CVS Caremark Payer Sheet

Medicare Part D
Primary Billing & MSP
(Medicare as Secondary Payer)

CVS caremark™

Payer Sheet

Table of Contents –

HIGHLIGHTS – Updates, Changes & Reminders 3

PART 1: GENERAL INFORMATION 4

- Pharmacy Help Desk Information 4

PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS 5

PART 3: REVERSAL TRANSACTION 12

PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE 13

PART 5: REJECT RESPONSE 18

APPENDIX A: BIN / PCN COMBINATIONS 22

- Medicare Part D – Primary BIN and PCN Values 22
- Dual Medicare/Medicaid – Primary BIN and PCN Values 22

APPENDIX B: MEDICARE PART D 23

- Medicare Part D – Patient Residence 23
- Medicare Part D – Prescriber NPI Requirements 24
- Medicare Part D – Use of Prescription Origin Code 25
- Medicare Part D – Vaccine Processing 26
- Reject Messaging Med B versus Med D Drug Coverage Determinations 27

APPENDIX C: MEDICARE PART D LONG-TERM CARE 28

- Medicare Part D Long-Term Care Split Billing 28
- Medicare Part D Long-Term Care Automated Override Codes 28
- Medicare Part D Long-Term Care Appropriate Day Supply 29
- Special Package Indicator 30

APPENDIX D: COMPOUND BILLING 31

- Route of Administration Transition 31

Payer Sheet

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 under the Health Professional Services link for additional payer sheets regarding the following:

- **Commercial Primary**
- **Commercial Other Payer Patient Responsibility (OPPR)**
- **Commercial Other Payer Amount Paid (OPAP)**
- **Medicare Part D Other Payer Patient Responsibility (OPPR)**
- **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 Amount Paid (OPAP)**
- **Medicaid Primary Billing & Medicaid as Secondary Payer Billing Other Payer Patient Responsibility (OPPR)**

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

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

- **Updated ECL Version to Oct 2017**
- **Updated Emergency ECL Version to July 2017**
- **Update to field 324-CO**

PART 1: GENERAL INFORMATION

Payer/Processor Name: CVS Caremark®

Plan Name/Group Name: All

Effective as of: October 2Ø18

Payer Sheet Version: 1.8.8

NCPDP Version/Release #: D.Ø

NCPDP ECL Version: **Oct 2Ø17**

NCPDP Emergency ECL Version: **Jul 2Ø17**

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	1-8ØØ-364-6331
CVS Caremark®	610591	As communicated by plan or refer to ID card

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

Payer Sheet

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	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”.

Payer Sheet

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 when the cardholder has a first name
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
323-CN	Patient City Address		RW	Required for some federal programs
324-CO	Patient State/Province Address		RW	Required for some federal programs or when submitting Tax
325-CP	Patient Zip/Postal Zone		RW	Required for some federal programs
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.** **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 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 Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer
3Ø8-C8	Other Coverage Code		RW	**Values Ø and 1 required when necessary for plan benefit administration.** Ø – Not specified by patient Ø1 – No other coverage **Values Ø2, Ø3 and Ø4 required when necessary for plan benefit administration of MSP claims** Ø2 – Other coverage exists, payment collected Ø3 – Other coverage billed, claim not covered 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

Claim Segment: Mandatory (Cont,)

Field #	NCPDP Field Name	Value	Req	Comment
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 when necessary for plan benefit administration** **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
4Ø9-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 (44Ø-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 Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	**Ø1 – NPI (Required)** 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	Ø5	M	Coordination of Benefits Segment
337-4C	Coordination of Benefits/Other Payments Count	Max of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-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 (3Ø8-C8) – 3
392-MU	Benefit Stage Count	Max of 4	RW	Required when Benefit Stage Amount (394-MW) is used
393-MV	Benefit Stage Qualifier		RW	Required when Benefit Stage Amount (394-MW) is used. See ECL for codes.
394-MW	Benefit Stage Amount		RW	Required when the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages

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	

Payer Sheet

PART 3: REVERSAL TRANSACTION

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	004336, 610591	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

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Same value as in request billing
436-E1	Product/Service ID Qualifier		M	Same value as in request billing
4Ø7-D7	Product/Service ID		M	Same value as in request billing
4Ø3-D3	Fill Number		R	Same value as in request billing
3Ø8-C8	Other Coverage Code		RW	Same value as in request billing
147-U7	Pharmacy Service Type		RW	Same value as in request billing

Payer Sheet

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

Response Patient Segment: Required

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

Response Status Segment: Mandatory

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

Response Claim Segment: Mandatory

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

Response Pricing Segment: Mandatory

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

Response Pricing Segment: Mandatory (Cont.)

