

# UTAH MEDICAID NCPDP VERSION D.Ø PAYER SHEET

## *MEDICATION THERAPY MANAGEMENT CLAIM BILLING/CLAIM REBILL*

**\*\* Start of Request MEDICATION THERAPY MANAGEMENT CLAIM BILLING/CLAIM REBILL (B1/B3) Payer Sheet \*\***

### GENERAL INFORMATION

Payer Name: Utah Department of Health		Date: May 15, 2023
Plan Name/Group Name: Utah Medicaid		BIN: 015855      PCN:UTPOP
Processor: Goold Health Systems (GHS)		
Effective as of: May 15, 2023		NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP Data Dictionary Version Date: July 2007		NCPDP External Code List Version Date: July 2013
Contact/Information Source: Bureau of Healthcare Policy and Authorization		
Certification Testing Window:		
Certification Contact Information: 877-553-8455 POS Tech Support		
Provider Relations Help Desk Info: 1-800-662-9651 or 1-801-538-6155		
Other versions supported: NCPDP Telecommunications Standard v5.1 until 03/28/2012		

### OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal

### FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

## CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

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

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	015855	M	BIN for Utah Medicaid
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	B1 - Claim Billing B3 - Claim Rebill
1Ø4-A4	PROCESSOR CONTROL NUMBER	UTPOP	M	
1Ø9-A9	TRANSACTION COUNT	Ø1-Ø4	M	Ø1=One Occurrence Ø2=Two Occurrences Ø3=Three Occurrences Ø4= Four Occurrences

Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	SERVICE PROVIDER ID QUALIFIER	01=National Provider Identifier (NPI)	M	Only the NPI is supported
201-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	No other values required

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

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

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

Patient Segment Segment Identification (111-AM) = "01"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	Must Match DOB in Recipient File
310-CA	PATIENT FIRST NAME		RW	Payer Requirement: First 5 characters must match to Recipient File
311-CB	PATIENT LAST NAME		R	Payer Requirement: First 5 characters must match to Recipient File

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1=Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø7=CPT Code	M	<i>Imp Guide:</i> Code indicating that the following data is a CPT® code.
4Ø7-D7	PRODUCT/SERVICE ID	996Ø5=New Patient 996Ø6=Established Patient 996Ø7=Additional time	M	<i>Imp Guide:</i> Code indicating service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention.  996Ø5 - New Patient, initial 15 minutes.  996Ø6 - Established Patient, initial 15 minutes.  996Ø7 - Each additional 15 minutes beyond the initial 15 minutes.  <i>Payer Requirement:</i> 5-character alpha numeric.
442-E7	QUANTITY DISPENSED	Up to 1 for 996Ø5 or 996Ø7 Up to 3 for 996Ø7	R	
4Ø5-D5	DAYS SUPPLY	1 for MTM claims	R	
4Ø6-D6	COMPOUND CODE	1=Not a Compound for MTM claims	R	
414-DE	DATE PRESCRIPTION WRITTEN	Date of Service should be populated in this field	R	

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

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1=National Provider Identifier	RW	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used.  <i>Payer Requirement:</i> Field should always be sent
411-DB	PRESCRIBER ID	Pharmacy National Provider ID	RW	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility.  Required if necessary for state/federal/regulatory agency programs.  <i>Payer Requirement:</i> NPI of pharmacy is required.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required if DUR information needs to be sent

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 1 occurrence	RW	<i>Imp Guide:</i> Required if DUR/PPS Segment is used.  <i>Payer Requirement:</i> Same as Imp. Guide
439-E4	REASON FOR SERVICE CODE	Must be a valid NCPDP code	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.  Required if this field affects payment for or documentation of professional pharmacy service.  <i>Payer Requirement:</i> Same as Imp. Guide
44Ø-E5	PROFESSIONAL SERVICE CODE	AS=Patient Assessment MR=Medication review PE=Patient Education	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.  Required if this field affects payment for or documentation of professional pharmacy service.  <i>Payer Requirement:</i> Same as Imp. Guide
441-E6	RESULT OF SERVICE CODE	3H=Follow-Up/Report 3J=Patient Referral 3K=Instructions Understood	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.  Required if this field affects payment for or documentation of professional pharmacy service.  3H=Follow-Up/Report - Code indicating that additional follow through by the pharmacist is required.  3J=Patient Referral - Code indicating the referral of a patient to another health care provider following evaluation by the pharmacist.  3K=Instructions Understood - Indicator used to convey that the patient affirmed understanding of the instructions provided by the pharmacist regarding the use and handling of the medication dispensed.  <i>Payer Requirement:</i> Same as Imp. Guide