

**Medco Version 5.1 Medicare Part D Payer Sheet**  
**Updated January 2010**

**To be used when patient is Medicare (Part D/PDP/MAPD claims only)**

**Part I - General Information:**

Payer Name: <b>Medco (full name: Medco Health Solutions, Inc.)</b>		Date: <b>12/22/2009</b>
Processor: <b>Medco TelePAID<sup>®</sup> System</b>	Switch:	
Effective as of: <b>January 01, 2010</b>	Information Source:	
Pharmacy Services Help Desk Number: <b>1 800 922-1557</b>		

**Version 5.1 Transactions supported/not supported:**

Supported		Not Supported	
<b>B1</b>	<b>Billing Transaction</b>	<b>B3</b>	<b>Rebill Transaction</b>
<b>B2</b>	<b>Billing Reversal</b>	<b>C1,C2,C3</b>	<b>Controlled Substance Reporting</b>
		<b>N1,N2,N3</b>	<b>Information Reporting</b>
		<b>P1,P2,P3,P4</b>	<b>Prior Authorization Request</b>
		<b>E1</b>	<b>Eligibility Verification</b>

**Version 5.1 Billing Transaction Segments Mandatory/Optional/Not Supported:**

Mandatory/Optional	Not Supported
<b>Transaction Header &amp; Response</b>	<b>Pharmacy Provider</b>
<b>Insurance &amp; Response</b>	<b>Worker's Compensation</b>
<b>Patient</b>	<b>Prior Authorization</b>
<b>Claim &amp; Response</b>	<b>Coupon</b>
<b>Prescriber</b>	<b>Compound</b>
<b>DUR/PPS &amp; Response</b>	
<b>Pricing &amp; Response</b>	
<b>Clinical</b>	
<b>Response Message &amp; Status</b>	
<b>Coordination of Benefits/Other Payer</b>	

Version 5.1 High level summary of changes:

**Functionality Changes**

**Medco will begin editing for accepted values for the Prescription Origin Code field 419-DJ for all incoming Medicare Part D claims for New Prescriptions (primary and secondary). This change will apply to any claim submitted after the effective date of January 1, 2010, regardless of the date of service of the claim. When the field is received with an invalid value, the claim will be rejected with NCPDP Reject code 33 (M/I Prescription Origin Code).**

**For any new Medicare Part D prescriptions, including transfers, the accepted values are 1, 2, 3, 4.**

**For any Medicare Part D refill prescriptions, including transfers, the accepted values are 0, 1, 2, 3, 4, and blank/no entry.**

**0 is an acceptable value for refills if the pharmacy cannot determine how the physician initially submitted the prescription.**

**When the "Prescription Origin Code" field is left blank (no entry) or it does not contain a valid value on a new/original prescription, the claim will reject with:  
NCPDP Reject 33: Missing/Invalid Prescription Origin Code.**

**At this time Medco will not reject refill claims if submitted with 0 or a blank (no entry) in the field. All invalid values will be rejected with:  
NCPDP Reject 33: Missing/Invalid Prescription Origin Code**

Medco will accept vaccine claim submissions; this process will allow for vaccine claims to be submitted for drug and administration fee reimbursement. When submitting a claim for reimbursement, the pharmacy must provide both the ingredient cost in the Ingredient Cost Submitted field and the administration fee in the Incentive Fee Submitted field. In addition to the pricing fields, the Professional Service Code, "MA," is required.

New: The Reason for Service Code and Result of Service Code fields are not required when submitting a Vaccine product and Administration fee claim.

The vaccine submitted will be verified against the approved list of reimbursable vaccine products. The patient pay applied will be one copay based on benefit design.

Claims for vaccine product and administration fee will be accepted from pharmacy. If reimbursement for the administration fee—only is required, the patient will need to submit a direct claim.

In the event that the pharmacy submits the vaccine claim incorrectly, Medco may return one of the following NCPDP reject codes and new additional text message, depending on the root cause:

- Claim submitted has a vaccine product that does not match a covered product on the vaccine drug list, or claim submitted for vaccine with administration fee, but the client is not a Medicare Part D Sponsor, or claim submitted for a non-vaccine drug:

NCPDP Reject Code 'E3' (-M/I Incentive Amount Submitted) and additional text message, "**Drug Not Eligible for Inc Fee.**"

- Claim submitted has a vaccine product and administrative fee, but does not contain the professional service code "MA":

NCPDP Reject Code 'E5' (-M/I Professional Service Code) and additional text message, "**Prof Svc Code Req'd for Vaccine Inc Fee.**"

- Claim submitted for administration fee only, when there is a matching claim in history for the vaccine product:

NCPDP Reject Code 'E3' (-M/I Incentive Amount Submitted) and additional text message, "**Vaccine & Admin Fee must be sent on 1 claim.**"

The NPI Service Provider ID Qualifier and Service Provider ID is the required identifier to be submitted for claim processing.

Partial fills will be rejected.

