

Nevada Medicaid and Nevada Check Up Specifications for NCPDP version 5.1

(Appendix B of the Pharmacy Billing Manual)



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Revision history

Date (mm/dd/yyyy)	Description of Changes	Pages Impacted
10/11/2011	Initial Version	All
	HPES Leadership Review	
10/31/2011	SXC updates	
11/22/2011	SXC updates	Page 6



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Introduction

Starting 12/02/2011, HP Enterprise Services will start processing pharmacy claims for Nevada Medicaid as part of the MMIS takeover project. SXC Health Solutions, Inc. provides claims processing and call center services in support of this contract.

Purpose of this document

HP Enterprise Services has prepared this Pharmacy Payer Sheet and website, <https://dhcfp.nv.gov>, to support Nevada Medicaid and Nevada Check Up billing. Hereafter, Nevada Medicaid and Nevada Check Up are referred to as "Medicaid" unless otherwise specified.

Questions?



For technical questions regarding claim submission call the SXC Pharmacy Technical Call Center at (866) 244-8554.

For enrollment or setup questions, please contact HP Enterprise Services.

Payer Sheet Details

SXC Health Solutions, Inc.
PO Box 5206
Lisle, IL 60532-5206

Effective:	12/2/2011
Bin #:	001553
PCN:	NVM
States:	All Participating Pharmacies in the Nevada Medicaid Program
Network	
Destination:	SXC Health Solutions (RxCLAIM®)
Accepting:	Claim Billing, Reverse/Rebill/ Reversal, and Eligibility Inquiry (B1, B2, B3 and E1)
Format:	NCPDP Version 5.1 or higher



1. Segment and field requirements by transaction type

Field Requirement Legend

Please note that fields listed as “Optional/Not Required” at this time may be required in the future.

Code	Description
M	Designated as MANDATORY in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. These fields must be sent if the segment is required for the transaction.
R	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as REQUIRED by this program. These fields must be sent if the segment is required for the transaction. REQUIRED data elements may not always be used in adjudication.
RW	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as REQUIRED WHEN by this program. These fields must be sent if the condition described is met and the segment is required for the transaction. REQUIRED WHEN data elements may not always be used in claims adjudication.
O	Designated as optional in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1, but designated as OPTIONAL/ NOT REQUIRED by this program. It is not necessary to send these fields.
X***R***	The “R***” indicates that the field is repeating. One of the other designators, ‘M’, ‘R’, ‘RW’ or ‘O’ will precede it.



BILLING (B1), REVERSAL (B2), REBILLING (B3), ELIGIBILITY INQUIRY (E1)

Transaction Data Elements

(M-Mandatory, S-Situational, ***R-Repeat Field)

Transaction Header Segment – Mandatory			Required
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
101-A1	BIN NUMBER	M	001553
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	B1, B2, B3
104-A4	PROCESSOR CONTROL NUMBER	M	NVM
109-A9	TRANSACTION COUNT n	M	01 – 04; One Transaction For B2 Or Compound Claims; Up To 4 For B1 Or B3
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 (NPI)
201-B1	SERVICE PROVIDER ID	M	National Provider Identifier
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use Value For Switch’s Requirements, Or Populate With Blanks



Patient Segment – Situational			Required for B1, B2, & B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	01
331-CX	PATIENT ID QUALIFIER	S	Not Required - Captured if transmitted
332-CY	PATIENT ID	S	Not Required - Captured if transmitted
304-C4	DATE OF BIRTH	S	Not Required - Captured if transmitted
305-C5	PATIENT GENDER CODE	S	Not Required - Captured if transmitted
310-CA	PATIENT FIRST NAME	M	Required for this program
311-CB	PATIENT LAST NAME	M	Required for this program
322-CM	PATIENT STREET ADDRESS	S	Not Required - Captured if transmitted
323-CN	PATIENT CITY ADDRESS	S	Not Required - Captured if transmitted
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Not Required - Captured if transmitted
325-CP	PATIENT ZIP/POSTAL ZONE	S	Not Required - Captured if transmitted
326-CQ	PATIENT PHONE NUMBER	S	Not Required - Captured if transmitted
307-C7	PATIENT LOCATION	S	Required when needed to identify Long Term Care (LTC) conditions. 04 = Long Term Care 11 = Hospice
333-CZ	EMPLOYER ID	S	Not Required - Captured if transmitted
334-1C	SMOKER / NON-SMOKER CODE	S	Not Required - Captured if



Patient Segment – Situational			Required for B1, B2, & B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
			transmitted
335-2C	PREGNANCY INDICATOR	S	Not Required - Captured if transmitted

