

# Kentucky Medicaid Pharmacy Provider Point-of-Sale (POS) Billing Manual

Version 1.9

January 20, 2014

## Revision History

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## 1.0 Introduction

Providers began submitting claims through Magellan Medicaid Administration on December 4, 2004.

The point-of-sale (POS) system will require pharmacies to submit claims to Magellan Medicaid Administration electronically in the National Council for Prescription Drug Programs (NCPDP) standardized version D.0; lower versions will not be accepted. After submission, Magellan Medicaid Administration will respond to the pharmacy provider with information regarding member eligibility, the Kentucky Department for Medicaid Services (DMS) allowed amount, applicable Prospective Drug Utilization Review (ProDUR) messages, and applicable rejection messages. ProDUR messages will be returned in the DUR response fields. Other important related information will be displayed in the free-form message area. It is of utmost importance that all providers see the appropriate messages exactly as Magellan Medicaid Administration returns them.

In addition to POS claims, Magellan Medicaid Administration will accept claims from approved providers via electronic batch on diskettes or through file transfer protocol (FTP). The format for electronic media is NCPDP Batch 1.2. Paper claims will also be accepted. In those cases where a paper claim is needed, Magellan Medicaid Administration will require a Universal Claim Form (UCF).

All arrangements with switching companies should be handled directly by the provider with their preferred switching company.

### 1.1 Important Telephone Numbers

Contact	Phone Number/Address	Availability
Magellan Medicaid Administration's pharmacy website	<a href="https://kentucky.magellanmedicaid.com/default.asp">https://kentucky.magellanmedicaid.com/default.asp</a>	24 hours a day, 7 days a week
DMS pharmacy website	<a href="http://chfs.ky.gov/dms/Pharmacy.htm">http://chfs.ky.gov/dms/Pharmacy.htm</a>	24 hours a day, 7 days a week
Member Services	1-800-635-2570	8:00 a.m.–5:00 p.m., ET Monday–Friday
Clinical Support Center (prior authorizations)	1-800-477-3071	24 hours a day, 7 days a week
	1-800-365-8835 Fax: NORMAL	24 hours a day, 7 days a week
	1-800-421-9064 Fax: URGENT	24 hours a day, 7 days a week
	1-800-453-2273 Fax: LTC/MH	24 hours a day, 7 days a week

Contact	Phone Number/Address	Availability
Pharmacy Support Center (claims)	1-800-432-7005	24 hours a day, 7 days a week
MAC Pricing	MAC price look-up: <a href="https://kentucky.magellanmedicaid.com/MAC/MACMain.asp">https://kentucky.magellanmedicaid.com/MAC/MACMain.asp</a> To appeal MAC pricing: Fax: 1-804-217-7911 or e-mail: <a href="mailto:Rebate@MagellanHealth.com">Rebate@MagellanHealth.com</a>	24 hours a day, 7 days a week
Software Vendor Certification	1-804-217-7900	
Voice Response Eligibility Verification (VRSV) – Member Eligibility	1-800-807-1301	24 hours a day, 7 days a week
Provider Management/Enrollment	1-877-838-5085	10:00 a.m.–4:30 p.m., ET, Monday–Friday
Magellan Medicaid Administration Account Manager	<a href="mailto:KYProviders@magellanhealth.com">KYProviders@magellanhealth.com</a>	Tina Hawkins, PharmD
Magellan Medicaid Administration Clinical Program Manager	<a href="mailto:KYProviders@magellanhealth.com">KYProviders@magellanhealth.com</a>	Tina Hawkins, PharmD
Magellan Medicaid Administration Provider Relations Manager	<a href="mailto:KYProviders@magellanhealth.com">KYProviders@magellanhealth.com</a>	
Kentucky Board of Pharmacy	<a href="http://pharmacy.ky.gov/">http://pharmacy.ky.gov/</a>	
UCFs	1-800-869-6508 (e.g., of one place to order forms)	CommuniForm (e.g., of one place to order forms)

## 1.2 Addresses

Address	Format
<b>Provider Paper Claims Billing Address:</b> Magellan Medicaid Administration, Inc. Kentucky Medicaid Paper Claims Processing Unit P.O. Box 85042 Richmond, VA 23261-5042	UCF
<b>Diskette Claims Address:</b> Magellan Medicaid Administration, Inc. Attn: Kentucky Media Control 11013 W. Broad Street Suite 500 Glen Allen, VA 23060	NCPDP Batch 1.2
<b>FTP:</b> Magellan Medicaid Administration 1-804-290-8371 (fax forms)	NCPDP Batch 1.2

### **Paper Claims Billing Instructions**

See *Section 10.0 – Appendix A – Universal Claim Form*.

### **Website**

- DMS: <http://chfs.ky.gov/dms/Pharmacy.htm>
- Magellan Medicaid Administration: <https://kentucky.magellanmedicaid.com/default.asp>
- Kentucky Board of Pharmacy: <http://pharmacy.ky.gov/>

### **Software Vendor**

**Note:** Software vendors must be certified with Magellan Medicaid Administration to submit NCPDP version D.Ø. If you have any questions or need assistance in any way, please contact 1-804-217-7900.

## 1.3 Service Support

### **Online Certification**

Effective December 4, 2004, any enrolled Kentucky Medicaid network provider may submit claims.

### **Online System Not Available**

If for any reason the online system is not available, providers should submit claims when the online capability resumes. To facilitate this process, the provider's software should have the capability to submit backdated claims.

### **Technical Problem Resolution**

To resolve technical problems, providers should follow the steps outlined below:

1. Check the terminal and communications equipment to ensure that electrical power and telephone services are operational. Call the telephone number the modem is dialing and note the information heard (i.e., fast busy, steady busy, recorded message). Contact the software vendor if unable to access this information in the system.
2. If the pharmacy provider has an internal technical support department, the provider should forward the problem to that department. The pharmacy's technical support staff will coordinate with Magellan Medicaid Administration to resolve the problem.
3. If the pharmacy provider's network is experiencing technical problems, the pharmacy provider should contact the network's technical support area. The network's technical support staff will coordinate with Magellan Medicaid Administration to resolve the problem.
4. If unable to resolve the problem after following the steps outlined above, the pharmacy provider should contact the Magellan Medicaid Administration's Pharmacy Support Center at 1-800-432-7005.



## 2.0 Program Setup

### 2.1 Claim Format

- POS claims must be submitted in the NCPDP version D.0 format
- Batch claims must be submitted in the NCPDP Batch 1.2 format
- The UCF must be submitted for paper submissions
  - ❑ See *Section 10.0 – Appendix A – Universal Claim Form* for sample UCF and instructions.

### 2.2 Media Options

- POS
- Batch
- Provider Submitted Paper

### 2.3 Networks

- Relay Health
- QS1
- Emdeon/Erx

## 2.4 Transaction Types

The following transaction codes are defined according to the standards established by NCPDP. The ability to use these transaction codes will depend on the pharmacy's software. At a minimum, all providers should have the capability to submit original claims (Transaction Code B1) and reversals (Transaction Code B2). Additionally, Magellan Medicaid Administration will accept re-bill claims (Transaction Code B3). Providers may also submit an eligibility verification (Transaction Code E1).

### **Full Claims Adjudication (Transaction Code B1)**

This transaction captures and processes the claim and returns the dollar amount allowed under the Kentucky Department for Medicaid Services' reimbursement formula to the pharmacy.

### **Claims Reversal (Transaction Code B2)**

This transaction is used by the pharmacy to cancel a claim that was previously processed. To submit a reversal, the provider must void a claim that has received a **Paid** status. To reverse a claim, the provider selects the reversal (void) option in the pharmacy's computer system.

**Note:** The following fields must match on the original paid claim and on the void request for a successful claim reversal:

- ❖ Service Provider ID
- ❖ Prescription Number
- ❖ Date of Service (DOS) (date filled)
- ❖ NDC
- ❖ Coordination of Benefits (COB) information

### **Claims Re-bill (Transaction Code B3)**

This transaction is used by the pharmacy to adjust and resubmit a claim that has previously been processed and received a **"Paid"** status. A "claims re-bill" voids the original claim and resubmits the claim within a single transaction. A complete listing of all transactions supported in NCPDP version D.0 is on the following page.

### **Eligibility Verification (Transaction Code E1)**

This transaction is used by the pharmacy to determine a member's eligibility in the program. This transaction is rarely used, as this information is provided as part of the claim transaction.

## 2.5 Version D.Ø Transactions

Please review the following for program requirements, some transactions may be required at a future date to be determined:

NCPDP Lower Version Transaction Name	NCPDP Version 5.1 Transaction Code	NCPDP Version 5.1 Transaction Name	Transaction Support Requirements
Eligibility Verification	E1	Eligibility Verification	Supported
Rx Billing	B1	Billing	Required
Rx Reversal	B2	Reversal	Required
Rx Re-billing	B3	Re-bill	Required
Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	Not required
Prior Authorization Inquiry	P3	Prior Authorization Inquiry	Not required
Prior Authorization Reversal	P2	Prior Authorization Reversal	Not required
Prior Authorization Request Only	P4	Prior Authorization Request Only	Not required

## 2.6 Version D.Ø Segments

Data in NCPDP version D.Ø is grouped together in segments. Please review the following for program requirements, some segments may be required at a future date to be determined.

Request Segment Matrix									Segment Support Requirements
Transaction Code	E1	B1	B2	B3	P1	P2	P3	P4	Some segments may be required at a future date to be determined.
<b>Segment</b>									
Header	M	M	M	M	M	M	M	M	Required
Patient	S	S	S	S	S	S	S	S	Required
Insurance	M	M	S	M	M	S	M	M	Required
Claim	N	M	M	M	M	M	M	M	Required
Pharmacy Provider	S	S	N	S	S	S	S	S	No planned requirements at this time; may be required at a future date
Prescriber	N	S	N	S	S	S	S	S	Required
COB/Other Payments	N	S	S	S	S	N	S	S	Required
Worker's Comp	N	S	N	S	S	S	S	S	Not required
DUR/PPS	N	S	S	S	S	S	S	S	Required
Pricing	N	M	S	M	M	S	S	S	Required
Coupon	N	S	N	S	S	S	S	S	No planned requirements at this time; may be required at a future date
Compound	N	S	N	S	S	S	S	S	Required
PA	N	S	N	S	M	S	M	M	No planned requirements at this time; may be required at a future date
Clinical	N	S	N	S	S	N	N	S	Required
Facility		S		S					

### NCPDP Designations

- M = Mandatory
- S = Situational
- N = Not Sent

**Note:** Some segments indicated as “Situational” by NCPDP may be “Required” to support specific transactions for this program.

## 2.7 Required Data Elements

The Magellan Medicaid Administration system has program-specific “mandatory/required,” “situational,” and “not sent” data elements for each transaction. The pharmacy provider’s software vendor will need the payer specifications before setting up the plan in the pharmacy’s computer system. This will allow the provider access to the required fields. Please note the following descriptions regarding data elements:

Code	Description
<b>M</b>	Designated as <b>MANDATORY</b> in accordance with the <i>NCPDP Telecommunication Implementation Guide Version D. Ø</i> . These fields must be sent if the segment is required for the transaction.
<b>S</b>	Designated as <b>SITUATIONAL</b> in accordance with the <i>NCPDP Telecommunication Implementation Guide Version D. Ø</i> . It is necessary to send these fields in noted situations. Some fields designated as situational by NCPDP may be required for all Kentucky Medicaid transactions.
<b>R***</b>	The “R***” indicates that the field is <b>REPEATING</b> . One of the other designators “M” or “S” will precede it.

**Kentucky Medicaid claims will not be processed without all the required data elements.** Required fields may or may not be used in the adjudication process. The complete Kentucky Medicaid payer specifications, including NCPDP field number references, is in *Appendix B*. Fields “not required for this program” at this time may be required at a future date.

