



**GA Medicaid FFS/PeachCare for Kids**

SXC Health Solutions, Inc.

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**PAYER SPECIFICATION SHEET**

**REVISED MARCH 16, 2012**

Bin #: 001553  
 States: All GA willing Providers  
 Destination: SXC Health Solutions / RxCLAIM  
 Accepting: Claim Billing, Claim Rebill, and Claim Reversals  
 Format: NCPDP Version D.Ø  
 Effective: 1/1/2012

**\*\*Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet\*\***

Field Legend for Columns			
Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Transaction Header Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions.

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	ØØ1553	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1,B2, or B3 only	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	GAM	M	

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 2Ø1Ø NCPDP

Transaction Header Segment			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
109-A9	TRANSACTION COUNT	Up to 4 allowed	M	Ø1 – Ø4 (up to 4 transactions per B1 & B3 transmission) accepted; Only Ø1 for B2 transaction
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 National Provider ID (NPI)	M	
201-B1	SERVICE PROVIDER ID	National Provider ID (NPI)	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Use value for Switch's requirements.	M	If submitting claim without a Switch, populate with blanks.

Insurance Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID	Enter member's 12 digit ID from Medicaid ID card	M	<i>Payer Requirement:</i> Required
312-CC	CARDHOLDER FIRST NAME		RW	<i>Payer Requirement:</i> Not required, captured if sent
313-CD	CARDHOLDER LAST NAME		RW	<i>Payer Requirement:</i> Not required, captured if sent
314-CE	HOME PLAN		RW	<i>Payer Requirement:</i> Not required, captured if sent
524-FO	PLAN ID		RW	<i>Payer Requirement:</i> Not required, captured if sent
309-C9	ELIGIBILITY CLARIFICATION CODE		RW	<i>Payer Requirement:</i> Not required, captured if sent
301-C1	GROUP ID		RW	<i>Payer Requirement:</i> Not required, captured if sent
303-C3	PERSON CODE		RW	<i>Payer Requirement:</i> Not required, captured if sent
306-C6	PATIENT RELATIONSHIP CODE		RW	<i>Payer Requirement:</i> Not required, captured if sent

Patient Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions

Patient Segment Segment Identification (111-AM) = "Ø1"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
331-CX	PATIENT ID QUALIFIER		RW	<i>Payer Requirement:</i> Not required, captured if sent
332-CY	PATIENT ID		RW	<i>Payer Requirement:</i> Not required, captured if sent
3Ø4-C4	DATE OF BIRTH		R	<i>Payer Requirement:</i> Required
3Ø5-C5	PATIENT GENDER CODE		RW	<i>Payer Requirement:</i> Not required, captured if sent
31Ø-CA	PATIENT FIRST NAME		RW	<i>Payer Requirement:</i> Not required, captured if sent
311-CB	PATIENT LAST NAME		RW	<i>Payer Requirement:</i> Not required, captured if sent
322-CM	PATIENT STREET ADDRESS		RW	<i>Payer Requirement:</i> Not required, captured if sent
323-CN	PATIENT CITY ADDRESS		RW	<i>Payer Requirement:</i> Not required, captured if sent
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	<i>Payer Requirement:</i> Not required, captured if sent
325-CP	PATIENT ZIP/POSTAL ZONE		RW	<i>Payer Requirement:</i> Not required, captured if sent
326-CQ	PATIENT PHONE NUMBER		RW	<i>Payer Requirement:</i> Not required, captured if sent
333-CZ	EMPLOYER ID		RW	<i>Payer Requirement:</i> Not required, captured if sent
335-2C	PREGNANCY INDICATOR		RW	<i>Payer Requirement:</i> Not required, captured if sent
384-4X	PATIENT RESIDENCE		RW	<i>Payer Requirement:</i> Not required, captured if sent

Claim Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).  <i>Payer Requirement:</i> Only value of "1" is accepted
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	<i>Payer Requirement:</i> Supports 12-digit Rx# Example: ØØØØØ1234567 (leading zeros)

