# MISSISSIPPI MEDICAID FEE FOR SERVICE

## GENERAL INFORMATION

| | | |
|---|---|---|
| Payer Name: Mississippi Division of Medicaid | Date: August, 2013 | |
| Plan Name/Group Name: MS Medicaid Fee For Service | BIN: 610084 | PCN: DRMSPROD |
| Plan Name/Group Name: MS Medicaid Fee For Service (test) | BIN: 610084 | PCN: DRMSTEST |
| Processor: Xerox State Healthcare, LLC | | |
| Effective as of: 08/15/2013 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: October, 2007 | NCPDP External Code List Version Date: March, 2010 | |
| Contact/Information Source: Website: http://www.medicaid.ms.gov/Pharmacy.aspx Xerox Provider and Beneficiary Services: 8ØØ-884-3222 | | |
| Certification Testing Window: Certification is not required | | |
| Certification Contact Information: N/A | | |
| Provider Relations Help Desk Info: Xerox Provider and Beneficiary Services 8ØØ-884-3222 | | |
| Other versions supported: N/A | | |

## OTHER TRANSACTIONS SUPPORTED

| Transaction Code | Transaction Name |
|---|---|
| B1 | Billing |
| B3 | Rebilling |
| B2 | 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.**

## 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 |
|---|---|---|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | X | |

| | Transaction Header Segment | | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | 610084 | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | D.Ø | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1 = Billing<br>B2 = Reversals<br>B3 = ReBill | M | Billing, Reversal, Rebill |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | DRMSPROD = Production<br>DRMSTEST = D.Ø test | M | |
| 1Ø9-A9 | TRANSACTION COUNT | 1 = One Occurrence<br>2 = Two Occurrences<br>3 = Three Occurrences<br>4 = Four Occurrences | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 – National Provider Identifier | M | NPI mandated Ø2/Ø1/2ØØ8 |
| 2Ø1-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | NPI mandated Ø2/Ø1/2ØØ8 |
| 4Ø1-D1 | DATE OF SERVICE | CCYYMMDD | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | ØØØØØØØØØØ | M | Populate with zeros |

| Insurance Segment Questions | Check | Claim Billing/Claim Rebill | |
|---|---|---|---|
| This Segment is always sent | X | | |

| | Insurance Segment<br>Segment Identification (111-AM) = "Ø4" | | | Claim Billing/Claim Rebill | |
|---|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation | |
| 3Ø2-C2 | CARDHOLDER ID | 9 digit Medicaid ID number | M | | |
| 3Ø1-C1 | GROUP ID | SIPPI | R | | |
| 3Ø3-C3 | PERSON CODE | 001 = Cardholder | R | | |

| Patient Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |

| | Patient Segment<br>Segment Identification (111-AM) = "Ø1" | | | Claim Billing/Claim Rebill | |
|---|---|---|---|---|---|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation | |
| 3Ø4-C4 | DATE OF BIRTH | CCYYMMDD | R | | |
| 310-CA | PATIENT FIRST NAME | Up to 12 characters | R | | |
| 311-CB | PATIENT LAST NAME | Up to 15 characters | R | | |
| 3Ø5-C5 | PATIENT GENDER CODE | Ø=Not specified<br>1=Male<br>2=Female | R | | |
| 335-2C | PREGNANCY INDICATOR | Blank=Not Specified<br>1=Not pregnant<br>2=Pregnant | RW | Required if pregnant | |

| Claim Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |
| This payer supports partial fills | | Partial Fills are not allowed. |