**Note:** The following list provides important identification numbers for this program:

<b>ANSI BIN #</b>	011529
<b>Processor Control #</b>	P022011529
<b>Group #</b>	KYMEDICAID
<b>Provider ID #</b>	National Provider Identifier (NPI)
<b>Cardholder ID #</b>	Kentucky Medicaid Identification Number or Temporary ID
<b>Prescriber ID #</b>	NPI
<b>Product Code</b>	National Drug Code (NDC)

## 2.8 Timely Filing Limits

POS claims are generally submitted at the time of dispensing. However, there may be mitigating circumstances that require a claim to be submitted after being dispensed.

- For all original claims, reversals, and adjustments, the timely filing limit from the DOS is 366 days.
- Claims that exceed the prescribed timely filing limit will deny with NCPDP Error Code 81/Timely Filing Exceeded. Requests for overrides for timely filing limits should be directed to Magellan Medicaid Administration's Pharmacy Support Center at 1-800-432-7005.
- Claims submitted due to retro-eligibility that are over a year old will hit the timely filing limit edit and will only be approved for up to 365 days from the date the retro-eligibility was put on file by KY Medicaid. Providers should contact Magellan Medicaid Administration's Pharmacy Support Center at 1-800-432-7005.
-

## 3.0 Program Particulars

### 3.1 Dispensing Limits

#### Current Drug Lists

- Maximum Quantity Limits List
- Over-the-Counter (OTC) Drug List
- Preferred Drug List (PDL)
- ICD-9 Drug List

#### Days' Supply

- Per Rx maximum = 32 days.
- Exceptions:
  - ☐ Maintenance Drugs:
    - ❖ The Kentucky Department for Medicaid Services has identified and approved a list of maintenance drug classes identified on the PDL. For more information, please refer to the PDL that is posted on the following website:  
<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.
    - ❖ For those drugs, providers should dispense up to a 92-day supply and 100 units as per the prescriber's directions.

#### Maximum Quantity Limit (QL)

- Designated drugs are limited to specific quantities. These drugs are identified on the *Maximum Quantity Limits List* approved by the Kentucky Department for Medicaid Services. This list is posted at <https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.
- Quantity limits may be per fill or cumulative over a designated timeframe.
- Providers should request a prior authorization request for override consideration.
  - ☐ Call the Clinical Support Center at 1-800-477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.
  - ☐ Prior authorization forms are located at <https://kentucky.magellanmedicaid.com/Providers/Forms.asp>.

#### Maximum Duration

- Designated drugs are limited to a maximum annual or lifetime duration of therapy. These drugs are identified on the PDL that is approved by the Kentucky Department for Medicaid

Services. This list is posted at

<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.

- Providers should submit a prior authorization request for override consideration.
  - ☐ Call the Clinical Support Center at 1-800-477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.
  - ☐ Prior authorization forms are located at <https://kentucky.magellanmedicaid.com/Providers/Forms.asp>.

### **Refills**

- Non-controlled drugs: Limited to an original plus up to 11 refills within 366 days from original Date Rx Written
- Schedule II: No refills allowed. Each fill requires a new prescription.
- Schedule III – IV – V: Limited to an original plus 5 refills within 180 days from original Date Rx Written

### **Partial Fills**

- In those cases where a provider does not dispense the full amount per the prescriber's directions because of a drug shortage, the pharmacy provider should submit the claim as a partial fill and indicate as such on the claim transaction.
- The dispense fees will be prorated based on the actual quantity dispensed as indicated on the incoming claim.
- The co-payment, if applicable, will be charged in full on the initial fill.
- The fields listed below should be used in the completion of partial fill claims.
  - ☐ Dispense Status (NCPDP Field # 343-HD) = P (partial) or C (completion)
    - ❖ This is an alpha field only.
  - ☐ Intended Days Supply (NCPDP Field # 345-HG)
    - ❖ This is a numeric field only.
    - ❖ If this field is populated, Intended Quantity must also be populated.
  - ☐ Intended Quantity (NCPDP Field # 344-HF)
    - ❖ This is a numeric field only.
    - ❖ If this field is populated, Intended Days Supply must also be populated.
  - ☐ Associated Prescription Date (NCPDP Field # 457 – EP)
    - ❖ This field must be populated using the CCYYMMDD format where
      - C = Century
      - Y = Year
      - M = Month



– D = Day

- ❑ Associated Prescription Number (NCPDP Field # 456-EN)
- Long-Term Care (LTC): When pharmacies submit claims at point-of-sale to the Kentucky Department for Medicaid Services for LTC members obtaining Schedule II, III, and IV drugs, use partial fills throughout the month (approximately 28 days). The partial dispense fee process works best when there are 4 partial fills per unique prescription number over the course of 28 days. Dispense fees paid on partial fills of these drugs will be paid at the normal rate (\$5.00 generic or \$4.50 brand) when there are 4 partials per month. The fields listed below should be used in the completion of those partial fill claims.
  - ❑ **Patient Residence** (NCPDP Field # 384-4X) = 03
  - ❑ **New/Refill** = “ØØ”
    - ❖ This field is entered differently for partial fills than all other prescriptions.
    - ❖ Always enter “ØØ” for each of the 4 partial fills per month.
  - ❑ **Quantity Dispensed** (NCPDP Field # 442-E7)
    - ❖ Number dispensed for that partial fill’s time period.
  - ❑ **Days Supply** (NCPDP Field # 405-D5)
    - ❖ Number of days for which Quantity Dispensed for that partial fill.
  - ❑ **Dispensing Status** (NCPDP Field # 343-HD)
    - ❖ P (partial fill) or C (completion of partial fill)
    - ❖ This is an alpha field only.
    - ❖ “P” is entered on all partials except the final one; “C” is entered on the last partial of the prescription.
  - ❑ **Days Supply Intended to be Dispensed** (NCPDP Field # 345-HG)
    - ❖ This is a numeric field only.
    - ❖ This is the total number of days “intended” for the entire prescription.
    - ❖ If this field is populated, **Quantity Intended to be Dispensed** must also be populated.
    - ❖ Take **Days Supply** (from above) and multiply by number of partials in month.
      - **Example:** Days’ Supply of 7 x 4 partials in month = 28 Days’ Supply Intended to be Dispensed.
  - ❑ **Quantity Intended to be Dispensed** (NCPDP Field # 344-HF)
    - ❖ This is a numeric field only.
    - ❖ This is the total quantity “intended” to be dispensed for the entire prescription.
    - ❖ If this field is populated, **Days Supply Intended to be Dispensed** must also be populated.

- ❖ Take **Quantity Dispensed** (from above) and multiply by number of partials in month.
  - **Example:** Quantity Dispensed 21 x 4 partials in month = 84 Quantity Intended to be Dispensed.
- ❑ **Associated Prescription Date** (NCPDP Field # 457-EP)
  - ❖ Leave this “associated” field blank on Partial #1.
  - ❖ For all other partial fills of a prescription, use the original prescription date from Partial #1 as the **Associated Prescription Date**.
  - ❖ This field must be populated using the CCYYMMDD format where:
    - C = Century
    - Y = Year
    - M = Month
    - D = Day
- ❑ **Associated Prescription Reference Number** (NCPDP Field # 456-EN)
  - ❖ Leave this “associated” field blank on Partial #1.
  - ❖ For all other partial fills of a prescription, use the original prescription number from Partial #1 as the Associated Prescription Reference Number.

### **Age**

- Designated drugs are subject to age edits. These drugs are identified on the PDL that is approved by the Kentucky DMS. This list is posted at:  
<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.
- ❑ Prenatal vitamins: Must be female and  $\neq < 50$
- ❑ Multi-vitamins w/fluoride: Must be  $\neq < 16$
- ❑ Xolair: Must be  $\neq > 12$
- ❑ Budesonide nebulizer solution: Must be must be  $\neq < 8$
- ❑ Solodyn: Must be  $> 12$
- ❑ Oracea: Must be:  $\geq 19$

### **Gender**

- Prenatal vitamins: Must be female and  $\neq < 50$

### **Dollar Limit**

- Claims with a dollar amount greater than \$5,000 will deny and return NCPDP Error Code 78/*Cost Exceeds Maximum*.
  - ❑ Providers should validate that the appropriate quantity was entered.

- ❑ Providers may contact the Pharmacy Support Center at 1-800- 432-7005 for override consideration.

### **Diagnosis Code**

- Providers should enter the appropriate ICD-9 code to indicate the patient's diagnosis when required.

### **3-Brand Drug Allowance**

- **Note:** Effective January 1, 2014, the three Brand drug limit has been removed

### **4-Prescription Limit**

- **Note:** Effective January 1, 2014, the four prescription limit has been removed.

### **Medication Replacement**

Members that request the replacement of their medications due to them being lost, stolen, or destroyed need to be referred to Member Services at 1-800-635-2570.

## **3.2 Mandatory Generic Requirements**

- Providers should dispense generic drugs whenever appropriate.
- Multi-source brand drugs without a MAC will require prior authorization.

## **3.3 Proprietary Maximum Allowable Cost (MAC) Program**

The Maximum Allowable Cost (MAC) program is a service developed and maintained by Magellan Medicaid Administration for use by the Kentucky DMS. Its purpose is to encourage a provider to use a less expensive therapeutically equivalent drug. Magellan Medicaid Administration's Clinical Management Consultants regularly review the current drug price sources. A drug may be considered for MAC pricing if there are two or more manufacturers and it is listed as multi-source. Other factors considered are therapeutic equivalency ratings and availability in the marketplace. The MAC pricing is updated monthly. The specific drug pricing resources, algorithm, and MAC prices are proprietary and confidential. Distribution and access to this information is therefore limited to prevent Magellan Medicaid Administration's competitors from obtaining free access to the information, which would result in not having to incur the costs associated with developing, maintaining, or licensing their own MAC service.

The full MAC List in PDF can be found at

<https://kentucky.magellanmedicaid.com/MAC/MACMain.asp>. To access the list, the provider must click on the "OK" button to agree with the *Confidentiality Terms and Conditions of Use Statement* on the website that the information received is for use in billing by Medicaid providers only and that any unauthorized reproduction, distribution, or other use of the MAC list is strictly prohibited.

Another option is using the *Request for the Kentucky Maximum Allowable Cost (MAC) List* form that can be found at <https://kentucky.magellanmedicaid.com/MAC/MACMain.asp> or via fax from Magellan Medicaid Administration Pharmacy Support Center at 1-800-432-7005. The provider must print and complete the form. Upon signing the acceptance of the confidentiality terms, the provider can mail the form to Magellan Medicaid Administration and receive a copy of the MAC list. These options are designed to protect the proprietary nature of the MAC service.

If a provider does not think a MAC price is valid, he or she may appeal the price by e-mailing or faxing a completed *MAC Price Inquiries and Research Form* (located at <https://kentucky.magellanmedicaid.com/MAC/MACMain.asp>) to the Magellan Medicaid Administration MAC department. If a provider does not have Internet access, he or she can call the Magellan Medicaid Administration Pharmacy Support Center at 1-800-432-7005 to request that the form be faxed to him or her. If available, the provider will be supplied with one or more manufacturers that have a price comparable to the MAC price. If it is determined that there are no longer any manufacturers in that price range or if the provider can document that he/she does not have access to the supplied manufacturers, the MAC price and effective date will be adjusted accordingly, retroactive to the date of service for the MAC price prescription in question or other relevant date. Once the change is in effect, the provider will be informed and he or she can re-bill the claim for the price adjustment.

### 3.4 Drug Coverage

#### **Included**

- All federal legend drugs and rebatable OTCs
  - ☐ A prescription is required for covered OTCs
  - ☐ Please refer to the Over-The-Counter Drug List that is located at <https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>

#### **Excluded**

- DESI, IRS, or LTE drugs
- Diagnostics
- Supplies
- Non-rebatable products except for covered vitamins
- Vaccines (Only covered as a Physician Injectable)
- Herbals
- Blood/blood plasma products
- Topical contraceptives
- Nutritional/dietary supplements
- Drugs used for anorexia, weight loss, or weight gain

- Drugs used to promote fertility
- Drugs used for cosmetic purposes
- Vitamin or mineral products other than prenatals or fluoride preparations (fluoride not covered over age 16) not listed on the covered OTC list
- Mifeprex
- Drugs to treat impotency
- Lice bedding spray
- Miscellaneous diagnostic preps
- Biologicals except Antisera
- Bulk chemicals and excipients

### **LTC Per Diem**

General drug coverage for LTC members is the same as for ambulatory members with the noted exceptions below.