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1 – UPC Ø2 – HRI Ø3 – NDC	M	<i>Payer Requirement:</i> Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID		M	<i>Payer Requirement:</i> 12-digit UPC Code 10-digit HRI Number 11-digit NDC Number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	<i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).  Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	<i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).  Required if Associated Prescription/Service Reference Number (456-EN) is used.  Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	<i>Imp Guide:</i> Required if Procedure Modifier Code (459-ER) is used.  <i>Payer Requirement:</i> Not required, captured if sent

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
459-ER	PROCEDURE MODIFIER CODE		RW	<i>Imp Guide:</i> Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted.  Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement:</i> Not required, captured if sent
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 – Not a Compound 2 – Compound	R	<i>Payer Requirement:</i> Use "1" if product not a compound or "2" if product is a compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber	R	<i>Payer Requirement:</i> Use '1' only for limited products. Do not use 2, 3, 4, 5, 6, 7, 8 or 9
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	<i>Payer Requirement:</i> Not required, captured if sent
419-DJ	PRESCRIPTION ORIGIN CODE	Ø – Not Known 1 – Written 2 – Telephone 3 – Electronic 4 – Facsimile 5 – Pharmacy	R	<i>Payer Requirement:</i> Required
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	Ø8 – Process Compound For Approved Ingredients	RW	<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø).  <i>Payer Requirement:</i> Ø8=Process compound for Approved Ingredients

Claim Segment Segment Identification (111-AM) = "07"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
308-C8	OTHER COVERAGE CODE	Ø – Not Specified 1 – No other coverage 2 – Other coverage exists- payment collected 3 – Other Coverage Billed – claim not covered 4 – Other coverage exists – payment not collected 8 – Claim is billing for patient financial responsibility only (co- pay/coinsurance)	RW	<i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.  Required for Coordination of Benefits.
429-DT	SPECIAL PACKAGING INDICATOR		RW	<i>Payer Requirement:</i> Not required, captured if sent
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	<i>Imp Guide:</i> Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	<i>Imp Guide:</i> Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	<i>Payer Requirement:</i> Not required, captured if sent
600-28	UNIT OF MEASURE		RW	<i>Payer Requirement:</i> Not required, captured if sent
418-DI	LEVEL OF SERVICE		RW	<i>Payer Requirement:</i> Not required, captured if sent

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø4 – Exemption from Copay and/or Coinsurance  Ø8 – Payer Defined Exemption	RW	<i>Payer Requirement:</i> Ø4 – Emergency Fill Indication* Ø4 – New Nursing Facility Members* Ø4 – Newly DX Pregnant Women*  Ø8 – Member is diagnosed with Breast or Cervical Cancer*  *Note: 462-EV must be submitted with a following appropriate code
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Payer Requirement:</i> 99888 – Emergency Fill Indication 11111 – New Nursing Home Indicator 22222 – Newly DX pregnant woman ØØØØØ – Breast or Cervical Cancer diagnosis
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		RW	<i>Imp Guide:</i> Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary.  Required if Intermediary Authorization ID (464-EX) is used.
464-EX	INTERMEDIARY AUTHORIZATION ID		RW	<i>Imp Guide:</i> Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary.
343-HD	DISPENSING STATUS		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Payer Requirement:</i> Required if 4Ø6-D6 Compound Code is a "2"



Pricing Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	<i>Payer Requirement:</i> Required
412-DC	DISPENSING FEE SUBMITTED		R	<i>Payer Requirement:</i> Required
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Not required, captured if sent
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Not required, captured if sent
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.  <i>Payer Requirement:</i> Not required, captured if sent
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used.  <i>Payer Requirement:</i> Not required, captured if sent
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	<i>Payer Requirement:</i> Not required, captured if sent
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	<i>Payer Requirement:</i> Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Payer Requirement:</i> Required
430-DU	GROSS AMOUNT DUE		R	<i>Payer Requirement:</i> Required
423-DN	BASIS OF COST DETERMINATION		RW	<i>Payer Requirement:</i> Not required, captured if sent
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		RW	<i>Payer Requirement:</i> Not required, captured if sent

