



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

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EXECUTIVE COMMISSIONER

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**** NCPDP D.Ø / HIPAA 5010 Readiness Notification ****

The National Council for Prescription Drug Programs (NCPDP) Telecommunications Standard Version D.Ø is an updated version of the Health Insurance Portability and Accountability Act (HIPAA) standard for pharmacy claims transactions and must be implemented nationwide by January 1, 2012. After that date, claims submitted in the prior format (currently NCPDP 5.1) will be denied. In addition, the HIPAA standard for electronic remittance advice (RA) transaction will be upgraded from version 4010 to version 5010.

Vendor Drug will accept claims in either NCPDP 5.1 or D.Ø format beginning on December 1, 2011. On January 1, 2012, only NCPDP D.Ø format claims will be allowed. Pharmacies that are still not ready to submit D.Ø format at this time must send clients to other pharmacies with D.Ø capabilities.

All pharmacy providers, software vendors, and switch vendors are encouraged to submit test claims to ensure compliance with D.Ø format billing (B1), reversal (B2), and eligibility verification (E1) transactions. **Submission of test claims will be allowed between October 25, 2011, and December 31, 2011.** Instructions for submitting test claims and sample cases are provided on page 2, and there is information on how to report issues or errors with testing on page 7.

An online training session will be held Tuesday, October 25, 2011, from 3 p.m. - 4 p.m. (Central Time) to demonstrate how to submit test claims. To participate, log on to mymeetings.com and click the "Join an Event" link. Enter conference number **PG8613Ø94** and participant access code **71521Ø4** to view the presentation. To listen to the audio, please call **1-888-942-8162** and enter code **71521Ø4**. No RSVP is required. We encourage attendees to bring this notification to the web meeting. If you cannot attend the session, a recording will be available online.

HIPAA 5Ø1Ø ANSI X12 835 electronic remittance advice timeline

Test RA files in HIPAA 5010 format are tentatively scheduled to be delivered to each pharmacy MoveIT account by November 1, 2011. Another notification with instructions on how to obtain the test file will be faxed to pharmacies once the test files are ready.

For more information about these changes, please visit txvendordrug.com/claims/ncpdp.shtml.

Free online provider training is available at www.txhealthsteps.com

Test Claims Submission Instructions

Pharmacies are welcome to use the following test data to create their own test claims

Header					
<ul style="list-style-type: none"> Bank Information Number (BIN): 61ØØ84 Processor Control Number (PCN): <ul style="list-style-type: none"> “DRTXACCP” for Medicaid, CHIP, or CSHCN claims “DRTXACCPKH” for KHC claims 					
Patient and Prescriber test data					
Group ID: Starting January 1, 2012, “TXVDP” will no longer be accepted, only the following values will be accepted.					
<ul style="list-style-type: none"> “MEDICAID” for Medicaid claims “CHIP” for CHIP claims “KHC” for KHC claims “CSHCN” for CSHCN claims 					
Group ID	Prescriber ID (NPI)	Cardholder ID	Patient Gender	Patient Last Name	Date of Birth
MEDICAID	178Ø871988	1ØØ2ØØ611	MALE	SMITH	Ø1/Ø1/1925
MEDICAID	178Ø871988	1ØØ2ØØ711	MALE	HASS	11/Ø1/1935
MEDICAID	178Ø871988	1ØØ2ØØ811	MALE	SMITH	12/15/1935
CSHCN	1Ø13Ø76Ø58	9ØØ1ØØ111	FEMALE	MARTIN	11/3Ø/199Ø
CSHCN	19624Ø4ØØ4	9ØØ1ØØ222	FEMALE	LAST	1Ø/25/1992
CHIP	1235113119	A11223399	MALE	TIMBER	11/Ø1/1999
CHIP	1235113119	A11223488	MALE	CAT	12/15/1994
KHC	17ØØ8ØØ661	811223398	MALE	DOE	Ø2/14/1955
KHC	1Ø13Ø76Ø58	8112235Ø1	MALE	FINCH	Ø7/Ø1/195Ø
Pharmacy test data:					
Submit test claims with your pharmacy 1Ø-digit National Provider Identification (NPI) number. If you do not have a pharmacy NPI, use our test pharmacy: 1Ø33156583					
Drug test data (NDC):					
Group ID	NDC	Description			
MEDICAID / CHIP / CSHCN	54Ø92Ø389Ø1	ADDERALL XR 25 MG CAPSULE			
MEDICAID / CHIP / CSHCN	ØØØ78Ø457Ø5	TRILEPTAL 6ØØ MG TABLET			
MEDICAID / CHIP / CSHCN	ØØØ9322Ø3Ø1	METOCLOPRAMIDE 1Ø MG TABLET			
MEDICAID / CHIP / CSHCN	ØØØ54429925	FUROSEMIDE 4Ø MG TABLET			
MEDICAID / CHIP / CSHCN	ØØØØ6351659	PRIMAXIN 5ØØ MG VIAL			
MEDICAID / CHIP / CSHCN	ØØ26418ØØ32	SODIUM CHLORIDE Ø.9% SOLUTION			
KHC	4923ØØ64Ø21	PHOSLO 667 MG GELCAP			
KHC	52544Ø977Ø1	NEPHRO-VITE RX TABLET			
KHC	ØØØ9322Ø3Ø1	METOCLOPRAMIDE 1Ø MG TABLET			
KHC	ØØØ54429925	FUROSEMIDE 4Ø MG TABLET			