The Kentucky Department for Medicaid Services has identified drugs that are not covered for LTC members or separate reimbursement through the pharmacy benefit, as these drugs are considered covered in the LTC “per diem” reimbursement. These drugs are categorized as “comfort” drugs. The list as of November 30, 2004 follows.

**The Kentucky Department for Medicaid Services began denying LTC claims for these products on January 5, 2005. Prior to that date, covered rebatable drugs paid (if all other edits are met) for LTC without prior authorization.**

- Aluminum/Magnesium Hydroxide Suspension
- Concentrated Aluminum/Magnesium Hydroxide Suspension
- Aluminum/Magnesium Hydroxide + Simethicone Suspension
- Concentrated Aluminum/Magnesium Hydroxide + Simethicone Suspension
- Kaolin/Pectin Suspension
- Kaolin/Pectin w/Belladonna Alkaloids Suspension
- Bismuth Subsalicylate Suspension
- Docusate Sodium 100mg Capsule
- Milk of Magnesia
- Mineral Oil
- Bisacodyl 5mg TAB
- Milk of Magnesia w/Cascara Sagrada
- Guaifenesin Syrup
- Acetaminophen 325mg Tablet

- Aspirin 650mg Compressed Tablet
- Acetaminophen 650mg Suppositories or Aspirin 650mg Suppositories
- Acetaminophen 160mg/5ml Elixir
- Isopropyl Alcohol 70%
- Hydrogen Peroxide 10%
- Neomycin/Polymycin/Bacitracin Topical Ointment
- Povidone Iodine Solution
- Topical Skin Moisturizing Lotion
- Mouthwash
- Miralax

#### **Prior Authorization**

- Designated drugs require prior authorization. These drugs are identified on the drug lists that are approved by the Kentucky DMS and posted on the pharmacy website:  
<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.
  - ☐ Providers should contact the Clinical Support Center at 1-800-477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.
  - ☐ Prior authorization forms are located at  
<https://kentucky.magellanmedicaid.com/Providers/Forms.asp>.

#### **PDL**

- Designated drugs are considered nonpreferred. These drugs are identified in a list approved by the Kentucky DMS and posted on the pharmacy website at  
<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.
  - ☐ Providers should contact the Clinical Support Center at 1-800-477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.
- Prior authorization forms are located at  
<https://kentucky.magellanmedicaid.com/Providers/Forms.asp>.

#### **Step Therapy**

- Designated drugs require step therapy. These drugs are identified on the PDL that is approved by the Kentucky DMS and posted on the pharmacy website at  
<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.
  - ☐ Providers should contact the Clinical Support Center at 1-800-477-3071 to speak with a live agent. The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.

- Prior authorization forms are located at <https://kentucky.magellanmedicaid.com/Providers/Forms.asp>.

## 3.5 Member Payment Information

### **Co-payment**

Co-pays are charged based on benefit package assigned to member. If a co-pay is indicated on **January 1, 2014**, Kentucky Medicaid implemented new co-payments and cost sharing policies. The new co-pay structure will be as follows:

- \$1 for all generics
- \$4 for preferred brands
- \$8 for non preferred brands
- The standard break down is clarified in the *General Definition of Terms* located on the PDL that is posted on the pharmacy website:  
<https://kentucky.magellanmedicaid.com/Providers/DrugInfo.asp>.

### **Exceptions to Co-Payment**

- Pregnant women should not have cost sharing for medications. To override/waive a co-payment on each prescription, pharmacists should enter the following pregnancy indicator each time in NCPDP Field # 335-2C: 2 = pregnant.
  - ☐ Pregnant women should be charged \$0 co-payment for no more than 11 months (including 60 days postpartum). After 60-days postpartum, the pharmacist should stop entering "2" to override co-payment for the fill of current prescriptions. No further action will be required by the pharmacist, and normal co-payment will resume.
- The system will recognize family planning drugs (contraceptives) and will automatically waive co-payment.
- LTC members should not be charged a co-pay.
  - ☐ Providers should enter Patient Residence (NCPDP Field # 384-4X) = "2" (Skilled Nursing facility), "3" (Nursing Home), "4" (Assisted living facility), "5" Custodial care facility), "6" (Group home), "9" (Intermediate care facility in order to identify that the patient is in a LTC facility).
- Diabetic supplies defined in *Section 3.13 – Diabetic Supplies* will have a standard co-pay of \$4.00 for the first claim filled on a calendar day and a \$0.00 co-pay for each subsequent diabetic supply filled on the same calendar day if the patient has a benefit package that indicates a co-pay.
- Tobacco Cessation all covered smoking cessation products, including OTC and Rx required.

### **Annual Benefit Maximum**

- There is no annual benefit maximum.



**Deductible**

- There is no deductible.

**Quarterly Out-of-Pocket**

There will be a quarterly out-of-pocket (OOP) maximum for all medical and pharmacy claims combined as determined by income. Once a family has met the maximum OOP for the quarter, all pharmacy claims submitted during the remainder of that quarter will return a \$0.00 co-pay.

## 3.6 Prior Authorization

Magellan Medicaid Administration's prior authorization (PA) process is designed to provide rapid, timely responses to prior authorization requests. Prior authorizations will be managed for the Kentucky Department for Medicaid Services by one of three methods:

- Clinical Support Center: 1-800-432-7005
- Pharmacy Support Center: 1-800-477-3071
- Direct Pharmacy Level Overrides

The following tables provide the products for each prior authorization method.

Prior Authorization: Clinical Support Center	
<b>Contact the Magellan Medicaid Administration Clinical Support Center: 1-800-477-3071</b> <b>PA Request Forms can be found at: <a href="https://kentucky.magellanmedicaid.com/Providers/Forms.asp">https://kentucky.magellanmedicaid.com/Providers/Forms.asp</a></b>	
<ul style="list-style-type: none"> <li>▪ Normal Fax: 800-365-8835</li> <li>▪ Urgent Fax: 800-421-9064</li> <li>▪ LTC/MH Fax: 800-453-2273</li> </ul>	
<b>For prior authorization or override consideration regarding the following denial reasons:</b>	
Reason	
<b>Prior Authorization Required</b>	Pharmacy provider or prescriber calls or sends fax using appropriate form.
<b>PDL</b>	Pharmacy provider or prescriber calls or sends fax using appropriate form.
<b>Quantity/Days Supply/Dosing Limitations</b>	Pharmacy provider or prescriber calls or sends fax using appropriate form.
<b>Step Therapy</b>	Pharmacy provider or prescriber calls or sends fax using appropriate form.
<b>Brand Necessary</b>	Prescriber sends fax using appropriate form.
<b>Medicare Part B</b>	A claim for a Medicare-covered drug will deny if the member enrollment information indicates that member has Medicare Part B coverage for the DOS. If the drug is being administered for a non-Medicare covered reason, the pharmacy provider or prescriber sends a fax using the appropriate prior authorization form.
Prior Authorization/Override: Pharmacy Support Center	
<b>Contact the Magellan Medicaid Administration Pharmacy Support Center: 1-800-432-7005</b> <b>For override consideration regarding the following denial reasons:</b>	
Reason	
<b>Dollar Limit</b>	A claim greater than \$5,000 will deny. Providers should first validate that the appropriate quantity has been submitted. Providers should then contact Magellan Medicaid Administration's Pharmacy Support Center for override consideration.

Prior Authorization/Override: Pharmacy Support Center	
<b>Contact the Magellan Medicaid Administration Pharmacy Support Center: 1-800-432-7005</b> <b>For override consideration regarding the following denial reasons:</b>	
Reason	
<b>Timely Filing Limits</b>	A claim exceeding 366 days from the original DOS will deny. Providers should contact Magellan Medicaid Administration's Pharmacy Support Center for override consideration.
<b>Lock-Ins</b>	Providers should contact Magellan Medicaid Administration's Pharmacy Support Center for override consideration.
<b>Early Refill (ER)</b>	Providers should contact Magellan Medicaid Administration's Pharmacy Support Center for override consideration.
Provider Level Overrides	
<b>Provider level overrides allowed.</b> <b>For override consideration regarding the following denial reasons:</b>	
Reason	
<b>ProDUR</b>	Providers may override the following ProDUR conditions: <ul style="list-style-type: none"> <li>▪ Therapeutic Duplication</li> <li>▪ Duplicate Ingredient</li> <li>▪ Drug to Drug Interactions               <ul style="list-style-type: none"> <li>– In order to override when approved conditions are met, providers should use appropriate DUR codes to indicate the Reason for Service (Conflict), Professional Service (Intervention), and Result of Service (Outcome).</li> </ul> </li> </ul>
<b>Emergency</b>	Providers may override prior authorization conditions in emergency situations. <ul style="list-style-type: none"> <li>▪ In order to override when approved conditions are met, providers should enter the appropriate Level of Service code to override.</li> <li>▪ An override can be entered once per member, per drug, per 180 rolling calendar days.</li> </ul>
<b>COB/TPL</b>	Providers may override coordination of benefits (COB) using designated override codes in approved conditions. <ul style="list-style-type: none"> <li>▪ In order to override when approved conditions are met, providers should enter the appropriate COB codes and/or Prior Authorization Type code.</li> </ul>

### 3.7 Emergency Procedures

- All providers should follow normal prior authorization procedures, except in emergency conditions.
- The emergency override is intended for unique circumstances where general prior authorization procedures cannot be followed and the situation is considered life threatening.
- Providers may override PA Requirements by entering LEVEL OF SERVICE (NCPDP Field # 418-DI) – “Ø3” (emergency) under the following guidelines:
  - ☐ Overrides must be outside of normal business hours.
  - ☐ Overrides must be for a 3-day supply except where the package must be dispensed intact.
  - ☐ OTCs cannot be overridden.
  - ☐ Drugs normally not covered cannot be overridden.

### 3.8 Coordination of Benefits (COB)

- Online COB (cost avoidance) is required.
- The Kentucky Department for Medicaid Services is always the payer of last resort. Providers must bill all other payers first and then bill the Kentucky Department for Medicaid Services.
- Magellan Medicaid Administration will return the following Other Payer details in the “Coordination of Benefits/Other Payers Response” Segment:
  - ☐ Other Payer ID
  - ☐ Other Payer (carrier) Name
  - ☐ Policy Number
  - ☐ Reimbursement will be calculated to pay up to the Medicaid allowed amount less the third-party payment.

#### **Medicare Part D**

When Kentucky Medicaid members become eligible for Medicare Part D, the Kentucky Department for Medicaid Services will only cover selected Medicare D excluded drugs for these dual-eligible individuals:

#### **TPL Processing Grid**

Other Coverage Code (NCPDP Field # 3Ø8-C8)	Claim Disposition	Notes
0 = Not specified		This code will not override TPL File.
1 = No other coverage identified	Do not allow for override	Not Allowed for Kentucky

Other Coverage Code (NCPDP Field # 3Ø8-C8)	Claim Disposition	Notes
2 = Other coverage exists, payment collected	Allow for override	Used when payment is collected from the primary.
3 = Other coverage exists, claim not covered	Allow for override	Used when the primary denies the claim for drug not covered. ▪ NCPDP Error Code “7Ø,” “73,” “76”
4 = Other coverage exists, payment not collected	Allow for override	Used when the primary pays the claim but does not receive anything from the primary due to deductible.
5 = Managed care plan denial	Do not allow for override	Not Allowed for D.0
6 = Other coverage exists, not a participating provider	Do not allow for override	Not Allowed for D.0
7 = Other coverage exists, not in effect on DOS	Do not allow for override	Not Allowed for D.0
8 = Co-payment only	Do not allow for override	Not Allowed for Kentucky

**Other Payer Reject Code (NCPDP Field # 472-6E)**

- “40” – Pharmacy not contracted with plan on date of service
- “65” – Patient is not covered
- “67” – Filled before coverage effective
- “68” – Filled after coverage expired
- “69” – Filled after coverage terminated
- “70” – Product/Service not covered
- “73” – Refills are not covered
- “76” – Plan limitations exceeded

**3.9 LTC**

- In order to identify that the patient is in a LTC facility, providers should enter Patient Residence (NCPDP Field # 384-4X) =
  - ☐ “2” (Skilled Nursing facility),
  - ☐ “3” (Nursing Home);
  - ☐ “4” (Assisted living facility);
  - ☐ “5” (Custodial care facility);
  - ☐ “6” (Group home); or
  - ☐ “9” (Intermediate care facility).