Insurance Segment – Situational			Required For B1, B3, And E1 Transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	04
302-C2	CARDHOLDER ID	M	Medicaid ID Number <Client>
312-CC	CARDHOLDER FIRST NAME	R	Required for this program
313-CD	CARDHOLDER LAST NAME	R	Required for this program
314-CE	HOME PLAN	S	Not Required - Captured if transmitted
524-FO	PLAN ID	S	Not Required - Captured if transmitted
309-C9	ELIGIBILITY CLARIFICATION CODE	S	Not Required - Captured if transmitted
336-8C	FACILITY ID	S	Not Required - Captured if transmitted
301-C1	GROUP ID	S	Not Required - Captured if transmitted
303-C3	PERSON CODE	S	Not Required - Captured if transmitted
306-C6	PATIENT RELATIONSHIP CODE	S	Not Required - Captured if transmitted



Claim Segment – Mandatory			Required for B1, B2, & B3
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	07
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Required 1 = Rx billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Required
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03 = NDC
407-D7	PRODUCT/SERVICE ID	M	11-digit NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	S	Required when billing for a partial fill
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Required when billing for a partial fill
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required ONLY if Procedure Modifier Code Submitted
459-ER	PROCEDURE MODIFIER CODE	S	Not Required - Captured if transmitted
442-E7	QUANTITY DISPENSED	R	Required for B1 & B3 transactions
403-D3	FILL NUMBER	R	Required for B1 & B3 transactions 0 = Original dispensing 1-99 = Refill Number
405-D5	DAYS SUPPLY	R	Required for B1 & B3 transactions
406-D6	COMPOUND CODE	R	Required for B1 & B3 transactions 0=Not Specified 1=Not a Compound 2 = Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	0 = No Product selection indicated 1 = Substitution not allowed by prescriber



Claim Segment – Mandatory			Required for B1, B2, & B3
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
			2 = Substitution allowed – patient requested brand 3 = Substitution allowed – pharmacist selected product dispensed 4 = Substitution allowed – generic drug not in stock 5 = Substitution allowed – brand drug dispensed as generic 6 = Override 7 = Substitution not allowed – brand drug mandated by law 8 = Substitution allowed – generic drug not available in marketplace 9 = Other
414-DE	DATE PRESCRIPTION WRITTEN	R	Required for B1 & B3 transactions
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Not Required – Captured if transmitted
419-DJ	PRESCRIPTION ORIGIN CODE	S	Not Required – Captured if transmitted
420-DK	SUBMISSION CLARIFICATION CODE	S	Not Required – Captured if transmitted
460-ET	QUANTITY PRESCRIBED	S	Required on partial or completion fills
308-C8	OTHER COVERAGE CODE	S	Required for COB transaction 00 = Not specified 01 = No other coverage 02 = Other coverage exists – payment collected 03 = Other coverage exists –



Claim Segment – Mandatory			Required for B1, B2, & B3
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
			claim not covered 04 = Other coverage exists – payment not collected 05 = Managed care plan denial 06 = Other coverage denied – not a participating provider 07 = Other coverage exists – Not in effect on DOS 08 = Claim is billing for copay
429-DT	UNIT DOSE INDICATOR	S	Required when the pharmacy has repackaged a non-unit dose product, 3 = Pharmacy Unit Dose
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Required on partial or completion fills
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Required on partial or completion fills
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Required on partial or completion fills
330-CW	ALTERNATE ID	S	Not Required – Captured if transmitted
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required – Captured if transmitted
600-28	UNIT OF MEASURE	S	Required EA=each, GM=grams, ML=milliliters
418-DI	LEVEL OF SERVICE	S	Required to identify emergency conditions 3=Emergency
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	**See Pharmacy Manual
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	



Claim Segment – Mandatory			Required for B1, B2, & B3
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required – Captured if transmitted
464-EX	INTERMEDIARY AUTHORIZATION ID	S	Not Required – Captured if transmitted
343-HD	DISPENSING STATUS	S	Required when submitting a partial fill or the completion of a partial fill. Blank = Not Specified, P = Partial Fill, C = Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Required on partial or completion fills
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Required on partial or completion fills

Pharmacy Provider Segment – Situational	Segment not required
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Prescriber Segment – Situational			Required for B1 & B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	M	01 = National Provider ID
411-DB	PRESCRIBER ID	M	NPI
467-1E	PRESCRIBER LOCATION CODE	S	Not Required - Captured if transmitted
427-DR	PRESCRIBER LAST NAME	S	Not Required - Captured if transmitted
498-PM	PRESCRIBER PHONE NUMBER	S	Not Required - Captured if



Prescriber Segment – Situational			Required for B1 &, B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
			transmitted
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Not Required - Captured if transmitted
421-DL	PRIMARY CARE PROVIDER ID	S	Not Required - Captured if transmitted
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Not Required - Captured if transmitted
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Not Required - Captured if transmitted

COB/Other Payments Segment – Situational			Required ONLY for COB processing
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	05
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Required if Segment is Used Maximum = 3
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	01 = Primary 02 = Secondary 03 = Tertiary 99 = Composite
339-6C	OTHER PAYER ID QUALIFIER	S***R***	RW
340-7C	OTHER PAYER ID	S***R***	Required, Other Payer ID must = 88888 if Segment is Used
443-E8	OTHER PAYER DATE	S***R***	Required, CCYYMMDD
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	Required if Segment is Used
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	Blank = Not Specified



