

MLN Matters Number: MM5080

Related Change Request (CR) #: 5080

Related CR Release Date: May 26, 2006

Effective Date: June 26, 2006

Related CR Transmittal #: R2270TN

Implementation Date: August 28, 2006

National Council for Prescription Drug Programs (NCPDP) Coordination of Benefits (COB) Companion Document Update

Provider Types Affected

Suppliers who submit claims to Medicare durable medical equipment regional carriers (DMERCs) and Medicare trading partners for prescription drugs provided to Medicare beneficiaries for coordination of benefits

Background

This article and Change Request 5080 provide a One-Time Notification to DMERCs with a revised NCPDP companion document. Most current trading partners cannot accept the NCPDP version 5.1 batch standard 1.1 for COB crossover purposes due to a lack of data elements they consider essential within the transaction. The revised companion document provides workaround instructions to give current trading partners these data elements.

Key Points

The following information is important for trading partners regarding the instructions in the companion document for the workaround of the NCPDP version 5.1 batch standard 1.1 for COB crossover purposes:

- The 15-digit Internal Control Number (ICN)/Claim Control Number (CCN) that identifies a Medicare processed claim will appear in field 330-CW- (Alternate ID) within the "Claim Segment" portion of the NCPDP COB file. (Note: Bytes 16-19 will contain spaces.) The ICN will enable the trading partner to determine that an adjustment to an original claim occurred, since adjustments necessitate a change to the ICN.
- A Patient Assignment of Benefits Indicator default value of "Y" will be included in field 330-CW (Alternate ID) in byte 20.

Disclaimer

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- Per CMS regulations, drugs will always be paid by Medicare as mandatory assignment.
- The HICN will always be passed in "Patient ID" (field 332-CY with a "99-other" qualifier in field 331-CX Patient Id qualifier). The "Cardholder ID" (field 302-C2 carried within the "Insurance Segment") will contain the beneficiary's policy number; on claim based Medigap crossovers; that was sent on the inbound transaction in the Alternate-Id (field 330-CW carried within the "Claim Segment").
- For non-claim based Medigap crossovers, the "Cardholder ID" (field 302-C2 carried within the "Insurance Segment") will contain the beneficiary's policy number as submitted on the carrier's eligibility file.
- For Medicaid crossovers, the "Cardholder ID" (field 302-C2 carried within the "Insurance Segment") will contain the beneficiary's Medicaid policy number as submitted on the carrier's eligibility file.
- If the beneficiary's policy number is not available, the "Cardholder ID" (field 302-C2 carried within the "Insurance Segment") will contain the beneficiary's HICN.
- The retail pharmacy's (supplier) name and address will be populated in lieu of the Facility Name and Address in the 500-byte-free formatted field when the 'Patient Location' field (307-C7) equals "1" (home).
- Values have been added to the Prior Authorization Segment Supporting Documentation Field 498-PP (Medicare Mapping)

Implementation

The implementation date for this instruction is August 28, 2006.

Additional Information

The official instructions issued to your Medicare DMERC regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R2270TN.pdf> on the CMS website. The companion document to supplement the NCPDP Version 5.1 Batch Transaction Standard 1.1 Billing Request for exchanges with Medicare DMERCs is attached to CR5080.

Note that the missing data elements in the NCPDP version 5.1 batch standard 1.1 were addressed in CR4290. To view the MLN Matters article related to CR4290 go to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4290.pdf> on the CMS website.

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If you have questions, please contact your Medicare DMERC at their toll-free number, which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf>
on the CMS website.

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