- Providers should indicate pharmacy repackaging by entering a SPECIAL PACKAGING INDICATOR (NCPDP Field # 429-DT) = “Ø3” and the appropriate amount in the INCENTIVE AMOUNT SUBMITTED (NCPDP Field # 438-E3). The cap is \$25.00 per Rx.

### 3.10 Medicare Covered Drugs

- Medicare Part B and Part D drugs will not be covered by the Kentucky Department for Medicaid Services. These claims will deny with NCPDP Error Code “41” and the supplemental message of “Submit bill to other process or primary payer” with the additional message: “Bill Medicare Part D; Other payer not cost avoided.”
- Crossover billing is not part of the POS system. Please contact Hewlett-Packard (HP) at 1-800-807-1232.

### 3.11 Compounds or Home IV

- Method of Submission (since February 1, 2005) for Compound Prescription – Must use Multi-Ingredient Compound Segment:
  - ☐ On the Product/Service screen, enter 1 zero (0) in the Product/Incoming ID/NDC field.
  - ☐ Enter the “compound code” of “2.”
  - ☐ On the Compound screen, enter NDCs of all ingredients on one claim, using one Rx number.
  - ☐ Compounds will return a brand co-pay no matter the status of the individual ingredients.

Fields Required for Submitting Multi-Ingredient Compounds:

#### **On CLAIM SEGMENT**

- Enter COMPOUND CODE (NCPDP Field # 4Ø6-D6) of “2”
- Enter PRODUCT CODE/NDC (NCPDP Field # 4Ø7-D7) as “0” on the claim segment to identify the claim as a multi-ingredient compound.
- Enter QUANTITY DISPENSED (NCPDP Field # 442-E7) of entire product.
- SUBMISSION CLARIFICATION CODE (NCPDP Field # 42Ø-DK) = Value “8” will only be permitted for POS (not valid for paper claims) and should be used only for compounds with both rebatable and nonrebatable ingredients. This value allows the provider to be reimbursed for rebatable ingredients only. Use only if claim rejects for “nonrebatable.”

#### **On PRICING SEGMENT**

- Enter GROSS AMOUNT DUE (NCPDP Field # 43Ø-DU) for entire product.

**On COMPOUND SEGMENT**

- COMPOUND DOSAGE FORM DESCRIPTION CODE (NCPDP Field # 450-EF)
- COMPOUND DISPENSING UNIT FORM INDICATOR (NCPCP Field # 451-EG)
- ROUTE OF ADMINISTRATION (NCPCP Field # 995-E2)
- COMPOUND INGREDIENT COMPONENT COUNT (NCPCP Field #447-EC) (Maximum of 25)

**For Each Line Item:**

- COMPOUND PRODUCT ID QUALIFIER (NCPCP Field # 488-RE) of "3"
- COMPOUND PRODUCT ID (NCPDP Field # 489-TE)
- COMPOUND INGREDIENT QUANTITY (NCPDP Field # 448-ED)
- COMPOUND INGREDIENT COST (NCPDP Field # 449-EE)

**3.12 Lock-In**

- A member may be locked into a prescriber, pharmacy provider, or both.
- Providers should contact the Magellan Medicaid Administration Pharmacy Support Center for override consideration at 1-800-432-7005.

**3.13 Diabetic Supplies**

Beginning October 5, 2010, diabetic supplies were covered through the pharmacy POS program and not through the durable medical equipment (DME) program:

- Syringes with needles (sterile, 1cc or less)
  - Urine test or reagent strips or tablets
  - Blood ketone test or reagent strip
  - Blood glucose test or reagent strips for home blood glucose monitor
  - Normal, low, or high calibrator solution, chips
  - Spring-powered device for lancet
  - Lancets
  - Home blood glucose monitor
- ☐ **Note: The co-pay for Meters will be \$0.00 for all covered members.** If the patient has a benefit package that indicates a co-pay, diabetic supplies listed above will have a standard co-pay of \$4.00 for the first claim filled on a calendar day. No co-pay will be assessed for each subsequent diabetic supply filled on the same calendar day.

**Claim Adjudication:** For assistance please contact the Pharmacy Support Center at 1-800-432-7005.

**Prior Authorization:** Requests can be made by contacting the Clinical Support Center at 1-800-477-3071 OR by completing a *Prior Authorization Request Form* located at <https://kentucky.magellanmedicaid.com/Providers/Forms.asp>. Please fax all requests to Magellan Medicaid Administration at the following numbers:

- Non-Urgent: 1-800-365-8835
- Urgent: 1-800-421-9064
- Mental Health Providers: 1-800-453-2273
- LTC: 1-800-453-2273

**Diabetic Supply Information:** For the posted list of preferred products and information relating to diabetic supplies, please visit the pharmacy website at <https://kentucky.magellanmedicaid.com/DiabeticSupply/Notices.asp>.



## **4.0 Prospective Drug Utilization Review (ProDUR)**

ProDUR encompasses the detection, evaluation, and counseling components of pre-dispensing drug therapy screening. The ProDUR system of Magellan Medicaid Administration assists the pharmacist in these functions by addressing situations in which potential drug problems may exist. ProDUR performed prior to dispensing, helps pharmacists ensure that their patients receive appropriate medications. This is accomplished by providing information to the dispensing pharmacist that may not have been previously available.

Because Magellan Medicaid Administration ProDUR system examines claims from all participating pharmacies, drugs that interact or are affected by previously dispensed medications can be detected. Magellan Medicaid Administration recognizes that the pharmacist uses his or her education and professional judgment in all aspects of dispensing. ProDUR is offered as an informational tool to aid the pharmacist in performing his or her professional duties.

### **4.1 Therapeutic Problems**

Prospective (concurrent) Drug Utilization Review edits apply to all claims unless otherwise identified.

### **4.2 Pharmacy Support Center**

The Magellan Medicaid Administration Pharmacy Support Center is available 24 hours per day, 7 days a week. The telephone number is 1-800-432-7005. Alert message information is available from the Pharmacy Support Center after the message appears. If you need assistance with any alert or denial messages, it is important to contact the Pharmacy Support Center about the ProDUR messages at the time of dispensing. The Pharmacy Support Center can provide claims information on all error messages sent by the ProDUR system. This information includes NDCs and drug names of the affected drugs, dates of service, whether the calling pharmacy is the dispensing pharmacy of the conflicting drug, and days supply.

Magellan Medicaid Administration's Pharmacy Support Center is not intended to be used as a clinical consulting service and cannot replace or supplement the professional judgment of the dispensing pharmacist. Magellan Medicaid Administration has used reasonable care to accurately compile ProDUR information. Because each clinical situation is unique, this information is intended for pharmacists to use at their own discretion in the drug therapy management of their patients.

A second level of assistance is available if a provider's question requires a clinical response. To address these situations, Magellan Medicaid Administration's staff pharmacists are available for consultation.

Magellan Medicaid Administration's ProDUR is an integral part of the claims adjudication process. ProDUR includes reviewing claims for therapeutic appropriateness before the medication is

dispensed, reviewing the available medical history, focusing on those patients at the highest severity of risk for harmful outcome, and intervening and/or counseling when appropriate.

### 4.3 ProDUR Alert/Error Messages

All ProDUR alert messages appear at the end of the claims adjudication transmission. Alerts will appear in the following format:

Format	Field Definitions
<b>REASON FOR SERVICE:</b>	Two characters. Code identifying the type of utilization conflict detected; e.g., Therapeutic Duplication (TD)
<b>CLINICAL SIGNIFICANCE:</b>	One character. Code indicating the significance or severity level of a clinical event. <ul style="list-style-type: none"> <li>1 = Major</li> <li>2 = Moderate</li> <li>3 = Minor</li> </ul>
<b>OTHER PHARMACY INDICATOR:</b>	One character. Indicates if the dispensing provider also dispensed the first drug in question. <ul style="list-style-type: none"> <li>Ø = No Value</li> <li>1 = Your pharmacy</li> <li>3 = Other pharmacy</li> </ul>
<b>PREVIOUS DATE OF FILL:</b>	Eight characters. Indicates previous fill date of conflicting drug in YYYYMMDD format.
<b>QUANTITY OF PREVIOUS FILL:</b>	Five characters. Indicates quantity of conflicting drug previously dispensed.
<b>DATA BASE INDICATOR:</b>	One character. Indicates source of ProDUR message. <ul style="list-style-type: none"> <li>1 = First DataBank</li> <li>4 = Processor Developed</li> </ul>
<b>OTHER PRESCRIBER:</b>	One character. Indicates the prescriber of conflicting prescription. <ul style="list-style-type: none"> <li>Ø = No Value</li> <li>1 = Same Prescriber</li> <li>2 = Other Prescriber</li> </ul>

## 5.0 Edits

### 5.1 Online Claims Processing Messages

Following an online claim submission by a pharmacy, the system will return a message to indicate the outcome of processing. If the claim passes all edits, a **“Paid”** message will be returned with the Kentucky DMS allowed amount for the paid claim. A claim that fails an edit and are rejected or denied will also return a message. Following is a list of NCPDP rejects and descriptions.

As shown below, an NCPDP error code is returned with an NCPDP message. Where applicable, the NCPDP field that should be checked is referenced. Check the Solutions box if you are experiencing difficulties. For further assistance, contact Magellan Medicaid Administration at 1-800-432-7005.

#### POS Reject Codes and Messages:

All edits may not apply to this program.

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>(“M/I” Means Missing/Invalid)</b>			
Ø1	M/I Bin	1Ø1	Enter Ø11529.
Ø2	M/I Version Number	1Ø2	NCPDP version D.0 is required.
Ø3	M/I Transaction Code	1Ø3	Transactions allowed = B1, B2, B3, E1
Ø4	M/I Processor Control Number	1Ø4	Enter PØ22Ø11529.
Ø5	M/I Pharmacy Number	2Ø1	Enter NPI. Check with the software vendor to ensure appropriate number has been set up in your system.
Ø6	M/I Group Number	3Ø1	Enter KYMEDICAID.
Ø7	M/I Cardholder ID Number	3Ø2	Enter the Kentucky Medicaid Member ID number only. Do not enter any other patient ID. Do not enter any dashes. Providers should always examine a member’s ID card before services are rendered. It is the provider’s responsibility to establish the identity of the member and to verify the effective date of coverage for the card presented.
Ø8	M/I Person Code	3Ø3	
Ø9	M/I Birth Date	3Ø4	Format = YYYYMMDD (no dashes).

