



MI D.0 Quick Reference

New Required Fields, Values and Qualifier:

- **Insurance Segment: Medicaid Indicator (NCPDP Field 360-2B)** is a new field. According to the defined situation, this field will be required for all our Medicaid clients. The value that will be used for Michigan Medicaid is "MI".

- **Insurance Segment: Medicaid ID Number (NCPDP Field 115-N5)** is a new field. This is a unique member identification number assigned by the Medicaid Agency. Required, if known, when patient has Medicaid coverage. Required when used for payer-to-payer coordination of benefits to track the claim without regard to the "Service Provider ID, Prescription Number, & Date of Service". According to the defined situation, this field will be required for all our Medicaid clients.

- **Claim Segment: Other Coverage Code (NCPDP Field 308-C8).**
 - **OCC=1 No Other Coverage** is no longer allowed. Claims will deny for NCPDP 13-M/I Other Coverage Code.
 - **OCC=2 Other Coverage Exists-Payment Collected.** The "PATIENT PAID AMOUNT SUBMITTED" (NCPDP Field 433-DX) will no longer be used to indicate the copayment amount from the primary insurance for OCC=2. Populate the copayment amount returned from the primary insurance in the "OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT" (NCPDP Field 352-NQ).
 - **OCC=3 Other Coverage Exists Claim Not Covered** added reject codes NCPDP Error Codes , 65, 67, 68, 69, N1, 7Y, A5, MR, 7X, 7W, 512, 8K, 9G, 516, 552, 9Q. Claims will pay using the new reject codes. If the reject code is not listed then the provider can not use that code to override the claim.
 - **OCC=8 Co-Pay Only Code** is no longer allowed. Claims submitted with the OCC of '8' will deny for NCPDP EC NQ - M/I Other Payer-Patient Responsibility Amount.
 - **OCC=4 Other Coverage Exists Payment Not Collect.** will be used in place of OCC=8.

- **Claim Segment:** Prescription Number (**NCPDP Field 402-D2**). Field size has increased to 12 bytes.
- **Claim Segment:** Product/Service ID (**NCPDP Field 407-D7**). Reversal (B.2 transactions) will require the Product Service ID submitted on the paid claim being reverse.
- **Claim Segment:** Prescription Origin Code (**NCPDP Field 419-DJ**) new value of 05=Pharmacy added to current values. The new value '05' will be accepted for condom or other medication claims. If the prescription origin code is not billed, claims will reject for NCPDP 33 – M/I prescription Origin code. Prescription origin codes 0-4 will continue to process using existing plan rules.
- **Claim Segment:** Route of Administration (**NCPDP Field 995-E2**) new **SNOMED** codes replacing old values.
 - This field is REQUIRED for multi ingredient compound claims. If this field is missing/invalid claims will reject for NCPDP EH - M/I compound route of administration.
 - New SNOMED values for the extra dispense fee of \$10.00
 - Inhalation: 112239003
 - Ophthalmic: 54485002
 - Rectal: 37161004
 - Injection: 385218009
 - Intraperitoneal: 38239002
 - New SNOMED values for the extra dispense fee of \$10.25
 - Injection: 385218009
 - Intraperitoneal: 38239002
 - New SNOMED values for the extra dispense fee of \$6.00
 - Dental: 372449004
 - Irrigation: 47056001
 - Nasal: 46713006
 - Oral: 26643006 or 26643008
 - Otic: 10547007
 - Sublingual: 37839007
 - Urethral: 90028008
 - Vaginal: 16857009
 - Buccal: 54471007
- **Claim Segment:** Associated Prescription/Service Reference Number (**NCPDP Field 456-EN**). This field should be blank unless the pharmacy is submitting a partial fill claim. Claims will reject for NCPDP En-M/I Associated Prescription/Service Ref Number.
- **Claim Segment:** Product/Service ID (**NCPDP Field 407-D7**). Must populate NDC for non-compound claims '0' for compound claims. Claims will reject for NCPDP EC 8G - Product/Service ID Must Be Single Zero for Compounds.

- **Claim Segment:** Compound Code (**NCPDP Field 406-D6**). Must now specify whether claim is a compound claim or not with the values below. '0'=Unspecified is not a valid value in vD.O.
 - 1=Not a Compound
 - 2=Compound

- **Coordination of Benefits/Other Payer Segment:** Other Payer Amount Paid Qualifier (**NCPDP Field 342-HC**) qualifier 07=Drug Benefit. This qualifier "07" is accepted for all COB claims. Claims will reject for all other values submitted in this field and return reject NCPDP HC – M/I Other Payer Amount Paid Qualifier.

- **Coordination of Benefits/Other Payer Segment:** Other Payer-Patient Responsibility Amount Qualifier (**NCPDP Field 351-NP**) new qualifier 06= Patient Pay Amount as reported by previous payer. This qualifier "06" is accepted for all OCC = 2 claims. Claims will reject for all other values submitted in this field and return reject NCPDP 536- OP Pat Responsibility Amt Qlfr Value Not Supported.

- **Coordination of Benefits/Other Payer Segment:** Other Payer-Patient Responsibility Amount (**NCPDP Field 352-NQ**) is a new field. This field must be populated when submitting an OCC=2 claim. It should contain the patient responsibility for primary insurance.

- **Coordination of Benefits/Other Payer Segment:** Reversals (B2 Transaction) of claims where original claim contained a COB segment must also contain COB segment.