

*Vermont Medicaid / DVHA
Consolidated Payer Sheet for VT Pharmacy Use
Updated – 9/26/11*

Bin #: 610593
 States: Vermont
 Destination: SXC Health Solutions / RxClaim
 Accepting: Claim Adjudication, Reversals
 Format: NCPDP Version D.0
 Effective: 1/1/2012
 ECL: NCPDP External Code List Version Date: October 2009

BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) are excluded from the template.

ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT eligibility verification transactions.

PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENT

This client does NOT SUPPORT prior authorization transactions.
 The use of the Prior Authorization Segment is NOT SUPPORTED.

INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT informational transactions.

CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT controlled substance reporting transactions

PARTIAL FILL TRANSACTION REPORTING

USE OF PARTIAL FILE DATA ELEMENTS is NOT SUPPORTED

Reverse original partial claim and resubmit with final dispensed quantity.

COORDINATION OF BENEFITS REPORTING

COB is fully supported.

- **COB is required by this client for claims that are secondary to Part D or commercial insurance.**
- **Claims secondary to Part D:** Include Other Payer: Patient Responsibility fields and Benefit Stage Fields
- **Claims secondary to commercial insurance:** Include Patient Responsibility fields
- Submission of Part B drugs require Other Payer: Patient Responsibility Fields

COUPON REPORTING

USE OF THE COUPON SEGMENT DATA ELEMENTS is NOT FULLY SUPPORTED

MULTIPLE-INGREDIENT COMPOUND CLAIMS SUBMISSION

**The COMPOUND SEGMENT for multi-ingredient compound claims is supported
 Single-ingredient compound claims are no longer accepted by this client.**

CLAIM BILLING/CLAIM REBILL TRANSACTION

Transaction Header Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1, B2 & B3 Transactions.

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
101-A1	BIN NUMBER	610593	M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1,B2, B3	M	
104-A4	PROCESSOR CONTROL NUMBER	VTM or VTD	M	Members with Medicare Part D use VTD Testing: VTMTTEST or VTDTEST for Medicare Part D Members
109-A9	TRANSACTION COUNT	Up to 4 allowed	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Use 01 - NPI ID	M	
201-B1	SERVICE PROVIDER ID	NPI ID	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Use value for Switch's requirements.	M	

Insurance Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for B1 & B3 Transactions. Not required for B2

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
302-C2	CARDHOLDER ID			M	Payer Requirement: Required
312-CC	CARDHOLDER FIRST NAME			RW	Payer Requirement: Complete if present
313-CD	CARDHOLDER LAST NAME			RW	Payer Requirement: Complete if present
314-CE	HOME PLAN			RW	Payer Requirement: Complete if present
524-FO	PLAN ID			RW	Payer Requirement: Complete if present
309-C9	ELIGIBILITY CLARIFICATION CODE			RW	Payer Requirement: As needed to override reject
301-C1	GROUP ID		VTMEDICAID	M	Payer Requirement: Required
303-C3	PERSON CODE			RW	Payer Requirement: Complete if present
306-C6	PATIENT RELATIONSHIP CODE			RW	Payer Requirement: Complete if present

Patient Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1, B2 & B3 Transactions. Segment required to Locate patient

Field	Patient Segment Segment Identification (111-AM) = "Ø1"	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
331-CX	PATIENT ID QUALIFIER		06	R	Payer Requirement: Required
332-CY	PATIENT ID			R	Payer Requirement: Required - Medicaid ID
304-C4	DATE OF BIRTH			R	Payer Requirement: Required – Correct DOB will be returned if incorrect DOB submitted
305-C5	PATIENT GENDER CODE			R	Payer Requirement: Required
310-CA	PATIENT FIRST NAME			R	Payer Requirement: Required
311-CB	PATIENT LAST NAME			R	Payer Requirement: Required
322-CM	PATIENT STREET ADDRESS			RW	Payer Requirement: Complete if present
323-CN	PATIENT CITY ADDRESS			RW	Payer Requirement: Complete if present
324-CO	PATIENT STATE / PROVINCE ADDRESS			RW	Payer Requirement: Complete if present
325-CP	PATIENT ZIP/POSTAL ZONE			RW	Payer Requirement: Complete if present