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
1Ø	M/I Patient Gender Code	3Ø5	Values: <ul style="list-style-type: none"> <li>Ø = not specified</li> <li>1 = male</li> <li>2 = female</li> </ul>
11	M/I Patient Relationship Code	3Ø6	1 (cardholder)
12	M/I PLACE OF SERVICE	3Ø7	
13	M/I Other Coverage Code	3Ø8	See <i>Section 3.8 – Coordination of Benefits</i> .
14	M/I Eligibility Clarification Code	3Ø9	
15	M/I Date of Service	4Ø1	Format = YYYYMMDD (no dashes). A future date is not allowed in this field.
16	M/I Prescription/Service Reference Number	4Ø2	Format = NNNNNNN
17	M/I Fill Number	4Ø3	Enter "Ø" for a new prescription. Acceptable values for a refill prescription range from 1 to 99.
19	M/I Days Supply	4Ø5	Format = NNN. Enter the days' supply, "PRN" is not allowed.
2C	M/I Pregnancy Indicator	335	Enter "2" to indicate the patient is pregnant and to waive co-payment. After 60 days postpartum, stop entering "2" to override co-payment.
2E	M/I Primary Care Provider ID Qualifier	468	
2Ø	M/I Compound Code	4Ø6	
21	M/I Product/Service ID	4Ø7	Enter 11-digit NDC only. Do not enter any dashes.
22	M/I Dispense As Written (DAW)/Product Selection Code	4Ø8	Enter "1" to indicate substitution not allowed by prescriber.
23	M/I Ingredient Cost Submitted	4Ø9	
25	M/I Prescriber ID	411	Enter the NPI

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
26	M/I Unit of Measure	600	Enter the appropriate Unit of Measure for the product dispensed. Values: <ul style="list-style-type: none"> <li>EA = each</li> <li>GM = grams</li> <li>ML = milliliters</li> </ul>
28	M/I Date Prescription Written	414	Format = YYYYMMDD (no dashes). A future date is not allowed.
29	M/I Number Refills Authorized	415	Enter the number of refills as authorized by the prescriber.
3A	M/I Request Type	498-PA	
3B	M/I Request Period Date-Begin	498-PB	
3C	M/I Request Period Date-End	498-PC	
3D	M/I Basis of Request	498-PD	
3E	M/I Authorized Representative First Name	498-PE	
3F	M/I Authorized Representative Last Name	498-PF	
3G	M/I Authorized Representative Street Address	498-PG	
3H	M/I Authorized Representative City Address	498-PH	
3J	M/I Authorized Representative State/Province Address	498-PJ	
3K	M/I Authorized Representative Zip/Postal Zone	498-PK	
3M	M/I Prescriber Phone Number	498-PM	
3N	M/I Prior Authorized Number Assigned	498-PY	
3P	M/I Authorization Number	503	
3R	Prior Authorization Not Required	407	
3S	M/I Prior Authorization Supporting Documentation	498-PP	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
3T	Active Prior Authorization Exists Resubmit at Expiration of Prior Authorization		
3W	Prior Authorization In Process		
3X	Authorization Number Not Found	5Ø3	
3Y	Prior Authorization Denied		
32	M/I Level of Service	418	
33	M/I Prescription Origin Code	419	
34	M/I Submission Clarification Code	42Ø	
35	M/I Primary Care Provider ID	421	
38	M/I Basis of Cost	423	
39	M/I Diagnosis Code	424	Enter the appropriate ICD-9 Code
4C	M/I Coordination of Benefits/Other Payments Count	337	
4E	M/I Primary Care Provider Last Name	57Ø	
4X	M/I Patient Residence Code	384	
4Ø	Pharmacy Not Contracted with Plan on Date of Service	None	Enter the NPI; check DOS. Call the Provider Management/Enrollment department if necessary (see <i>Section 1.1 – Important Contact Information</i> ).
41	Submit Bill to Other Processor or Primary Payer	None	
5C	M/I Other Payer Coverage Type	338	
5E	M/I Other Payer Reject Count	471	
5Ø	Non-Matched Pharmacy Number	2Ø1	Enter the NP). Check lock-in status of member.
51	Non-Matched Group ID	3Ø1	Enter KYMEDICAID group only.
52	Non-Matched Cardholder ID	3Ø2	Enter member's Kentucky Medicaid ID number only. Do not enter any other patient ID. Do not enter any dashes.
53	Non-Matched Person Code	3Ø3	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
54	Non-Matched Product/Service ID Number	407	Enter 11-digit NDC.
55	Non-Matched Product Package Size	407	
56	Non-Matched Prescriber ID	411	Enter the NPI
58	Non-Matched Primary Prescriber	421	
6C	M/I Other Payer ID Qualifier	422	
6E	M/I Other Payer Reject Code	472	
60	Product/Service Not Covered for Patient Age	302, 304, 401, 407	
61	Product/Service Not Covered for Patient Gender	302, 305, 407	
62	Patient/Card Holder ID Name Mismatch	310, 311, 312, 313, 320	
63	Institutionalized Patient Product/Service ID Not Covered		Drug not covered for member in a LTC facility.
64	Claim Submitted Does Not Match Prior Authorization	201, 401, 404, 407, 416	
65	Patient Is Not Covered	303, 306	
66	Patient Age Exceeds Maximum Age	303, 304, 306	
67	Filled Before Coverage Effective	401	Enter member's Kentucky Medicaid ID number only. Do not enter any other patient ID. Do not enter any dashes. Check DOS. Check Group Number.
68	Filled After Coverage Expired	401	Enter member's Kentucky Medicaid ID number only. Do not enter any other patient ID. Do not enter any dashes. Check DOS. Check Group Number.
69	Filled After Coverage Terminated	401	
7C	M/I Other Payer ID	340	
7E	M/I DUR/PPS Code Counter	473	
70	Product/Service Not Covered	407	Enter 11-digit NDC. Drug not covered.
71	Prescriber is Not Covered	411	
72	Primary Prescriber is Not Covered	421	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
73	Refills are Not Covered	402, 403	
74	Other Carrier Payment Meets or Exceeds Payable	409, 410, 442	
75	Prior Authorization Required	462	Validate 11-digit NDC. Follow prior authorization procedures if appropriate.
76	Plan Limitations Exceeded	405, 442	Validate days supply and quantity dispensed. Follow prior authorization procedures if appropriate.
77	Discontinued Product/Service ID Number	407	Validate 11-digit NDC. NDC is obsolete.
78	Cost Exceeds Maximum	407, 409, 410, 442	Claims will deny if greater than \$5,000. Provider must contact the Magellan Medicaid Administration Pharmacy Support Center for override consideration.
79	Refill Too Soon	401, 403, 405	Ninety percent of days supply from previous claim has not been utilized. Prior fill may be from a different provider.
8C	M/I Facility ID	336	
8E	M/I DUR/PPS Level of Effort	474	
80	Drug-Diagnosis Mismatch	407, 424	
81	Claim Too Old	401	Check DOS. Contact the Magellan Medicaid Administration Pharmacy Support Center for override consideration when appropriate.
82	Claim is Post-Dated	401	
83	Duplicate Paid/Captured Claim	201, 401, 402, 403, 407	
84	Claim Has Not Been Paid/Captured	201, 401, 402	
85	Claim Not Processed	None	
86	Submit Manual Reversal	None	
87	Reversal Not Processed	None	Provider number, DOS, and Rx number must equal original claim.
88	DUR Reject Error		
89	Rejected Claim Fees Paid		



Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
90	Host Hung Up		Processing host did not accept transaction/did not respond within time out period.
91	Host Response Error		
92	System Unavailable/Host Unavailable		
95	Time Out		
96	Scheduled Downtime		
97	Payer Unavailable		
98	Connection to Payer is Down		
99	Host Processing Error		Do not retransmit claim(s)
AA	Patient Spend down Not Met		
AB	Date Written is After Date Filled		
AC	Product Not Covered Non-Participating Manufacturer		
AD	Billing Provider Not Eligible to Bill this Claim Type		
AE	QMB (Qualified Medicare Beneficiary) Bill Medicare		
AF	Patient Enrolled Under Managed Care		
AG	Days Supply Limitation for Product/Service		
AH	Unit Dose Packaging Only Payable for Nursing Home Members		
AJ	Generic Drug Required		
AK	M/I Software Vendor/Certification ID	110	
AM	M/I Segment Identification	111	
A9	M/I Transaction Count	109	
BE	M/I Professional Service Fee Submitted	477	
B2	M/I Service Provider ID Qualifier	202	Enter "01" NPI

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
CA	M/I Patient First Name	31Ø	
CB	M/I Patient Last Name	311	
CC	M/I Cardholder First Name	312	
CD	M/I Cardholder Last Name	313	
CE	M/I Home Plan	314	
CF	M/I Employer Name	315	
CG	M/I Employer Street Address	316	
CH	M/I Employer City Address	317	
CI	M/I Employer State/Province Address	318	
CJ	M/I Employer Zip Postal Zone	319	
CK	M/I Employer Phone Number	32Ø	
CL	M/I Employer Contact Name	321	
CM	M/I Patient Street Address	322	
CN	M/I Patient City Address	323	
CO	M/I Patient State/Province Address	324	
CP	M/I Patient Zip/Postal Zone	325	
CQ	M/I Patient Phone Number	326	
CR	M/I Carrier ID	327	
CW	M/I Alternate ID	33Ø	
CX	M/I Patient ID Qualifier	331	
CY	M/I Patient ID	332	
CZ	M/I Employer ID	333	
DC	M/I Dispensing Fee Submitted	412	
DN	M/I Basis of Cost Determination	423	
DQ	M/I Usual & Customary Charge	426	
DR	M/I Prescriber Last Name	427	
DT	M/I Special Packaging Indicator	429	
DU	M/I Gross Amount Due	43Ø	
DV	M/I Other Payer Amount Paid	431	
DX	M/I Patient Paid Amount Submitted	433	Do not submit any value > 0.

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
DY	M/I Date of Injury	434	
DZ	M/I Claim/Reference ID	435	
EA	M/I Originally Prescribed Product/Service Code	445	
EB	M/I Originally Prescribed Quantity	446	
EC	M/I Compound Ingredient Component Count	447	
ED	M/I Compound Ingredient Quantity	448	
EE	M/I Compound Ingredient Drug Cost	449	
EF	M/I Compound Dosage Form Description Code	450	
EG	M/I Compound Dispensing Unit Form Indicator	451	
EH	M/I Compound Route of Administration	452	
EJ	M/I Originally Prescribed Product/Service ID Qualifier	453	
EK	M/I Scheduled Prescription ID Number	454	
EM	M/I Prescription/Service Reference Number Qualifier	445	
EN	M/I Associated Prescription/Service Reference Number	456	
EP	M/I Associated Prescription/Service Date	457	
ER	M/I Procedure Modifier Code	459	
ET	M/I Quantity Prescribed	460	
EU	M/I Prior Authorization Type Code	461	
EV	M/I Prior Authorization Number Submitted	462	
EW	M/I Intermediary Authorization Type ID	463	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
EX	M/I Intermediary Authorization ID	464	
EY	M/I Provider ID Qualifier	465	
EZ	M/I Prescriber ID Qualifier	466	Enter "Ø1" NPI
E1	M/I Product/Service ID Qualifier	436	
E2	M/I Route of Administration	995	
E3	M/I Incentive Amount Submitted	438	
E4	M/I Reason for Service Code	439	
E5	M/I Professional Service Code	44Ø	
E6	M/I Result of Service Code	441	
E7	M/I Quantity Dispensed	442	
E8	M/I Other Payer Date	443	
E9	M/I Provider ID	444	
FO	M/I Plan ID	524	
GE	M/I Percentage Sales Tax Amount Submitted	482	
HA	M/I Flat Sales Tax Amount Submitted	481	
HB	M/I Other Payer Amount Paid Count	341	
HC	M/I Other Payer Amount Paid Qualifier	342	
HD	M/I Dispensing Status	343	
HE	M/I Percentage Sales Tax Rate Submitted	483	
HF	M/I Quantity Intended to be Dispensed	344	
HG	M/I Days Supply Intended to be Dispensed	345	
H1	M/I Measurement Time	495	
H2	M/I Measurement Dimension	496	
H3	M/I Measurement Unit	497	
H4	M/I Measurement Value	499	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
H5	M/I Primary Care Provider Location Code	469	
H6	M/I DUR Co-Agent ID	476	
H7	M/I Other Amount Claimed Submitted Count	478	
H8	M/I Other Amount Claimed Submitted Qualifier	479	
H9	M/I Other Amount Claimed Submitted	480	
JE	M/I Percentage Sales Tax Basis Submitted	484	
J9	M/I DUR Co-Agent ID Qualifier	475	
KE	M/I Coupon Type	485	
M1	Patient Not Covered in this Aid Category		
M2	Member Locked In		
M3	Host PA/MC Error		
M4	Prescription/Service Reference Number/Time Limit Exceeded		
M5	Requires Manual Claim		
M6	Host Eligibility Error		
M7	Host Drug File Error		
M8	Host Provider File Error		
ME	M/I Coupon Number	486	
MZ	Error Overflow		
NE	M/I Coupon Value Amount	487	
NN	Transaction Rejected At Switch or Intermediary		
PA	PA Exhausted/Not Renewable		
PB	Invalid Transaction Count for This Transaction Code	103, 109	
PC	M/I Claim Segment	111	
PD	M/I Clinical Segment	111	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
PE	M/I COB/Other Payments Segment	111	
PF	M/I Compound Segment	111	
PG	M/I Coupon Segment	111	
PH	M/I DUR/PPS Segment	111	
PJ	M/I Insurance Segment	111	
PK	M/I Patient Segment	111	
PM	M/I Pharmacy Provider Segment	111	
PN	M/I Prescriber Segment	111	
PP	M/I Pricing Segment	111	
PR	M/I Prior Authorization Segment	111	
PS	M/I Transaction Header Segment	111	
PT	M/I Workers' Compensation Segment	111	
PV	Non-Matched Associated Prescription/Service Date	457	
PW	Non-Matched Employer ID	333	
PX	Non-Matched Other Payer ID	340	
PY	Non-Matched Unit Form/Route of Administration	451, 452, 600	
PZ	Non-Matched Unit Of Measure to Product/Service ID	407, 600	
P1	Associated Prescription/Service Reference Number Not Found	456	
P2	Clinical Information Counter Out of Sequence	493	
P3	Compound Ingredient Component Count Does Not Match Number of Repetitions	447	
P4	Coordination of Benefits/Other Payments Count Does Not Match Number of Repetitions	337	
P5	Coupon Expired	486	

