

**Blue Cross Blue Shield of Michigan
And Blue Care Network
NCPDP version 5.1
Payer Sheet 2008 / 2009**



GENERAL INFORMATION

Claims Submission: - Point of Sale –
Switch through NDC or WebMD (Envoy) using NCPDP versions 5.1.

The below information pertains to claim transactions for Blue Cross Blue Shield of Michigan and Blue Care Network, BIN #003585 and

BCBSM-PCN's
Commercial: 23615
Part D: 98640

BCN-PCN's
Commercial: 23221
Part D: 98850
BlueCaid: 23221

A POS charge will apply to online claim transactions. Paper claims will incur a charge of \$1.00.

Corporate Chain Headquarters: You must reply with the **input codes** your pharmacies will be utilizing for this plan via fax or e-mail. Otherwise, your stores may receive a high volume of rejected claims.

National Provider Identifiers (NPI): MedImpact Accepts NPI numbers in the Service Provider ID of NCPDP 5.1 transactions when preceded by a "01" ID qualifier. Any pharmacy NPI submitted must be previously registered with NCPDP organization. Claims containing NPI numbers that are not recognized will be rejected with an error code suggesting resubmission of the claim using a valid NCPDP identifier.

NOTE: ANY ORGANIZATION THAT CASHES A CHECK PERTAINING TO ANOTHER ORGANIZATION WILL INCUR A \$100.00 SERVICE CHARGE. PLEASE REVIEW YOUR RECORDS THOROUGHLY.

These specifications cover the minimum required fields per the 5.1 standards as well as the required fields needed for MedImpact claims processing. Even though a segment or field may not be covered in this document, it does not mean the segment or field cannot be sent. All records, segments, and fields that are allowed for 5.1 will be accepted, but only those segments and fields pertinent to claims processing will be utilized in the MedImpact claims system. However, please be cognizant of the size of the transmission and possible problems with processing time on large batch transmissions containing elements that will be ignored by MedImpact. Please refer to the appropriate NCPDP Implementation Guide for further information on the various segments and fields allowed.

TRANSACTIONS SUPPORTED by MedImpact Claims Processing	Transaction Code	Transaction Name
	B1	Billing
	B2	Reversal
	E1	Eligibility Inquiry

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***** NCPDP v5.1 REQUEST TRANSACTION *****

ELIGIBILITY INQUIRY:

MedImpact accepts a standard eligibility verification transaction code E1. MedImpact recommends E1 eligibility verifications to be submitted to the Troop Facilitator to receive coverage information. For more information please reference: http://medifacd.ndchealth.com/Pharmacies/MediFacD_Pharmacies.htm.

BILLING REQUEST:

The following lists the segments available in a Billing Transaction. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) will always be sent. Fields designated as "Required When" (RW) will be sent under circumstances explained in the Comment column. Defined field values are provided when field is Mandatory or Required within a segment used by MedImpact claims processing.

Transaction Header Segment: Mandatory in all cases

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
101-A1	BIN Number	003585	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1 = Billing B2 = Reversal	M	
104-A4	Processor Control Number	NDC Definition: ➤ Positions 1-5: Carrier ID, 4 ALPHA/NUMERIC REQUIRED ➤ Positions 6-8: NDC System ID ➤ Positions 9-10: blank.	M	
109-A9	Transaction Count	1 = One Occurrence-Part D 4 = Four Occurrence-Commercial	M	Maximum of 1 for Part D only Maximum of 4 for Commercial only
202-B2	Service Provider ID Qualifier	Required	M	"01" = NPI "07" = NCPDP (NABP) other values denied
201-B1	Service Provider ID	<NCPDP or NABP #> or <NPI #>	M	NOTE: NPI# must be registered with NCPDP organization. Unrecognized NPI numbers will result in claim rejection.
401-D1	Date of Service	Format = CCYYMMDD	M	<Date Filled>
110-AK	Software Vendor/Certification ID	Blank	M	Does not affect adjudication