Test case #1: "MEDICAID" as Group ID, Patient Last Name becomes a required field					
Step 1: Submit a claim with the following values					
Expected Result: Claim will reject with NCPDP Reject code CB (M/I Patient Last Name)					
Step 2: Resubmit the claim with Patient Last Name (311-CB) entered as "SMITH"					
Expected Result: Claim paid					
Step 3: Reverse the paid claim					
Expected Result: Claim reversed					
Field #	NCPDP Field Name	Value	Field #	NCPDP Field Name	Value
Header segment					
1Ø1-A1	BIN Number	61ØØ84	2Ø2-B2	Service Provider ID Qualifier	Ø1
1Ø2-A2	Version/Release Number	DØ	2Ø1-B1	Service Provider ID	<your NPI>
1Ø3-A3	Transaction Code	B1	4Ø1-D1	Date of Service	1Ø/25/2Ø11
1Ø4-A4	Processor Control Number	DRTXACCP	11Ø-AK	Software Vendor/Certification ID	UATTEST
1Ø9-A9	Transaction Count	1			
Insurance segment 111-AM = Ø4					
3Ø2-C2	Cardholder ID	1ØØ2ØØ611	359-2A	MEDIGAP ID	
3Ø1-C1	Group ID	MEDICAID			
Patient segment 111-AM = Ø1					
3Ø4-C4	Date of Birth	Ø1/Ø1/1925	311-CB	Patient Last Name	<purposely leave blank>
3Ø5-C5	Patient Gender Code	1			
Claim segment 111-AM = Ø7					
455-EM	Rx/Service Ref. Num. Qual.	1	415-DF	Number of Refills Authorized	1
4Ø2-D2	Rx/Service Ref. Number	Any 12 digit number	419-DJ	Prescription Origin Code	1
436-E1	Product/Service ID Qualifier	Ø3	354-NX	Submission Clarification Code Count	
4Ø7-D7	Product/Service ID	ØØØØ6351659	42Ø-DK	Submission Clarification Code	
442-E7	Quantity Dispensed	Any	3Ø8-C8	Other Coverage Code	
4Ø3-D3	Fill Number	Ø	6ØØ-28	Unit of Measure	EA
4Ø5-D5	Days Supply	Any	461-EU	Prior Auth. Type Code	
4Ø6-D6	Compound Code	1	462-EV	Prior Auth. Num. Submitted	
4Ø8-D8	DAW / Product Sel Code	Ø	995-E2	Route of Administration	
414-DE	Date Prescription Written	1Ø/25/2Ø11	996-G1	Compound Type	
Prescriber segment 111-AM = Ø3					
466-EZ	Prescriber ID Qualifier	Ø1	411-DB	Prescriber ID	178Ø871988
Pricing segment 111-AM = 11					
4Ø9-D9	Ingredient Cost Submitted	Any	43Ø-DU	Gross Amount Due	Any
426-DQ	Usual and Customary Charge	Any	423-DN	Basis of Cost Determination	

