-CA  | Patient First Name     |       | RW  | Required when needed to clarify eligibility            |
| 311-CB  | Patient Last Name      |       | RW  | Required when needed to clarify eligibility            |
| 304-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   | R – Reject                                                                                                                                                                                                                |
| 503-F3  | Authorization Number                      |           | RW  | Required when needed to identify the transaction                                                                                                                                                                          |
| 510-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                                                                                                                                       |
| 130-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 (550-8F) is used                                                                                                                                                                     |
| 550-8F  | 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         |
| 402-D2  | Prescription/Service Reference Number           |       | M   | Rx Number              |

**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            |
| 530-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            |
| 570-NS  | DUR Additional Text             |          | RW  | Required when Reason for Service Code (439-E4) is used                                        |

**Response Coordination of Benefits Segment: Situational**

| 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 (340-7C) is used                                                                                  |
| 340-7C  | 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 relationship of the patient to the cardholder ID, as assigned by the other payer |
| 392-MU  | Benefit Stage Count                   | Max of 4 | RW  | Returned when Benefit Stage Amount (394-MW) is known                                                                           |
| 393-MV  | Benefit Stage Qualifier               |          | RW  | Returned when Benefit Stage Amount (394-MW) is known. See ECL for codes.                                                       |
| 394-MW  | Benefit Stage Amount                  |          | RW  | Returned with the financial amounts that apply to Medicare Part D beneficiary benefit stages                                   |

## APPENDIX A: BIN / PCN COMBINATIONS

### ■ Medicare Part D – Primary BIN and PCN Values

Other PCNs may be required as communicated or printed on card.

| BIN              | Processor Control Number |
|------------------|--------------------------|
| 004336<br>610591 | MEDDADV                  |
| 610502           | MEDDAET                  |
| 004336           | 77993322                 |
| 020115           | IS                       |
| 028272           | MOHMCARE                 |
| 020388           | IRXMEDD                  |

### ■ Dual Medicare/Medicaid – Primary BIN and PCN Values

Refer to ID card for usage. Only used when printed on ID card required as communicated by plan.

| BIN    | Processor Control Number |
|--------|--------------------------|
| 004336 | MEDDMCDMN                |
| 004336 | MEDDMCDOH                |

Only one Medicare Part D claim transaction is allowed per transmission.

### ■ Medicare Part B – BIN and PCN Values

Other PCNs may be required as communicated or printed on card.

| BIN    | Processor Control Number |
|--------|--------------------------|
| 004336 | ADV                      |
| 004336 | PARTBADV                 |
| 610502 | PARTBAET                 |
| 020115 | NS                       |
| 020388 | IRXMAON<br>IRXPARTB      |
| 028272 | MOHPARTB                 |
| 004336 | 77993355                 |

**For secondary claim submissions, see the Commercial OPAP or OPRR Payer Sheets.**

CVS Caremark® will respond back to the pharmacy in the message text fields indicating any other coverage that may apply to Medicare members. Please ensure that pharmacy employees can easily read this information so that supplemental claims can be submitted according to the message instructions.

## APPENDIX B: MEDICARE PART D

### ■ Medicare Part D – Patient Residence

To ensure proper reimbursement, it is important that Provider submit accurate Patient Residence and Pharmacy Service Type values on Medicare Part D claims based on the pharmacy's Medicare Part D network participation. Patient Residence and Pharmacy Service Type fields must be submitted to identify Home Infusion, Long-Term Care, Assisted Living Facility and Retail Claims.

CVS Caremark® will accept the following values:

| Retail Claim Type | Patient Residence (Field 384-4X) | Pharmacy Service Type (Field 147-U7) |
|-------------------|----------------------------------|--------------------------------------|
| Retail            | Ø1                               | Ø1                                   |

| Assisted Living Facility Claim Type | Patient Residence (Field 384-4X) | Pharmacy Service Type (Field 147-U7) |
|-------------------------------------|----------------------------------|--------------------------------------|
| Assisted Living Facility (Retail)   | Ø4                               | Ø5                                   |
| Home Infusion                       | Ø4                               | Ø3                                   |

| Home Infusion Claim Type      | Patient Residence (Field 384-4X) | Pharmacy Service Type (Field 147-U7) |
|-------------------------------|----------------------------------|--------------------------------------|
| Home Infusion                 | Ø1                               | Ø3                                   |
| Assisted Living Home Infusion | Ø4                               | Ø3                                   |

| Long Term Care Claim Type                       | Patient Residence (Field 384-4X) | Pharmacy Service Type (Field 147-U7) |
|-------------------------------------------------|----------------------------------|--------------------------------------|
| Long-Term Care                                  | Ø3                               | Ø5                                   |
| Long-Term Care Institutional                    | Ø3                               | Ø4                                   |
| Long-Term Care Home Infusion                    | Ø1                               | Ø3                                   |
| Long-Term Care ICF/IID*                         | Ø9                               | Ø5                                   |
| * ICF/IID is exempt from short cycle dispensing |                                  |                                      |