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Insurance Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	<Cardholder ID Number/Client ID Number>	M	<ALPHA/NUMERIC>
3Ø3-C3	Person Code		RW	Required based on plan.
3Ø1-C3	Group Number	<Group ID Number>	R	<ALPHA/NUMERIC>
524-FO	Plan ID	<Plan ID Number>	RW	
3Ø9-C9	Eligibility Clarification Code		RW	Required based on plan.
3Ø6-C6	Patient Relationship Code	Ø = Not specified 1 = Cardholder 2 = Spouse 3 = Child 4 = Other	R	

Patient Segment: Optional

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth	Format = CCYYMMDD	R	Patient's Date of Birth
3Ø5-C5	Patient Gender Code	Ø = Not Specified 1 = Male 2 = Female	R	Patient's Sex
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
3Ø7-C7	Patient Location**	Ø = Not specified 1 = Home 2 = Inter-Care 3 = Nursing Home 4 = Long Term/Extended Care 5 = Rest Home 6 = Boarding Home 7 = Skilled Care Facility 8 = Sub-Acute Care Facility 9 = Acute Care Facility 10 = Outpatient 11 = Hospice	RW	Required for LTC processing. Medicare Part D claims only, Medimpact only accepts Location Codes 1, 3, and 5. Commercial claims only, MedImpact only accepts Location Codes 3 and 5.

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Claim Segment: Mandatory *MedImpact does not support partial fill transactions at this time.*

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	Blank	M	Does not affect adjudication
402-D2	Prescription/Service Reference Number	<Pharmacy Rx #>	M	
436-E1	Product/Service ID Qualifier	Blank	M	Does not affect adjudication
414-DE	Date Prescription Written	Format = CCYYMMDD	R	
403-D3	Fill Number	0 = Original dispensing 1 to 99 = Refill Number	R	
308-C8	Other Coverage Code	<p>0= Not Specified; deny for bill primary carrier (NCPDP error code 41)</p> <p>1= No other coverage identified; deny for bill primary carrier (NCPDP error code 41).</p> <p>2= Other coverage exists- payment collected; pay if only Other Payer Amount Paid (431 -DV) is greater than zero.</p> <p>3= Other coverage exists- this claim not covered; Pay as primary, reject codes submitted must match the reject codes as defined on the attached spreadsheet.</p> <p>4= Other coverage exists- payment not collected. This OCC indicates patient was to pay 100% of the claim cost; plan then becomes primary.</p> <p>5= Managed care plan denial. Pay as primary, reject codes submitted must match the reject codes as defined on the attached spreadsheet.</p> <p>6= Other coverage denied- not a participating provider; deny for bill primary carrier (NCPDP error code 41). Must direct member to a participating provider.</p> <p>7= Other coverage exists- not in effect at time of service. Pay as primary, reject codes submitted must match the reject codes as defined on the attached spreadsheet.</p>	RW	<p>Required for non-primary claim submissions.</p> <p>Part D BCBSM Secondary insurance, use code "2" and bill 98640.</p> <p>Commercial BCBSM secondary, bill 23615.</p> <p>Part D BCN Secondary insurance, use code "2" and bill 98850.</p> <p>Commercial BCN secondary, bill 23221.</p>
405-D5	Days Supply		R	