<b>Functionality Changes (cont.)</b>
The DEA and state license numbers will continue to be accepted for prescribers unless specific clients require only NPI to be submitted.
Compounds will be processed using highest price ingredient, compound segment is not utilized.
Claims and reversals may only be submitted 1 transaction at a time, meaning multi-script transactions will reject.
Billing for services will be rejected.
Coordination of Benefits will be supported via the COB segment only. Other Coverage Codes within the claim segment are all supported with the exception of value 8 – copay billing only.
Patient location values for long term care should be submitted consistent with your contract in the Patient Location field.
Patient location values for home infusion should be submitted consistent with your contract in the Patient Location field.

**Part II – Field and Segment Requirements:**

The following lists the segments available in a **Billing Transaction and Reversal**. The document also lists Summary Data as defined under Version 5.1. **The Transaction Header Segment is mandatory**; all other segments are identified as mandatory, optional (depending on the data required on the specific claim), not supported at this time. The Segment Summaries included below list the mandatory data fields as defined by NCPDP, as well as any additional fields that Medco define as mandatory, the accepted code values, and the situations that drive the need for a given field. Shaded fields indicate that further instructions are provided within the Pharmacy Services Manual.

**Billing Transaction:**

**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
1Ø1-A1	BIN Number	610014	M
1Ø2-A2	Version/Release Number	51	M
1Ø3-A3	Transaction Code	B1	M
1Ø4-A4	Processor Control Number	MEDDPRIME	M
1Ø9-A9	Transaction Count	1	M
2Ø2-B2	Service Provider ID Qualifier	Values 01 (NPI)	M
2Ø1-B1	Service Provider ID	NPI #	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor/Certification ID	Assigned when certified, claim rejects if not valid for 51	M

**Patient Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	01	M
3Ø4-C4	Date of Birth		M
3Ø5-C5	Patient Gender Code		M
31Ø-CA	Patient First Name		M
3Ø7-C7	Patient location	Values 1-11	O

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	04	M
3Ø2-C2	Cardholder ID		M
3Ø3-C3	Person Code		M
3Ø6-C6	Patient Relationship Code		M
3Ø1-C1	Group ID		M

**Billing Transaction (cont.):****Prescriber Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	03	M
466-EZ	Prescriber ID Qualifier	Values 01 (NPI), 08 (State License), 12 (DEA)	M
411-DB	Prescriber ID	NPI #, State License #, DEA #	M
427-DR	Prescriber Last Name	Required for state license number	

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Ref Number Qualifier	1	M
402-D2	Prescription/Service Ref Number		M
436-E1	Product/Service ID Qualifier	03	M
407-D7	Product/Service ID	NDC	M
442-E7	Quantity Dispensed		M
403-D3	Fill Number		M
405-D5	Days Supply		M
406-D6	Compound Code		M
408-D8	DAW/Product Selection Code		M
414-DE	Date Prescription Written		M
<b>419-DJ</b>	<b>Prescription Origin Code</b>		<b>M</b>
420-DK	Submission Clarification Code		M
308-C8	Other Coverage Code	Values 0 - 7	M
456-EN	Associated Prescription/Service Reference Number	Not supported, claim will reject	Partial Fill
457-EP	Associated Prescription/Service Date	Not supported, claim will reject	Partial Fill
344-HF	Quantity Intended to be Dispensed	Not supported, claim will reject	Partial Fill
345-HG	Days Supply intended to be Dispensed	Not supported, claim will reject	Partial Fill
343-HD	Dispensing Status	Not supported, claim will reject	Partial Fill
461-EU	Prior Authorization Type Code		Overrides
462-EV	Prior Authorization Number Submitted		Overrides
453-EJ	Originally Prescribed Product/Service ID Qualifier	03	Therapeutic interchange
445-EA	Originally Prescribed Product/Service Code	NDC	Therapeutic interchange
446-EB	Originally Prescribed Quantity		Therapeutic interchange

**Billing Transaction (cont.):****Pricing Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	11	M
409-D9	Ingredient Cost Submitted		M
426-DQ	Usual and Customary Charge		M
438-E3	Incentive Fee Submitted	<b>Mandatory</b> when submitting a claim for a vaccine drug and the administrative fee.	M
481-HA	Flat Sales Tax Amount Submitted		M
482-GE	Percentage Sales Tax Amount Submitted		M
483-HE	Percentage Sales Tax Rate Submitted	When percentage tax submitted	M
484-JE	Percentage Sales Tax Basis Submitted	When percentage tax submitted	M
430-DU	Gross Amount Due	Will reject if out of balance	M
423-DN	Basis of Cost Determination		M

**DUR/PPS Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	08	M
473-7E	DUR/PPS Code Counter	Up to 9 occurrences	M
439-E4	Reason for Service Code	<b>Mandatory</b> when submitting DUR/PPS Segment and claim is non-vaccine.  <b>Not required</b> when submitting a claim for vaccine drug and the administrative fee.	O
440-E5	Professional Service Code	<b>Mandatory</b> when submitting DUR/PPS Segment and claim is non-vaccine.  Value = MA (Medication Administered), <b>Mandatory</b> when submitting a claim for vaccine drug and the administrative fee.	O
441-E6	Result of Service Code	<b>Mandatory</b> when submitting DUR/PPS Segment and claim is non-vaccine.  <b>Not Required</b> when submitting a claim for a vaccine drug and the administrative fee.	O

