

September 15, 2011

Montana Health Care Programs Notice Pharmacy

Second Notice – Important Update

NCPDP D.0 Submission Requirements

Beginning October 1, 2011, pharmacy providers may begin submitting claims in NCPDP D.0 standard for Montana DPHHS programs.

Montana DPHHS programs include Medicaid and the Mental Health Services Plan. From October 1, 2011 through December 31, 2011, the Department will accept claims in either the NCPDP 5.1 or NCPDP D.0 standards.

Test Region Available

A test region will be available on or around September 15, 2011, for pharmacies to test their D.0 claims.

Note: To access the D.0 test region, use BIN: 610084 and PCN: DRMTDV5S. **Please do not expect payment from test claims as this test system only provides a method to send test claims to determine the workability of your upgraded system.**

Attached is a draft of the D.0 Payer Sheet with the additions/changes highlighted in yellow. Please provide this payer sheet to your software vendor.

Effective January 1, 2012, NCPDP 5.1 will no longer be accepted, and all pharmacy claims must be submitted in the NCPDP D.0 standard.

Contact Information

If you have questions regarding this notice, contact Amy Holodnick (406) 444-2738.

If you have issues submitting claims after October 1, 2011, contact the ACS-POS Help Desk at (800) 365-4944.

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>

NCPDP PAYER SHEET MONTANA MEDICAID

** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template**

GENERAL INFORMATION

Payer Name: Montana Medicaid		Date: January 1, 2012
Plan Name/Group Name: Montana Medicaid/Montana Mental Health Services (MHSP)	BIN: 610084	PCN: DRMTPROD = Production
Plan Name/Group Name: Montana Medicaid/Montana Mental Health Services (MHSP) (test)	BIN: 610084	***Test Region Only*** 5.1 =PCN: DRMTACCP D.0= PCN:DRMTDV5S
Processor: ACS, a Xerox Company		
Effective as of: January 1, 2012	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: September 2010	
Contact/Information Source: Other references such as Provider Manuals, Payer phone number, web site, etc.		
Certification Testing Window: Certification Testing Dates		
Certification Contact Information: Certification phone number and information		
Provider Relations Help Desk Info: 1-800-365-4944		
Other versions supported: 5.1 supported through 12/31/2011		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing Transaction
B3	Rebill

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) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP Telecommunication Standard Implementation

Guide Version D.0.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used		

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
101-A1	BIN NUMBER	610084	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	Version Supported

Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
103-A3	TRANSACTION CODE	B1, B3	M	What type of transaction is being sent
104-A4	PROCESSOR CONTROL NUMBER	DRMTPROD = Production DRMTACCP = Test	M	This is the same for MT Mental Health
109-A9	TRANSACTION COUNT	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	Count of transactions in the transmission.
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider Identifier (NPI)	M	NPI mandatory 05/23/2008
201-B1	SERVICE PROVIDER ID	NPI Number	M	NPI mandatory 05/23/2008
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	This will be provided by the provider's software vendor	M	If no number is supplied, populate with zeros

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Identification (111-AM) = "04"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID	Use client's 9-digit ID number	M	
301-C1	GROUP ID	For Medicaid use 1509040 For MHSP use 0064206420	R	

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Patient Segment Identification (111-AM) = "01"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
311-CB	PATIENT LAST NAME		R	
335-2C	PREGNANCY INDICATOR	Blank = Not Specified 1 = Not pregnant 2 = Pregnant	RW	Required when submitting a claim for a pregnant member

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Identification (111-AM) = "07"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Number assigned by the pharmacy
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 = National Drug Code	M	
407-D7	PRODUCT/SERVICE ID	NDC Number	M	

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Used when submitting a claim for a completion fill. Remove if below verbiage included? Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Used when submitting a claim for a completion fill. Remove if below verbiage included? Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
403-D3	FILL NUMBER	Ø= Original Dispensing 1-99 = Number of refills	R	
405-D5	DAYS SUPPLY		R	There is a maximum of a 34 day supply allowed for MT providers
406-D6	COMPOUND CODE	Ø = Not specified 1= Not a compound 2 = Compound	R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	1= Substitution Not Allowed by Prescriber 5 = Substitution Allowed - Brand Drug Dispensed as a Generic 7= Substitution Not Allowed - Brand Drug Mandated by Law	R	
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required if Submission Clarification Code (420-DK) is used.
420-DK	SUBMISSION CLARIFICATION CODE	8 = Process compound for Approved Ingredients	RW	Provider may submit when submitting a claim for a multi-line compound that includes a non-covered ingredient. Montana only uses Valid Value '8'
308-C8	OTHER COVERAGE CODE	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists- payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists- payment not collected 8=Claim is a billing for a copay	R	Values 5, 6 and 7 are not allowed in D.0 Need to verify if MT will be using Govt COB logic in which case OCC=8 will also not be used.

