

NCPDP D.0 Desk Reference for PROMISe™

The purpose of this document is to provide additional instructions for billing Fee-For-Service Pharmacy NCPDP D.0 claims.

- 1. Does PA Medicaid allow Provider or Prescriber to be anything other than NPI?**
No. A value of '01' should be submitted in fields Service Provider ID Qualifier (202-B2) and Prescriber ID Qualifier (466-EZ). The NPI should be placed in fields Service Provider ID (201-B1) and Prescriber ID (411-DB).
- 2. How do I bill a claim for someone in a nursing facility?**
A value of '2', '3' or '9' should be submitted in field Patient Residence (384-4X).
- 3. Does PA Medicaid support Service Billing on NCPDP?**
No. Only a value of '1' should be submitted in field Prescription/Service Reference Number Qualifier (455-EM).
- 4. Does PA Medicaid support non NDCs on NCPDP?**
No. Only a value of '03' should be submitted in field Product/Service ID Qualifier (436-E1) and Compound Product ID Qualifier (488-RE).
- 5. How is the Submission Clarification Code (420-DK) field used?**
If PA Medicaid returns a response that all the ingredients in a compound claim are not covered then the claim will need to be resubmitted with a value '8' in field Submission Clarification Code (420-DK) if provider accepts payment for the covered drugs only. If payment is not accepted then provider should resubmit the claim with different NDCs for the ingredients not covered.
- 6. How do I bill a claim where other coverage exists and payment was collected?**
A value of '2' should be submitted in field Other Coverage Code (308-C8) and COB segment should be completed to indicate payment received.
- 7. How do I bill a claim where other coverage exists and claim not covered?**
A value of '3' should be submitted in field Other Coverage Code (308-C8). If the other payer denied for prior authorization then the prior authorization should be obtained from the other payer before submitting claim to PA Medicaid for payment.
- 8. How do I bill an emergency claim?**
A value of '03' should be submitted in field Level of Service (418-DI).
- 9. Are there special rules for submitting a Prior Authorization Number (462-EV)?**
A value of '1' should be submitted in field Prior Authorization Type Code (461-EU) and the 10 digit Prior Authorization Number should be submitted in field Prior Authorization Number Submitted (462-EV).
- 10. Other than the Prescriber's NPI, what other Prescriber information is required when billing a claim?**
If the Prescriber is not enrolled with PA Medicaid then the following fields are required: Prescriber Last Name (427-DR), Prescriber First Name (364-2J), Prescriber Street Address (365-2K), Prescriber City Address (366-2M), Prescriber State/Province Address (367-2N), Prescriber Zip/Postal Zone (368-2P), and Prescriber Phone Number (498-PM).

11. Is the Other Payer ID (340-7C) required?

No. If the Other Payer ID is submitted on the claim then a value of '99' should be submitted in field Other Payer ID Qualifier (339-6C).

12. What values are accepted in the Other Payer Amount Paid Qualifier field?

Only values of '07' will be used to calculate the total of other payer payments.

13. What are the PA Medicaid valid values for Reason for Service Code (439-E4)?

DD = Drug-Drug Interaction
ER = Overuse
HD = High Dose
LD = Low Dose
LR = Under use
PA = Drug-Age
PG = Drug-Pregnancy
TD = Therapeutic Duplication

14. What are the PA Medicaid valid values for Professional Service Code (440-E5)?

00 = No intervention
M0 = Prescriber consulted
P0 = Patient consulted
R0 = Pharmacist consulted other source

15. What are the PA Medicaid valid values for Result of Service Code (441-E6)?

00 = Not Specified
1A = Filled As Is, False Positive
1B = Filled Prescription As Is
1C = Filled, With Different Dose
1D = Filled, With Different Directions
1E = Filled, With Different Drug
1F = Filled, With Different Quantity
1G = Filled, With Prescriber Approval
2A = Prescription Not Filled
2B = Not Filled, Directions Clarified

16. How are Coupons used in payment from PA Medicaid?

When the Coupon Type (485-KE) is '01' or '99' the amount in the Coupon Value Amount (487-NE) field will be deducted in the calculation to determine the Total Amount Paid (509-F9) for the claim.

When the Coupon Type (485-KE) is '02' then any amount in the Compound Value Amount (487-NE) field will be ignored and the Total Amount Paid (509-F9) will be zero.

17. Does PA Medicaid support anything other than ICD-9 Diagnosis codes in the Clinical Segment?

Currently we only accept ICD-9 codes.