

PACE

Provider Bulletin

November 4, 2005

PAYOR SPECIFICATIONS NCPDP v5.1 DECEMBER EDIT IMPLEMENTATION

The fields listed below are contained in the current version of PACE/PACENET NCPDP v5.1 Payor Specifications.

PACE identifies each paid claim with incorrect data in these fields on the PACE Remittance Advice with E.O.B. Message Code 015—Missing/Invalid group name and/or E.O.B. Message Code 012—Missing/Invalid Patient Location.

Claims currently paid and accompanied with E.O.B.'s of 012 or 015 will deny December 1, 2005.

Providers are urged to review their Remittance Advices carefully to avoid rejected claims. *Currently only 15% of independent pharmacies are submitting these fields correctly.* Compliance among chain providers varies widely.

Field	Field Name	Comments
307-C7	Patient Location*	0= Not Specified (<u>This value will be denied as Invalid.</u>) Required Values 1 = Home 2 = Inter-Care 3 = Nursing Home 4 = LongTerm / Extended Care 5 = Rest Home 6 = Boarding Home 7 = Skilled Care Facility 8 = Sub-Acute Care Facility 9 = Acute Care Facility 10 = Outpatient 11 = Hospice
301-C1	Group ID	Required Values PACE = PACE/PACENET CRDP = Chronic Renal Disease Program SPBP = Special Pharmaceutical Benefits Program CF = Cystic Fibrosis SB = Spina Bifida PKU = Phenylketonuria MSUD = Maple Syrup Urine Disease PAP = Pennsylvania Patient Assistance Program SWIF = State Workers' Insurance Fund

*Patient Location Definitions listed on back.

Questions may be directed to Provider Services at 1-800-835-4080.

(OVER)

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