

Nevada Medicaid and Nevada Check Up Specifications for NCPDP version 5.1

(Please note:

*[NCPDP D.Ø Payer Sheet for Pharmacy Providers](#) is
Appendix B of the Pharmacy Billing Manual)*



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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 |
|---|----------------------|
|---|----------------------|

| 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