| | Claim Segment<br>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 | | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø3 = National Drug Code | M | | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | National Drug Code (NDC) | M | | |
| 442-E7 | QUANTITY DISPENSED | Metric Decimal Quantity | R | | |
| 4Ø3-D3 | FILL NUMBER | Ø = Original Dispensing<br>1-99 = Refill number | R | | |
| 4Ø5-D5 | DAYS SUPPLY | | R | | |
| 4Ø6-D6 | COMPOUND CODE | | RW | *Reserved for future use* | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | Ø=Default, no product selection<br>7=brand mandated by law | RW | Required when submitting a claim for Narrow Therapeutic Index Drugs | |
| 414-DE | DATE PRESCRIPTION WRITTEN | CCYYMMDD | R | | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | R | | |

| | Claim Segment<br>Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | 13=Payer Recognized Emergency | RW | Required during officially declared emergencies when it is necessary to override service limit edits |
| 3Ø8-C8 | OTHER COVERAGE CODE | Ø=Not Specified<br>2=Other coverage exists - payment collected<br>3=Other coverage billed - claim not covered<br>4=Other coverage exists - payment not collected | RW | Required when other coverage exists |
| 418-DI | LEVEL OF SERVICE | 3=Emergency | RW | Required when submitting a claim for a 72-hour Emergency Supply |

| Pricing Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |

| | Pricing Segment<br>Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | | R | This field is required to be submitted in D.0 which is a change from 5.1 |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | Required if necessary as component part of Gross Amount Due |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed. |
| 43Ø-DU | GROSS AMOUNT DUE | | R | This field is required to be submitted in D.0 which is a change from 5.1 |
| 423-DN | BASIS OF COST DETERMINATION | | RW | *Not currently used but reserved for future use.* |

| Prescriber Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |

| | Prescriber Segment<br>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 (NPI) | R | Prescriber NPI is required effective 05/23/2008. |
| 411-DB | PRESCRIBER ID | National Provider Identifier (NPI) | | NPI mandated 05/23/2008 |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing/Claim Rebill If Situational, *Payer Situation* |
|---|---|---|
| This Segment is situational | X | Required only for secondary, tertiary, etc claims. |
| | | |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | Required if Other Payer ID (34Ø-7C) is used. |
| 340-7C | OTHER PAYER ID | 10 Characters | RW | Required when there is payment from another source. Must match what we have on record. |
| 443-E8 | OTHER PAYER DATE | CCYYMMDD | RW | Required when there is payment from another source. |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Preparation Cost 1Ø = Sales Tax | RW (Repeating) | Required when there is payment from another source. All value qualifiers are accepted as payment from the other payer. |
| 431-DV | OTHER PAYER AMOUNT PAID | $$$$$$.cc | RW | Required when there is payment from another source. |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required when DUR is returned on Rejection and pharmacy wishes to submit reason DUR rejection should be overridden. |

| Field # | DUR/PPS Segment<br>Segment Identification (111-AM) = "Ø8" | Value | Payer Usage | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 439-E4 | REASON FOR SERVICE CODE | See attached list of valid values. | RW | Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service. |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | See attached list of valid values | RW | Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered. |
| 441-E6 | RESULT OF SERVICE CODE | See attached list of valid values | RW | Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service. |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | *Not currently used, but reserved for future use.* |

| Field # | Compound Segment<br>Segment Identification (111-AM) = "1Ø" | Value | Payer Usage | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| | NCPDP Field Name | Value | Payer Usage | Payer Situation |

| Clinical Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required when Diagnosis code is necessary for Claim adjudication |

| Field # | Clinical Segment<br>Segment Identification (111-AM) = "13" | Value | Payer Usage | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 491-VE | Diagnosis Code Count | Maximum Count of 5 | RW | Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE | Diagnosis Code Qualifier | 01=ICD9 | RW | Required if Diagnosis Code (424-DO) is used |
| 492-DO | Diagnosis Code | | RW | The value for this field is obtained from the prescriber or authorized representative.<br>Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br>Required if this field affects payment for professional pharmacy service.<br>Required if this information can be used in place of prior authorization.<br>Required if necessary for state/federal/regulatory agency programs. |

CLAIM REVERSAL TRANSACTION (B2)