**Billing Transaction (cont.):****COB/Other Payments Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	05	M
337-4C	Coordination of Benefits / Other Payments Count	Up to 3 occurrences	M
338-5C	Other Payer Coverage Type	Values 01, 02, 03 only	M
339-6C	Other Payer ID Qualifier	03 – Bin or 99-Other	M
340-7C	Other Payer ID		M
443-E8	Other Payer Date		If paid
471-5E	Other Payer Reject Count		If rejected
472-6E	Other Payer Reject Code		If rejected
341-HB	Other Payer Amount Paid Count		If paid
342-HC	Other Payer Amount Paid Qualifier	07 – Drug Benefit	If paid
431-DV	Other Payer Amount Paid		If paid

**Clinical Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	13	M
491-VE	Diagnosis Code Count	Up to 5 occurrences	M
492-WE	Diagnosis Code Qualifier	Value 01 only	M
424-DO	Diagnosis Code	ICD-9	M
493-XE	Clinical Information Counter	Up to 5 occurrences	

**Response Transaction:****Response Header Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
102-A2	Version/Release Number	51	M
103-A3	Transaction Code	B1, B2	M
109-A9	Transaction Count	1	M
501-F1	Header Response Status		M
202-B2	Service Provider ID Qualifier		M
201-B1	Service Provider ID		M
401-D1	Date of Service		M

**Response Message Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	20	M
504-F4	Message	Additional clarification	

**Response Transaction (cont.):****Response Insurance Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	25	M
301-C1	Group ID		
524-FO	Plan ID	Medicare	
545-2F	Network Reimbursement ID		

**Response Status Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	21	M
112-AN	Transaction Response Status	P, R, D	M
503-F3	Authorization Number	Paid claim only	
510-FA	Reject Count	Up to 5 occurrences, Rejected claims only	
511-FB	Reject Code	Rejected claims only	
546-4F	Reject Field Occurrence Indicator	Rejected claims only	
547-5F	Approved Message Code Count		
548-6F	Approved Message Code		
526-FQ	Additional Message Information	Brand/generic price estimates paid claims. Other coverage information on paid and rejected claims	When Medicare in plan ID
549-7F	Help Desk Phone Number Qualifier	03, 99	
550-8F	Help Desk Phone Number	Processor, Other	

**Response Claim Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	22	M
455-EM	Prescription/Service Reference Number Qualifier	1	M
402-D2	Prescription/Service Reference Number		M
551-9F	Preferred Product Count	Up to 5 Occurrences	
552-AP	Preferred Product ID Qualifier	03	
553-AR	Preferred Product ID	NDC	
556-AU	Preferred Product Description		

**Response Transaction (cont.):****Response Pricing Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	23	M
505-F5	Patient Pay Amount		M
506-F6	Ingredient Cost Paid		M
507-F7	Dispensing Fee Paid		M
558-AW	Flat Sales Tax Amount Paid		
559-AX	Percentage Sales Tax Amount Paid		
560-AY	Percentage Sales Tax Rate Paid		
561-AZ	Percentage Sales Tax Basis Paid		
521-FL	Incentive Fee Amount Paid		
566-J5	Other Payer amount paid recognized		
509-F9	Total Amount Paid		M
522-FM	Basis of Reimbursement Determination		M
523-FN	Amount Attributed to Sales Tax		
518-FI	Amount of Copay/Coinsurance		
519-FJ	Amount Attributed to Product Selection		
346-HH	Basis of Calculation – Dispensing Fee	Not supported	Partial Fill
347-HJ	Basis of Calculation – Copay	Not supported	Partial Fill
348-HK	Basis of Calculation – Flat Sales Tax	Not supported	Partial Fill
349-HM	Basis of Calculation – Percentage Sales Tax	Not supported	Partial Fill

**Response DUR/PPS Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	08	M
567-J6	DUR/PPS Response Code Counter	Up to 9 occurrences	
439-E4	Reason for Service Code		
528-FS	Clinical Significance Code		
529-FT	Other Pharmacy Indicator		
530-FU	Previous Date of Fill		
531-FV	Quantity of Previous Fill		
532-FW	Database Indicator		
544-FY	DUR Free Text Message		

**Reversal Transaction:****Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
101-A1	BIN Number	610014	M
102-A2	Version/Release Number	51	M
103-A3	Transaction Code	B2	M
104-A4	Processor Control Number	MEDDPRIME	M
109-A9	Transaction Count	1	M
202-B2	Service Provider ID Qualifier	Values 01 (NPI)	M
201-B1	Service Provider ID	NPI #	M
401-D1	Date of Service		M
110-AK	Software Vendor/Certification ID	Assigned when certified, claim will reject if not valid for 51	M

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Ref Number Qualifier	1	M
402-D2	Prescription/Service Ref Number		M
436-E1	Product/Service ID Qualifier	03	M
407-D7	Product/Service ID	NDC	M
403-D3	Fill Number		M