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442-E7	Quantity Dispensed	Format = 999999.999	R	
429-DT	Unit Dose Indicator		RW	Required based on plan. Not required for Adjudication.
462-EV	Prior Authorization Number Submitted		RW	Required based on need/plan.
415-DF	Number of Refills Authorized		RW	Required based on plan. Not required for Adjudication.
419-DJ	Prescription Origin Code	0 = Not Specified 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile	RW	Required based on plan. Not required for Adjudication. Optional in 2009
418-DI	Level of Service	ØØ = Not Specified Ø1 = Patient Consultation Ø2 = Home Delivery Ø3 = Emergency Ø4 = 24 Hour Service Ø5 = Patient Consultation Regarding Generic Product Selection Ø6 = In-Home Service	R	Required based on plan.
42Ø-DK	Submission Clarification Code	Ø = Not Specified 1 = No Override 2 = Other Override 3 = Vacation Supply 4 = Lost Prescription 5 = Therapy Change 6 = Starter Dose 7 = Medically Necessary 8 = Process Compound for Approved Ingredients 9 = Encounters 99 = Other	R	Required based on plan.
4Ø8-D8	Dispense As Written (DAW/Product Selection Code)	Ø = No DAW 1 = Physician DAW 2 = Patient DAW 3 = Pharmacy DAW 4 = No Generic Available 5 = Brand Dispensed as Generic 6 = Override 7 = Law Mandates Brand Drug 8 = Sub Allowed – Generic Unavailable 9 = Other	R	Required for all DAW edits and restrictions.
461-EU	Prior Authorization Type Code	Ø = Not Specified 1 = Prior Authorization 2 = Medical Certification	RW	Note: "4" must be used by LTC providers

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		3 = EPSDT (Early Periodic Screening Diagnosis Treatment) 4 = Exemption from Copay 5 = Exemption from RX 6 = Family Plan. Indic. 7 = AFDC (Aid to Families with Dependent Children) 8 = Payer Defined Exemption		requesting refunds for waived co-pays for eligible Low-Income Cost-Sharing Subsidy Level IV beneficiaries
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Prescriber Segment: Required

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	<code #>	R	"01" = NPI "02" = Blue Cross "03" = Blue Shield "04" = Medicare "05" = Medicaid "06" = UPIN "07" = NCPDP "08" = State License "09" = Champus "10" = Health Industry Number (HIN) "11" = Federal Tax ID "12" = Drug Enforcement Administration (DEA) "13" = State Issued "14" = Plan Specific "99" = Other
411-DB	Prescriber ID	<ID #>	R	Medicare Part D: NPI required if available. If NPI not available, use DEA, UPIN or State License. Field may not be left blank.

COB/Other Payments Segment: *COB processing will continue to be supported by the current MedImpact claims processing method. Required data elements and values accepted.*

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
337-4C	COB Count		M	Number of payers submitted in the COB segment. Deny if the count does not match the number of payers submitted.

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338-5C	Other Coverage Type	Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary	M	If Commercial is secondary, you will need to submit claim as a "2" If Part D is secondary, pharmacy will need to submit claim as a "2".
339-6C	Other Payer ID Qualifier	Ø1 = National Payer ID Ø2 = Health Industry Number (HIN) Ø3 = Bank Information Number (BIN) Ø4 = Nation Association of Insurance Commissioners (NAIC)	M	Generally value of Ø3 is submitted for BIN number
340-7C	Other Payer ID		M	Must be present; not validated
443-E8	Other Payer Date		M	Must be present with valid date
341-HB	Other Payer Paid Count		M	Must be present and match the number of HC/DV sets
342-HC	Other Payer Amount Qualifier	Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø8 = Sum of All Reimbursement	M	Ø8 should only be used when indicating the total reimbursement from the other payer and NOT when submitting line item details of reimbursement components. Segments submitted with Ø8 cannot have additional Other Payer Amount Paid fields (431-DV) submitted
431- DV	Other Payer Amount Paid		M	Must be present and valued
471-5E	Other Payer Reject Count		M	Must be present, valued, and reflect the number of reject codes submitted
472-6E	Other Payer Reject Code		M	At least one must be present and valued

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DUR/PPS Segment: Optional *MedImpact does not support repeating fields in DUR/PPS segment. If sent, only the first value of any field will be processed.*

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
439-E4	Reason for Service Code		RW	Required based on plan.
440-E5	Professional Service Code		RW	For Part D Vaccine Administration, value of "MA" required
441-E6	Result of Service Code		RW	Required based on plan.
473-7E	Code Counter Field		RW	For Part D Vaccine Administration value must = 1, otherwise only required based on plan specification.