## Medicare Part D – Prescriber NPI Requirements

### Prescriber Identification Requirements

**Effective January 1, 2013, identification of the Prescriber requires a valid and active National Provider Identifier (NPI).** Per CMS, all Medicare Part D claims, including controlled substance prescriptions, must be submitted with the Prescriber's valid and active NPI. It is not acceptable, at any time, to utilize an invalid or inactive NPI which does not represent a Prescriber. For pharmacies, it is imperative that the NPI of the Prescriber is checked and verified instead of simply selecting the first number that appears during the Prescriber search.

### Claims Submission

There must be a valid and active individual NPI number submitted with each claim. Otherwise, a claim will reject for Invalid Prescriber. An accurate Submission Clarification Code (NCPDP Field # 420-DK) may be submitted to allow a rejected claim to pay.

- **Claims submitted and reimbursed by CVS Caremark® without a valid and active NPI will result in audit review and chargeback**
- Provider must maintain the DEA number on the original hard copy for all controlled substances prescriptions in accordance with State and Federal laws
- The requirement also applies to foreign Prescribers
- Upon submission of an SCC code, the pharmacy is CONFIRMING the validity of that Prescriber to prescribe the drug
- If calling to request a Prior Authorization, the pharmacy understands that the Prescriber Identifier is considered invalid and will be subject to retrospective audit and possible chargeback

#### **PHARMACY STEPS:**

- In the event a claim rejects for prescriber ID, please review the following steps:
- Verify the ID submitted is a Type 1 NPI.
- For controlled drugs, confirm the Prescriber has a valid DEA and is authorized to prescribe that particular class of drugs

Please note: Only certain SCC codes will be allowed to override each reject code, please see below to help determine valid SCC codes for each reject.

| Reject Code | Field #                              | Code Value | Description                                                                                                                                                                                                    |
|-------------|--------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A2,42, 56   | 420-DK Submission Clarification Code | 42         | The Prescriber ID submitted has been validated, is active                                                                                                                                                      |
| 43, 44      | 420-DK Submission Clarification Code | 43, 45     | For the Prescriber ID submitted, associated prescriber DEA Renewed, or In Progress, DEA Authorized Prescriptive Rights.<br>For the Prescriber ID submitted, associated DEA is a valid Hospital DEA with Suffix |
| 46          | 420-DK Submission Clarification Code | 46         | For the Prescriber ID submitted and associated prescriber DEA, the DEA has authorized prescriptive rights for this drug DEA Class                                                                              |
| 619         | 420-DK Submission Clarification Code | 42         | The Prescriber ID submitted has been validated, is active.                                                                                                                                                     |

## Medicare Part D – Use of Prescription Origin Code

The September 17, 2009, memorandum from Medicare and Medicaid Services (CMS) provided clarification on earlier guidance on the Prescription Origin Code (“Upcoming Drug Data Processing System (DDPS) Changes”).

Providers must use a valid Prescription Origin Code (values 1-4) when submitting **original fills** for Medicare Part D electronic point of sale claims. Effective January 1, 2010, **original fills** claims submitted without one of the values below will be rejected.

**Blank and “Ø” (Not Specified) Prescription Origin Code values will no longer be valid values for original fill Medicare Part D claims submitted in standard format with dates of service beginning January 1, 2010.**

Effective January 1, 2010 all Medicare Part D claims with a 2010 date of service, will require the Prescription Origin Code and Fill number on all Original Dispensing.