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

Response DUR/PPS Segment: Situational

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

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 (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other Payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other Payer Person Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required when needed to provide a support telephone number of the other payer to the receiver
143-UW	Other payer Patient Relationship Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer

PART 5: REJECT RESPONSE

Transaction Header Segment: Mandatory

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

Response Message Segment: Situational

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

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
3Ø1-C1	Group ID		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
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	R – Reject
5Ø3-F3	Authorization Number		RW	Required when needed to identify the transaction
51Ø-FA	Reject Count	Max of 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required when a repeating field is in error, to identify repeating field occurrence
13Ø-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when Additional Message Information (526-FQ) is used
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail
131-UG	Additional Message Information Continuity		RW	Required when Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current
549-7F	Help Desk Phone Number Qualifier		RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

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

Response DUR/PPS Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR / PPS Response Code Counter	Max of 9	RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when needed to supply additional information for the utilization conflict
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when 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 (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other payer Person Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required when needed to provide a support telephone number of the other payer to the receiver
143-UW	Other Payer Patient Relationship Code		RW	Required when needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer

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 610591	MEDDADV
004336	MEDDMCDOH

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

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

CVS Caremark® will respond back to the pharmacy in the message text fields indicating any other coverage that may apply to Medicare Part D 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* * ICF/IID is exempt from short cycle dispensing	Ø9	Ø5

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
- For unresolved rejects, CVS Caremark® is required by CMS to contact pharmacies within 24 hours of the reject
- 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	42Ø-DK Submission Clarification Code	42	The Prescriber ID submitted has been validated, is active
43, 44	42Ø-DK Submission Clarification Code	43, 45	For the Prescriber ID submitted, associated prescriber DEA Renewed, or In Progress, DEA Authorized Prescriptive Rights. For the Prescriber ID submitted, associated DEA is a valid Hospital DEA with Suffix
46	42Ø-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	42Ø-DK Submission Clarification Code	42, 49	The Prescriber ID submitted has been validated, is active. Prescriber does not currently have an active Type 1 NPI.

Medicare Part D – Use of Prescription Origin Code

The September 17, 2ØØ9, 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, 2Ø1Ø, ***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, 2Ø1Ø.

Effective January 1, 2Ø1Ø all Medicare Part D claims with a 2Ø1Ø 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 (4Ø3-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 Prescription Origin Code	1 – Written 2 – Telephone 3 – Electronic 4 – Facsimile 5 – Pharmacy
4Ø3-D3	Claim Segment 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 Professional Service Code Field	**MA** (Medication Administration)
438-E3	Pricing Segment Incentive Amount Submitted Field	**≥ $0.01** (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 – **MA** 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 2ØØ6. 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 (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 Submission 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 Submission Clarification Code	22	LTC dispensing: 7 days – Pharmacy dispenses medication in 7 day supplies
42Ø-DK Submission Clarification Code	23	LTC dispensing: 4 days – Pharmacy dispenses medication in 4 day supplies
42Ø-DK Submission Clarification Code	24	LTC dispensing: 3 days – Pharmacy dispenses medication in 3 day supplies
42Ø-DK Submission Clarification Code	25	LTC dispensing: 2 days – Pharmacy dispenses medication in 2 day supplies
42Ø-DK Submission Clarification Code	26	LTC dispensing: 1 day – Pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies
42Ø-DK Submission Clarification Code	27	LTC dispensing: 4-3 days – Pharmacy dispenses medication in 4 day, then 3 day supplies
42Ø-DK Submission Clarification Code	28	LTC dispensing: 2-2-3 days – Pharmacy dispenses medication in 2 day, then 2 day, then 3 day supplies
42Ø-DK Submission 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 Submission Clarification Code	30	LTC dispensing: Per shift dispensing – Remote dispensing per shift (multiple med passes)
42Ø-DK Submission Clarification Code	31	LTC dispensing: Per med pass dispensing – Remote dispensing per med pass
42Ø-DK Submission Clarification Code	32	LTC dispensing: PRN on demand – Remote dispensing on demand as needed
42Ø-DK Submission Clarification Code	33	LTC dispensing: 7 days or less cycle not otherwise represented
42Ø-DK Submission Clarification Code	34	LTC dispensing: 14 days – Pharmacy dispenses medication in 14 day supplies
42Ø-DK Submission Clarification Code	35	LTC dispensing: 8-14 day dispensing not listed above – 8-14 day dispensing cycle not otherwise represented
42Ø-DK Submission 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 it dispensed it 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 Special Package Indicator	1	Not Unit Dose - product is not being dispensed in special unit dose packaging.
429-DT Special Package Indicator	2	Manufacturer Unit Dose - a distinct dose as determined by the manufacturer.
429-DT 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 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 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 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 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 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 SNOMED Value	High Level Description of Route of Administration (995-E2)
112239003	by inhalation
47056001	by irrigation
372454008	gastroenteral route
421503006	hemodialysis route
424494006	infusion route
424109004	injection route
78421000	intramuscular route
72607000	intrathecal route
47625008	intravenous route
46713006	nasal route
54485002	ophthalmic route
26643006	oral route
372473007	oromucosal route
10547007	otic route
37161004	per rectum route
16857009	per vagina
421032001	peritoneal dialysis route
34206005	subcutaneous route
37839007	sublingual route
6064005	topical route
45890007	transdermal route
372449004	dental route
58100008	intra-arterial route
404817000	intravenous piggyback route
404816009	intravenous push route