

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: December 21, 2023
Plan Name/Group Name: Utah Medicaid		BIN: 015855 PCN:UTPOP
Processor: Goold Health Systems (GHS)		
Effective as of: December 21, 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	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

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

CLAIM BILLING/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 If Situational, Payer Situation
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 NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
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