Test case #2: Compound claim, Compound Type becomes a required field					
Step 1: Submit a claim with the following values Expected Result: Claim will reject with NCPDP Reject code G1 (M/I Compound Type)					
Step 2: Resubmit the claim with Compound Type (996-G1) entered as "99" Expected Result: Claim paid					
Step 3: Reverse the paid claim Expected Result: Claim reversed					
Field #	NCPDP Field Name	Value	Field #	NCPDP Field Name	Value
Header segment					
1Ø1-A1	BIN Number	61ØØ84	2Ø2-B2	Service Provider ID Qualifier	Ø1
1Ø2-A2	Version/Release Number	DØ	2Ø1-B1	Service Provider ID	<your NPI>
1Ø3-A3	Transaction Code	B1	4Ø1-D1	Date of Service	1Ø/25/2Ø11
1Ø4-A4	Processor Control Number	DRTXACCP	11Ø-AK	Software Vendor/Certification ID	UATTEST
1Ø9-A9	Transaction Count	1			
Insurance segment 111-AM = Ø4					
3Ø2-C2	Cardholder ID	A11223399	359-2A	MEDIGAP ID	
3Ø1-C1	Group ID	CHIP			
Patient segment 111-AM = Ø1					
3Ø4-C4	Date of Birth	11/Ø1/1999	311-CB	Patient Last Name	TIMBER
3Ø5-C5	Patient Gender Code	1			
Claim segment 111-AM = Ø7					
455-EM	Rx/Service Ref. Num. Qual.	1	415-DF	Number of Refills Authorized	1
4Ø2-D2	Rx/Service Ref. Number	Any 12 digit number	419-DJ	Prescription Origin Code	1
436-E1	Product/Service ID Qualifier	ØØ	354-NX	Submission Clarification Code Count	
4Ø7-D7	Product/Service ID	Ø	42Ø-DK	Submission Clarification Code	
442-E7	Quantity Dispensed	Any	3Ø8-C8	Other Coverage Code	
4Ø3-D3	Fill Number	Ø	6ØØ-28	Unit of Measure	ML
4Ø5-D5	Days Supply	Any	461-EU	Prior Auth. Type Code	
4Ø6-D6	Compound Code	2	462-EV	Prior Auth. Num. Submitted	
4Ø8-D8	DAW / Product Sel Code	Ø	995-E2	Route of Administration	11-digit The SNOMED code
414-DE	Date Prescription Written	1Ø/25/2Ø11	996-G1	Compound Type	<purposely leave blank>
Prescriber segment 111-AM = Ø3					
466-EZ	Prescriber ID Qualifier	Ø1	411-DB	Prescriber ID	178Ø871988
Pricing segment 111-AM = 11					
4Ø9-D9	Ingredient Cost Submitted	Any	43Ø-DU	Gross Amount Due	Any
426-DQ	Usual and Customary Charge	Any	423-DN	Basis of Cost Determination	

Compound segment 111-AM = 1Ø					
45Ø-EF	Compound Dosage Form Description Code	Ø1-Ø7, 1Ø-18	451-EG	Compound Dispensing Unit Form Indicator	1-3
447-EC	Compound Ingredient Component (Count)	2			
Ingredient #1					
488-RE	Compound Product ID Qualifier	Ø3	448-ED	Compound Ingredient Quantity	Any
489-TE	Compound Product ID	ØØØ9322Ø3Ø1	449-EE	Compound Ingredient Drug Cost	Any
			49Ø-UE	Compound Ingredient Basis of Cost Determination	
Ingredient #2					
488-RE	Compound Product ID Qualifier	Ø3	448-ED	Compound Ingredient Quantity	Any
489-TE	Compound Product ID	4923ØØ64Ø21	449-EE	Compound Ingredient Drug Cost	Any
			49Ø-UE	Compound Ingredient Basis of Cost Determination	