Pharmacy Provider Segment	Check	Claim Billing/Claim Rebill
This Segment is situational – Not required	X	

Pharmacy Provider Segment Segment Identification (111-AM) = “Ø2”				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Provider ID (444-E9) is used.  <i>Payer Requirement:</i> Not required, captured if sent
444-E9	PROVIDER ID		RW	<i>Payer Requirement:</i> Not required, captured if sent

Prescriber Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for B1 & B3 Transactions

Prescriber Segment Segment Identification (111-AM) = “Ø3”				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 – NPI	R	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used.  <i>Payer Requirement:</i> Required.- Use only Ø1 National Provider ID (NPI)
411-DB	PRESCRIBER ID		R	<i>Payer Requirement:</i> National Provider ID (NPI) – Required
427-DR	PRESCRIBER LAST NAME		RW	<i>Payer Requirement:</i> Not required, captured if sent
498-PM	PRESCRIBER PHONE NUMBER		RW	<i>Payer Requirement:</i> Not required, captured if sent
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	<i>Payer Requirement:</i> Not required, captured if sent
421-DL	PRIMARY CARE PROVIDER ID		RW	<i>Payer Requirement:</i> Not required, captured if sent
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	<i>Payer Requirement:</i> Not required, captured if sent



Coordination of Benefits/Other Payments Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for secondary and tertiary claims. Required for B1 & B3 Transactions
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"				Claim Billing/Claim Rebill
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1 if other payer was Primary Ø2 if other payer was Secondary Ø3 if other payer was Tertiary
339-6C	OTHER PAYER ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.  <i>Payer Requirement:</i> Complete if present
34Ø-7C	OTHER PAYER ID		RW	<i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication.  <i>Payer Requirement:</i> Complete if present
443-E8	OTHER PAYER DATE		RW	<i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.  <i>Payer Requirement:</i> Same as Imp Guide
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used.  <i>Payer Requirement:</i> Required if (3Ø8-C8) Other Coverage Code is 2; # of claims paid

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used.  <i>Payer Requirement:</i> Required if (3Ø8-C8) Other Coverage Code is 2
431-DV	OTHER PAYER AMOUNT PAID		RW	<i>Imp Guide:</i> Required if other payer has approved payment for some/all of the billing.  <i>Payer Requirement:</i> Required if (3Ø8-C8) Other Coverage Code is 2; COB amount
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used.  <i>Payer Requirement:</i> Complete if present
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing.  <i>Payer Requirement:</i> Complete if present
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.  <i>Payer Requirement:</i> Required if (3Ø8-C8) Other Coverage Code is 8

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill	
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	<p>Ø5 - Amount of Copay (518-FI) as reported by previous payer. Code indicating that the following dollar amount is the amount of the patient responsibility applied to the patient's plan co-pay liability by another/previous payer.</p> <p>Ø6 - Patient Pay Amount (5Ø5-F5) as reported by previous payer. Used to indicate the provider is submitting the amount reported by a prior payer as the patient's responsibility.</p> <p>Ø7 - Amount of Coinsurance (572-4U) as reported by previous payer. Coinsurance is a form of cost sharing that holds the patient responsible for a dollar amount based on a percentage for each product/service received and regardless of the patient's current benefit status, product selection or network selection.</p>	RW	<p><i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.</p> <p><i>Payer Requirement:</i> Required if (3Ø8-C8) Other Coverage Code is 8</p>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	<p><i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing.</p> <p><i>Payer Requirement:</i> Required if (3Ø8-C8) Other Coverage Code is 8; co-pay or coinsurance from COB</p>