### A. Please submit one of the following data elements within Prescription Origin Code (419-DJ):

**Blank or Ø – Not Specified (not valid on Medicare Part D Original Fill)**

- 1 – Written
- 2 – Telephone
- 3 – Electronic
- 4 – Facsimile
- 5 – Pharmacy

### B. Please submit one of the following data elements within Fill Number (403-D3):

- Ø – Original dispensing
- 1 to 99 – Refill Number

| NCPDP Field # | Segment & Field Name                      | Required for Original Fill Medicare Part D transactions.                        |
|---------------|-------------------------------------------|---------------------------------------------------------------------------------|
| 419-DJ        | Claim Segment<br>Prescription Origin Code | 1 – Written<br>2 – Telephone<br>3 – Electronic<br>4 – Facsimile<br>5 – Pharmacy |
| 403-D3        | Claim Segment<br>Fill Number              | Ø – Original dispensing                                                         |

## Medicare Part D – Vaccine Processing

### Dispensing and Administering the Vaccine

If Provider dispenses the vaccine medication and administers the vaccine to the enrollee, submit both drug cost and vaccine administration information on a single claim. The following fields are required in order for the claim to adjudicate and reimburse Provider appropriately for vaccine administration:

| NCPDP Field # | Segment & Field Name                                | Required Vaccine Administration Information for Processing |
|---------------|-----------------------------------------------------|------------------------------------------------------------|
| 44Ø-E5        | DUR/PPS Segment<br>Professional Service Code Field  | <b>MA</b><br>(Medication Administration)                   |
| 438-E3        | Pricing Segment<br>Incentive Amount Submitted Field | <b>≥ \$0.01</b><br>(Submit Administration Fee)             |

### Dispensing the Vaccine Only

If Provider dispenses the vaccine medication only, submit the drug cost electronically according to current claims submission protocol.

### Vaccine Administration Only

**CVS Caremark® will reject on-line claim submissions for vaccine administration only.**

Therefore, if Provider dispenses the vaccine medication and administers the vaccine to the enrollee, submit both elements on a single claim transaction electronically to CVS Caremark®.

### Vaccine Drug Coverage

Please rely on the CVS Caremark® on-line system response to determine Medicare Part D vaccine drug coverage for Medicare Part D plans adjudicating through CVS Caremark®. As a reminder—pharmacists are required to be certified and/or trained to administer Medicare Part D vaccines. Please check with individual state boards of pharmacy to determine if pharmacists can administer vaccines in your respective state(s).

| Submitting a Primary Claim                                         |                                                                                                                        |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Dispensing and administering vaccine                               | Professional Service Code Field – <b>MA</b> Incentive Amount Submitted Field – “Submit Administration Fee (≥ \$ Ø.Ø1)” |
| Dispensing vaccine only                                            | Submit drug cost using usual claim submission protocol                                                                 |
| Submitting U&C Appropriately                                       |                                                                                                                        |
| U&C to submit when dispensing and administering vaccine medication | Your U&C drug cost + Administration Fee                                                                                |

## ■ Reject Messaging Med B versus Med D Drug Coverage Determinations

In order to comply with CMS guidance encouraging adoption of a new standardized procedure using structured reject "coding" in the message field, CVS Caremark® implemented this standardization, effective July 2006. This guidance and outcome resulted from retail pharmacists needing more specific reject messages in order to assist a Medicare Eligible Person.

This process has been approved by the National Council for Prescription Drug Programs (NCPDP) for two specific messages addressing rejections for (1) drugs excluded from Part D coverage as mandated by the Medicare Modernization Act; and (2) drugs that are covered under Medicare Part B for the designated Medicare beneficiary.

The codes below are returned to your pharmacy system in the free text message fields per the NCPDP standard. The codes cannot be used in the reject code field until a new claim standard is named through CMS guidance. Your software must interpret these codes from the free text message field so that the proper messages are displayed.

| Reject Code | Description                                                                                                                      |
|-------------|----------------------------------------------------------------------------------------------------------------------------------|
| A5          | Not covered under Part D Law                                                                                                     |
| A6          | This medication may be covered under Part B and therefore cannot be covered under the Part D basic benefit for this beneficiary. |

## APPENDIX C: MEDICARE PART D LONG-TERM CARE

### ■ Medicare Part D Long-Term Care Split Billing

The Centers for Medicare and Medicaid Services (CMS) requires that an Long-Term Care claim that is partially paid under **Medicare Part A** and partially paid by **Medicare Part D** should not pay a pharmacy two dispensing fees.

