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Attachment 1

Medco Version 5.1 Payer Sheet January 2010
To be used for Non-Medicare Part D patients

Part I – General Information:

Payer Name: Medco (full name: Medco Health Solutions, Inc.)		Date: 04/02/2010
Processor: Medco TelePAID® System	Switch:	
Effective as of: June 01, 2010	Information Source:	
Pharmacy Services Help Desk Number: 1 800 922-1557		

Version 5.1 Transactions supported/not supported:

Supported		Not Supported	
B1	Billing Transaction	B3	Rebill Transaction
B2	Billing Reversal	C1,C2,C3	Controlled Substance Reporting
		N1,N2,N3	Information Reporting
		P1,P2,P3,P4	Prior Authorization Request
		E1	Eligibility Verification

Version 5.1 Billing Transaction Segments Mandatory/Optional/Not Supported:

Mandatory/Optional	Not Supported
Transaction Header & Response	Worker's Compensation
Insurance & Response	Prior Authorization
Patient	Coupon
Claim & Response	Compound
Prescriber	
DUR/PPS & Response	
Pricing & Response	
Clinical	
Response Message & Status	
Coordination of Benefits/Other Payer	
Pharmacy Provider	

Version 5.1 High level summary of changes:

Functionality Changes

Medco will begin editing for accepted values for the Prescription Origin Code field 419-DJ for all incoming claims for new prescriptions (primary and secondary). This change will apply to any claim submitted with the date of service after the effective date of June 1, 2010.

When the field is received with an invalid value, the claim will be rejected with NCPDP Reject Code 33 (M/I Prescription Origin Code).

**For any new prescriptions including transfers, the accepted values are 1, 2, 3, and 4.
For any refill prescriptions, including transfers, the accepted values are 0, 1, 2, 3, 4 and blank/no entry.**

0 is an acceptable value for refills if the pharmacy cannot determine how the physician initially submitted the prescription.

Medco will accept vaccine claim submissions when the vaccine product and vaccine administration are covered benefits. This process will allow for vaccine claims to be submitted for drug and administration fee reimbursement. When submitting a claim for reimbursement, the pharmacy must provide both the ingredient cost in the Ingredient Cost Submitted field and the administration fee in the Incentive Fee Submitted field. In addition to the pricing fields, the Professional Service Code “MA” is required.

The Pharmacy Provider Segment and the supporting fields Provider ID Qualifier and Provider ID have been added. This segment is optional unless specific clients require the segment to be submitted.

NPI, NCPDP, and Medco Pharmacy account numbers will continue to be accepted for the service provider ID unless specific clients require only NPI to be submitted.

The DEA and state license numbers will continue to be accepted for prescribers unless specific clients require only NPI to be submitted.

Partial fills will be supported.

Compounds will be processed using highest price ingredient, compound segment is not utilized.

Claims and reversals may be submitted with up to 4 transactions.

Billing for services will be rejected.

Coordination of Benefits will be supported via the COB segment only. Other coverage codes within the claim segment are all supported with the exception of value 8 – copay billing only.

Patient location values for long term care should be submitted consistent with your contract in the Patient Location field.

Patient location values for home infusion should be submitted consistent with your contract in the Patient Location field.

Part II – Field and Segment Requirements:

The following lists the segments available in a **Billing Transaction and Reversal**. The document also lists Summary Data as defined under Version 5.1. **The Transaction Header Segment is mandatory**; all other segments are identified as mandatory, optional (depending on the data required on the specific claim), and not supported. The Segment Summaries included below list the mandatory data fields as defined by NCPDP as well as any additional fields that we define as mandatory, the accepted code values, and the situations that drive the need for a given field. Shaded fields indicate that further instructions are provided within the Pharmacy Services Manual.

Billing Transaction:

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
101-A1	BIN Number	610014	M
102-A2	Version/Release Number	51	M
103-A3	Transaction Code	B1	M
104-A4	Processor Control Number	Anything but Zeros	M
109-A9	Transaction Count	1-4	M
202-B2	Service Provider ID Qualifier	Values 01 (NPI), 07 (NCPDP), or 99 (Medco)	M
201-B1	Service Provider ID	NPI #, NCPDP #, MEDCO #	M
401-D1	Date of Service		M
110-AK	Software Vendor/Certification ID	Assigned when certified, claim rejects if not valid for 51	M

Patient Segment: Mandatory

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	01	M
304-C4	Date of Birth		M
305-C5	Patient Gender Code		M
310-CA	Patient First Name		M
307-C7	Patient Location	Values 00 – 11 only	O

