Chapter 6 Companion Guide Pharmacy

This companion guide has been created for use in conjunction with the *NCPDP Telecommunication Standard Implementation Guide Version 5.1*. It should not be considered a replacement for the *NCPDP Telecommunication Standard Version 5.1 Implementation Guide*, but rather used as an additional source of information.

Pharmacy Invoice Number

The Prescription/Service Reference Number (4Ø2-D2) is the reference number assigned for the dispensing of the drug product and will be used to identify the invoice number for electronic billing. Real time and batch electronic pharmacy bill processing use the specific prescription number to identify an individual, unique pharmacy transaction. Other fields, such as the Service Provider ID (2Ø1-B1) can be used for uniqueness.

Billing Date

For electronically submitted claims, the date of service is considered the Billing Date, unless other transactional verification information is provided to the insurance carrier to confirm the date the bill was transmitted. This date is communicated in the Claim Segment Date of Service field (4Ø1-D1), which is included in the Transaction Header Segment.

Pharmacy Billing Agents

The current version of the NCPDP 5.1 does not support the use of pharmacy billing agents, such as third party billing agents or pharmacy benefit managers (PBM). The format does not currently support a designated field, an identifier, or a qualifier to flag an entity as a pharmacy billing agent.

When the dispensing pharmacy is the billing entity, the Federal Employer Identification Number (FEIN) is reported in the Service Provider ID field (2Ø1-B1) at the header level and the NPI Number in the Provider ID field (444-E9) in the Pharmacy Provider Segment.

When a third party biller or PBM are the billing and payee of the claim(s), the FEIN of the third party biller or PBM will reported in the Service Provider ID field (2Ø1-B1) at the header level and the dispensing pharmacy information will be identified by their NPI number in the Provider ID field (444-E9) in the Pharmacy Provider Segment. It is important that these issues be addressed in the trading partner agreements between the insurance carrier, their eBill agent, and pharmacy claim submitters.

Fill Number v. Number of Fills Remaining

The NCPDP Telecommunication Standard Implementation Guide Version 5.1 supports the Fill Number (Field 4Ø3-D3) and the Number of Refills Authorized (Field 415-DF), which taken together, provide the number of refills remaining.

Compound Medications

28 Texas Administrative Code (TAC) §134.502(d)(2) states that compound drugs “shall be billed by listing each drug included in the compound and calculating the charge for each drug separately.” The NCPDP 5.1 provides for three methods for reporting compound medications, with multiple ingredients listed. If the transaction includes a compound medication, the Compound Segment is required. The exact method to be used by eBill stakeholders should be clearly identified in their trading partner agreements and ensure that each pharmacy bill for compound medications complies with the provisions of 28 TAC §134.502(d)(2).

Compounding Fee

In calculating the maximum allowable reimbursable, 28 TAC §134.502(a)(2)(C) provides that a "compounding fee of compounding fee of $15 per compound shall be added for compound drugs." In the NCPDP 5.1, this type of fee would be reported in the dispensing fee field (412-DC).

NDC Codes

28 TAC §134.502(d)(1) requires the use of National Drug Codes (NDC) when billing for prescription drugs. Other code sets, such as HCPCS codes for supplies or Universal Product Codes (UPC) are not appropriate for billing in the Texas workers' compensation system. The use of either 10-digit or 11-digit NDC codes must be clearly identified in the trading partner agreements. It is noted that an editorial comment from NCPDP recommends the use of the 11-digit format.

Brand v. Generic

The NCPDP 5.1 standard contains a code set to indicate dispensed as written status. Some dispensed as written codes do indicate the generic availability status. However, the name of the medication, and the brand/generic status of the NDC code, is not communicated for each medication. Insurance carriers may obtain this information from purchased NDC code sets or from their agents/vendor partners.

Injured Employee Paid Amount

28 TAC §133.504 permits the injured employee to choose to receive a brand name drug rather than a generic drug or over-the-counter alternative to a prescription medication. When the injured employee elects to obtain brand name medication when a generic or over-the-counter equivalent is available and the prescribing doctor has not indicated the prescription should be dispensed as written, the dispensing pharmacy populates the brand name medication National Drug Code (NDC) in the transaction. The Gross Amount Due field (43Ø-DU) reflects the total dollar amount billed to the insurance carrier (generic charges). The amount the injured employee paid (difference between brand and generic charges) is populated in the Patient Paid Amount Field (433-DX).

Reference Information

The implementation guide for the NCPDP Telecommunications 5.1 electronic pharmacy billing transaction is available through the National Council for Prescription Drug Programs (NCPDP), www.ncpdp.org.

Instructions for Texas specific requirements are also provided in Chapter 3 Texas Workers' Compensation Requirements. When the application for Texas workers' compensation is different than the HIPAA implementation, it is identified in the following table:

Field	Description	Texas Instructions
202-B2	Service Provider ID Qualifier	Value must be '11' – FEIN
465-EY	Provider ID Qualifier	Value must be '05' -- NPI
466-EZ	Prescriber ID Qualifier	Value must be '01' -- NPI
433-DX	Patient Paid Amount Submitted	Required when patient elected to pay the difference between the brand name drug dispensed and the allowed generic substitution.