

BIN: 011255
State(s): Colorado, National
Switch: emdeon

Processor: Catamaran
Accepting: Claim Billing and Reversals
Format: NCPDP Version D.0
External Code List: October 2012

1. NCPDP Data Elements Version D.0

Transaction Header Segment (Mandatory)

First

Field#	Field Name	Submit	Value	Comments
101-A1	BIN	M	011255	
102-A2	Version Number	M	D0	Version D.0
103-A3	Transaction Code	M	B1, B2	Claim Billing, Reversal
104-A4	Processor Control Number	M		See <i>Additional Information</i> section
109-A9	Transaction Count	M	1 - 4	See <i>Additional Information</i> section
110-AK	Software Vendor/Certification ID	M	Blank fill	
202-B2	Service Provider ID Qualifier	M	01-NPI	See <i>Additional Information</i> section
201-B1	Service Provider ID	M	10-digit NPI	See <i>Additional Information</i> section
401-D1	Date of Service	M	CCYYMMDD	

Insurance Segment (Mandatory)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	04	
301-C1	Group ID	R		See card for Group ID
302-C2	Cardholder ID	M		
303-C3	Person Code	O		
306-C6	Patient Relationship	R	1=subscriber 2=spouse 3=dependent 4=other	
115-N5	Medicaid ID Number	RW		Required, if known, when patient has Medicaid coverage
359-2A	Medigap ID	RW		Required, if known, when patient has Medigap coverage
360-2B	Medicaid Indicator	RW		Required, if known, when patient has Medicaid coverage
997-G2	CMS Part D Defined Qualified Facility	R		For Medicare Part D claims

Patient Segment (Required)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	01	
304-C4	Date of Birth	R	CCYYMMDD	
305-C5	Patient Gender Code	R	1=male, 2=female	
310-CA	Patient First Name	R		
311-CB	Patient Last Name	R		
322-CM	Patient Street Address	R		
323-CN	Patient City Address	R		
324-CO	Patient State/Province Address	R		
325-CP	Patient Zip/Postal Zone	R		
326-CQ	Patient Phone Number	R		
307- C7	Place of Service	RW		
384-4X	Patient Residence	RW		See <i>Additional Information</i> section

Claim Segment (Mandatory)

Partial fills not supported.

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	07	
402-D2	Prescription/Service Reference #	M	Rx Number	1-12 digit Rx Number
455-EM	Prescription/Svc Ref # Qualifier	M	1=Billing	

Field#	Field Name	Submit	Value	Comments
403-D3	Fill Number	R	0-99	
405-D5	Days Supply	R		
442-E7	Metric Quantity Dispensed	R		
406-D6	Compound Code	R	1=not a compound 2=compound	
436-E1	Product/Service ID Qualifier	M	03=NDC	If billing for multi-ingredient Rx, this field = 0 (zero)
407-D7	Product/Service ID	M	11-digit NDC code	If billing for multi-ingredient Rx, this field = 0 (zero)
408-D8	Dispense as Written (DAW)/Product Selection Code	R	0-9	
414-DE	Date Prescription Written	R	CCYYMMDD	
419-DJ	Prescription Origin Code	R	0-5	For Medicare Part D claims only
420-DK	Submission Clarification Code	RW		
354-NX	Submission Clarification Code Count	RW	0-3	Required if 420-DK is used
308-C8	Other Coverage Code	RW		See <i>Additional Information</i> Section
357-NV	Delay Reason Code	RW		Required when needed to specify the reason that submission of the transaction has been delayed.
461-EU	Prior Authorization Type Code	RW		
462-EV	Prior Authorization Number Submitted	RW		
995-E2	Route of Administration	O		
147-U7	Pharmacy Service Type	R		See <i>Additional Information</i> section

Pricing Segment (Mandatory)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	11	
409-D9	Ingredient Cost Submitted	R		
412-DC	Dispensing Fee Submitted	R		
426-DQ	Usual and Customary Charge	R		
430-DU	Gross Amount Due	R		
481-HA	Flat Sales Tax Amount	O		
482-GE	Percentage Sales Tax Amt Submitted	O		
483-HE	Percentage Sales Tax Rate Submitted	O		
484-JE	Percentage Sales Tax Basis Submitted	O		