Insurance Segment: Mandatory

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	04	M
302-C2	Cardholder ID		M
303-C3	Person Code		M
306-C6	Patient Relationship Code		M
309-C9	Eligibility Clarification Code		M
301-C1	Group ID		M

Billing Transaction (cont.):**Claim Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Ref Number Qualifier	1	M
402-D2	Prescription/Service Ref Number		M
436-E1	Product/Service ID Qualifier	03	M
407-D7	Product/Service ID	NDC	M
442-E7	Quantity Dispensed		M
403-D3	Fill Number		M
405-D5	Days Supply		M
406-D6	Compound Code		M
408-D8	DAW/Product Selection Code		M
414-DE	Date Prescription Written		M
419-DJ	Prescription Origin Code		M
420-DK	Submission Clarification Code		M
308-C8	Other Coverage Code	Values 0-7 only	M
456-EN	Associated Prescription/Service Reference Number		Partial Fill
457-EP	Associated Prescription/Service Date		Partial Fill
344-HF	Quantity Intended to be Dispensed		Partial Fill
345-HG	Days Supply intended to be Dispensed		Partial Fill
343-HD	Dispensing Status		Partial Fill
461-EU	Prior Authorization Type Code		Overrides
462-EV	Prior Authorization Number Submitted		Overrides
453-EJ	Originally Prescribed Product/Service ID Qualifier	03	Therapeutic interchange
445-EA	Originally Prescribed Product/Service Code	NDC	Therapeutic interchange
446-EB	Originally Prescribed Quantity		Therapeutic interchange

Pricing Segment: Mandatory

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	11	M
409-D9	Ingredient Cost Submitted		M
426-DQ	Usual and Customary Charge		M
438-E3	Incentive Fee Submitted	Mandatory when submitting a claim for a vaccine drug and the administrative fee	M
481-HA	Flat Sales Tax Amount Submitted		M
482-GE	Percentage Sales Tax Amount Submitted		M
483-HE	Percentage Sales Tax Rate Submitted	When percentage tax submitted	M
484-JE	Percentage Sales Tax Basis Submitted	When percentage tax submitted	M
430-DU	Gross Amount Due	Will reject if out of balance	M
423-DN	Basis of Cost Determination		M

Billing Transaction (cont.):**Pharmacy Provider Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	02	O
465-EY	Provider ID Qualifier	Values 01 (DEA), 02 (State License), or 05 (NPI)	O
444-E9	Provider ID	DEA #, State License #, NPI #	O

Prescriber Segment: Mandatory

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	03	M
466-EZ	Prescriber ID Qualifier	Values 01 (NPI), 08 (State License), or 12 (DEA)	M
411-DB	Prescriber ID	NPI #, State License #, DEA #	M
427-DR	Prescriber Last Name	Required for state license number	

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	08	M
473-7E	DUR/PPS Code Counter	Up to 9 occurrences	M
439-E4	Reason for Service Code	Mandatory when submitting DUR/PPS Segment and claim is non-vaccine. Not required when submitting a claim for vaccine drug and the administrative fee.	O
440-E5	Professional Service Code	Mandatory when submitting DUR/PPS Segment and claim is non-vaccine. Value = MA (Medication Administered), Mandatory when submitting a claim for vaccine drug and the administrative fee.	O
441-E6	Result of Service Code	Mandatory when submitting DUR/PPS Segment and claim is non-vaccine. Not Required when submitting a claim for a vaccine drug and the administrative fee.	O

Billing Transaction (cont.):**COB/Other Payments Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	05	M
337-4C	Coordination of Benefits / Other Payments Count	Up to 3 occurrences	M
338-5C	Other Payer Coverage Type	Values 01, 02, 03 only	M
339-6C	Other Payer ID Qualifier	03-Bin or 99-Other	M
340-7C	Other Payer ID		M
443-E8	Other Payer Date		If paid
471-5E	Other Payer Reject Count		If rejected
472-6E	Other Payer Reject Code		If rejected
341-HB	Other Payer Amount Paid Count		If paid
342-HC	Other Payer Amount Paid Qualifier	07 – Drug Benefit	If paid
431-DV	Other Payer Amount Paid		If paid

Clinical Segment: Optional

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	13	M
491-VE	Diagnosis Code Count	Up to 5 occurrences	M
492-WE	Diagnosis Code Qualifier	Value 01 only	M
424-DO	Diagnosis Code	ICD-9	M
493-XE	Clinical Information Counter	Up to 5 occurrences	

