

Kaiser Permanente – Southern California KPSC



BIN: 011172

State(s): Southern California

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	011172	
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	
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		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 Additional Info below
Member Helpdesk	800-443-0815
Member Help Desk for Hearing and Speech Impaired	800-777-1370
Technical Pharmacy Help Desk (Catamaran)	888-791-7213
Pharmacy Agreement with Payor Required:	Yes

3. Test Data

BIN	011172
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

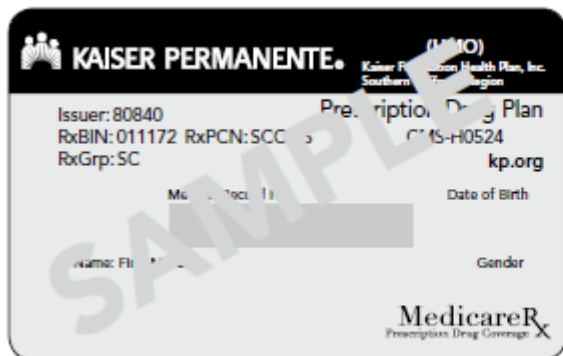
- **Processor Control # Field 104–A4:**
 - Kaiser Southern California CMS Medicare Part D – Position 1–5 SCCMS
 - High Deductible Health Plan - Position 1–5 SCHDP
- **Transaction Count, Field 109-A9:**
 - Per **CMS Regulation** only **1 Claim** is allowed per transaction for Medicare Part D
- **Patient 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 code U7 ("M/I Pharmacy Service Type") to the pharmacy.
 - Medicare Part D claims submitted with a "05" will be rejected,
 - Home Infusion claims require a Patient Residence Code of "01"
 - Medicare Part D claims require a Patient Residence Code of "03" when sent from pharmacies that dispense to Long Term Care Facilities
 - Medicare Part D claims for Incarcerated individuals will reject (Residence Code= 15).
- **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 Service 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 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

KH020 (SCAL MAPD)

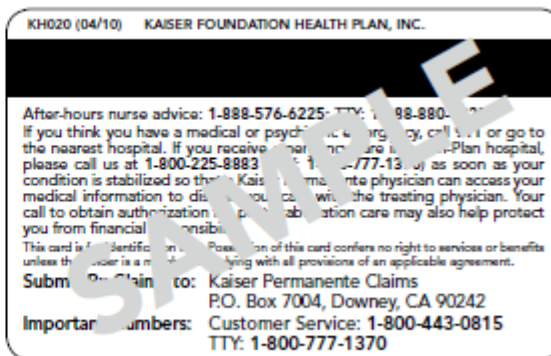


KAISER PERMANENTE. (HMO)
Kaiser Foundation Health Plan, Inc.
Southern California Region

Issuer: 80840 Prescription Drug Plan
RxBIN: 011172 RxPCN: SCC vS CMS-H0524
RxGrp: SC kp.org

Member ID: [REDACTED] Date of Birth: [REDACTED]
Name: [REDACTED] Gender: [REDACTED]

MedicareRx
Prescription Drug Coverage



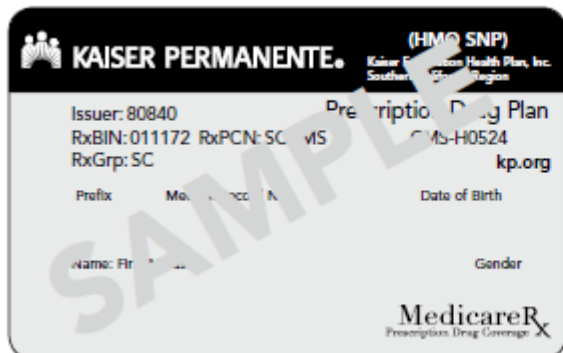
KH020 (04/10) KAISER FOUNDATION HEALTH PLAN, INC.

After-hours nurse advice: 1-888-576-6225; TTY: 1-888-880-1370
If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital. If you receive emergency care at a Plan hospital, please call us at 1-800-225-8883 or 1-800-777-1370 as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information to discuss your care with the treating physician. Your call to obtain authorization for post-stabilization care may also help protect you from financial responsibility.

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

Submit Rx Claims to: Kaiser Permanente Claims
P.O. Box 7004, Downey, CA 90242
Important Numbers: Customer Service: 1-800-443-0815
TTY: 1-800-777-1370

KH022 (SCAL MAPD)

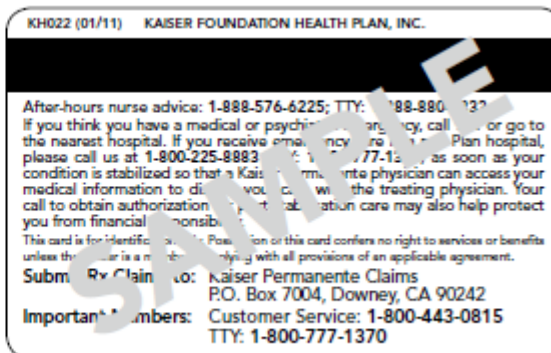


KAISER PERMANENTE. (HMO SNP)
Kaiser Foundation Health Plan, Inc.
Southern California Region

Issuer: 80840 Prescription Drug Plan
RxBIN: 011172 RxPCN: SCC vS CMS-H0524
RxGrp: SC kp.org

Prefix: [REDACTED] Member ID: [REDACTED] Date of Birth: [REDACTED]
Name: [REDACTED] Gender: [REDACTED]

MedicareRx
Prescription Drug Coverage



KH022 (01/11) KAISER FOUNDATION HEALTH PLAN, INC.

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