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
426-DQ	U&C Charge	Format = s\$\$\$\$\$cc	R	Unless U&C applies
430-DU	Gross Amount Due	Format = s\$\$\$\$\$cc	R	Unless Gross Amount applies
4Ø9-D9	Ingredient Cost Submitted		RW	Required based on need/plan.
433-DX	Patient Paid Amount Submitted		RW	Required based on need/plan.
438-E3	Incentive Fee		RW	Value must be > Ø for Part D Vaccine Administration

Compound Segment: *MedImpact does not support the Compound segment at this time. Compound processing will continue to be supported by the current MedImpact claims processing.*

Prior Authorization Segment: *MedImpact does not support the Prior Authorization segment at this time.*

Clinical Segment: Optional *MedImpact does not support repeating fields in Clinical segment. If sent, only the first value of any field will be processed.*

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	Clinical Segment
424-DO	Diagnosis Code		RW	Required based on plan.

REVERSAL REQUEST:

Maximum Number of Transactions Supported per transmission:	One (1)
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	None

The following lists the segments available in a Reversal Transaction. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) will always be sent.

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Transaction Header Segment: Mandatory in all cases

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
1Ø1-A1	BIN Number	ØØ3585	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1=Billing B2=Reversal	M	
1Ø4-A4	Processor Control Number	NDC Definition: Positions 1-5: Carrier ID, 4 ALPHA/NUMERIC REQUIRED Positions 6-8: NDC System ID Positions 9-10: blank.	M	
1Ø9-A9	Transaction Count	1 = One Occurrence-Part D 4 = Four Occurrence- Commercial	M	Maximum of 1 for Part D only Maximum of 4 for Commercial only
2Ø2-B2	Service Provider ID Qualifier	Required	M	"01" = NPI "07" = NCPDP other values denied
2Ø1-B1	Service Provider ID	<NABP #> or <NPI #>	M	NOTE: NPI# must be registered with NCPDP organization. Unrecognized NPI numbers will result in claim rejection.
4Ø1-D1	Date of Service	Format = CCYYMMDD	M	<Date Filled>
11Ø-AK	Software Vendor/Certification ID	Blank	M	Does not affect adjudication

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Insurance Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	<Cardholder ID Number/Client ID Number>	M	<ALPHA/NUMERIC>
524-FO	Plan ID		RW	

Claim Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	Blank	M	Does not affect adjudication
4Ø2-D2	Prescription/Service Reference Number	<Pharmacy Rx # >	M	
436-E1	Product/Service ID Qualifier	Blank	M	Does not affect adjudication
4Ø7-D7	Product/Service ID	<NDC # (Drug Code) or Ø (Zero) when the outlined compound segment is being used.>	M	

***** NCPDP v5.1 RESPONSE TRANSACTION *****

The purpose of this section is to provide further clarity for Providers as to the Response Data they will receive. This document lists the segments available in a Response Transaction. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) will always be sent. Fields designated as "Required When" (RW) will be sent under circumstances explained in the Comment column.

MedImpact will respond to the pharmacy in the message text fields indicating any other coverage that may apply to Medicare D beneficiaries. Please ensure that pharmacy personnel can read this information so that supplemental claims can be submitted according to the message instructions.