326-CQ	PATIENT PHONE NUMBER		RW	Payer Requirement: Complete if present
333-CZ	EMPLOYER ID		RW	Payer Requirement: Complete if present
335-2C	PREGNANCY INDICATOR		RW	Payer Requirement: Complete if present
384-4X	PATIENT RESIDENCE		RW	Payer Requirement: Required for Nursing Home Claims – Value of “03”

Claim Segment Questions	Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	Required for B1 B2 & B3 Transactions.
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = “Ø7”			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01	M	Payer Requirement: Only value of “01” is accepted
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Payer Requirement: Supports 12-digit Rx Number Example: 000001234567 (leading zeros)
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	Payer Requirement: Only value of 03 accepted
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Payer Requirement: Complete if present
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Payer Requirement: Complete if present
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Payer Requirement: Complete only if 459-ER PROCEDURE MODIFIER CODE is completed
459-ER	PROCEDURE MODIFIER CODE		RW	Payer Requirement: Complete if present
442-E7	QUANTITY DISPENSED		RW	Payer Requirement: Required for B1 & B3 claims
4Ø3-D3	FILL NUMBER		RW	Payer Requirement: Required for B1 & B3 claims
4Ø5-D5	DAYS SUPPLY		RW	Payer Requirement: Required for B1 & B3 claims
4Ø6-D6	COMPOUND CODE		RW	Payer Requirement: Required for B1 & B3 claims Use “1” if product not a compound “2” if product is a compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		RW	Payer Requirement: Required for B1 & B3 claims
414-DE	DATE PRESCRIPTION WRITTEN		RW	Payer Requirement: Required for B1 & B3 claims
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Payer Requirement: Complete if present
419-DJ	PRESCRIPTION ORIGIN CODE		R	Payer Requirement: Required
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Payer Requirement: Complete only if 42Ø-DK SUBMISSION CLARIFICATION CODE is completed
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Payer Requirement: As needed to override reject
3Ø8-C8	OTHER COVERAGE CODE		R	Payer Requirement: Required
429-DT	SPECIAL PACKAGING INDICATOR		RW	Payer Requirement: Complete if present
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Payer Requirement: Complete if present Partial Fills not supported
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Payer Requirement: Complete if present. Partial Fills not supported
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Payer Requirement: Complete if present Partial Fills not supported
454-EK	SCHEDULED PRESCRIPTION ID NUMBER			Payer Requirement: Complete if present
6ØØ-28	UNIT OF MEASURE		RW	Payer Requirement: Complete if present
418-DI	LEVEL OF SERVICE		RW	Payer Requirement: Complete if present
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Payer Requirement: Complete if present

Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Payer Requirement: Complete if present
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		RW	Payer Requirement: Complete if present
464-EX	INTERMEDIARY AUTHORIZATION ID		RW	Payer Requirement: Complete if present
343-HD	DISPENSING STATUS		RW	Payer Requirement: Complete if present Partial Fills not supported
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Payer Requirement: Complete if present Partial Fills not supported
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Payer Requirement: Complete if present Partial Fills not supported
995-E2	ROUTE OF ADMINISTRATION		RW	Payer Requirement: Required If 406-D6 Compound Code is a "2"

Pricing Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions. Not required for B2

Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Payer Requirement: Submit only if Actual payment to pharmacy before submission Should use fields 351-NP and 352-NQ for Patient responsibility
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Payer Requirement: Complete if present
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Payer Requirement: Required in applicable locations
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Payer Requirement: Required in applicable locations
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Payer Requirement: Required if 482-GE PERCENTAGE SALES TAX AMOUNT SUBMITTED is submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Payer Requirement: Required if 482-GE PERCENTAGE SALES TAX AMOUNT SUBMITTED and Percentage Sales Tax Rate Submitted (483-HE) are submitted
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Payer Requirement: Required
430-DU	GROSS AMOUNT DUE		R	Payer Requirement: Required
423-DN	BASIS OF COST DETERMINATION		RW	Payer Requirement: Complete if present

