

Minnesota Medicaid Version D.0 NCPDP Payer Sheet – September 2015

Payer Name: Minnesota Medicaid		Date: September 18, 2015	
Plan Name/Group Name:		BIN: 610459	PCN:
Processor: Minnesota Medicaid			
Effective as of: 1/1/2012		NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 7/2007		NCPDP External Code List Version Date: January 2013	
Contact/Information Source: Provider Call Center 651-431-2700 or 1-800-366-5411			
Certification Testing Window: NONE			
Certification Contact Information: NONE			
Provider Relations Help Desk Info: 651-431-2700 or 1-800-366-5411			
Other versions supported: 5.1 through 12/31/2011			

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing Transaction
B2	Billing Reversal (please see separate payer sheet on Page 8 "Claim Reversal Transaction")

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/Claim Rebill 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 Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing <i>Payer Situation</i>

Transaction Header Segment			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	610459	M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	Blanks	M	
109-A9	TRANSACTION COUNT	1 – 4	M	If Compound Segment is submitted only 1 transaction is allowed
202-B2	SERVICE PROVIDER ID QUALIFIER	01 – NPI	M	
201-B1	SERVICE PROVIDER ID	NPI	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Spaces	M	

Insurance Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	

Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Patient Segment Segment Identification (111-AM) = "01"			Claim Billing	
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
311-CB	PATIENT LAST NAME		R	

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

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Billing Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> 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	03 = NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID	NDC	M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		<i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	8-Process Compound for Approved Ingredients 20-340B	RW	<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). <i>Payer Requirement:</i> Value 8 is used when a compound claim is sent to allow payment for approved ingredients Value 20 is used to indicate the product being billed is purchased under Section 34ØB of the Public Health Act of 1992
3Ø8-C8	OTHER COVERAGE CODE	2-other coverage exists payment is collected 3-other coverage billed claim is not covered 4-other coverage exists payment is not collected	RW	<i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits
461-EU	PRIOR AUTHORIZATION TYPE CODE	1-Prior Authorization 4-Exemption from Copay and/or	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		Coinsurance		Payer Requirement: A value of 4 is used to indicate exemption of a copay to American Indian Medicaid enrollees under the ARRA (American Recovery and Reinvestment Act)
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: If value 4 is sent in 461-EU, a number does not necessarily have to be sent here in 462-EV unless the drug requires one.
995-E2	ROUTE OF ADMINISTRATION	Must contain a SNOMED Code	RW	<i>Imp Guide:</i> Required if specified in trading partner agreement. Payer Requirement: Required when compound code (406-D6) is 2

Pricing Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Imp Guide:</i> Required if needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423_DN	BASIS OF COST DETERMINATION	08	RW	<i>Imp Guide:</i> Required if needed for receiver claim adjudication. Payer Requirement: Required if the drug dispensed was purchased through the 340B drug program – must enter '08'.

Prescriber Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill	
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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01-NPI	R	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Required to identify the prescriber of the product dispensed
411-DB	PRESCRIBER ID	NPI	R	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. <i>Payer Requirement</i> Required to identify the prescriber of the product dispensed

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		Required only for secondary, tertiary, etc. claims.
Scenario 1 – Other Payer Amount Paid Repetitions Only		
Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	1	M	MN Medicaid accepts only one primary payer
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		M	<i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		M	<i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		RW	<i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT		RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	07	RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		RW	<i>Imp Guide:</i> Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing.
471-5E	OTHER PAYER REJECT COUNT		RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill
				Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				(Other Coverage Billed – claim not covered).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	01, 04, 05, 06, 07	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement:</i> Value 06 must be sent alone or you will receive a 'NP' reject
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	<i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs.

Workers' Compensation Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		
This Segment is not sent	x	

DUR/PPS Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	x	

Coupon Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		
This Segment is not sent	x	

Compound Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	x	

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.

Clinical Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	x	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	M	<i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	01, 02	M	<i>Imp Guide:</i> Required if Diagnosis Code (424-DO) is used. <i>Payer Requirement:</i> 01 - ICD9, 02 - ICD10
424-DO	DIAGNOSIS CODE		M	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. <i>Payer Requirement:</i> The ICD9 diagnosis code should contain the decimal point.

Additional Documentation Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		
This Segment is not sent	x	

Facility Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		
This Segment is not sent	x	

Narrative Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		
This Segment is not sent	x	

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

Transaction Header Segment				Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	610459	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Spaces	M	
1Ø9-A9	TRANSACTION COUNT	1 - 4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 - NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Spaces	M	

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

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	

Claim Segment Questions		Check	Claim Reversal If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		
Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1=Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", 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	03 - NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID	NDC	M	