PAID/APPROVED (or Duplicate of Paid/Approved):

Transaction Header Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
1Ø2-A2	Version/Release Number	51	M	Same value as in submitted request
1Ø3-A3	Transaction Code	B1=Billing B2=Reversal	M	
1Ø9-A9	Transaction Count		M	Maximum of 1. Same value as in submitted request
5Ø1-F1	Header Response Status	A = Accepted	M	

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202-B2	Service Provider ID Qualifier	<code#>	M	Same value as in submitted request
201-B1	Service Provider ID	<ID #>	M	Same value as in submitted request
401-D1	Date of Service		M	Same value as in submitted request

Response Message Segment: Optional

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	ADDINS: <<Order of Coverage for Insurance>>;BN: <<BIN>>;PN: <<PC N>>;GP: <<Group ID No>>;ID: <<Member No>>;PC: <<Person Code>>;PH: <<Payer Phone>>

Response Insurance Segment: Optional

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	25	M	Response Insurance Segment

Response Status Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	A = Approved P = Paid D = Duplicate	M	
526-FQ	Additional Message Information		R	
503-F3	Authorization Number		R	Contains the Claim ID.
510-FA	Reject Count		R	Can contain up to three rejects.
511-FB	Reject Code		R	Contains the NCPDP Error Code.

Response Claim Segment: Mandatory *MedImpact does not support preferred product fields at this time.*

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	Blank	M	Not used by POS.
402-D2	Prescription/Service Reference Number	<Pharmacy Rx #>	M	

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Response Pricing Segment: Mandatory *MedImpact shall supply information regarding the member's overall pharmacy benefit in the Accumulated Deductible Amount, Remaining Deductible Amount, and Remaining Benefit Amount fields. MedImpact does not support partial fill processing at this time.*

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23	M	Response Pricing Segment
512-FC	Accumulated Deductible Amount		R	Will be blank if no limit
513-FD	Remaining Deductible Amount		R	Will be blank if no limit
514-FE	Remaining Benefit Amount		R	Will be blank if no limit
517-FH	Amount Applied to Periodic Deductible		R	Will be blank if no limit
518-FI	Amount of Copay/Coinsurance		R	Will be blank if no limit
519-FJ	Amount Attributed to Product Selection		R	Will be blank if no limit
520-FK	Amount Exceeding Periodic Benefit Maximum		R	Will be blank if no limit
521-FL	Incentive Amount Paid		R	Will be blank if no limit
522-FM	Basis of Reimbursement Determination	Ø8	R	Contract Pricing.
523-FN	Amount Attributed to Sales Tax		R	Will be blank if no limit
5Ø5-F5	Patient Pay Amount		R	Contains Actual Co-pay.
5Ø6-F6	Ingredient Cost Paid		R	Contains Ingredient Cost.
5Ø7-F7	Dispensing Fee Paid		R	Contains Fill Fee.
5Ø9-F9	Total Amount Paid		R	Contains Actual Paid amount.

Response DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
439-E4	Reason for Service Code		R	
528-FS	Clinical Significance Code		R	Contains DUR edit severity level.
529-FT	Other Pharmacy Indicator	Ø, 1, or 3	R	Depending on Pharmacy Address.
530-FU	Previous Date of Fill		R	Contains claim date of conflicting drug.
531-FV	Quantity of Previous Fill		R	Contains quantity of conflicting drug.
532-FW	Database Indicator	1	R	
533-FX	Other Prescriber Indicator	Ø or 1	R	Depending on DEA being found.
544-FY	DUR Free Text Message		R	Contains DUR description.

REJECT:

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø2-A2	Version/Release Number	51	M	Same value as in submitted request
1Ø3-A3	Transaction Code	B1=Billing B2=Reversal	M	
1Ø9-A9	Transaction Count		M	Maximum of 1. Same value as in submitted request
5Ø1-F1	Header Response Status	R = Rejected	M	
2Ø2-B2	Service Provider ID Qualifier	<code#>	M	Same value as in submitted request
2Ø1-B1	Service Provider ID	<ID #>	M	Same value as in submitted request
4Ø1-D1	Date of Service		M	Same value as in submitted request

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Response Message Segment: Optional

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	20	M	Response Message Segment
504-F4	Message		RW	Contains text information when needed to further explain transaction response.

Response Status Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	R=Reject	M	
526-FQ	Additional Message Information		RW	