

NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS BATCH
STANDARD VERSION 1.1 USING TELECOMMUNICATIONS STANDARD
IMPLEMENTATION GUIDE, VERSION 5.1,
WISCONSIN PHYSICIANS SERVICE INSURANCE CORP. & EPIC LIFE
INSURANCE COMPANION DOCUMENT

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards for health care established by the Secretary of Health and Human Services. The Telecommunications Standard Implementation Guide, version 5.1 and NCPDP Batch Standard Version 1.1 have been established as the standard for compliance in retail and professional pharmacy claim transactions. These guides are available electronically at www.ncdp.org

The following information is intended to serve only as a companion document to the HIPAA NCPDP Telecommunications Standard 5.1 implementation guide using the Batch Standard 1.1 layout. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the WPS or EPIC Life Insurance systems of Wisconsin Physicians Services. The information in this document is subject to change. Changes will be communicated in the WPS EDI Newsbytes and on the WPS web site at: www.wpsic.com. This document supplements, but does not contradict, any requirements in the NCPDP Batch Standard 1.1 or Telecommunications Standard 5.1 implementation guide.

Please contact us at the numbers below to discuss any questions or concerns you have.

608-221-5118

608-223-5859

608-221-7115

LANGUAGE
WPS will reject any interchange (transmission) that is submitted with a submitter identification number (Sender ID) that is not authorized for electronic claim submission.
Wisconsin Physicians Service may reject an interchange (transmission) that is submitted with an invalid value in 880- K7 (Receiver ID) based on carrier definition. Carrier definitions of this field are: Wisconsin Physicians Service = WPS EPIC Life Insurance = EPIC
WPS will only accept one transaction type per file. Transaction types accepted by WPS include the Billing transaction (B1) and the Eligibility transaction (E1).
WPS will only accept the Service Provider ID Qualifier of '07' followed by the NCPDP Provider ID number in the Service Provider ID field.
All dates that are submitted on an incoming NCPDP transaction should be valid calendar dates in the appropriate format based upon the respective qualifier. Failure to submit a valid calendar date will result in rejection of the claim or the applicable interchange (transmission).
The Patient Segment is required in the Billing and Eligibility transactions for WPS. Fields within the patient segment that are also required by WPS are: Date of Birth; Patient Gender Code; Patient First Name; Patient Last Name; Patient Street Address; Patient City Address; Patient State; and Patient Zip Code
The Patient Relationship Code in the Insurance Segment is required by WPS.
For the B1 claim billing transaction, WPS will only accept the following code sets for the Claim Segment, Product Service ID (Field 407): National Drug Code (NDC); Common Procedure Terminology (CPT4); Common Procedure Terminology (CPT5)(when approved); Health Care Financing Administration Common Procedural Coding System (HCPCS).
The Quantity Dispensed field in the Claim Segment is required by WPS. Quantity dispensed units must not exceed '999'. Data given in the 3 positions to the right of the decimal will be ignored by WPS.

COB/Other Payments Segment – WPS will allow 4 iterations of COB/Other Payment information. Any iteration over 4 will be ignored by WPS.

Pricing Segment – The Ingredient Cost field (409) and Gross Amount Due field (430) are required by WPS. Claims will not be accepted for processing if blank.

Compound Segment – WPS will only read 10 iterations of the compound ingredient component. Iterations over 10 will be ignored.