Claim reversals (B2 Transactions) use the same Transaction Header Segment, Insurance Segment, and Claim Segment as Claim billing (B1) and Claim rebilling (B3) above. Other segments are not supported **for claim reversals.**

# DUR CODES

**Reason for Service Code Values – Field 439-E4**

| ADMINISTRATIVE | DOSING/LIMITS | DRUG CONFLICT | DISEASE MANAGEMENT | PRECAUTIONARY |
|---|---|---|---|---|
| AN – Prescription Authentication | ER – Overuse | AT – Additive Toxicity | AD – Additional Drug Needed | DF – Drug-Food Interaction |
| CH – Call Help Desk | EX – Excessive Quantity | DA – Drug-Allergy | AR – Adverse Drug Reaction | DL – Drug-Lab Conflict |
| MS – Missing Information/Clarification | MX – Excessive Duration | DC – Drug-Disease (inferred) | CS – Patient Complaint/Symptom | DS – Tobacco Use |
| NA – Drug not available | HD – High Dose | DD – Drug-drug interaction | DM – Apparent Drug Misuse | OH – Alcohol conflict |
| NC – Non-covered drug purchase | LD – Low Dose | DI – Drug Incompatibility | ED – Patient Education/Instruction | SE – Side effect |
| NF – Non-formulary drug | LR – Underuse | IC – Iatrogenic condition | ND – New disease/diagnosis | |
| NP – New patient processing | MN – Insufficient Duration | ID – Ingredient duplication | NN – Unnecessary drug | |
| PS – Product selection opportunity | NS – Insufficient Quantity | MC – Drug-disease (reported) | PC – Patient Question/concern | |
| PP – Plan Protocol | SF – Suboptimal dosage form | NR – Lactation/nursing interaction | PN – Prescriber consultation | |
| TP – Payer/processor question | SR – suboptimal regimen | PA – Drug-age | RF – Health Provider referral | |
| | | PG – Drug –pregnancy | SD – Suboptimal Drug/indication | |
| | | PR – Prior adverse reaction | TN – Laboratory test needed | |
| | | SX – Drug-gender | | |
| | | TD – Therapeutic duplication | | |

**Profession Service Code Values – Field 440-E5**

| ADMINISTRATIVE | PATIENT CARE |
|---|---|
| ØØ – No intervention | AS – Patient Assessment |
| FE – Formulary enforcement | CC – Coordination of care |
| GP – Generic product selection | DE – Dosing evaluation/determination |
| PH – Patient medication history | MØ – Prescriber consulted |
| SW – Literature search/review | MA – Medication administration |
| TC – Payer/processor consulted | MR – Medication review |
| TH – Therapeutic product interchange | PØ – Patient consulted |
| | PE – Patient Education/instruction |
| | PF – Patient referral |
| | PM – Patient monitoring |
| | RØ – Pharmacist consulted other source |
| | RT – Recommended laboratory test |
| | SC – Self-care consultation |

**Result of Service Codes – Field 441-E6**

| DISPENSED | NOT DISPENSED | PATIENT CARE |
|---|---|---|
| ØØ – Not specified | 2A – Prescription not filled | 3A – Recommendation accepted |
| 1A – Filled as is, false positive | 2B – Not filled, directions clarified | 3B – Recommendation not accepted |
| 1B – Filled Prescription as is | | 3C – Discontinued drug |
| 1C – Filled, with different dose | | 3D – Regimen changed |
| 1D – Filled, with different directions | | 3E – Therapy changed |
| 1E – Filled, with different drug | | 3F – Therapy changed – cost increase acknowledged |
| 1F – Filled, with different quantity | | 3G – Drug therapy unchanged |
| 1G – Filled, with prescriber approval | | 3H – Follow-up report |
| 1H – Brand-to-generic change | | 3J – Patient referral |
| 1J – Rx to OTC change | | 3M – Compliance aid provided |
| 1K – Filled with different dosage form | | |