



# NCPDP Version 5 Request Payer Sheet

*NCPDP Rev.04.16.02*

## General Information

Payer Name: <b>Priority Health MA-PD, Priority Health Regional PDP</b>	Date: 12/07/2009
Plan Name/Group Name: <b>Priority Medicare &amp; Priority Medicare Plus Priority Medicare Value Priority Medicare Rx</b>	
Processor: Argus	Switch: Various
Effective as of: 01/01/2006	Version/Release #: MEDD.05
Contact/Information Source: 1-800-466-6642	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 1.800.KC.ARGUS (1.800.522.7487)	
Other versions supported: The HIPAA required format is 5.1	

## Other Transactions Supported (as of 10/16/2003)

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

Pharmacies adjudicating Flu Vaccines at Point of Sale will be required to submit ALL of the following service codes:

- **440-E5 – Professional Service Code**
- **439-E4 – Reason for Service Code**
- **441-E6 – Result of Service Code**

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# Billing Transaction

## Segments

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) must always be sent. Fields designated as "Required When" (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	012353	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	B1 = Billing (claim)
104-A4	Processor Control Number	03690000 (Priority Health MA-PD) 03700000 (Priority Health PDP)	M	
109-A9	Transaction Count		M	1
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	Pharmacy NPI required effective 5/23/2008.
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

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## Patient Segment:

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	
3Ø4-C4	Date Of Birth		R	
3Ø5-C5	Patient Gender Code		R	Customer-specific edit

## Insurance Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	
3Ø2-C2	Cardholder ID		M	
3Ø3-C3	Person Code		M	Customer-specific edit
3Ø6-C6	Patient Relationship		M	Customer-specific edit

## Claim Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	
455-EM	Prescription/Service Ref # Qualifier	Blank = not specified 1 = Rx Billing	M	Blank treated as '1'
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03 = NDC	M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
403-D3	Fill Number	00 – 99	R	00 = Original Prescription 01–99 = Refill Prescription
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	Compound Code=2 required when submitting compound prescription

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408-D8	DAW/Product Selection Code		R	
419-DJ	Prescription Origin Code (POC)	0 = Not Specified  1=Written 2=Telephone 3=Electronic 4=Facsimile	RW	Required on original Rx. When Fill Number is '00' (Original Prescription), the POC requires a value of 1 – 4.  Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 0 – 4. Values of 1 – 4 are recommended.  Note: POC editing for Original Rx varies by customer. If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code).
308-C8	Other Coverage Code		RW	Use as needed for benefit determination.
461-EU	Prior Authorization Type Code		RW	Required when field 462-EV is used
462-EV	Prior Authorization Number Submitted		M	Used when auth # is required by plan.

Pharmacy Provider Segment (02):

Not used

Prescriber Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier		RW	Required when field 411-DB is used
411-DB	Prescriber ID		M	Prescriber NPI required effective 5/23/2008. No default per MI Medicaid.
427-DR	Prescriber Last Name		M	Customer-edit

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COB/Other Payments Segment (05):

Situational

Does payer/processor support COB? Yes

Which method will you support? Bill Other Payer Amount

See **ADDITIONAL INFORMATION FOR COB BILLING SUBMISSIONS** below

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**Note:** Required for supplemental claim submission.

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Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05	M	
337-4C	Coordination of Benefits/Other Payments Count		RW	
338-5C	Other Payer Coverage Type		RW	Can occur up to 3 times.
339-6C	Other Payer ID Qualifier		RW	Required when 340-7C is submitted. Can occur up to 3 times.
340-7C	Other Payer ID		RW	Can occur up to 3 times.
443-E8	Other Payer Date		RW	Can occur up to 3 times.
341-HB	Other Payer Amount Paid Count		RW	
342-HC	Other Payer Amount Paid Qualifier		RW	Required when 431-DV is submitted. Can occur up to 9 times per payer.
431-DV	Other Payer Amount Paid		RW	Can occur up to 9 times per payer.
471-5E	Other Payer Reject Count		RW	
472-6E	Other Payer Reject Code		RW	Can occur up to 5 times per payer.

Workers' Compensation Segment (06):

N/A for this payer.

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DUR/PPS Segment (08):

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08	M	
473-7E	DUR/PPS Code Counter		RW	Required if fields 439, 440, or 441 are used.
439-E4	Reason for Service Code	PH	R	Pharmacy must submit a code of PH – Preventative Healthcare Code indicating tha the pharmacist is certified to provide the service.
440-E5	Professional Service Code	MA	R	Pharmacy must submit a code of MA – Medication Administration in thiis to indicate an action of supplying the vaccine.
441-E6	Result of Service Code	3N	R	Pharmacy must submit a code of 3N – Medication Administered to reflect cognitive service and to indicate they provided MCIR reporting to the state.

Pricing Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	Required (but may be zeros)
412-DC	Dispensing Fee Submitted		RW	Customer-specific edits
433-DX	Patient Paid Amount Submitted		RW	Customer-specific edits
438-E3	Incentive Amount Submitted		RW	Customer-specific edit
481-HA	Flat Sales Tax Amount Submitted		RW	Customer-specific edit
482-GE	Percentage Sales Tax Amount Submitted		RW	Customer-specific edit
426-DQ	Usual And Customary Charge		R	
430-DU	Gross Amount Due		R	

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Coupon Segment (09): Not used

Compound Segment (10): Not used

Prior Authorization Segment (12): Not used

Clinical Segment (13): Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count		RW	
492-WE	Diagnosis Code Qualifier		RW	Can occur up to 5 times
424-DO	Diagnosis Code		RW	Can occur up to 5 times.