Prescriber Segment (Required for Medicare Part D)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	03	
466-EZ	Prescriber ID Qualifier	R	01=NPI	See <i>Additional Information</i> section
411-DB	Prescriber ID	R	10-digit NPI	See <i>Additional Information</i> section
427-DR	Prescriber Last Name	RW		Required when the Prescriber ID (411-DB) is not known.
364-2J	Prescriber First Name	RW		
365-2K	Prescriber Street Address	RW		
366-2M	Prescriber City Address	RW		
367-2N	Prescriber State/Province	RW		
368-2P	Prescriber Zip/Postal Zone	RW		
498-PM	Prescriber Phone Number	RW		

COB/Other Payments Segment (Optional)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	05	
337-4C	Coordination of Benefits / Other Payments Count	M	0-9	
338-5C	Other Payer Coverage Type	M		If Other Coverage identified
339-6C	Other Payer ID Qualifier	RW	03=BIN	If Other Coverage identified
340-7C	Other Payer ID	RW	6-digit BIN	If Other Coverage identified
341-HB	Other Payer Amount Paid Count	RW	0-9	If Paid
431-DV	Other Payer Amount Paid	RW		If Other Coverage identified
342-HC	Other Payer Amount Paid Qualifier	RW	07=Drug Benefit	If Other Coverage identified
443-E8	Other Payer Date	RW		If Paid
471-5E	Other Payer Reject Count	RW	0-5	If Rejected
472-6E	Other Payer Reject Code	RW		If Rejected

Compound Segment (Optional)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	10	
450-EF	Compound Dosage Form Description Code	M		
451-EG	Compound Dispensing Unit Form Indicator	M	1-3	
447-EC	Compound Ingredient Component Count	M		Max count of 25 ingredients
448-ED	Compound Ingredient Quantity	R		
449-EE	Compound Ingredient Drug Cost	RW		
488-RE	Compound Product ID Qualifier	R		
489-TE	Compound Product ID	R		
490-UE	Compound Ingredient Basis of Cost Determination	RW		

Facility Segment (Required)

Field#	Field Name	Submit	Value	Comments
111-AM	Segment ID	M	15	
336-8C	Facility ID	RW		
385-3Q	Facility Name	RW		
386-3U	Facility Street Address	RW		
388-5J	Facility City Address	RW		
387-3V	Facility State/Province	RW		
389-6D	Facility Zip/Postal Zone	RW		

“M” fields are *Mandatory* for the Segment in the Transaction in accordance with the NCPDP Telecommunication Implementation Guide Version D.0. Mandatory elements have structural requirements.

“R” fields are *Required* for the segment in the Transaction.

“O” fields are *Optional* (conditional based on data content) but may be Required by the Payer.

“RW” fields are *Required When* another condition is met.

2. General Information

Test Claims, on or after:	January 1, 2013
Live Claims, on or after:	January 1, 2014
Maximum prescriptions per transaction:	See <i>Additional Information</i> section
Member Helpdesk	(303)-338-3800
Member Helpdesk for Hearing and Speech Impaired	(303) 338-3820
Pharmacy Helpdesk	(303) 338-4408

3. Test Data

BIN	011255
PROVIDER ID	123456789C
GROUP	KPTEST
CARDHOLDER ID	987654321
PATIENT FIRST and LAST NAME	TEST MEMBER
RELATIONSHIP CODE	1
DATE OF BIRTH	01/01/1950

