

Payer Sheet

**Medicare Part D
Other Payer Amount Paid**

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HIGHLIGHTS– Updates, Changes & Reminders

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

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

This payer sheet refers to Medicare Part D Other Payer Amount Paid (OPAP) Billing. Refer to www.caremark.com under the Health Professional Services link for additional payer sheets regarding Commercial Primary, Commercial Other Payer Patient Responsibility, Commercial Other Payer Amount Paid, Medicare Part D Primary Billing and Medicare as Supplemental Payer Billing, MEDD Other Payer Patient Responsibility (OPPR) and Workers Compensation.

PART 1: GENERAL INFORMATION

Payer/Processor Name: CVS Caremark

Plan Name/Group Name: All

Effective as of: January 2012

NCPDP Version/Release #: D.0

NCPDP ECL Version: Oct 2008, Emergency ECL Jul 2011

➤ **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	*012114	1-800-364-6331
Legacy PCS	*012114	1-800-345-5413
FEP	610239	1-800-364-6331
Legacy CRK	*012114	1-800-421-2342
Legacy PHC	610468	1-800-777-1023

*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. 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	012114, 610239, 610468, 012320, 012147	M	.
1Ø2-A2	Version/Release Number	D.Ø	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	
2Ø1-B1	Service Provider ID		M	National Provider ID Number assigned to the dispensing pharmacy
4Ø1-D1	Date of Service		M	
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 10 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	
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
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	
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
325-CP	Patient Zip/Postal Zone		RW	Required for some federal programs
3Ø7-C7	Place of Service		RW	Required when this field could result in different coverage, pricing or patient financial responsibility
335-2C	Pregnancy Indicator		RW	Required for some federal 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= Rx Billing	M	
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	Ø – Not Supported 1 – Not a Compound 2 – Compound	R	
4Ø8-D8	DAW / Product Selection Code		R	
414-DE	Date Prescription Written		R	
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		R	Required for Coordination of Benefits 2 – Other coverage exists, payment collected 3 – Other coverage billed, claim not covered 4 – Other coverage exists, payment not collected
429-DT	Special Package Indicator		RW	Long Term Care brand drug claims should be dispensed as a 7 day or less supply unless drug is on the exception list
418-DI	Level of Service		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		RW	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		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. 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	01 = NPI 12 = DEA	R	NPI is required DEA accepted if permitted by Federal and State laws
411-DB	Prescriber ID		R	
367-2N	Prescriber State/Providence Address		R	

Coordination of Benefits: Required

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		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
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

**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	
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 (440-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		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	
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	
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	
362-2G	Compound Ingredient Modifier Code Count	Max of 10	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		Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	Max of 5	R	
492-WE	Diagnosis Code Qualifier		R	
424-DO	Diagnosis Code		R	

PART 3: REVERSAL TRANSACTION

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value		Comment
1Ø1-A1	BIN Number	012114, 610239, 610468, 012320, 012147	M	The same value in the request billing.
1Ø2-A2	Version/Release Number	D. Ø	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.
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 10 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		M	Same value as in request 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	
308-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		Comment
1Ø2-A2	Version/Release Number		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

Response Message Segment: Situational

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-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
301-C1	Group ID		RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available

Response Patient Segment: Required

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	29	M	Response Insurance 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

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	
503-F3	Authorization Number		R	
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		Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier		M	
402-D2	Prescription/Service Reference Number		M	

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	
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 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
561-AZ	Percentage Sales Tax Basis Paid		RW	Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero
521-FL	Incentive Amount Paid		RW	Required when Incentive Amount Submitted (438-E3) is greater than zero
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
566-J5	Other Payer Amount Recognized		RW	Required when this value is used to arrive at the final reimbursement
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
531-FV	Quantity of Previous Fill		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
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: 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 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
102-A2	Version/Release Number		M	NCPDP vD.0
103-A3	Transaction Code		M	Billing Transaction 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

Response Message Segment: Situational

Field	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		R	

Response Insurance Segment: Situational

Field	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
301-C1	Group ID		RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available

Response Patient Segment: Situational

Field	NCPDP Field Name	Value		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

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
503-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		Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier		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.
531-FV	Quantity of Previous Fill		RW	Required when Previous Date of Fill (53Ø-FU) is used.
53Ø-FU	Previous Date of 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: 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 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

RxBIN and RxPCN values

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

RXBIN	Processor Control Number
012114	COBSEGPCS
012114	COBSEGADV
012114	COBSEGCRK
610468	MD2, MD2FCHP or MD2MP

APPENDIX B: MEDICARE PART D

➤ Medicare Part D Patient Residence

To ensure proper reimbursement, it is important that Provider submit accurate long-term care claim types. Patient Residence and Pharmacy Service Type fields must be submitted to identify Home Infusion, Long-Term Care and Assisted Living Facility Claims.