COB/Other Payments Segment – Situational			Required ONLY for COB processing
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
			01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit 08 = Sum of all reimbursement 98 = Coupon 99 = Other
431-DV	OTHER PAYER AMOUNT PAID	S***R***	Required if Segment is Used
471-5E	OTHER PAYER REJECT COUNT	S	Not Required - Captured if transmitted
472-6E	OTHER PAYER REJECT CODE	S***R***	Not Required - Captured if transmitted

DUR/PPS Segment – Situational			Segment is Not Required, use encouraged if applicable
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	08
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used, one to 9 occurrences are supported



DUR/PPS Segment – Situational			Segment is Not Required, use encouraged if applicable
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
439-E4	REASON FOR SERVICE CODE	S***R***	Required when needed to communicate DUR information. Valid Values: See Pharmacy Manual
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required when needed to communicate DUR information Valid Values: See Pharmacy Manual
441-E6	RESULT OF SERVICE CODE	S***R***	Required when needed to communicate DUR information. Valid Values: See Pharmacy Manual
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Required if segment used
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Not Required - Captured if transmitted
476-H6	DUR CO-AGENT ID	S***R***	Not Required - Captured if transmitted

Pricing Segment – Mandatory			Required for B1 & B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	M	Required
412-DC	DISPENSING FEE SUBMITTED	M	Required



Pricing Segment – Mandatory			Required for B1 & B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Not Required - Captured if transmitted
433-DX	PATIENT PAID AMOUNT SUBMITTED	M	Required
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Required when billing for unit dose packaging fee
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	Not Required - Captured if transmitted
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Not Required - Captured if transmitted
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Not Required - Captured if transmitted
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	Not Required - Captured if transmitted
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Not Required - Captured if transmitted
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Not Required - Captured if transmitted
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	Not Required - Captured if transmitted
426-DQ	USUAL AND CUSTOMARY CHARGE	M	Required For Public Health Service entities, usual and customary charge is the 'actual acquisition cost'
430-DU	GROSS AMOUNT DUE	M	Required
423-DN	BASIS OF COST DETERMINATION	S	Not Required - Captured if transmitted



Compound Segment – Situational			Segment is not required - Use is encouraged if applicable
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	10
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	Required 01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	1 = Each 2 = Grams 3 = Milliliters
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	00 = Not specified 01 = Buccal 02 = Dental 03 = Inhalation



Compound Segment – Situational			Segment is not required - Use is encouraged if applicable
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
			04 = Injection 05 = Intraperitoneal 06 = Irrigation 07 = Mouth/throat 08 = Mucous membrane 09 = Nasal 10 = Ophthalmic 11 = Oral 12 = Other/Miscellaneous 13 = Otic 14 = Perfusion 15 = Rectal 16 = Sublingual 17 = Topical 18 = Transdermal 19 = Translingual 20 = Urethral 21 = Vaginal 22 = Enteral
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M***R***	Count Of Compound Product ID's (NDC's)
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	03 = NDC
489-TE	COMPOUND PRODUCT ID	M***R***	11-Digit NDC
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Required
449-EE	COMPOUND INGREDIENT DRUG COST	M	Required When A Compound Drug Is Dispensed



Compound Segment – Situational			Segment is not required - Use is encouraged if applicable
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	M	Required When A Compound Drug Is Dispensed

Prior Authorization Segment – Segment NOT REQUIRED at this time; fields intentionally not listed. *Specifications may be provided at a later date.*

CLINICAL SEGMENT: Required for transactions B1 and B3 if designated clinical information is needed for drug coverage consideration.			
Field	Field Name	Field Requirement	SUPPORTED VALUES
111-AM	SEGMENT IDENTIFICATION	M	13 = Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	RW Max =	Required when DIAGNOSIS CODE is used.
492-WE	DIAGNOSIS CODE QUALIFIER	RW***R** * Max =	Required when DIAGNOSIS CODE is used. Ø1 = ICD 9
424-DO	DIAGNOSIS CODE	RW***R** * Max =	Required when diagnosis is needed for designated drug coverage. See <i>Pharmacy Billing Manual</i>
493-XE	CLINICAL INFORMATION COUNTER	○	
494-ZE	MEASUREMENT DATE	○	
495-H1	MEASUREMENT TIME	○	
496-H2	MEASUREMENT DIMENSION	○	
497-H3	MEASUREMENT UNIT	○	
499-H4	MEASUREMENT VALUE	○	



2. General information

Live Date:	12/02/2011
Maximum prescriptions per transaction:	4
Technical assistance, help desk: (Starting 12/02/2011)	(866) 244-8554
Clinical and Prior Authorization support: (Starting 12/02/2011)	(855)-455-3311
Vendor certification required:	Yes (by switching company)
Pharmacy Registration with Payer Required:	Yes, contact HPES
Switch Support:	NDC, ENVOY, ERx, QS1



3. Other information

TBD