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
P6	Date of Service Prior to Date of Birth	304, 401	
P7	Diagnosis Code Count Does Not Match Number of Repetitions	491	
P8	DUR/PPS Code Counter Out of Sequence	473	
P9	Field is Non-Repeatable		
RA	PA Reversal Out of Order		
RB	Multiple Partials Not Allowed		
RC	Different Drug Entity Between Partial and Completion		
RD	Mismatched Cardholder/Group ID-Partial to Completion	301, 302	
RE	M/I Compound Product ID Qualifier	488	
RF	Improper Order of "Dispensing Status" Code on Partial Fill Transaction		
RG	M/I Associated Prescription/Service Reference Number on Completion Transaction	456	
RH	M/I Associated Prescription/Service Date on Completion Transaction	457	
RJ	Associated Partial Fill Transaction Not on File		
RK	Partial Fill Transaction Not Supported		
RM	Completion Transaction Not Permitted With Same "Date of Service" as Partial Transaction	401	
RN	Plan Limits Exceeded on Intended Partial Fill Values	344, 345	
RP	Out Of Sequence "P" Reversal on Partial Fill Transaction		

Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
RS	M/I Associated Prescription/Service Date on Partial Transaction	457	
RT	M/I Associated Prescription/Service Reference Number on Partial Transaction	456	
RU	Mandatory Data Elements Must Occur Before Optional Data Elements in a Segment		
R1	Other Amount Claimed Submitted Count Does Not Match Number of Repetitions	478, 480	
R2	Other Payer Reject Count Does Not Match Number of Repetitions	471, 472	
R3	Procedure Modifier Code Count Does Not Match Number of Repetitions	458, 459	
R4	Procedure Modifier Code Invalid for Product/Service ID	407, 436, 459	
R5	Product/Service ID Must be Zero When Product/Service ID Qualifier Equals 06	407, 436	
R6	Product/Service Not Appropriate for this Location	307, 407, 436	
R7	Repeating Segment Not Allowed in Same Transaction		
R8	Syntax Error		
R9	Value in Gross Amount Due Does Not Follow Pricing Formula	430	
SE	M/I Procedure Modifier Code Count	458	
TE	M/I Compound Product ID	489	
UE	M/I Compound Ingredient Basis of Cost Determination	490	
VE	M/I Diagnosis Code Count	491	
WE	M/I Diagnosis Code Qualifier	492	



Reject Code	Explanation	Field Number Possibly In Error	Possible Solutions
<b>("M/I" Means Missing/Invalid)</b>			
XE	M/I Clinical Information Counter	493	
ZE	M/I Measurement Date	494	

## 5.2 Host System Problems

Occasionally, providers may receive a message that indicates their network is having technical problems communicating with Magellan Medicaid Administration.

NCPDP	Message
90	Host Hung Up

Host disconnected before session completed.

NCPDP	Message
92	System Unavailable/Host Unavailable

Processing host did not accept transaction or did not respond within timeout period.

NCPDP	Message
93	Planned Unavailable

Transmission occurred during scheduled downtime. Magellan Medicaid Administration will provide system availability:

### **System Hours of Availability**

- 24-hour availability – Except Saturday into Sunday
  - ☐ Saturday down at 11:00 p.m., ET
  - ☐ Sunday up at 6:00 a.m., ET

NCPDP	Message
99	Host Processing Error

Do not retransmit claims.

## 5.3 DUR Fields

In those cases where provider-level overrides have been authorized, providers should use the following codes when applicable.

NCPDP	Message
88	DUR Reject Error

### **DUR Reason for Service**

The DUR Reason for Service (previously “Conflict Code”) is used to define the type of utilization conflict that was detected (NCPDP Field # 439-E4).

Valid DUR Reason for Service Codes for the Kentucky Medicaid program are

- ER Non-Controlled Early Refill 80%
- DD Drug/Drug Interaction
- TD Therapeutic Duplication
- ID Duplicate Ingredient

NCPDP	Message
E4	M/I DUR Conflict/Reason for Service Code

### **DUR Professional Service**

The DUR Professional Service (previously “Intervention Code”) is used to define the type of interaction or intervention that was performed by the pharmacist (NCPDP Field # 440-E5).

Valid DUR Professional Service Codes for the Kentucky Medicaid program are:

- GP Generic product selection
- M0 Prescriber consulted
- MR Medication review
- PH Patient medication history
- P0 Patient consulted
- R0 RPh consulted other source

NCPDP	Message
E5	M/I DUR Intervention/Professional Service Code

**DUR Result of Service**

The DUR Result of Service (previously “Outcome Code”) is used to define the action taken by the pharmacist in response to a ProDUR Reason for Service or the result of a pharmacist’s professional service (NCPDP Field # 441-E6).

Valid DUR Result of Services Codes for the Kentucky Medicaid program includes the following:

- 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
- 3C discontinued
- 3D regimen changed
- 3E therapy changed

NCPDP	Message
E6	M/I DUR Outcome/Result of Service Code

## 6.0 Provider Reimbursement

### 6.1 Provider Payment Algorithms

- The provider is paid at the lesser of (as of 10/01/2011)
  - ☐ Branded Drugs: WAC + 2% (plus dispensing fee); **OR**
  - ☐ Generic Drugs: WAC + 3.2 % (plus dispensing fee); **OR**
  - ☐ FUL + dispense fee; **OR**
  - ☐ MAC + dispense fee; **OR**
  - ☐ Usual & Customary (U & C)
- Dispensing fees will remain unchanged:
  - ☐ Branded drugs: \$4.50
  - ☐ Generic drugs: \$5.00
- If a non-preferred product is submitted and the claim pays at MAC or FUL, providers can submit a DAW Code of “1” to override MAC and/or FUL once a prior authorization request is submitted and approved.

#### **340b**

- Providers should submit acquisition costs as U/C. Standard Payment Algorithm used.

#### **Unit Dose Repackaging**

- Providers will be reimbursed \$0.02 cents per unit for repackaging products into unit dose packaging. Providers are eligible for this fee for solid-dosage forms only for those products not packaged as unit dose by the manufacturer. Providers should indicate pharmacy repackaging by entering a SPECIAL PACKAGING INDICATOR (NCPDP Field # 429-DT) = “03” and the appropriate amount in the INCENTIVE AMOUNT SUBMITTED field (NCPDP Field # 438-E3). The cap is \$25.00 per Rx.

#### **Return to Stock (RTS)**

- Providers must return to stock any unused portion of unit dose packaged medications. In order to process the return accurately, providers should either:
  - ☐ Submit a Re-bill (B3 transaction) with the actual quantity dispensed, **OR**
  - ☐ Reverse the original claim (B2 transaction) and submit a new claim (B1 transaction) with the actual quantity dispensed.
- Providers will be entitled to the full dispense fee on RTS claims.
- Providers will be entitled to the unit dose/repackaging fee only for the actual quantity dispensed on RTS claims.

- When a provider needs to return all of the medications to stock, to retain the dispense fees, the provider should submit the claim with a value of “.001” as the quantity.

## 7.0 Remittance Advices

For inquiries related to remittance advices, please e-mail requests to *HTune@magellanhealth.com* or contact Provider Operations at 1-804-965-7619.

**The forms that are required to receive an electronic remittance advice (835) are located at <https://kentucky.magellanmedicaid.com/Providers/Remittance.asp>.**

## 8.0 Tamper-Resistant Prescription Pad Requirements

On October 1, 2008, the second phase of the Centers for Medicare & Medicaid Services (CMS) tamper-resistant prescription law took effect and requires that all handwritten and/or computer generated (by an EMR or ePrescribing application) printed prescriptions for fee-for-service (FFS) Medicaid patients be fully compliant with federal and/or state guidance for prescription tamper resistance.

### 8.1 CMS Requirements

Currently, a handwritten or computer-generated prescription must contain a feature with in all three of the following characteristic categories to be compliant:

- Copy Resistance: One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription form.
- Erasure/Modification Resistance: One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- Counterfeit Resistance: One ore more industry-recognized features designed to prevent the use of counterfeit prescription forms.

For more information regarding the tamper-resistant prescription pad requirements, please refer to *Pharmacy Provider Notice #061A – Tamper-Resistant Prescription Pad Update* located at <https://kentucky.magellanmedicaid.com/Providers/Bulletins.asp>.

## 9.0 Appendix A – Universal Claim Form

### Universal Claim Form

The UCF will be required for all paper claims. UCFs can be obtained from CommuniForm at 1-800-869-6508.