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
429-DT	SPECIAL PACKAGING INDICATOR	Ø=Not specified 1=Not Unit Dose 2=Manufacturer Unit Dose 3=Pharmacy Unit Dose	RW	'3' required when in house unit dose
461-EU	PRIOR AUTHORIZATION TYPE CODE	4=Exemption from Copay 8=Payer Defined Exemption	RW	'4' is used for co-pay exemptions '8' can be use for up to a 3 day emergency supply
343-HD	DISPENSING STATUS	P = Partial Fill C = Completion Fill	RW	Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
995-E2	ROUTE OF ADMINISTRATION	Buccal = 54471007 Dental = 372449004 Inhalation = 112239003 Injection = 385218009 Intraperitoneal = 38239002 Irrigation = 47056001 Mouth/Throat = 26643008 Mucous Membrane = 419874009 Nasal = 46713006 Ophthalmic = 54485002 Oral = 26643006 Otic = 10547007 Perfusion = C444364 Rectal = 37161004 Sublingual = 37839007 Topical = 419464001 Transdermal = 372464004 Translingual = 37839007 Vaginal = 16857009 Enteral = 417985001 Urethral = 90028008	RW	Required when the Rx is a compound New Field - replaces 452-EH in 5.1 Compound Segment SNOMED CT Values required for D.0

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	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	Required in D.0
412-DC	DISPENSING FEE SUBMITTED		RW	Required if needed to balance claim
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	Required in D.0

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier 12 = Drug Enforcement Administration (DEA)	R	Required if Prescriber ID (411-DB) is used.
411-DB	PRESCRIBER ID	NPI Number DEA Number	R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts. See section [Coordination of Benefits \(COB\) Processing](#) for more information.

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	Count of other payment occurrences (1, 2, etc.)
338-5C	OTHER PAYER COVERAGE TYPE	Blank = Not Specified Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary	M Repeating	Code identifying the type of 'Other Payer ID' (34Ø-7C).
443-E8	OTHER PAYER DATE	CCYYMMDD	RW	Required when there is payment from another source
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø9=Compound Preparation Cost 1Ø=Sales Tax	RW Repeating	Required when there is payment from another source Values Blank, Ø8, 98 and 99 are not allowed in D.O
431-DV	OTHER PAYER AMOUNT PAID	\$\$\$\$\$\$cc	RW	Required when there is payment from another source
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement:</i> Required if OCC = 3
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"				Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Pass-through of what was returned from prior payer	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement:</i> Use to indicate patient responsibility amount when 308-C8 = 2 or 4
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required when Other Coverage Code 308-C8 = 2 or 4
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. <i>Does MT want to receive these if Med D?</i>
393-MV	BENEFIT STAGE QUALIFIER			<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. <i>Does MT want to receive these if Med D?</i>
394-MW	BENEFIT STAGE AMOUNT			<i>Imp Guide:</i> Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "08"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	M	Required when submitting this segment
439-E4	REASON FOR SERVICE CODE	See Attached list of valid values	RW	Required when there is a conflict to resolve or reason for service to be explained.
440-E5	PROFESSIONAL SERVICE CODE	See Attached list of valid values	RW	Required when there is a professional service to be identified.
441-E6	RESULT OF SERVICE CODE	See Attached list of valid values	RW	Required when There is a result of service to be submitted.

Compound Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is situational		X	

Compound Segment Segment Identification (111-AM) = "10"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

	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	Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	Dosage form of the complete compound mixture.
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1=Each 2=Grams 3=Milliliters	M	NCPDP standard product billing codes
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M (Repeating	Count of compound product IDs (both active and inactive) in the compound mixture submitted.
488-RE	COMPOUND PRODUCT ID QUALIFIER		M (Repeating	
489-TE	COMPOUND PRODUCT ID		M (Repeating	
448-ED	COMPOUND INGREDIENT QUANTITY		M (Repeating	

** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template**