Patient location codes were previously entered in Field 307-C7 (Patient Location) for every Claim submission in order for appropriate adjudication and payment. As recommended by NCPDP, Caremark will accept the following values:

Claim Type	Pharmacy Service Type (Field 147-U7)	Patient Residence (Field 384-4X)
Retail	01, Blank or Any	Not Applicable
Home Infusion	03	01
Long-Term Care	05	03

➤ Reject Messaging

Medicare Part B versus Medicare Part 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.

➤ **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	(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 CVS Caremark’s 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”
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

Submitting Secondary Claims for Vaccine Administration (COB)

When submitting secondary/tertiary claims when dispensing and administering vaccine medication:

- you are required to submit “**MA**” in the **Professional Service Code Field** in order for the appropriate reimbursement to occur
- If the pharmacy receives an M5 reject <<Requires Manual Claim>> on a secondary claim:

DO NOT tell the enrollee the drug is not covered

DO NOT submit a UCF on behalf of the enrollee

DO collect the patient pay amount from Eligible Person as indicated on the on the previous claim response

DO tell the Eligible Person to submit a paper claim to his/her supplemental insurance

➤ **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 03) and receive a reject; 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	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	14	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	Ø4	Drug Missing, Dropped, Lost	Replacement of a medication that cannot be located.	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	Ø7	Emergency Supply	Emergency supply of non-formulary drugs & formulary w/ PA or Step Therapy Requirements	31
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 Update – 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 Prescription Origin Code	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy
403-D3	Claim Segment Fill Number	Ø=Original dispensing

APPENDIX C: COORDINATION OF BENEFITS (COB)

➤ Medicare Part D Submission Requirements for COB

For all other primary Medicare Part D plan sponsors that have not implemented Single Transaction Coordination of Benefits (ST COB), the following coordination of benefits information is essential when submitting claims for Medicare Part D Eligible Person:

- If Medicare Part D is the primary coverage, the standard BIN/RXPCN combinations should be used (refer to the CVS Caremark plan sponsor grid distributed annually in December)
- For supplemental coverage **after** the primary Medicare Part D claim is processed, or if Medicare Part D falls into a secondary/supplemental status due to other existing primary coverage (commercial coverage, workers comp, etc.), please use the following BIN/RXPCN combinations:

BIN	Processor Control Number (PCN)	Other Coverage Code
012114	COBSEGPCS	Ø2, Ø3, Ø4
	COBSEGADV	Ø2, Ø3, Ø4
	COBSEGCRK	Ø2, Ø3, Ø4

BIN	Processor Control Number (PCN)	Other Coverage Code
610468	MD2	Ø2, Ø3, Ø4
	MD2FCHP	
	MD2MP	

Note: Claims submitted with the above BIN/PCN combinations must be routed through the TrOOP Facilitator (Relay Health)—do not use lines that are directly connected to CVS Caremark.

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.

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

➤ **Single Transaction COB (STCOB)**

Medicare Part D Single Transaction Coordination of Benefits

CVS Caremark has developed a Single Transaction Coordination of Benefits (ST COB) process whereby the pharmacy provider sends one transaction to CVS Caremark and, the claim adjudicates against both primary and secondary plans before returning one final response to the pharmacy provider with the message "Single Transaction COB Processed Used". This type of COB is for certain Medicare Part D Plan Sponsors whose plan design resides predominantly on BIN 004336, and whose benefit is comprised of a group of Eligible Person's that have a Med D Plan where the primary and secondary benefit are coordinated for the Eligible Person.

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
127491008	jejunostomy route
127492001	nasogastric route
418441008	orogastric route

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