Pharmacy Provider Segment	Check	Claim Billing/Claim Rebill
This Segment is situational – Not required	X	Required for B1 & B3 Transactions. Not required for B2

Pharmacy Provider Segment Segment Identification (111-AM) = "02"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER		RW	Payer Requirement: Required if Provider ID (444-E9) is Submitted.
444-E9	PROVIDER ID		RW	Payer Requirement: Complete if present and segment is used

Prescriber Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		Required for B1 & B3 Transactions. Not required for B2

Field #	Prescriber Segment Segment Identification (111-AM) = "Ø3"	Value	Payer Usage	Claim Billing/Claim Rebill
	NCPDP Field Name			Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01	M	Payer Requirement: Required.- Use only 01
411-DB	PRESCRIBER ID		M	Payer Requirement: NPI ID
427-DR	PRESCRIBER LAST NAME		RW	Payer Requirement: Complete if present
498-PM	PRESCRIBER PHONE NUMBER		RW	Payer Requirement: Complete if present
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	Payer Requirement: Complete if present
421-DL	PRIMARY CARE PROVIDER ID		RW	Payer Requirement: Complete if present
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	Payer Requirement: Complete if present

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is situational		Required only for secondary
		Required for B1 B2 & B3 Transactions.

Field #	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"	Value	Payer Usage	Claim Billing/Claim Rebill
	NCPDP Field Name			Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	01 if other payer was Primary, 02 if other payer was Secondary, 03 if other payer was Tertiary
339-6C	OTHER PAYER ID QUALIFIER		RW	Payer Requirement: Use 99 – Other for state-issued ID
34Ø-7C	OTHER PAYER ID		RW	Payer Requirement: Refer to state lists of other payer IDs
443-E8	OTHER PAYER DATE		RW	Payer Requirement: Date of Service of other payer claim
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Payer Requirement: If Other Coverage Code is 2; # of claims paid
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Payer Requirement: Required if Other Coverage Code is 2; Use 07 – Drug Benefit
431-DV	OTHER PAYER AMOUNT PAID		RW	Payer Requirement: Required if Other Coverage Code is 2; COB Amount- Do Not leave this field Blank
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Payer Requirement: Required if Other Coverage Code is 3. # of claims rejected by other payer
472-6E	OTHER PAYER REJECT CODE		RW	Payer Requirement: Required if Other Coverage Code is 3. NCPDP Reject Code received from other payer
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Payer Requirement: Required if Other Payer Responsibility Amount Qualifier is used Maximum 25
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Payer Requirement: Required if Other Payer Responsibility Amount is used Use Blank, 01...13 accepted. 06 Patient Pay Amount is value used to price Part D (VTD) secondary claim. Should represent 505-F5 Patient Pay from previous payer response.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Payer Requirement: Required if Other Coverage Code is 2,4; Do not leave this field Blank
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	Payer Requirement: Required if Benefit Stage Amount is used Maximum of 4 with no repetition of qualifiers
393-MV	BENEFIT STAGE QUALIFIER		RW	Payer Requirement: Required if Benefit Stage Amount is used
394-MW	BENEFIT STAGE AMOUNT		RW	Payer Requirement: Required if Other Coverage Code is 2,4; Required if previous payer has financial amounts that apply to Medicare Part D

DUR/PPS Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Payer Requirement: Required if segment used. Up to 9 occurrences are supported.
439-E4	REASON FOR SERVICE CODE		RW	Payer Requirement: Required if segment used. DD, ID, and TD accepted.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Payer Requirement: Required if segment used. MR, MO, and RO accepted.
441-E6	RESULT OF SERVICE CODE		RW	Payer Requirement: Required if segment used. 1B, 1C, 1D, and 3E accepted.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Payer Requirement: Complete if present
475-J9	DUR CO-AGENT ID QUALIFIER		RW	Payer Requirement: Complete if present
476-H6	DUR CO-AGENT ID		RW	Payer Requirement: Complete if present

Compound Segment	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational		Compound code is 02
		Required for B1 & B3 Transactions. Not required for B2

Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	Payer Requirement: 03 Required
489-TE	COMPOUND PRODUCT ID		M	Payer Requirement: NDC of each ingredient
448-ED	COMPOUND INGREDIENT QUANTITY		M	Payer Requirement: Quantity of each ingredient
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Payer Requirement: Complete if present
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Payer Requirement: Complete if present

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		Submitted Only for B1 or B3 Transactions if required for specific claim.
This Segment is situational		

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	Payer Requirement: Complete if present
492-WE	DIAGNOSIS CODE QUALIFIER		RW	Payer Requirement: Complete if present
424-DO	DIAGNOSIS CODE		RW	Payer Requirement: Complete if present
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	RW	Payer Requirement: Complete if present
494-ZE	MEASUREMENT DATE		RW	Payer Requirement: Complete if present
495-H1	MEASUREMENT TIME		RW	Payer Requirement: Complete if present
496-H2	MEASUREMENT DIMENSION		RW	Payer Requirement: Complete if present
497-H3	MEASUREMENT UNIT		RW	Payer Requirement: Complete if present
499-H4	MEASUREMENT VALUE		RW	Payer Requirement: Complete if present

GENERAL INFORMATION

Live Date:	01/01/2006 (Payer Sheet revisions 08/15/11)
Maximum prescriptions per transaction:	4
Plan specific information, customer service:	(802) 878-7871 VT Member Services Unit
Technical assistance, pharmacy help desk:	(800) 918-7545 SXC Health Solutions, Inc.
Vendor certification required:	Yes
Pharmacy Registration with Payer Required:	No
Switch Support:	NDC Health Emdeon/WebMD eRx

1. OTHER INFORMATION

- NPI Provider ID required for adjudication and reimbursement. Client transitioned to use of NPI ID for Prescribers beginning May 23, 2008.

- Vermont Medicaid requires that compound claims be submitted using the COMPOUND SEGMENT for multi-ingredient compound claims. Single-ingredient compound claim submission is no longer supported.

1.1 - OTHER PAYER COVERAGE CODE (NCPDP FIELD #308-C8): REQUIRED ON ALL SECONDARY CLAIMS. THE OTHER PAYER COVERAGE CODE INDICATES THE TYPE OF COVERAGE THE OTHER INSURER IS PROVIDING FOR THE CLAIM. (SEE CHART BELOW FOR POSSIBLE SCENARIOS AND CIRCUMSTANCES.)

Other Coverage Code / Description	Processing Policy Vermont Coverage Secondary to Alternate Insurance	Processing Policy Vermont Coverage Secondary to Medicare Part D Plan
0 = Not Specified	Claim will reject	Claim will reject.
1 = No other coverage identified	Claim will reject	Claim will reject.
5 = Managed Care Plan denial	Claim will reject	Claim will reject.
6 = Other coverage Denied, not a participating provider	Claim will reject	Claim will reject.
8 = Copay Only	Claim will reject	Claim will reject.

OCCURRENCE	CORRECT OTHER COVERAGE CODE TO USE	(DVHA – VTM) Processing Policy Vermont Coverage Secondary to Alternate Insurance	(DVHAD – VTD) Processing Policy Vermont Coverage Secondary to Medicare Part B and Part D
The primary insurance plan pays a portion of the claim.	2 = Other coverage exists, payment collected from primary insurance.	Requires COB Segment including Other Payer ID and Other Payer Paid Amount, Other Payer-Patient Responsibility Amount fields. Claim will process based on Medicaid allowed amount. <u>Leaving these fields blank is not permitted as it will result in the State paying the claim incorrectly. These claims will be subject to recoupment.</u>	Requires COB Segment including Other Payer ID and Other Payer Paid Amount, Other Payer-Patient Responsibility Amount fields, and Benefit Stage Fields – claim will pay based on member cost share from PDP. OCC2 does not apply to full-benefit duals (except for Part B claims). <u>Leaving these fields blank is not permitted as it will result in the State paying the claim incorrectly. These claims will be subject to recoupment.</u>
The primary insurance rejects the claim.	3 = Other coverage exists, claim rejected by primary insurance.	<u>Only to be used for over-the-counter drugs.</u> Claims submitted with an OCC = 3 will be subject to an edit to determine if drug is OTC; if so, the state will pay claim if all other state criteria is met. State would prefer Other Payer Reject Code, but field is not currently required. <u>For non-OTC drugs:</u> If the primary payer denies a claim because the drug requires a prior authorization or it is a non-formulary drug, then the primary carrier's prior authorization procedures must be followed.	Claims submitted with an OCC = 3 will be subject to an edit to determine if drug class is Excluded from Part D coverage by CMS; if so, state will pay claim if all other state criteria is met. If product is not an Excluded Drug from CMS for Part D coverage, state will reject claim. State would prefer Other Payer Reject Code, but field is not currently required. OCC=3 does not apply to Medicare Part B.

