



# NCPDP Version 5 Request Payer Sheet – Long Term Care 4D

*NCPDP Rev.04.16.02*

## General Information

Payer Name: <b>4D-Midwest Health Plan</b>	Date: 11/21/2005
Plan Name/Group Midwest Health Plan MA-PD	
Processor: Argus	Switch: Various
Effective as of: 01/01/2006	Version/Release #: LTCV1
Contact/Information Source: Argus Call Center 1.800.KC.ARGUS (1.800.522.7487)	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 1.800.KC.ARGUS (1.800.522.7487)	
Other versions supported: The HIPAA required format is 5.1	

## Other Transactions Supported (as of 10/16/2003)

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

## Billing or Rebill Transaction

### Segments

The following lists the segments available in a Billing or Rebill Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) must always be sent. Fields designated as “Required When” (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer.**

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- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

**Transaction Header Segment:**

**Mandatory in all cases**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	012353	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	B1 = Billing (claim)
104-A4	Processor Control Number	03630000	M	
109-A9	Transaction Count		M	1
202-B2	Service Provider ID Qualifier	07 = NCPDP ID	M	01=NPI (National Provider Identifier – Future Use)
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

**Patient Segment:**

**Required**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01	M	
304-C4	Date Of Birth		R	
305-C5	Patient Gender Code		RW	Required when gender edits are in place.

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307-C7	Patient Location	R	Valid values determined by customer/client specific edits:  03=Nursing Home (Defined as CMS approved LTC entity according to NCPDP Appendix F. Long-Term Care Pharmacy Claims Submission Recommendations For Version 5.1.)  05=Rest Home (Defined as an Assisted Living Facility according to NCPDP Appendix F. Long-Term Care Pharmacy Claims Submission Recommendations For Version 5.1.)
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Note: LTC/ALF claims not submitted with location codes will be paid at retail provided pharmacy is in the retail network. If submitting pharmacy is not in the retail network, the claim will be denied with error #169 (pharmacy not found in plan). Midwest Health/4D reimburses ALF (location code = 5) members at retail rates. In order to be reimbursed for ALF patients, pharmacy must be in the retail network.

**Insurance Segment:**

**Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID		M	
303-C3	Person Code		RW	Required when needed for patient identification.

**Claim Segment:**

**Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07	M	
455-EM	Prescription/Service Ref # Qualifier	Blank=Not specified 1=Rx billing	M	Blank will be treated as 1=Rx Billing
402-D2	Prescription/Service Reference Number		M	

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436-E1	Product/Service ID Qualifier	03 = NDC	M	
407-D7	Product/Service ID		M	Note: If item is a compound most expensive ingredient needs to be submitted until multi-ingredient segment processing becomes available in 2006.  99999 series NDCs will be rejected
442-E7	Quantity Dispensed		R	
405-D5	Days Supply		R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	Required for compound claim submission.  Default: 1=Not a compound  Note: If item is a compound most expensive ingredient needs to be submitted until multi-ingredient segment processing becomes available in 2006.  99999 series NDCs will be rejected
408-D8	DAW/Product Selection Code		R	
414-DE	Date Prescription Written		R	
420-DK	Submission Clarification Code		RW	Required when needed to clarify LTC claim submission.  Valid values determined by customer/client specific edits.  03=Vacation Supply, max 7 days  04=Lost Prescription, max 3 days  05=Therapy Change  07=Medically Necessary
308-C8	Other Coverage Code		RW	Required when needed to clarify LTC claim submission.

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418-DI	Level Of Service	RW	Required when needed to clarify LTC claim submission.  Required with starter dose or drug dispensed for E-box. If days supply is 4 days or less, refill too soon will be overridden  03=Emergency
462-EV	Prior Authorization Number Submitted	RW	Required when needed to clarify LTC claim submission.

**Pharmacy Provider Segment (02):**

**Not used**

**Prescriber Segment:**

**Required**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	
466-EZ	Prescriber ID Qualifier		RW	Required when 411-DB is used.
411-DB	Prescriber ID		RW	Required when needed for customer level edits.

**COB/Other Payments Segment:**

**Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	
337-4C	Coordination of Benefits/Other Payments Count		RW	Required for COB claim submission.
338-5C	Other Payer Coverage Type		RW	Required for COB claim submission.  Can occur up to 3 times.
339-6C	Other Payer ID Qualifier	03=Bank Information Number (BIN)	RW	Required for COB claim submission.  Can occur up to 3 times.

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340-7C	Other Payer ID		RW	Required for COB claim submission. Can occur up to 3 times.
443-E8	Other Payer Date		RW	Required for COB claim submission. Can occur up to 3 times.
341-HB	Other Payer Amount Paid Count		RW	Required when reporting Other Payer paid claim amounts.
342-HC	Other Payer Amount Paid Qualifier	07=Drug Benefit 08=Sum of All Reimbursement, or as determined by trading partner agreement	RW	Required when reporting Other Payer paid claim amounts. Can occur up to 9 times per payer
431-DV	Other Payer Amount Paid		RW	Required when reporting Other Payer paid claim amounts. Can occur up to 9 times per payer
471-5E	Other Payer Reject Count		RW	Required when reporting Other Payer rejected/denied claims.
472-6E	Other Payer Reject Code		RW	Required when reporting Other Payer rejected/denied claims. Can occur up to 5 times per payer