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.  <i>Payer Requirement:</i> Not required, captured if sent
393-MV	BENEFIT STAGE QUALIFIER		RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.  <i>Payer Requirement:</i> Not required, captured if sent
394-MW	BENEFIT STAGE AMOUNT		RW	<i>Imp Guide:</i> Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.  <i>Payer Requirement:</i> Not required, captured if sent

DUR/PPS Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	<i>Imp Guide:</i> Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW	<i>Payer Requirement:</i> Required if segment used.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	<i>Payer Requirement:</i> Required if segment used.
441-E6	RESULT OF SERVICE CODE		RW	<i>Payer Requirement:</i> Required if segment used.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	<i>Payer Requirement:</i> Complete if present

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
475-J9	DUR CO-AGENT ID QUALIFIER	Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC) 2Ø – International Classification of Diseases (ICD9)	RW	<i>Imp Guide:</i> Required if DUR Co-Agent ID (476-H6) is used.  <i>Payer Requirement:</i> Not required. Values Ø1, Ø2, Ø3, and 2Ø accepted
476-H6	DUR CO-AGENT ID		RW	<i>Payer Requirement:</i> Complete if present. Encouraged if code DC, DD, ID, MC, TD in 439-E4

Compound Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Use when Compound Code (4Ø6-D6) value of 2 is sent in the Claim Segment
		Required for B1 & B3 Transactions

Compound Segment Segment Identification (111-AM) = "1Ø"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Ø1 – Capsule Ø2 – Ointment Ø3 – Cream Ø4 – Suppository Ø5 – Powder Ø6 – Emulsion Ø7 – Liquid 1Ø – Tablet 11 – Solution 12 – Suspension 13 – Lotion 14 – Shampoo 15 – Elixir 16 – Syrup 17 – Lozenge 18 – Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 – Each 2 – Grams 3 – Milliliters	M	

Compound Segment Segment Identification (111-AM) = "1Ø"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	<i>Payer Requirement:</i> Count of compound product IDs (both active and inactive) in the compound mixture submitted.
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 – National Drug Code (NDC)	M	<i>Payer Requirement:</i> Ø3 – NDC Required
489-TE	COMPOUND PRODUCT ID		M	<i>Payer Requirement:</i> NDC of each ingredient
448-ED	COMPOUND INGREDIENT QUANTITY		M	<i>Payer Requirement:</i> Quantity of each ingredient
449-EE	COMPOUND INGREDIENT DRUG COST		R	<i>Payer Requirement:</i> Required
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	ØØ – Default Ø1 – AWP (Average Wholesale Price) Ø2 – Local Wholesaler Ø3 – Direct Ø4 – EAC (Estimated Acquisition Cost) Ø5 – Acquisition Ø6 – MAC (Maximum Allowable Cost) Ø7 – Usual & Customary Ø8 – 34ØB Price Ø9 – Other 1Ø – ASP (Average Sales Price) 11 – AMP (Average Manufacturer Price) 12 – WAC (Wholesale Acquisition Cost) 13 – Special Patient Pricing	R	<i>Payer Requirement:</i> Required
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	<i>Payer Requirement:</i> Not required, captured if sent
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	<i>Payer Requirement:</i> Not required, captured if sent



Clinical Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Only for B1 or B3 Transactions if required for specific claim.

Clinical Segment Segment Identification (111-AM) = "13"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1=International Classification of Diseases (ICD9)	RW	<i>Imp Guide:</i> Required if Diagnosis Code (424-DO) is used.  <i>Payer Requirement:</i> Value Ø1=International Classification of Diseases (ICD9) accepted
424-DO	DIAGNOSIS CODE		RW	<i>Payer Requirement:</i> Effective 10/01/11, submit the ICD-9 code of 299.0 for pediatric members ages 5-16 using risperidone for irritability associated with autism.