4. Additional Information

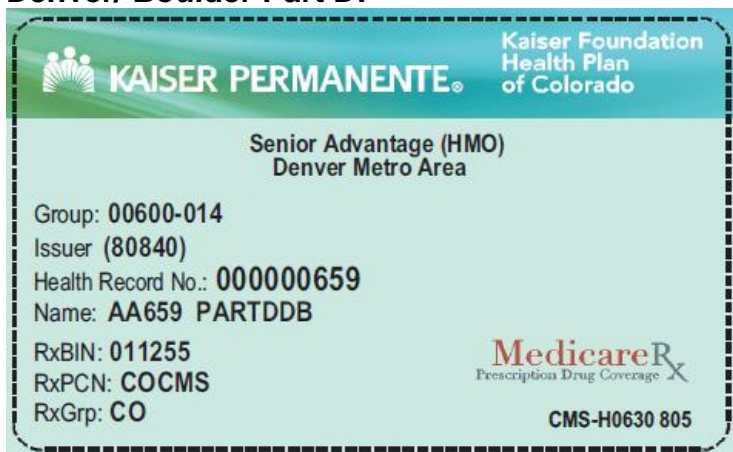
- **Processor Control # Field 104–A4:**
 - Kaiser Colorado (Denver / Boulder) CMS Medicare Part D – Position 1–5 COCMS
 - Kaiser Colorado (Colorado Springs) CMS Medicare Part D – Position 1-6 COCMSS
 - Kaiser Colorado (Northern Colorado) CMS Medicare Part D – Position 1-6 COCMSN
 - High Deductible Health Plan - Position 1–5 COHDP
- **Transaction Count, Field 109-A9:**
 - Per **CMS Regulation** only **1 Claim** is allowed per transaction for Medicare Part D
- **Patient Residence, Field 384-4X:** A Required field for correct reimbursement based on the patient's residence.
 - For all Medicare Part D claims, submit valid values as defined by CMS:
 - 00 – Not specified
 - 01 – Home Community/Retail Pharmacy Services
 - 03 – Nursing Facility (CMS defined Long-Term Care Facilities – LTCs)
 - 04 – Assisted Living Facility
 - 06 – Group Home
 - 09 – Intermediate Care Facility/Mentally Retarded
 - 11 – Hospice
 - If the valid value is missing or invalid, RxCMS will reject with code U7 (“M/I Pharmacy Service Type”) to the pharmacy.
 - Medicare Part D claims with Patient Residence Code “05” (custodial care facility) will reject
 - Home Infusion claims require a Patient Residence Code “01” (home)
 - Medicare Part D claims require Patient Residence Code “03” (nursing facility/LTC) when sent from pharmacies that are dispensing to Long Term Care Facilities
 - Medicare Part D claims with Patient Residence Code “15” (incarcerated individuals) will reject
- **Service Provider ID Qualifier, Field 202-B2 and Service Provider ID, Field 201-B1:**
 - Pharmacies should submit their National Provider Identification (NPI) number in the Service Provider ID Qualifier and Servicer Provider ID fields, 202-B2 and 201-B1.
 - Only NPI will be accepted for the Service Provider Qualifier ID and Service Provider ID fields for Medicare Part D prescriptions.
- **Prescriber ID Qualifier, Field 466–EZ and Prescriber ID, Field 411-DB:**
 - Medicare Part D claims must contain an active and valid prescriber ID. In addition only Type I NPIs will be accepted. Medicare Part D claims for controlled substances must be associated with an active and valid DEA number and be within the prescriber's prescriptive authority.
 - Medicare Part D claims from foreign prescribers will reject. (Prescriber ID Qualifier= 17)
- **Compounds**
 - Pricing logic includes lower of Usual and Customary Pricing
- **Claims Submissions by Long Term Care Pharmacies:**
 - Long-Term Care pharmacies located in or contracting with long-term care facilities to have no less than 30 days and no more than 90 days to submit claims to a Medicare Part D prescription drug plan.
 - Medicare Part D claims must meet requirements for Appropriate Dispensing of Prescription Drugs in Long-Term Care Facilities (i.e., CMS defined brand oral solids must be dispensed in 14 day or less increments). Use appropriate NCPDP defined Submission Clarification Codes (420-DK) and Special Packaging Indicator (429-DT) fields to prevent rejected claims.
- **Electronic Claims Filing for Part D:**
 - As a reminder, pharmacies are contractually required to submit Part D claims electronically whenever feasible unless the beneficiary expressly requests that the particular claim not be submitted to the Part D sponsor.
- **Response Message, “018” field 548-6F or “569” field 511-FB – “Provide Beneficiary with CMS Notice of Appeal Rights”:**