| Field #                              | Code Value | Situation                             | Description                                                                                                                                                              | Days Supply |
|--------------------------------------|------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 42Ø-DK Submission Clarification Code | 19         | Partial Payment under Medicare Part A | Any claim in this situation, partially paid under Medicare Part A then submitted to Medicare Part D, should now be submitted with a Submission Clarification Code of 19. | N/A         |

### ■ Medicare Part D Long-Term Care Automated Override Codes

If a provider is enrolled within the Medicare Part D Long-Term Care network and is submitting a Qualified Long-Term Care claim (Patient Location Code of Ø3); the Provider may elect to use the following instructions for an automated claim override.

| Field #                              | Code Value                  | Situation                               | Description                                                                                                                                                                                                                                                                               | Days Supply                         |
|--------------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 42Ø-DK Submission Clarification Code | Ø7                          | Emergency Supply                        | Emergency supply of non-formulary drugs & formulary w/ PA or Step Therapy Requirements                                                                                                                                                                                                    | 31                                  |
| 42Ø-DK Submission Clarification Code | 14<br>(use value 3 for ALF) | Leave of Absence Vacation supply        | Separate dispensing of small quantities of medications for take-home use allowing beneficiaries to leave facility for weekend visits, holidays, etc.                                                                                                                                      | 5                                   |
| 42Ø-DK Submission Clarification Code | 15                          | Patient "Spit Out"                      | Replacement of a medication that has been "spit out"                                                                                                                                                                                                                                      | N/A                                 |
| 42Ø-DK Submission Clarification Code | 16                          | Emergency Box (Emergency dose)          | Emergency Box (E-Box) meds for emergency treatment until standard supply can be dispensed.                                                                                                                                                                                                | 5                                   |
| 42Ø-DK Submission Clarification Code | 17                          | First Fill Following Emergency Box Dose | Follow-up fill after Emergency dose has been dispensed. This prescription should be filled for the full prescribed amount minus the Emergency Dosing.                                                                                                                                     | Written RX Less E.R. Box Dose given |
| 42Ø-DK Submission Clarification Code | 18                          | LTC Admission/ Level of Care Change     | Newly admitted due to clinical status change. Medications may have: been filled at retail pharmacy prior to admit; been filled prior to transfer and discontinued; not followed beneficiary to new facility due to regulatory and compliance issues and same meds reordered upon re-admit | 31 Days Supply with multiple fills  |

## Medicare Part D Long-Term Care Appropriate Day Supply

Three fields have been utilized to accommodate Appropriate Day Supply (ADS) dispensing requirements; Patient Residence Code, Pharmacy Service Type and Submission Clarification Codes (SCC). Please use the following information to accurately submit claims.

| Field #                                    | Code Value | Description                                                                                                                                                                                                                                                                                           |
|--------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 42Ø-DK<br>Submission<br>Clarification Code | 21         | LTC dispensing: 14 days or less not applicable – 14 day or less dispensing is N/A due to CMS exclusion and/or manufacturer packaging may not be broken or special dispensing methodology (i.e. vacation supply, leave of absence, ebox, spitter dose). Medication quantities are dispensed as billed, |
| 42Ø-DK<br>Submission<br>Clarification Code | 22         | LTC dispensing: 7 days – Pharmacy dispenses medication in 7 day supplies                                                                                                                                                                                                                              |
| 42Ø-DK<br>Submission<br>Clarification Code | 23         | LTC dispensing: 4 days – Pharmacy dispenses medication in 4 day supplies                                                                                                                                                                                                                              |
| 42Ø-DK<br>Submission<br>Clarification Code | 24         | LTC dispensing: 3 days – Pharmacy dispenses medication in 3 day supplies                                                                                                                                                                                                                              |
| 42Ø-DK<br>Submission<br>Clarification Code | 25         | LTC dispensing: 2 days – Pharmacy dispenses medication in 2 day supplies                                                                                                                                                                                                                              |
| 42Ø-DK<br>Submission<br>Clarification Code | 26         | LTC dispensing: 1 day – Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies                                                                                                                                                                                                   |
| 42Ø-DK<br>Submission<br>Clarification Code | 27         | LTC dispensing: 4-3 days – Pharmacy dispenses medication in 4 day, then 3 day supplies                                                                                                                                                                                                                |
| 42Ø-DK<br>Submission<br>Clarification Code | 28         | LTC dispensing: 2-2-3 days – Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies                                                                                                                                                                                                  |
| 42Ø-DK<br>Submission<br>Clarification Code | 29         | LTC dispensing: daily and 3-day weekend- Pharmacy or remote dispenses daily during the week and combines multiple days for dispensing weekends                                                                                                                                                        |
| 42Ø-DK<br>Submission<br>Clarification Code | 30         | LTC dispensing: Per shift dispensing – Remote dispensing per shift (multiple med passes)                                                                                                                                                                                                              |
| 42Ø-DK<br>Submission<br>Clarification Code | 31         | LTC dispensing: Per med pass dispensing – Remote dispensing per med pass                                                                                                                                                                                                                              |
| 42Ø-DK<br>Submission<br>Clarification Code | 32         | LTC dispensing: PRN on demand – Remote dispensing on demand as needed                                                                                                                                                                                                                                 |
| 42Ø-DK<br>Submission<br>Clarification Code | 33         | LTC dispensing: 7 days or less cycle not otherwise represented                                                                                                                                                                                                                                        |
| 42Ø-DK<br>Submission<br>Clarification Code | 34         | LTC dispensing: 14 days – Pharmacy dispenses medication in 14 day supplies                                                                                                                                                                                                                            |
| 42Ø-DK<br>Submission<br>Clarification Code | 35         | LTC dispensing: 8-14 day dispensing not listed above – 8-14 day dispensing cycle not otherwise represented                                                                                                                                                                                            |
| 42Ø-DK<br>Submission<br>Clarification Code | 36         | LTC dispensing: dispensed outside of short cycle. Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be Part D.                                                                                                                                  |