\*\* End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet\*\*

**\*\* Start of Request Claim Reversal (B2) Payer Sheet \*\***

Field Legend for Columns			
Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Question	Answer
What is your reversal window?	90 Days

**CLAIM REVERSAL TRANSACTION**

Transaction Header Segment	Check	Claim Reversal
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

	Transaction Header Segment	Value	Payer Usage	Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	ØØ1553	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	GAM	M	
1Ø9-A9	TRANSACTION COUNT	Up to 1 allowed	M	Only 1 allowed for B2 transaction
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 National Provider ID (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	National Provider ID (NPI)	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Use value for Switch's requirements.	M	If submitting claim without a Switch, populate with blanks.



Insurance Segment	Check	Claim Reversal
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	Enter member's 12 digit ID from Medicaid ID card	M	
3Ø1-C1	GROUP ID		RW	<i>Imp Guide:</i> Required if needed to match the reversal to the original billing transaction.

Claim Segment	Check	Claim Reversal
This Segment is always sent	X	

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	<i>Payer Requirement:</i> Supports 12-digit Rx# Example: ØØØØØ1234567 (leading zeros)
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1 – UPC Ø2 – HRI Ø3 – NDC	M	<i>Payer Requirement:</i> Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID		M	<i>Payer Requirement:</i> 12-digit UPC Code 10-digit HRI Number 11-digit NDC Number
4Ø3-D3	FILL NUMBER		RW	<i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.
3Ø8-C8	OTHER COVERAGE CODE		RW	<i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed.



Pricing Segment		Check	Claim Reversal
This Segment is always sent		X	

Pricing Segment Segment Identification (111-AM) = "11"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
43Ø-DU	GROSS AMOUNT DUE		R	Payer Requirement: Required

Coordination of Benefits/Other Payments Segment		Check	Claim Reversal
This Segment is situational		X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1 if other payer was Primary Ø2 if other payer was Secondary Ø3 if other payer was Tertiary

DUR/PPS Segment		Check	Claim Reversal
This Segment is situational		X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW	Payer Requirement: Required if segment used.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Payer Requirement: Required if segment used.
441-E6	RESULT OF SERVICE CODE		RW	Payer Requirement: Required if segment used.

**\*\* End of Request Claim Reversal (B2) Payer Sheet \*\***



Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) are excluded from the payer sheet.

ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT eligibility verification transactions.

PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT prior authorization transactions.
- The use of the Prior Authorization Segment is NOT SUPPORTED.

INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT informational transactions.

CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT controlled substance reporting transactions

PARTIAL FILL TRANSACTION REPORTING

- Partial Fill transactions are handled per NCPDP standard

COORDINATION OF BENEFITS REPORTING

- Use of COB Segment data elements is required when alternate insurance exists

COUPON REPORTING

- USE OF THE COUPON SEGMENT DATA ELEMENTS is NOT SUPPORTED
- Submit value of coupon in COB Segment's Other Payer Amount field.

MULTIPLE-INGREDIENT COMPOUND CLAIMS SUBMISSION

- The COMPOUND SEGMENT for multi-ingredient compound claims is supported
- Single-ingredient compound claims are not accepted by this client.

DISPENSING FEE SUBMITTED

- Please include your dispensing fee in field 412-DC

DUPLICATE CLAIM

- Denial reason of 88 DUPRX will post for a duplicate prescription filled at a different pharmacy. Please call the Technical Help Desk if you need more information on the other script causing the conflict.

GENERAL INFORMATION

Live Date:	January 1, 2007 (Version D.Ø Effective 01/01/12)	
Maximum prescriptions per transaction:	4	
Technical assistance, help desk:	(866) 525-5826	SXC Health Solutions, Inc.
Clinical Prior Authorization support:	(866) 525-5827	SXC Health Solutions, Inc.
Toll Free Prior Authorization Fax Number:	(888)-491-9742	SXC Health Solutions, Inc.
Vendor certification required:	No	
Pharmacy Registration with Payer Required:	Yes	
Switch Support:	NDC Health Emdeon/WebMD, eRx, ENVOY, QS1	

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