

COUNTDOWN to ZERO

D.Ø

A Chronicle of Progress for Implementing HIPAA2 (D.Ø)

Version D.0 FAQs

General vD.0 Claims Processing

1. **Question:** If a pharmacy submits a claim with a fill date prior to 1/1/12 (e.g., fill date of 11/12/11) using v5.1, what version is required to reverse the claim on 1/1/12 and after?

Answer: Every transaction received on or after 1/1/12 must be submitted in version D.0, including paper claims.

Question: If the pharmacy reverses a claim with the same fill date on or after 1/1/12, which version should the pharmacy submit?

Answer: Reversals should be submitted in D.0, regardless of the fill date.

2. **Question:** What segments are allowed on a B2 reversal?

Answer: Header, Insurance (AM04), Claim (AM07), DUR PPS (AM08), Pricing (AM11) and COB (AM05)

Question: What segments are **not** allowed on a B2 reversal?

Answer: Patient (AM01) and Prescriber (AM03).

Question: Will submitting these segments on a reversal result in a rejected submission?

Answer: Yes.

3. **Question:** Will Express Scripts reject a single ingredient claim that is submitted with a Route of Administration (995-E2) value?

Answer: No. A single ingredient claim submitted with a Route of Administration value will not reject.

4. **Question:** Which BINs/PCNs should be used to process former WellPoint/NextRx plan claims?

Answer: Continue to use the BINs shown on the member's card to process WellPoint/NextRx plan claims, or use the Express Scripts BINs. The system integrations are complete.

NOTE: Effective 1/1/2012, Express Scripts has created a new Medicare Part D PCN. The PCN = "MD" for all Medicare Part D plans. All Express Scripts Medicare Part D members, including WellPoint plan members will receive a new ID Card that includes the new PCN.

5. **Question:** If the pharmacy submits a PCN of A4/MD rather than SC for a secondary claim, will Express Scripts reject the claim and return a message to the pharmacy to resubmit using a PCN of SC?

Answer: SC is only used for the TrOOP facilitator to route the Nx transaction appropriately. SC is required only when Part D is secondary. Express Scripts will process secondary claims with either SC or A4/MD.

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6. **Question:** How will the Brand/Generic difference be indicated in the claim response?
Answer: For vD.0 claims, the Brand/Generic difference is no longer included in an additional message. A new field in the pricing segment (577-G3 – Estimated Generic Savings) will contain the Brand/Generic difference value.
7. **Question:** The pharmacy dispensed and administered a vaccine, but is not receiving reimbursement for the vaccine administration. What field values must be included for the pharmacy to receive reimbursement?
Answer: In order to receive payment for administration of the vaccine, the pharmacy must submit a value of MA in the 440-E5 (Professional Service Code) field in the DUR/PPS Segment.
8. **Question:** Will Express Scripts accept a single numeric value in the Patient Residence field?
Answer: The Patient Residence field (384-4X) is a 2-byte alpha-numeric field and requires that 2 characters (i.e., ØØ, Ø3, Ø4) be included on a B1 claim submission.

Coordination of Benefits (COB) Claims Processing

9. **Question:** How do pharmacies reverse a COB claim in vD.0?
Answer: COB claim reversals (B2 transactions) should be submitted in reverse order. For example, the Secondary claim (B2) reversal transaction is sent first followed by the Primary claim (B2) reversal transaction.

Question: What Other Coverage Code (OCC) is sent on COB claim submissions?

Answer: All COB claim submission (B2) reversals must include the OCC code of the original Primary claim.

Compound Claims Processing

10. **Question:** Are two or more ingredients required on a compound claim?
Answer: Yes.
11. **Question:** What rejects will pharmacies receive if the compound claim is not submitted correctly?
Answer: The Compound Segment is mandatory for a compound claim. If not submitted, the claim will reject “8B” (Compound Segment Missing on a Compound Claim). For a compound claim, Field 406-D6 (Claim Segment) must be submitted with a value of 2. If the value is missing or invalid, claim with reject “20” (Missing/Invalid Compound Code). A compound claim will reject “21” (Missing/Invalid Product Service ID) when submitted with less than 2 NDCs.
12. The pharmacy receives an 8M reject – (Sum of Compound Ingredient Costs Does Not Equal Ingredient Cost Submitted) for an incorrect value in the Ingredient Cost Submitted Field (4Ø9-D9). The amounts entered in the 449-EE fields in the Compound Segment must equal the total in the Ingredient Cost Submitted Field (4Ø9-D9) field in the Pricing Segment. See example on next page:

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The pricing of individual ingredients and the full cost of the compound dispensed are calculated by Express Scripts as follows:

10.8460
 61.7100
+ 29.6863
 102.2423 (becomes rounded to \$102.24 in the Claim Segment)

However, when rounding is applied to transmit the values on the claim, this occurs:

10.85
 61.71
+29.69
 102.25

The individual ingredients are defined as S9(06)v99. That means pharmacies can only submit 2 positions past the decimal for each ingredient. Pharmacies will need to make sure they round and add the totals correctly.

Field #	Field Id	NCPDP Name	NCPDP format	ESI Format
449	EE	Compound Ingredient Drug Cost	S9(6)v99	S9(6)v99

13. **Question:** The pharmacy submits a compound claim when the primary NDC is not valid. Will the system continue to check the remaining ingredients?

Answer: No. The pharmacy will receive a Reject “21” (M/I Product Service ID) with a reject field occurrence indicator of “1” indicating a reject for the primary NDC.

For example:

Ingredient

Ingredient 1 (Primary)	Not available in drug file
Ingredient 2	Available in drug file
Ingredient 3	Available in drug file
Ingredient 4	Not available in drug file
Ingredient 5	Not available in drug file

Question: If the primary NDC is valid, will the system continue to check the remaining ingredients?

Answer: Yes. If any of the non-primary NDCs are invalid, the pharmacy will receive a Reject “21” (M/I Product Service ID) with reject field occurrence indicator of ‘4’ and Reject “21” with reject field occurrence indicator of ‘5’.



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For example:

Ingredient

Ingredient 1 (Primary)	Available in drug file
Ingredient 2	Available in drug file
Ingredient 3	Available in drug file
Ingredient 4	Not available in drug file
Ingredient 5	Not available in drug file

- 14. **Question:** What value is Express Scripts expecting in field 995-E2 (Route of Administration) for compound claims?
Answer: Express Scripts only requires that this field does not contain spaces or is not excluded on a compound claim. We are not currently enforcing the SNOMED codes.

- 15. **Question:** What value is Express Scripts expecting in field 423-DN (Basis of Cost Determination) for compound claims?
Answer: Express Scripts only requires that this field does not contain spaces or is not excluded on a compound claim.

- Question:** How will compounds be processed and reimbursed for manual claims?
Answer: The UCF (Universal Claim Form) has been updated to include level of effort for compounds. The UCF must be completed indicating the level of effort in order to receive full reimbursement. If this section is not completed, the pharmacy will only be reimbursed for the drugs and not for their level of effort.