**Workers' Compensation Segment (06):**

**N/A**

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**DUR/PPS Segment:****Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	
473-7E	DUR/PPS Code Counter		RW	Required when submitting DUR/PPS codes.
439-E4	Reason for Service Code		RW	Required when needed to clarify LTC claim submission.  Occurs up to 9 times
44Ø-E5	Professional Service Code		RW	Required when needed to clarify LTC claim submission.  Occurs up to 9 times
441-E6	Result of Service Code		RW	Required when needed to clarify LTC claim submission.  Occurs up to 9 times

**Pricing Segment:****Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
4Ø9-D9	Ingredient Cost Submitted		R	May be populated with zeros
426-DQ	Usual And Customary Charge		R	
43Ø-DU	Gross Amount Due		R	

**Coupon Segment (09):****Not used****Compound Segment (10):****Not used – Future development****Prior Authorization Segment (12):****Not used**


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**Clinical Segment:****Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count		RW	Required when submitting Diagnosis Codes
492-WE	Diagnosis Code Qualifier		RW	Required when 424-DO is used. Can occur up to 5 times
424-DO	Diagnosis Code		RW	Required when needed to clarify LTC claim submission. Can occur up to 5 times

## Additional Information for Claim Submissions

**Sales Tax Processing**


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Sales tax may not apply to the payer.

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## Other Transaction Information

**Reversals**

Maximum Number of Transactions Supported per transmission	Max # of transactions supported = 1
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Timeframe = 80 days from initial receipt

**Certification Requirements****Does payer/processor require software certification?**

No, but we encourage certification through NHIN, the third-party certification used by Argus.

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# NCPDP Version 5 Response Payer Sheet – Long Term Care Generic Version

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*NCPDP Rev.04.16.02*

## General Information

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Payer Name: <b>Selected Customers</b>
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Date: 11/21/05
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## Segments

The purpose of this document is to provide further clarity for Providers as to the Response Data they will receive. This document lists the segments available in a Response Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. See Template Instructions for mandatory or optional fields and the usage of the M/R/RW and Comment columns. Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) will always be sent. Fields designated as “Required When” (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer. Note that on the Response segments, “Required” should be interpreted as “Reported” by the processor.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

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## PAID (or Duplicate of Paid or Rebill) Response

### Response Header Segment:

**Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	B1=Rx Billing
109-A9	Transaction Count	Same value as in request billing	M	1
501-F1	Header Response Status	A	M	A = Accepted
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

### Response Message Segment:

**Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging

### Response Insurance Segment (25):

**Not used**

### Response Status Segment:

**Mandatory**

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	P or D	M	P = Paid D = Duplicate of Paid

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526-FQ	Additional Message Information	RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging
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**Response Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22	M	
455-EM	Prescription/Service Reference Number Qualifier		M	1=Rx Billing
402-D2	Prescription/Service Reference Number		M	

**Response Pricing Segment: Mandatory**

**Will Payer/Processor provide the following fields regarding the member’s overall pharmacy benefit?**

512-FC Accumulated Deductible Amount	No
513-FD Remaining Deductible Amount	No
514-FE Remaining Benefit Amount	No

**Will Payer/Processor provide the following Partial Fill payment fields?**

546-HH Basis of Calculation – Dispensing Fee	No
547-HJ Basis of Calculation – Copay	No
548-HK Basis of Calculation – Flat Sales Tax	No
549-HL Basis of Calculation – Percentage Sales Tax	No

**Will Payer/Processor support the inclusion of Tax Exempt Flag (557-AV)?**

No

**Will Payer/Processor follow the pricing formula from the NCPDP Telecommunication Implementation Guide Version 5.1 section “4.2.9 Pricing Segment” and “4.4.4 Response Pricing Segment”?**

Yes, excluding percentage sales tax fields.

**Will Payer/Processor populate the following fields with zeros when the field value is zero, because the following fields are part of the sum reported in the field “total provider reimbursement”?**

505-F5 Patient Pay Amount	Yes
509-F9 Total Amount Paid	Yes

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Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23	M	
505-F5	Patient Pay Amount		R	May be populated with zeros
506-F6	Ingredient Cost Paid		RW	Reported back when amount is submitted
507-F7	Dispensing Fee Paid		RW	Reported back when amount is submitted
558-AW	Flat Sales Tax Amount Paid		RW	Reported back when amount is submitted
559-AX	Percentage Sales Tax Amount Paid		RW	Reported back when amount is submitted
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable
517-FH	Amount Applied To Periodic Deductible		RW	Reported when applicable
518-FI	Amount Of Copay/ Co-Insurance		RW	Reported when applicable
519-FJ	Amount Attributed To Product Selection		RW	Reported when applicable

**Response DUR/PPS Segment:**

**Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24	M	
567-J6	DUR/PPS Response Code Counter		RW	
439-E4	Reason For Service Code		RW	Reported when applicable. Can occur up to 9 times.
528-FS	Clinical Significance Code		RW	Reported when applicable
544-FY	DUR Free Text Message		RW	Reported when applicable

**Response Prior Authorization Segment (26):**

**Not used**

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## Reject Response

### Response Header Segment:

**Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	
501-F1	Header Response Status	A	M	
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

### Response Message Segment:

**Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging

### Response Status Segment:

**Mandatory**

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	R	M	R = Reject
510-FA	Reject Count		R	
511-FB	Reject Code		R	Can occur up to 5 times.
526-FQ	Additional Message Information		RW	If applicable for Other Health Insurance reporting and/or if plan requests messaging

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