### Rejects may occur for the following reasons:

A Brand oral solid is submitted for greater than a 14 day supply without an appropriate SCC. In this scenario you will receive the following rejects

| Reject Code | Description                       |
|-------------|-----------------------------------|
| 7X          | Plan limitations exceeded         |
| 34          | M/I Submission Clarification Code |

Claim is submitted with conflicting SCC short cycles of either 21 or 36 in conjunction with 22-35. In this scenario you will receive the following reject:

| Reject Code | Description                       |
|-------------|-----------------------------------|
| 34          | M/I Submission Clarification Code |

In order to resolve these rejects please follow these steps:

- Check the quantity submitted. Remember, a Brand oral solid can only be dispensed in 14 days or less unless an appropriate SCC is submitted.
- Use the chart above to determine which SCC applies.
- Check to make sure SCC 21 or 36 was not submitted in conjunction with SCC 22-35. SCC 21 and 36 indicate that short cycle does not apply.

### Special Package Indicator

You may see the following message on your paid claims:

LTC Dispensing Type Does Not Support the Packaging Type.

| Field #                             | Code Value | Description                                                                                                                                                                                                                               |
|-------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 429-DT<br>Special Package Indicator | 1          | Not Unit Dose - product is not being dispensed in special unit dose packaging.                                                                                                                                                            |
| 429-DT<br>Special Package Indicator | 2          | Manufacturer Unit Dose - a distinct dose as determined by the manufacturer.                                                                                                                                                               |
| 429-DT<br>Special Package Indicator | 3          | Pharmacy Unit Dose - when the pharmacy has dispensed the drug in a unit of use package which was "loaded" at the pharmacy – not purchased from the manufacturer as a unit dose.                                                           |
| 429-DT<br>Special Package Indicator | 4          | Pharmacy Unit Dose Patient Compliance Packaging- Unit dose blister, strip or other packaging designed in compliance-prompting formats that help people take their medications properly                                                    |
| 429-DT<br>Special Package Indicator | 5          | Pharmacy Multi-drug Patient Compliance Packaging (Packaging that may contain drugs from multiple manufacturers combined to ensure compliance and safe administration)                                                                     |
| 429-DT<br>Special Package Indicator | 6          | Remote device unit dose- drug is dispensed at the facility, via a remote device, in a unit of use package                                                                                                                                 |
| 429-DT<br>Special Package Indicator | 7          | Remote device Multi- drug compliance- Drug is dispensed at the facility, via a remote device, with packaging that may contain drugs from multiple manufacturers combined to ensure compliance and safe administration                     |
| 429-DT<br>Special Package Indicator | 8          | Manufacturer Unit of Use Package (not unit dose) – Drug is dispensed by pharmacy in original manufacturer's package and relabeled for use. Applicable in Long-Term Care claims only (as defined in Telecommunication Editorial Document). |

## APPENDIX D: 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<br>SNOMED<br>Value | High Level Description of<br>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                                        |