## Additional Information for Claim Billing Submissions

### Sales Tax Processing

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Sales tax calculated per customer-specific edits.

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## Additional Information for COB Billing Submissions

**When the Primary paid the claim and the claim is being submitted with a COB Segment with Other Payer Amount to the Secondary Payer.**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05	M	
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type	01	M	Primary
339-6C	Other Payer ID Qualifier		M	
340-7C	Other Payer ID		M	
443-E8	Other Payer Date		M	
341-HB	Other Payer Amount Paid Count		M	

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342-HC	Other Payer Amount Paid Qualifier	M
431-DV	Other Payer Amount Paid	M

**When the Primary rejected the claim and the claim is being submitted with a COB Segment to a Secondary Payer**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05	M	
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type	01	M	Primary
339-6C	Other Payer ID Qualifier		M	
340-7C	Other Payer ID		M	
443-E8	Other Payer Date		M	
471-5E	Other Payer Reject Count		M	
472-6E	Other Payer Reject Code		M	

## Other Transaction Information

### Reversals

Maximum Number of Transactions Supported per transmission	Max # of transactions supported = 1
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Timeframe = 180 days from initial receipt

### Certification Requirements

**Does payer/processor require software certification?**

No, but we encourage certification through NHIN, the third-party certification used by Argus.

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# NCPDP Version 5 Response Payer Sheet

*NCPDP Rev.04.16.02*

## General Information

Payer Name: <b>Priority Health MA-PD, Priority Health Regional PDP</b>	Date: 12/07/2009
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## Segments

The purpose of this document is to provide further clarity for Providers as to the Response Data they will receive. This document lists the segments available in a Response Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. See Template Instructions for mandatory or optional fields and the usage of the M/R/RW and Comment columns. Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) will always be sent. Fields designated as “Required When” (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer. Note that on the Response segments, “Required” should be interpreted as “Reported” by the processor.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

## PAID (or Duplicate of Paid) Response

Response Header Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	

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109-A9	Transaction Count	Same value as in request billing	M	
501-F1	Header Response Status	A	M	A = Accepted
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

Response Message Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

Response Insurance Segment (25): Not used

Response Status Segment: Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	P or D	M	P = Paid D = Duplicate of Paid
526-FQ	Additional Message Information		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

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Response Claim Segment:

Mandatory

**Will Preferred Product fields be provided for provider display?**

No

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22	M	
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment:

Mandatory

**Will Payer/Processor provide the following fields regarding the member’s overall pharmacy benefit?**

512-FC Accumulated Deductible Amount No  
513-FD Remaining Deductible Amount No  
514-FE Remaining Benefit Amount No

**Will Payer/Processor provide the following Partial Fill payment fields?**

546-HH Basis of Calculation – Dispensing Fee No  
547-HJ Basis of Calculation – Copay No  
548-HK Basis of Calculation – Flat Sales Tax No  
549-HL Basis of Calculation – Percentage Sales Tax No

**Will Payer/Processor support the inclusion of Tax Exempt Flag (557-AV)?** No

**Will Payer/Processor follow the pricing formula from the NCPDP Telecommunication Implementation Guide Version 5.1 section “4.2.9 Pricing Segment” and “4.4.4 Response Pricing Segment”?**

Yes, excluding percentage sales tax fields.

**Will Payer/Processor populate the following fields with zeros when the field value is zero, because the following fields are part of the sum reported in the field “total provider reimbursement”?**

505-F5 Patient Pay Amount Yes  
509-F9 Total Amount Paid Yes

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Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23	M	
505-F5	Patient Pay Amount		R	May be populated with zeros
506-F6	Ingredient Cost Paid		RW	Reported back when amount is submitted
507-F7	Dispensing Fee Paid		RW	Reported back when amount is submitted
558-AW	Flat Sales Tax Amount Paid		RW	Reported back when amount is submitted
559-AX	Percentage Sales Tax Amount Paid		RW	Reported back when amount is submitted
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable
517-FH	Amount Applied To Periodic Deductible		RW	Reported when applicable
518-FI	Amount Of Copay/ Co-Insurance		RW	Reported when applicable
519-FJ	Amount Attributed To Product Selection		RW	Reported when applicable
346-HH	Basis of Calculation-Dispensing Fee		RW	Reported when applicable
347-HJ	Basis of Calculation-Copay		RW	Reported when applicable

Response DUR/PPS Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24	M	
567-J6	DUR/PPS Response Code Counter		RW	Required when field 439 and/or 528 is used.
439-E4	Reason For Service Code		RW	Reported when applicable. Can occur up to 9 times.
528-FS	Clinical Significance Code		RW	Reported when applicable.
544-FY	DUR Free Text Message		RW	Reported when applicable.

Response Prior Authorization Segment (26):

Not used

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## Reject Response

Response Header Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	
501-F1	Header Response Status	A	M	
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

Response Message Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

Response Status Segment:

Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	R	M	R = Reject
510-FA	Reject Count		R	
511-FB	Reject Code		R	Can occur up to 5 times.

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526-FQ	Additional Message Information	RW	If applicable for Other Health Insurance reporting and if plan requests messaging
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