



Payer Sheet

**Medicaid
Primary Billing &
Medicaid as Secondary Payer Billing
Other Payer Patient Responsibility (OPPR)**

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	11
PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE	12
PART 5: REJECT RESPONSE	17
APPENDIX A: BIN / PCN COMBINATIONS.....	21
• Primary / Secondary Medicaid BIN and PCN Values.....	21
APPENDIX B: COORDINATION OF BENEFITS (COB)	21
• Medicaid COB.....	21
• Example of Medicaid COB.....	21
APPENDIX C: 340B Claim Submission.....	22
• Medicaid 340B Claim Submission	22
APPENDIX D: COMPOUND BILLING.....	23
• Route of Administration Transition	23

HIGHLIGHTS – Updates, Changes & Reminders

This payer sheet refers to Medicaid Primary Billing & Medicaid as Secondary Payer Billing Other Payer Patient Responsibility (OPPR). 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 Primary Billing and Medicare as Supplemental Payer Billing
- 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)

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 2016
- Added 340B process
- Updated Emergency ECL Version to July 2017
- Updated Logo
- Update to field 324-CO

PART 1: GENERAL INFORMATION

Payer/Processor Name: CVS Caremark®

Plan Name/Group Name: All

Effective as of: October 2015

Payer Sheet Version: 1.5.6

NCPDP Version/Release #: D.0

NCPDP ECL Version: **Oct 2016**

NCPDP Emergency ECL Version: **Jul 2017**

■ Pharmacy Help Desk Information

The Pharmacy Help Desk number is provided below:

CVS Caremark® System	BIN	Help Desk Number
Legacy ADV	*004336	1-800-364-6331
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 1-800-842-7331.

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		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".

Insurance Segment: Mandatory

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

Patient Segment: Required

Field #	NCPDP Field Name	Value		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 State programs
323-CN	Patient City Address		RW	Required for some State programs
324-CO	Patient State/Province Address		RW	Required for some State programs or when submitting Tax
325-CP	Patient Zip/Postal Zone		RW	Required for some State programs
335-2C	Pregnancy Indicator		RW	Required for some State programs
384-4X	Patient Residence		RW	Required when necessary for plan benefit administration

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value		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
3Ø8-C8	Other Coverage Code		RW	Ø – Not specified by patient Ø1 – No other coverage Required when necessary to bill Medicaid as COB Ø3 – Other coverage billed, claim not covered Ø8 – Claim is billing for patient financial responsibility only
418-DI	Level of Service		RW	Required when requested by processor
454-EK	Scheduled Prescription ID Number		RW	Required for State of NY Medicaid Beneficiaries
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		RW	Required when necessary for plan benefit administration

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value		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 when requested by processor
481-HA	Flat Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis Of Cost Determination		R	

Prescriber Segment: Required

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	01 – NPI (Required)
411-DB	Prescriber ID		R	
367-2N	Prescriber State/Providence Address		R	

**Coordination of Benefits: Situational
Required when Medicaid is billed as COB**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø5	M	Coordination of Benefits Segment
337-4C	Coordination of Benefits/Other Payments Count	Max of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		R	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		R	Required when identification of the Other Payer is necessary for claim/encounter adjudication
443-E8	Other Payer Date		R	Required when identification of the Other Payer Date is necessary for claim/encounter adjudication – CCYYMMDD
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
353-NR	Other Payer-Patient Responsibility Amount Count	Max of 25	RW	Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used
351-NP	Other Patient-Payer Responsibility Amount Qualifier		RW	Required when Other Payer-Patient Responsibility Amount (352-NQ) is used
352-NQ	Other Payer-Patient Responsibility Amount		RW	Required when necessary for patient financial responsibility only

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

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code Counter	Max of 9	R	
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		Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count		M	Maximum count of 25 ingredients
488-RE	Compound Product ID Qualifier		M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		R	Required when requested by processor
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	Required when requested by processor
362-2G	Compound Ingredient Modifier Code Count	Max of 1Ø	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	Compound Ingredient Modifier Code		RW	Required when necessary for state/federal/regulatory agency program

**Clinical Segment: Situational
Required when requested by plan**

Field #	NCPDP Field Name	Value		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		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	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		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		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

PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code		M	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		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		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		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		Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	P – Paid D – Duplicate of Paid
503-F3	Authorization Number		RW	Required when needed to identify the transaction
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		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		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	This data element will be returned on all paid claims
507-F7	Dispensing Fee Paid		RW	This data element will be returned on all paid claims
557-AV	Tax Exempt Indicator		RW	Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing
558-AW	Flat Sales Tax Amount Paid		RW	Required when Flat Sales Tax Amount Submitted (480-HA) is greater than zero (Ø) or if the Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement
559-AX	Percentage Sales Tax Amount Paid		RW	Tax dollar amount paid to pharmacy
560-AY	Percentage Sales Tax Rate Paid		RW	Rate used to calculate Percentage Sales Amount Paid
561-AZ	Percentage Sales Tax Basis Paid		RW	Code indicating basis of dollars used in calculating tax in the final paid claim
521-FL	Incentive Amount Paid		RW	Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø)
563-J2	Other Amount Paid Count	Max of 3	RW	Required when Other Amount Paid (565-J4) is used
564-J3	Other Amount Paid Qualifier		RW	Required when Other Amount Paid (565-J4) is used
565-J4	Other Amount Paid		RW	Required when Other Amount Claimed Submitted (480-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)
509-F9	Total Amount Paid		R	
522-FM	Basis of Reimbursement Determination		RW	Required when Ingredient Cost Paid (506-F6) is greater than zero
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

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		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		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		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		Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
5Ø4-F4	Message		R	

Response Insurance Segment: Situational

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

Response Patient Segment: Mandatory

Field #	NCPDP Field Name	Value		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		Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	R – Reject
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		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		Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter	Max of 9	RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when Previous Date of Fill (53Ø-FU) is used
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when Reason for Service Code (439-E4) is used

Response Prior Authorization Segment: Situational

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

Response Coordination of Benefits Segment: Required

Field #	NCPDP Field Name	Value		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 known
127-UB	Other Payer Help Desk Phone Number		RW	Required when known
143-UW	Other Payer Patient Relationship Code		RW	Required when known

APPENDIX A: BIN / PCN COMBINATIONS

■ Primary / Secondary Medicaid BIN and PCN Values

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

BIN	Processor Control Number
004336	HNMC
610591	ADV

APPENDIX B: COORDINATION OF BENEFITS (COB)

■ Medicaid COB

- Use the information provided in the chart below to submit the claim
- The OPPR field (Other Payer Patient Responsibility) should be populated

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

■ Example of Medicaid COB

Scenario	If the Primary is...	If the Secondary is...	Other Coverage Code
Scenario #1	Medicaid	N/A	
Scenario #2	Medicare Part D Plan	Medicaid	Ø3, Ø4, Ø8
Scenario #3	Commercial Insurance Plan	Medicaid	Ø3, Ø4, Ø8

APPENDIX C: 34ØB Claim Submission

■ Medicaid 34ØB Claim Submission

Participating Pharmacies who are enrolled as a 34ØB Provider with the US Department of Health and Human Services (DHHS) are required to submit the values detailed below when submitting claims purchased through the 34ØB program.

- 34ØB Participating Pharmacies submitting the 34ØB claim to CVS Caremark® electronically, which includes the applicable submission clarification code, ingredient cost and dispensing fee as a single claim.
- Providers submitting claims electronically for drugs purchased through the 34ØB program must charge no more than the actual acquisition cost for the drug product.
- Pharmacies must identify 34ØB claims with “2Ø” in the Submission Clarification Code in NCPDP field 420-DK.

Below is a Payer Field description indicating the value to be used to identify drugs acquired at 34ØB pricing. Providers may use these fields to indicate claims for which dispensed drugs were acquired at 34ØB pricing

NCPDP Field No.	NCPDP Field Name	Value	Segment Summary	Comments
420-DK	Submission Clarification Code	2Ø = 34ØB	RW	2Ø = Required when designating the product being billed was purchased pursuant to rights as a 34ØB /Disproportionate
409-D9	Ingredient Cost Submitted	Actual Acquisition Cost + Disp Fee	RW	Required when submitting claims acquired through the 34ØB program. Pharmacies should submit <u>their acquisition cost plus</u>
423-DN	Basis of Cost Determination	Ø8 = 34ØB	RW	Ø8 = Required when designating the 34ØB/Disproportionate Share Pricing/Public Health Service acquisition price

For additional 340B claim processing information please refer to plan notifications you have received or as communicated by CVS Caremark®.

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

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a CVS Caremark® Document within the meaning of the Provider Manual.