- When a transaction response is received (paid or **rejected**) indicating the claim is not covered by **Medicare Part D, the pharmacy must provide the enrollee CMS Notice of Appeal Rights.**
- **Pharmacy Service Type, Field 147-U7:** The type of services being performed by the pharmacy.
 - for all Medicare Part D claims, submit valid values as defined by CMS:
 - 01 – Community/Retail Pharmacy Services
 - 02 – Compounding Pharmacy Services
 - 03 – Home Infusion Therapy Provider Services
 - 04 – Institutional Pharmacy Services
 - 05 – Long Term Care Pharmacy Services
 - 06 – Mail Order Pharmacy Services
 - 07 – Managed Care Organization Pharmacy Services
 - 08 – Specialty Care Pharmacy Services
 - 99 -- Other
 - If the valid value is missing or invalid, RxCMS will reject with code U7 (“M/I Pharmacy Service Type”) to the pharmacy.
- **Daily Cost Share:**
 - Effective January 1, 2014, any Medicare Part D claim that meets the criteria to allow Daily Cost Share will return a copay with the Daily Cost Share rate applied (i.e., oral solid, not an antibiotic, not dispensed in the original container and with days supply less than 30/31).
- **Other Coverage Code, Field 308-C8:**
 - For Coverage Code, the Other Payer Information is required to be present in the COB/Other Payments segment
 - Commercial plans accept 0,1 or 8
 - Part D plans accept 0-4



5. Updates

6. Sample Cards



Denver/ Boulder Part D:




Southern Colorado Part D:

 KAISER PERMANENTE®		Kaiser Foundation Health Plan of Colorado
Senior Advantage (HMO) Southern Colorado		
Group: 73462-062	Primary Care \$100VC	
Issuer (80840)	Specialty Care \$25SPVC	
Health Record No.: 000000021		
Name: AAZ21 PARTDCOSSILVER		
RxBIN: 011255		
RxPCN: COCMSS		
RxGrp: CO	CMS-H0630 018	

Northern Colorado Part D:

 KAISER PERMANENTE®		Kaiser Foundation Health Plan of Colorado
Senior Advantage (HMO) Northern Colorado		
Group: 00600-022	Primary Care \$100VC	
Issuer (80840)	Specialty Care \$25SPVC	
Health Record No.: 900000648		
Name: AA900000648 NCPARTDFEB		
RxBIN: 011255		
RxPCN: COCMSN		
RxGrp: CO	CMS-H0630 809	

Denver/Boulder & Northern Colorado Medicare (Non Part D) Retired Drug Subsidy:

 KAISER PERMANENTE®		Kaiser Foundation Health Plan of Colorado
Senior Advantage (HMO) Denver Metro Area		
Group: 00600-008		
Health Record No.: 000066668		
Name: AA66668 NONPARTDDB		
RxBIN: 011255		
RxPCN: CORDS		
RxGrp: CO	CMS-H0630 806	

Denver/Boulder & Northern Colorado High Deductible Health Plan:

KAISER PERMANENTE®		Kaiser Foundation Health Plan of Colorado	
Denver/Boulder HSA-Qualified Deductible HMO Plan			
Health Record No.	Name: First MLast		
000000002	HDAAZ2 A DBDEDHSAXXXXXXXXXXXXXXZ		
Date of Birth			
03/51			
Group No. 82377-033	Deductible	\$150/\$300DED	
Plan No. HDS1	Primary Care	20%OVC	
	Specialty Care	20%SPVC	
	After-Hours	20%AFTR	
	Emergency	20%EMER	
	Hospital	20%HOSP	
RxBIN 011255			
RxPCN COHDP			
RxGrp CO			
CO-DOI			