<p>The primary insurance carrier processes the claim but does not make a payment because:</p> <p>a) The member is in a deductible period,</p> <p>b) The payment is less than the patient's copayment.</p>	<p>4 = Other coverage exists, payment not collected from primary</p>	<p>Requires COB Segment including Other Payer ID and Other Payer Paid Amount, Other Payer-Patient Responsibility Amount fields Claim will pay based on Medicaid allowed amount.</p> <p><u>OCC = 4 is not to be used when the primary claim has been denied by the primary insurance plan because the drug requires a prior authorization or it is a non-formulary drug. If found during a State audit, these claims will be subject to recoupment.</u></p>	<p>To be used when member has deductible or "donut hole" and primary payer is not making payment on claim; requires Other Payer-Patient Responsibility Amount fields, and Benefit Stage Fields and complete COB segment. Claim will pay based on member cost share from PDP. Also used for Part B deductible. OCC4 does not apply to Part D claims for full-benefit duals (but may be used for Part B claims).</p> <p><u>OCC = 4 is not to be used when the primary claim has been denied by the Part D Plan because the drug requires a prior authorization or it is a non-formulary drug. If found during a State audit, these claims will be subject to recoupment.</u></p>
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1.3 OTHER PAYER ID QUALIFIER (NCPDP FIELD #339-6C): REQUIRED ON CLAIMS WHERE THE OTHER COVERAGE CODE (OCC) = "2". THE OTHER PAYER ID QUALIFIER WILL ALWAYS BE "99 – OTHER", SINCE THE LIST IS A STATE-ISSUED LIST OF PAYERS.

1.4

1.5 OTHER PAYER ID (NCPDP FIELD #339-7C): REQUIRED ON CLAIMS WHERE THE OTHER COVERAGE CODE (OCC) = "2". THE OTHER PAYER ID IS A UNIQUE THREE-DIGIT CARRIER CODE THAT IDENTIFIES THE OTHER INSURER; THE STATE ISSUES AND MAINTAINS THAT LIST OF CODES. FOR MEDICARE PART D SECONDARY CLAIMS, THE STATE MAINTAINS A LIST OF THE PART D PLAN SPONSORS. FOR OTHER MEDICAID SECONDARY CLAIMS, THE STATE MAINTAINS A COMPLETE LIST OF POTENTIAL INSURERS.

1.6

1.7 OTHER PAYER AMOUNT PAID (NCPDP FIELD #431-DV): REQUIRED ON CLAIMS WHERE THE OTHER COVERAGE CODE (OCC) = "2". THE OTHER PAYER AMOUNT PAID IS THE DOLLAR AMOUNT OF THE PAYMENT RECEIVED FROM THE PRIMARY PAYER(S).

1.8

1.9 OTHER PAYER DATE (NCPDP FIELD #443-E8): REQUIRED ON ALL SECONDARY CLAIMS. THE OTHER PAYER DATE IS THE PAYMENT OR DENIAL DATE OF THE CLAIM SUBMITTED TO THE OTHER PAYER.

1.10 OTHER PAYER REJECT CODE (NCPDP FIELD #472-6E): THE OTHER PAYER REJECT CODE IS REQUIRED WHEN THE OTHER COVERAGE CODE (OCC) = 3.