



REMINDER
Submission of Claims
Supplemental to Medicare Part D

This notice is to remind pharmacies of the proper setup of D.0 secondary claims to Vermont Medicaid’s Part D Supplemental Program. (610593/PCN VTD) In keeping with NCPDP version D.0, the COB processing need for proper use of the benefit is explained here. The use of the Patient Paid Amount Submitted (433-DX) in 5.1 is replaced by the Other Payer – Patient Payer Amount (352-NP) tied to the Other Payer – Patient Payer Amount Qualifier (351-NP) equal to “06” in the COB segment. This is required for OCC 02 and 04 submissions.

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|--------|---|----------------------|----|---|
| 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 01...13 accepted. 06 Patient Resp. Amount Qualifier is value used to price Medicare Part D secondary claim. Should represent 505-F5 Patient Pay from previous payer response |
| 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 |

Assistance

For questions related to your NCPDP D.0 testing, please contact us at [Medmetrics info@sx.com](mailto:info@sx.com) with “NCPDP D.0 Test Question” in the subject line. Please provide the following information in the body of the email:

- Name
- Phone Number
- Email address
- Your 10 digit NPI number
- Your 7 digit NCPDP number
- A detailed description of the concern

If you wish a copy of the Payer Sheet please contact us at [Medmetrics info@sx.com](mailto:info@sx.com) with “Payer Sheet” in the subject line or via the Vermont Medicaid website at <http://dvha.vermont.gov/for-providers/vermont-d-0-v5-120211.pdf>