

OPTUM - NCPDP VERSION D.Ø

REQUEST CLAIM BILLING PAYER SHEET

GENERAL INFORMATION

Payer Name: <u>Catamaran / Optum Hospice Pharmacy Services</u>		Date: Date of Publication of this Template 01/Ø1/2011
Plan Name/Group Name:		BIN: 011891 PCN:
Processor: Catamaran		
Effective as of: Date that the Plan will begin accepting transactions using this payer sheet 06/01/2011	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: July, 2007	NCPDP External Code List Version Date: October 2009	
Contact/Information Source: Optum Hospice Pharmacy Services Call Center: 1-800-427-4893		
Certification Testing Window: Testing optional beginning 10/25/2011		
Certification Contact Information: HDPR@hospiscript.com		
Other versions supported: None		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Reversal

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 transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTION

The following lists the segments and fields in a Claim Billing Transaction for the NCPDP *Telecommunication Standard Implementation Guide vD.Ø*.

Transaction Header Segment Questions		Check	Claim Billing If Situational, Payer Situation	
This Segment is always sent		X		
Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing Payer Situation
1Ø1-A1	BIN NUMBER	011891	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1- Claim	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	System Vendor ID	M	Processor Control Number for Catamaran/Optum
1Ø9-A9	TRANSACTION COUNT	1,2,3, 4	M	Accept up to 1 to 4 transactions per transmission except for Multi-Ingredient Compound claims which should be only 1 transaction.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1- NPI - National Provider ID	M	Only value 'Ø1' (NPI) accepted.
2Ø1-B1	SERVICE PROVIDER ID		M	NPI OF PHARMACY
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use spaces



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

Patient Segment Segment Identification (111-AM) = "Ø1"				Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		M	
3Ø5-C5	PATIENT GENDER CODE	Ø - Not Specified 1 - Male 2 - Female	M	
31Ø-CA	PATIENT FIRST NAME		M	
311-CB	PATIENT LAST NAME		M	
3Ø7-C7	PLACE OF SERVICE	Ø1=Pharmacy	S	Required for Long Term Care Claims
384-4X	PATIENT RESIDENCE	Ø3=Nursing home	S	Required for Long Term Care Claims

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

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		RW	
3Ø3-C3	PERSON CODE		S	Use if available on card
3Ø6-C6	PATIENT RELATIONSHIP CODE		M	

Claim Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This payer does not support partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ - If Compound Ø3 = National Drug Code	M	
4Ø7-D7	PRODUCT/SERVICE ID	Ø = If Compound, otherwise 11 digit NDC	M	
442-E7	QUANTITY DISPENSED		M	
4Ø3-D3	FILL NUMBER	Ø = New - Original 1-99 =Refill number	M	



Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø5-D5	DAYS SUPPLY		M	
4Ø6-D6	COMPOUND CODE	1 = NOT A COMPOUND 2 = COMPOUND	M	Compound Code = 2 required when submitting multi-ingredient compound prescription
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		M	
414-DE	DATE PRESCRIPTION WRITTEN		M	
419-DJ	PRESCRIPTION ORIGIN CODE	1 = Written – Prescription obtained via paper. 2 = Telephone – Prescription obtained via oral instructions or interactive voice response using a phone. 3 = Electronic – Prescription obtained via SCRIPT or HL7 Standard transactions 4 = Facsimile – Prescription obtained via transmission using a fax machine.	M	<i>Payer Requirement:</i> Required value of 1,2,3,or 4 If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code).
354-NX	SUBMISSION CLARIFICATION CODE COUNT			
42Ø-DK	SUBMISSION CLARIFICATION CODE	8 = Process Compound For Approved Ingredients	RW	<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). <i>Payer Requirement:</i> Initial compound claim may be submitted without 8 to determine which drugs will be covered, but claims must then be resubmitted with SCC8 to accept payment of covered drugs.
3Ø8-C8	OTHER COVERAGE CODE	2 = Other coverage exists- payment collected – Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment received.	RW	Required for Coordination of Benefits.
418-DI	LEVEL OF SERVICE			
996-G1	COMPOUND TYPE			
Prescriber Segment Questions		Check	Claim Billing If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		
Prescriber segment (111-AM)= "Ø3"			Claim Billing/Claim Rebill	
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 – NPI 12 – DEA	M	<i>NPI should be used DEA allowed if NPI not available</i>
411-DB	PRESCRIBER ID		M	
427-DR	PRESCRIBER LAST NAME		M	
Pricing Segment Questions		Check	Claim Billing	
This Segment is always sent		X		
Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing



Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		M	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement Same as Implementation Guide</i>
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement: Same as Implementation Guide</i>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement: Same as Implementation Guide</i>
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement: Same as Implementation Guide</i>
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). <i>Payer Requirement: Same as Implementation Guide</i>
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). <i>Payer Requirement: Same as Implementation Guide</i>
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 – Other Payer Amount Paid Repetitions Only	X	

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing Scenario 1 – Other Payer Amount Paid Repetitions Only
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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Blank = Not Specified 01 = Primary – First 02 = Secondary – Second 03 = Tertiary – Third 04 = Quaternary – Fourth 05 = Quinary – Fifth 06 = Senary – Sixth 07 = Septenary – Seventh 08 = Octonary – Eighth 09 = Nonary – Ninth	M	
339-6C	OTHER PAYER ID QUALIFIER		RW	
340-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	Reporting other payer amount paid
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Reporting other payer amount paid
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Reporting other payer amount paid
431-DV	OTHER PAYER AMOUNT PAID		RW	Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	Required to be sent if prescription is a compound.

Field #	Compound Segment Segment Identification (111-AM) = "10"	NCPDP Field Name	Value	Payer Usage	Claim Billing Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE			M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		.	M	All Values accepted
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		03 = NDC -National Drug Code	M	
489-TE	COMPOUND PRODUCT ID			M	
448-ED	COMPOUND INGREDIENT QUANTITY			M	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			M	All values accepted Required for Compound claim

