

***Important: These instructions replace all previous versions***

Updated 5/10/06

## **Revised Nevada Medicaid Pharmacy Co-Payment Billing Instructions For Medicare Part D/Medicaid Dual-Eligible Recipients**

All co-payment claims for dual-eligible recipients should be submitted to Medicaid via the First Health Services point-of-sale system using standard Third Party Liability (TPL) processing. Nevada Medicaid will reimburse co-payments at \$1.00 for generic drugs and \$3.00 for brand drugs. Nevada Medicaid will not reimburse Part D co-pays for recipients in long-term care facilities as these co-pays are waived per federal Medicare regulations.

All co-payment claims for dual-eligible recipients should be submitted to the Processor Control Number and BIN Number used for billing Medicare-excluded drugs. When submitting co-pay claims, use standard TPL processing and include all required Coordination of Benefits (COB) processing fields. Below are the specifications for fields used in COB processing specific to Part D co-pays.

- Enter standard claim information including but not limited to CARDHOLDER ID (NCPDP field 302-C2), PRESCRIPTION/SERVICE REFERENCE NUMBER (NCPDP field 402-D2), USUAL AND CUSTOMARY CHARGE (NCPDP field 426-DQ) and GROSS AMOUNT DUE (NCPDP field 430-DU)
- Enter BIN NUMBER (NCPDP field 102-A2 ) = 009646
- Enter PROCESSOR CONTROL NUMBER (NCPDP field 104-A4 ) = P031009646
- Enter OTHER COVERAGE CODE (NCPDP field #308-C8) = 8
- Enter OTHER PAYER COVERAGE TYPE (NCPDP field 338-5C)
- Enter OTHER PAYER ID QUALIFIER (NCPDP field 339-6C)
- Enter OTHER PAYER ID (NCPDP field 340-7C) = 07450
- Enter OTHER PAYER DATE (NCPDP field 443-E8)
- Enter OTHER PAYER AMOUNT PAID COUNT (NCPDP field 341-HB)
- Enter OTHER PAYER AMOUNT PAID QUALIFIER (NCPDP field 342-HC) = 99  
[Required when OTHER PAYER AMOUNT PAID is used]
- Enter OTHER PAYER AMOUNT PAID (NCPDP field 431-DV)  
[Required when OTHER PAYER AMOUNT PAID QUALIFIER is used]
- Enter INGREDIENT COST (NCPDP field 409-D9) = \$0.00 or null
- Enter OTHER AMOUNT CLAIMED SUBMITTED COUNT (NCPDP field 478-H7)
- Enter OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER (NCPDP field 479-H8) = 99
- Enter OTHER AMOUNT CLAIMED SUBMITTED (NCPDP field 480-H9)

Note that GROSS AMOUNT DUE (NCPDP field 430-DU) should be equal to the OTHER AMOUNT CLAIMED SUBMITTED (NCPDP field 478-H9).