### How to Complete 5.1 UCF Form

1. Fill in all applicable areas on the form.
2. Verify patient information is correct and that patient named is eligible for benefits.
3. The medication being billed must match what is being/was dispensed.
4. Each area is numbered. Fill each area using the following codes:

### Definitions/Values

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
1	Cardholder ID	Kentucky Medicaid ID Number <patient specific>	302-C2
2	Group ID	KYMEDICAID	301-C1
3	Cardholder Last Name		313-CD
4	Cardholder First Name		312-CC
5	Plan Name	Kentucky Medicaid	600-96
6	BIN Number	011529	101-A1
7	Processor Control Number	P022011529	104-A4
8	Patient Last Name	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required when the patient has a last name.</li> <li>▪ Payer Requirement: Required for patient name validation</li> </ul>	311-CB
9	Patient First Name	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required when the patient has a first name.</li> <li>▪ Payer Requirement: Required for patient name validation</li> </ul>	310-CA
10	Person Code		303-C3
11	Date of Birth		304-C4
12	Gender Code	<ul style="list-style-type: none"> <li>▪ Ø = Not Specified</li> <li>▪ 1 = Male</li> <li>▪ 2 = Female</li> </ul>	305-C5
13	Patient Relationship Code		306-C6



UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
14	Document Control number		682
15	Service Provider ID	NPI	201-B1
16	Service Provider ID Qualifier	01 – NPI	202-B2
17	Pharmacy Name		833-5P
18	Pharmacy Telephone Number		834-5Q
19	Pharmacy Address		829-5L
20	Pharmacy Location City		831-5N
21	Pharmacy Location State		832-6F
22	Pharmacy ZIP Code		835-5R
23	Signature		N/A
24	Signature Date		N/A
25	Prescriber ID	NPI	411-DB
26	Prescriber ID Qualifier	01 = NPI	466-EZ
27	Prescriber Last Name		427-DR
28	Provider ID	NPI	444-E9
29	Provider ID Qualifier	01 = NPI	465-EY
30	Prescription/Service Reference Number		402-D2
31	Prescription/Service Reference Number Qualifier	1 = Rx Billing	455-EM
32	Fill Number	0 = Original dispensing 1-99 = Refill number – Number of the replenishment	403-D3
33	Date Prescription Written		414-DE
34	Date of Service	Format = CCYYMMDD	401-D1
35	Submission Clarification Code	<ul style="list-style-type: none"> <li>▪ 1 = No Override</li> <li>▪ 2 = Other Override</li> <li>▪ 3 = Vacation Supply</li> <li>▪ 4 = Lost Prescription</li> <li>▪ 5 = Therapy Change</li> <li>▪ 6 = Starter Dose</li> <li>▪ 7 = Medically Necessary</li> <li>▪ 8 = Process Compound For Approved</li> </ul>	420-DK

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
		Ingredients <ul style="list-style-type: none"> <li>9 = Encounters</li> <li>10 = Meets Plan Limitations</li> <li>11 = Certification on File</li> <li>12 = DME Replacement Indicator</li> <li>13 = Payer-Recognized Emergency/Disaster Assistance Request</li> <li>14 = Long-Term Care Leave of Absence</li> <li>15 = Long-Term Care Replacement Medication</li> <li>16 = Long-Term Care Emergency box (kit) or automated dispensing machine</li> <li>17 = Long-Term Care Emergency supply remainder</li> <li>18 = Long-Term Care Patient Admit/Readmit Indicator</li> <li>19 = Split Billing</li> <li>20 = 340B</li> <li>99 = Other</li> </ul>	
36	Prescription Origin Code	<ul style="list-style-type: none"> <li>1 = Written</li> <li>2 = Telephone</li> <li>3 = Electronic</li> <li>4 = Facsimile</li> <li>5 = Pharmacy</li> </ul>	419-DJ
37	Product/Service ID	<ul style="list-style-type: none"> <li>NDC for non-compound claims</li> <li>"0" for compound claims</li> </ul>	407-D7
38	Product/Service ID Qualifier	<ul style="list-style-type: none"> <li>03 = National Drug Code (NDC)</li> <li>00 = Not Specified</li> </ul>	436-E1
39	Product Description		601-20
40	Quantity Dispensed	Metric Decimal Quantity	442-E7
41	Days Supply		405-D5
42	Dispense as Written (DAW)/Product Selection Code	<ul style="list-style-type: none"> <li>0 = No Product Selection Indicated</li> <li>1 = Substitution Not Allowed by Prescriber</li> <li>2 = Substitution Allowed-Patient Requested Product Dispensed</li> <li>3 = Substitution Allowed-Pharmacist Selected Product Dispensed</li> <li>4 = Substitution Allowed-Generic Drug Not in Stock</li> <li>5 = Substitution Allowed-Brand Drug Dispensed as a Generic</li> </ul>	408-D8

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
		<ul style="list-style-type: none"> <li>6 = Override</li> <li>7 = Substitution Not Allowed-Brand Drug Mandated by Law</li> <li>8 = Substitution Allowed-Generic Drug Not Available in Marketplace</li> <li>9 = Substitution Allowed By Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product To Be Dispensed</li> </ul>	
43	Prior Authorization Number Submitted	<ul style="list-style-type: none"> <li>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</li> <li>Payer Requirement: Same as Imp Guide</li> </ul>	462-EV
44	Prior Authorization Type Code	<ul style="list-style-type: none"> <li>Ø = Not Specified</li> <li>1 = Prior Authorization</li> <li>2 = Medical Certification</li> <li>3 = EPSDT (Early Periodic Screening Diagnosis Treatment)</li> <li>4 = Exemption from Co-pay and/or Coinsurance</li> <li>5 = Exemption from Rx</li> <li>6 = Family Planning Indicator</li> <li>7 = TANF (Temporary Assistance for Needy Families)</li> <li>8 = Payer Defined Exemption</li> <li>9 = Emergency Preparedness</li> </ul>	461-EU
45	Other Coverage Code	<ul style="list-style-type: none"> <li>Ø = Not Specified by patient</li> <li>2 = Other coverage exists-payment collected</li> <li>3 = Other Coverage Billed – claim not covered</li> <li>4 = Other coverage exists-payment not collected</li> </ul>	3Ø8-C8
46	Delay Reason Code	<ul style="list-style-type: none"> <li>1 = Proof of eligibility unknown or unavailable</li> <li>2 = Litigation</li> <li>3 = Authorization delays</li> <li>4 = Delay in certifying provider</li> <li>5 = Delay in supplying billing forms</li> <li>6 = Delay in delivery of custom-made appliances</li> <li>7 = Third-party processing delay</li> <li>8 = Delay in eligibility determination</li> </ul>	357-NV

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
		<ul style="list-style-type: none"> <li>9 = Original claims rejected or denied due to a reason unrelated to the billing limitation rules</li> <li>10 = Administration delay in the prior approval process</li> <li>11 = Other</li> <li>12 = Received late with no exceptions</li> <li>13 = Substantial damage by fire, etc., to provider records</li> <li>14 = Theft, sabotage/other willful acts by employee</li> </ul>	
47	Level of Service	<ul style="list-style-type: none"> <li>0 = Not Specified</li> <li>1 = Patient consultation</li> <li>2 = Home delivery</li> <li>3 = Emergency</li> <li>4 = 24-hour service</li> <li>5 = Patient consultation regarding generic product selection</li> <li>6 = In-Home Service</li> </ul>	418-DI
48	Place of Service		307-C7
49	Diagnosis Code		424-DO
50	Diagnosis Code Qualifier	01 = ICD9	492-WE
51	Reason for Service Code	<ul style="list-style-type: none"> <li>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</li> <li>Required if this field affects payment for or documentation of professional pharmacy service</li> <li>Payer Requirement: Required when needed to communicate DUR information (Ingredient Duplication [ID] Drug-Drug [DD]). See <i>Section 4.0 – Prospective Drug Utilization Review (ProDUR)</i>.</li> </ul>	439-E4
52	Professional Service Code	<ul style="list-style-type: none"> <li>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</li> <li>Required if this field affects payment for or documentation of professional pharmacy service.</li> </ul>	440-E5

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
		<ul style="list-style-type: none"> <li>Payer Requirement: Required when needed to communicate DUR information. See ProDUR Section in Provider Billing Manual.</li> </ul>	
53	Result of Service Code	<ul style="list-style-type: none"> <li>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</li> <li>Required if this field affects payment for or documentation of professional pharmacy service.</li> <li>Payer Requirement: Required when needed to communicate DUR information. See ProDUR Section in Provider Billing Manual.</li> </ul>	441-E6
54	Level of Effort	<ul style="list-style-type: none"> <li>Imp Guide: Required if this field is needed to report drug utilization review outcome.</li> <li>Payer Requirement: Same as Imp Guide</li> </ul>	474-8E
55	Procedure Modifier Code		459-ER
56	Other Payer ID (#1)	<ul style="list-style-type: none"> <li>Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.</li> <li>Payer Requirement: Same as Imp Guide.</li> </ul>	340-7C
57	Other Payer ID Qualifier (#1)	<ul style="list-style-type: none"> <li>01 = National Payer ID</li> <li>02 = Health Industry Number (HIN)</li> <li>03 = Bank Information Number (BIN) Card Issuer ID</li> <li>04 = National Association of Insurance Commissioners (NAIC)</li> <li>05 = Medicare Carrier Number</li> <li>09 = Coupon</li> <li>99 = Other</li> </ul>	339-6C
58	Other Payer Date (#1)	<ul style="list-style-type: none"> <li>Imp Guide: Other payer date is necessary for claim/encounter adjudication.</li> <li>Payer Requirement: Same as Imp Guide</li> </ul>	443-E8
59	Other Payer Rejects (#1)	<ul style="list-style-type: none"> <li>Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (Field # 308-C8) = 3 (Other Coverage Billed – claim not covered).</li> <li>Payer Requirement: Same as Imp Guide.</li> </ul>	472-6E

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
60	Other Payer ID (#2)	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	340-7C
61	Other Payer ID Qualifier (#2)		339-6C
62	Other Payer Date (#2)		443-E8
63	Other Payer Rejects (#2)		472-6E
64	Compound Dosage Form Description Code	<ul style="list-style-type: none"> <li>▪ Blank = Not Specified</li> <li>▪ Ø1 = Capsule</li> <li>▪ Ø2 = Ointment</li> <li>▪ Ø3 = Cream</li> <li>▪ Ø4 = Suppository</li> <li>▪ Ø5 = Powder</li> <li>▪ Ø6 = Emulsion</li> <li>▪ Ø7 = Liquid</li> <li>▪ 1Ø = Tablet</li> <li>▪ 11 = Solution</li> <li>▪ 12 = Suspension</li> <li>▪ 13 = Lotion</li> <li>▪ 14 = Shampoo</li> <li>▪ 15 = Elixir</li> <li>▪ 16 = Syrup</li> <li>▪ 17 = Lozenge</li> <li>▪ 18 = Enema</li> </ul>	45Ø-EF
65	Compound Dispensing Unit Form Indicator	<ul style="list-style-type: none"> <li>▪ 1 = Each</li> <li>▪ 2 = Grams</li> <li>▪ 3 = Milliliters</li> </ul>	451-EG
66	Route of Administration	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if specified in trading partner agreement.</li> <li>▪ Payer Requirement: Required when submitting compounds.</li> </ul>	995-E2
67	Compound Ingredient Component Count	Maximum 25 ingredients	447-EC
68	Compound Ingredient Product Name		689
69	Compound Product ID		489-TE
70	Compound Product ID Qualifier	Ø3 = National Drug Code (NDC) – Formatted 11 digits (N)	488-RE


UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
71	Compound Ingredient Quantity	Amount expressed in metric decimal units of the product included in the compound.	448-ED
72	Compound Ingredient Drug Cost	Ingredient Cost for the metric decimal quantity of that product included in the compound.	449-EE
73	Compound Ingredient Basis of Cost Determination	<ul style="list-style-type: none"> <li>▪ ØØ = Default</li> <li>▪ Ø1 = AWP</li> <li>▪ Ø2 = Local Wholesaler</li> <li>▪ Ø3 = Direct</li> <li>▪ Ø4 = EAC (Estimated Acquisition Cost)</li> <li>▪ Ø5 = Acquisition</li> <li>▪ Ø6 = MAC (Maximum Allowable Cost)</li> <li>▪ Ø7 = Usual &amp; Customary</li> <li>▪ Ø8 = 34ØB/Disproportionate Share Pricing</li> <li>▪ Ø9 = Other</li> <li>▪ 1Ø = ASP (Average Sales Price)</li> <li>▪ 11 = AMP (Average Manufacturer Price)</li> <li>▪ 12 = WAC (Wholesale Acquisition Cost)</li> <li>▪ 13 = Special Patient Pricing</li> </ul>	49Ø-UE
74	Usual and Customary Charge	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if needed per trading partner agreement.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	426-DQ
75	Basis of Cost Determination	<ul style="list-style-type: none"> <li>▪ ØØ = Default</li> <li>▪ Ø1 = AWP</li> <li>▪ Ø2 = Local Wholesaler</li> <li>▪ Ø3 = Direct</li> <li>▪ Ø4 = EAC</li> <li>▪ Ø5 = Acquisition</li> <li>▪ Ø6 = MAC</li> <li>▪ Ø7 = Usual &amp; Customary</li> <li>▪ Ø8 = 34ØB/Disproportionate Share Pricing</li> <li>▪ Ø9 = Other</li> <li>▪ 1Ø = ASP</li> <li>▪ 11 = AMP</li> <li>▪ 12 = WAC</li> <li>▪ 13 = Special Patient Pricing</li> </ul>	423-DN
76	Ingredient Cost Submitted		4Ø9-D9
77	Dispensing Fee Submitted	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if its value has an effect on the Gross Amount Due (Field # 43Ø-DU) calculation.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	412-DC

UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
78	Professional Service Fee Submitted		477-BE
79	Incentive Amount Submitted	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if its value has an effect on the Gross Amount Due (Field # 430-DU) calculation.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	438-E3
80	Other Amount Claimed Submitted	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if its value has an effect on the Gross Amount Due (Field # 430-DU) calculation.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	480-H9
81	Sales Tax Submitted		481-HA and 482-GE
82	Gross Amount Due (Submitted)		430-DU
83	Patient Paid Amount Submitted		433-DX
84	Other Payer Amount Paid (#1)	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if other payer has approved payment for some/all of the billing.</li> <li>▪ Not used for patient financial responsibility only billing.</li> <li>▪ Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (Field # 352-NQ) is submitted.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	431-DV
85	Other Payer Amount Paid (#2)	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if other payer has approved payment for some/all of the billing.</li> <li>▪ Not used for patient financial responsibility only billing.</li> <li>▪ Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (Field # 352-NQ) is submitted.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	431-DV



UCF Field Number	NCPDP Field Name	Values	NCPDP Field Number
86	Other Payer-Patient Responsibility Amount (#1)	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if necessary for patient financial responsibility only billing.</li> <li>▪ Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (Field # 431-DV) is submitted.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	352-NQ
87	Other Payer-Patient Responsibility Amount (#2)	<ul style="list-style-type: none"> <li>▪ Imp Guide: Required if necessary for patient financial responsibility only billing.</li> <li>▪ Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (Field # 431-DV) is submitted.</li> <li>▪ Payer Requirement: Same as Imp Guide.</li> </ul>	352-NQ
88	Net Amount Due		684

## 9.1 Universal Claim Form – Sample

<b>I N S U R A N C E</b>	1-ID: _____ 2-Group ID: _____		3-Last: _____ 4-First: _____		5-Plan Name: _____		6-BIN Number: _____ 7-Processor Control Number: _____		 <b>UNIVERSAL CLAIM FORM (UCF)</b> Version 1.1 – 05/2009 © 2008-2009, 2010. All rights reserved.	
	8-Last: _____ 9-First: _____ 10-Person Code: _____		11-D.O.B: _____ mm dd cyyy		12-Gender: _____		13-Relationship: _____		FOR OFFICE USE ONLY 14 (Document Control Number)	
<b>P A T I E N T</b>	15-Service Provider ID: _____		16-Qualifier: _____		17-Name: _____		18-Tel #: _____		SIGNATURE OF PROVIDER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 23-(Signed) _____ 24-(Date) _____	
	19-Address: _____		20-City: _____		21-State: _____		22-Zip: _____		<b>ATTENTION PROVIDER!</b> PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE	
<b>P H A R M A C Y</b>	25-ID: _____		26-Qualifier: _____		27-Last Name: _____		28-ID: _____		29-Qualifier: _____	
	30-Prescription/Service Ref. #		31-Qual	32-Fill #	33-Date Written mm dd cyyy	34-Date Of Service mm dd cyyy	35-Submission Clarification	36-Prescription Origin		
<b>C L A I M</b>	37-Product/Service ID		38-Qual	39-Product Description			40-Quantity Dispensed	41-Days/42-DAW Supply Code		
	43-Prior Auth # Submitted		44-PA Type	45-Other Coverage	46-Delay Reason	47-Level Of Service	48-Place Of Service			
	49-Diagnosis Code		50-Qual	DUR / PPS CODES 51-Reason/52-Service/53-Result		54-Level of Effort	55-Procedure Modifier			
	56-Other Payer ID		57-Qual	58-Other Payer Date mm dd cyyy	59-Other Payer Rejects	60-Other Payer ID	61-Qual	62-Other Payer Date mm dd cyyy	63-Other Payer Rejects	
<b>C O B</b>	64-Dosage Form Description Code		65-Dispensing Unit Form Indicator		66-Route of Administration		67-Ingredient Component Count			
	68-Product Name		69-Product ID		70-Qual	71-Ingredient Qty	72-Ingredient Drug Cost	73-Basis of Cost		
<b>C O M P O U N D</b>	1									
	2									
	3									
	4									
	5									
	6									
	<b>Pricing (Format (1,234.56))</b>									
	74-Usual & Customary Charge	75-Basis of Cost Det.	76-Ingredient Cost Submitted	77-Dispensing Fee Submitted	78-Prof Service Fee Submitted	79-Incentive Amount Submitted	80-Other Amount Submitted	81-Sales Tax Submitted		
82-Gross Amount Due (Submitted)		83-Patient Paid Amount	84-Other Payer Amount Paid #1	85-Other Payer Amount Paid #2	86-Other Payer Patient Resp. Amount #1	87-Other Payer Patient Resp. Amount #2	88-Net Amount Due			

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## Universal Claim Form (Reverse)

The provider agrees to the following:

- Certifies that required beneficiary signatures, or legally authorized signatures of beneficiaries, are on file;
- That the submitted claim is accurate, complete, and truthful; and
- That it will research and correct claim discrepancies.

For more instructions on this form, see the NCPDP Manual Claim Forms Reference Implementation Guide available at [www.ncdp.org/CostsList](http://www.ncdp.org/CostsList)

For fields not listed below, or more values which may be available, see the NCPDP Manual Claim Forms Reference Implementation Guide or the NCPDP External Code List.

<b>12 - Patient Gender Code</b> "0" - Not Specified "1" - Male "2" - Female  <b>13 - Patient Relationship Code</b> "0" - Not Specified "1" - Careholder "2" - Spouse "3" - Child "4" - Other  <b>16 - Service Provider ID Qualifier</b> "blank" - Not Specified "01" - NPI "06" - Medicaid "07" - NCPDP "99" - Other  <b>26 - Prescriber ID Qualifier</b> "01" - NPI "06" - State License "12" - DEA "99" - Other  <b>29 - Provider ID Qualifier</b> "01" - DEA "02" - State License "03" - Social Security Number "04" - Name "05" - NPI "06" - HIN "07" - State Issued "99" - Other  <b>31 - Prescription/Service Reference # Qualifier</b> "1" - Rx Billing "2" - Service Billing  <b>35 - Submission Clarification Code</b> "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" - Encouraged "10" - Meets Plan Limitations "11" - Certification on File "12" - DME Replacement Indicator "13" - Payer-Recognized Emergency/Disaster Assistance Request "14" - Long Term Care Leave of Absence "15" - Long Term Care Replacement Medication "16" - Long Term Care Emergency Box or Automated Dispensing Machine	<b>35 - Submission Clarification Code (Continued)</b> "17" - Long Term Care Emergency Supply Remainder "18" - Long Term Care Patient Admit / Readmit Indicator "19" - Split Billing "99" - Other  <b>36 - Prescription Origin Code</b> "0" - Not Known "1" - Written "2" - Telephone "3" - Electronic "4" - Facsimile "5" - Pharmacy  <b>38 &amp; 70 - Product/Service ID Qualifier</b> "00" - Not Specified "01" - UPC "02" - HRI "03" - NDC "04" - HIBCC "05" - DUR/PPS "07" - CPT4 "08" - CPT6 "09" - HCPCS "10" - PPAC "11" - NAPP "12" - GTIN "15" - GCN "28" - FDB Med Name ID "30" - FDB Routed Med ID "90" - FDB Routed Dosage Form Med ID  <b>42 - Dispense as Written (DAW) / Product Selection</b> "0" - No Product Selection Indicated "1" - Substitution Not Allowed by Prescriber "2" - Substitution Allowed - Patient Requested Product Dispensed "3" - Substitution Allowed - Pharmacist Selected Product Dispensed "4" - Substitution Allowed - Generic Drug Not In Stock "5" - Substitution Allowed - Brand Drug Dispensed as a Generic "6" - Override "7" - Substitution Not Allowed - Brand Drug Mandated by Law "8" - Substitution Allowed - Generic Drug not Available in Marketplace "9" - Substitution Allowed by Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product to be Dispensed	<b>44 - Prior Authorization Type Code</b> "0" - Not Specified "1" - Prior Authorization "2" - Medical Certification "3" - EPSDT "4" - Exemption from Copey and/or Coinsurance "5" - Exemption from Rx "6" - Family Planning Indicator "7" - TANF (Temporary Assistance for Needy Families) "8" - Payer Defined Exemption "9" - Emergency Preparedness  <b>45 - Other Coverage Code</b> "0" - Not Specified by patient "1" - No Other Coverage "2" - Other Coverage Exists - Payment Collected "3" - Other Coverage Billed - Claim Not Covered "4" - Other Coverage Exists - Payment Not Collected "5" - Claim is billing for patient financial responsibility only  <b>46 - Delay Reason Code</b> "1" - Proof of eligibility unknown or unavailable "2" - Litigation "3" - Authorization delays "4" - Delay in certifying provider "5" - Delay in supplying billing forms "6" - Delay in delivery of custom-made appliances "7" - Third party processing delay "8" - Delay in eligibility determination "9" - Original claims rejected or denied due to a reason unrelated to the billing limitation rules "10" - Administration delay in the prior approval process "11" - Other "12" - Received late with no exceptions "13" - Substantial damage by fire, etc to provider records "14" - Theft, sabotage/other willful acts by employee  <b>47 - Level of Service</b> "0" - Not Specified "1" - Patient Consultation "2" - Home delivery "3" - Emergency "4" - 24 hour Service "5" - Patient consultation regarding generic product selection "9" - In-Home service	<b>48 - Piece of Service (For values refer to NCPDP Reference Guide or current External Code List)</b>  <b>50 - Diagnosis Code Qualifier</b> "00" - Not Specified "01" - ICD9 "02" - ICD10 "03" - NCCI "04" - SNOMED "05" - CDT "06" - Med-Span Product Line Diagnosis Code "07" - DSM IV "08" - First DataBank Disease Code (FDBDQ) "09" - First DataBank FML Disease Identifier (FDB DId) "99" - Other  <b>51 - Reason for Service &amp; 52 - Professional Service Code &amp; 53 - Result of Service Code (For values refer to NCPDP Reference Guide or current External Code List)</b>  <b>54 - DUR/PPS Level of Effort</b> "0" - Not Specified "1" - Level 1 (Lowest) "2" - Level 2 "3" - Level 3 "4" - Level 4 "5" - Level 5 (Highest)  <b>55 - Procedure Modifier Code (For values Centers for Medicare &amp; Medicaid Service 7800 Security Blvd, Baltimore, MD 21244)</b>  <b>57 - Other Payer ID Qualifier &amp; 61 - National Payer ID</b> "00" - HIN "01" - NAC "06" - Medicare Carrier Number "99" - Other  <b>59 - Other Payer Reject Codes &amp; 63 - NCPDP External Code List</b>  <b>60 - Route of Administration Systemized Nomenclature of Medicine Clinical Terms® (SNOMED CT) SNOMED CT® terminology which is available from the College of American Pathologists, Northfield, IL: <a href="http://www.snomed.org">http://www.snomed.org</a></b>  <b>73 - Compound Basis of Cost Determination &amp; 75 - Basis of Cost Determination (For values refer to NCPDP Reference Guide or current External Code List)</b>
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Version 1.1

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This is a visual sample; the fields are in the correct order, but it is not an exact presentation of the form layout.

## 10.0 Appendix B – Payer Specifications

Please see [MMA Docs](#) for the most current Kentucky Payer Specification.