Response Transaction:**Response Header Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
102-A2	Version/Release Number	51	M
103-A3	Transaction Code	B1, B2	M
109-A9	Transaction Count	1-4	M
501-F1	Header Response Status		M
202-B2	Service Provider ID Qualifier		M
201-B1	Service Provider ID		M
401-D1	Date of Service		M

Response Message Segment: Optional

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	20	M
504-F4	Message	Additional clarification	

Response Insurance Segment: Optional

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	25	M
301-C1	Group ID		
524-FO	Plan ID	HRA	
545-2F	Network Reimbursement ID		

Response Transaction (cont.):**Response Status Segment: Mandatory**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	21	M
112-AN	Transaction Response Status	P, R, D	M
503-F3	Authorization Number	Paid claim only	
510-FA	Reject Count	Up to 5 occurrences, Rejected claims only	
511-FB	Reject Code	Rejected claims only	
546-4F	Reject Field Occurrence Indicator	Rejected claims only	
547-5F	Approved Message Code Count		
548-6F	Approved Message Code		
526-FQ	Additional Message Information	HRA dollars applied & remaining	HRA
549-7F	Help Desk Phone Number Qualifier	03, 99	
550-8F	Help Desk Phone Number	Processor, Other	

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	22	M
455-EM	Prescription/Service Reference Number Qualifier	1	M
402-D2	Prescription/Service Reference Number		M
551-9F	Preferred Product Count	Up to 5 Occurrences	
552-AP	Preferred Product ID Qualifier	03	
553-AR	Preferred Product ID	NDC	
556-AU	Preferred Product Description		

Response Transaction (cont.):**Response Pricing Segment: Optional**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	23	M
505-F5	Patient Pay Amount		M
506-F6	Ingredient Cost Paid		M
507-F7	Dispensing Fee Paid		M
558-AW	Flat Sales Tax Amount Paid		
559-AX	Percentage Sales Tax Amount Paid		
560-AY	Percentage Sales Tax Rate Paid		
561-AZ	Percentage Sales Tax Basis Paid		
521-FL	Incentive Fee Amount Paid		
509-F9	Total Amount Paid		M
522-FM	Basis of Reimbursement Determination		M
523-FN	Amount Attributed to Sales Tax		
512-FC	Accumulated Deductible Amount		
513-FD	Remaining Deductible Amount		
514-FE	Remaining Benefit Amount		
517-FH	Amount Applied to Periodic Deductible		
518-FI	Amount of Copay/Coinsurance		
519-FJ	Amount Attributed to Product Selection		
520-FK	Amount Exceeding Periodic Benefit Maximum		
566-J5	Other Amount Paid Recognized		COB only
346-HH	Basis of Calculation – Dispensing Fee		Partial Fill
347-HJ	Basis of Calculation – Copay		Partial Fill
348-HK	Basis of Calculation – Flat Sales Tax		Partial Fill
349-HM	Basis of Calculation – Percentage Sales Tax		Partial Fill

Response DUR/PPS Segment: Optional

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	08	M
567-J6	DUR/PPS Response Code Counter	Up to 9 occurrences	
439-E4	Reason for Service Code		
528-FS	Clinical Significance Code		
529-FT	Other Pharmacy Indicator		
530-FU	Previous Date of Fill		
531-FV	Quantity of Previous Fill		
532-FW	Database Indicator		
544-FY	DUR Free Text Message		

Reversal Transaction:**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
1Ø1-A1	BIN Number	610014	M
1Ø2-A2	Version/Release Number	51	M
1Ø3-A3	Transaction Code	B2	M
1Ø4-A4	Processor Control Number	Anything but zeros	M
1Ø9-A9	Transaction Count	1-4	M
2Ø2-B2	Service Provider ID Qualifier	Values 01 (NPI), 07 (NCPDP), or 99 (Medco)	M
2Ø1-B1	Service Provider ID	NPI #, NCPDP #, MEDCO #	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor/Certification ID	Assigned when certified, claim will reject if not valid for 51	M

Claim Segment: Mandatory

Field #	NCPDP Field Name	NCPDP Values Supported by Medco	Mandatory / Optional
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Ref Number Qualifier	1	M
4Ø2-D2	Prescription/Service Ref Number		M
436-E1	Product/Service ID Qualifier	03	M
4Ø7-D7	Product/Service ID	NDC	M
4Ø3-D3	Fill Number		M
3Ø8-C8	Other Coverage Code	When reversing a secondary claim	COB