

APPENDIX S2 – Colorado SDAP (State Drug Assistance Program)

Help Desk Phone Number

Phone Number
888-311-7632 Opt. 7

BIN/PCN

Plan Name / Group Name	BIN	PCN
Colorado State Pharmaceutical Assistance Program for HIV Enrollees (SPAP)	Ø13469	COSPAP
Colorado HIV Insurance Assistance Program (HIAP) Colorado HIV Medication Assistance Program (HMAP) Colorado Jail Program (JLP) Colorado Supplemental Wrap-Around Program (SWAP)	ØØ4519	COADAP
Colorado Public Health Intervention Program (PHIP)	Ø16424	COPHIP
Colorado Public Health Intervention Program (PHIP) Medicare	Ø16432	MCCOPHIP

Group Number

Group Description	Group Number	Temporary Group Number
Colorado SPAP	38ØØ1	38Ø51
Colorado HIAP	38ØØ3	38Ø53
Colorado HMAP	38ØØ2	38Ø52
Colorado JLP	38ØØ4	38Ø54
Colorado SWAP	38ØØ7	38Ø57

Group Description	Group Number
Colorado PHIP Insured	381Ø2
Colorado PHIP Uninsured	381Ø5
Colorado PHIP Medicare	38192

Private Insurance Billing

NCPDP Field #	Segment & Field Name	Submitted Value
3Ø8-C8	OTHER COVERAGE CODE VALUES	8 – Accepted Without Authorization

(APPENDIX S2 – Colorado SDAP contd.)
Submission of Prior Authorization Override for DUR rejections

NCPDP Field #	Segment & Field Name	Submitted Value
461-EU	PRIOR AUTHORIZATION TYPE CODE	1 – Prior Authorization
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	00000000003 – PA code of a right-justified 3 to override DUR soft reject

Submission of Delivery Fees*

Colorado SDAP allows submission of Delivery fees. Pharmacies may submit the following NDC:

NDC
98765-4321-09

**Applies only to 340B claims at Vivent and Walgreens.*

Submission of Shipping Fees for Cabenuva*

NCPDP Field #	Segment & Field Name	Submitted Value
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	99 – Other
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	<Submit shipping fee>

**Applies only to 340B claims at Vivent.*