Test case #3: COB segment					
Step 1: Submit a claim with the following values Expected Result: Claim will reject with NCPDP Reject code HC (M/I Other Payer Amount Paid Qualifier)					
Step 2: Resubmit the claim with Other Payer Amount Paid Qualifier (342-HC) entered as "Ø9" Expected Result: Claim paid					
Step 3: Reverse the paid claim Expected Result: Claim reversed					
Note: if your software allows, try to submit a claim with more than 5 Other Payer Reject Codes (472-6E) Expected Result: Claim will reject with NCPDP Reject Code YC (Other Payer Reject Count Exceeds Number Of Occurrences Supported)					
Field #	NCPDP Field Name	Value	Field #	NCPDP Field Name	Value
Header segment					
1Ø1-A1	BIN Number	61ØØ84	2Ø2-B2	Service Provider ID Qualifier	Ø1
1Ø2-A2	Version/Release Number	DØ	2Ø1-B1	Service Provider ID	<your NPI>
1Ø3-A3	Transaction Code	B1	4Ø1-D1	Date of Service	1Ø/25/2Ø11
1Ø4-A4	Processor Control Number	DRTXACCP	11Ø-AK	Software Vendor/Certification ID	UATTEST
1Ø9-A9	Transaction Count	1			
Insurance segment 111-AM = Ø4					
3Ø2-C2	Cardholder ID	1ØØ2ØØ611	359-2A	MEDIGAP ID	
3Ø1-C1	Group ID	MEDICAID			
Patient segment 111-AM = Ø1					
3Ø4-C4	Date of Birth	Ø1/Ø1/1925	311-CB	Patient Last Name	SMITH
3Ø5-C5	Patient Gender Code	1			

Claim segment 111-AM = Ø7					
455-EM	Rx/Service Ref. Num. Qual.	1	415-DF	Number of Refills Authorized	1
4Ø2-D2	Rx/Service Ref. Number	Any 12 digit number	419-DJ	Prescription Origin Code	1
436-E1	Product/Service ID Qualifier	Ø3	354-NX	Submission Clarification Code Count	
4Ø7-D7	Product/Service ID	ØØØØ6351659	42Ø-DK	Submission Clarification Code	
442-E7	Quantity Dispensed	Any	3Ø8-C8	Other Coverage Code	Ø2
4Ø3-D3	Fill Number	Ø	6ØØ-28	Unit of Measure	EA
4Ø5-D5	Days Supply	Any	461-EU	Prior Auth. Type Code	
4Ø6-D6	Compound Code	1	462-EV	Prior Auth. Num. Submitted	
4Ø8-D8	DAW / Product Sel Code	Ø	995-E2	Route of Administration	
414-DE	Date Prescription Written	1Ø/25/2Ø11	996-G1	Compound Type	
Prescriber segment 111-AM = Ø3					
466-EZ	Prescriber ID Qualifier	Ø1	411-DB	Prescriber ID	178Ø871988
Pricing segment 111-AM = 11					
4Ø9-D9	Ingredient Cost Submitted	Any	43Ø-DU	Gross Amount Due	Any
426-DQ	Usual and Customary Charge	Any	423-DN	Basis of Cost Determination	
COB segment 111-AM = Ø5					
337-4C	Coordination of Benefits/Other Payments Count	Ø1	431-DV	Other Payer Amount Paid	Any
338-5C	Other Payer Coverage Type	Ø1	471-5E	Other Payer Reject Count	
339-6C	Other Payer ID Qualifier	Ø3	472-6E	Other Payer Reject Code	
34Ø-7C	Other Payer ID	61ØØ99	392-MU	Benefit Stage Count	<Start accepting these fields on April 1, 2Ø12>
443-E8	Other Payer Date	1Ø/25/2Ø11	393-MV	Benefit Stage Qualifier	
341-HB	Other Payer Amount Paid Count	1	394-MW	Benefit Stage Amount	
342-HC	Other Payer Amount Paid Qualifier	Ø8 (old 5.1 value)			

Reporting Issues and Test Result Errors

Beginning October 25, 2011, providers and vendors are welcome to report issues and test result errors. Please e-mail pharmacies.5010@tmhp.com with the following information:

- Contact Person Name
- Company Name
- E-mail
- Phone number
- Description of issue(s)
- Response Status Segment: Authorization Number (5Ø3-F3) (17-digit number)
- Test data submitted
- Level of impact:
 - Very high: major affection to operations.
 - High: has financial impact.
 - Medium: no financial impact without workaround.
 - Low: workaround available.