



NCPDP VERSION 5 PAYER SHEET

****GENERAL INFORMATION****

Payer Name: Ramsell Public Health Rx	Date: April 30, 2008
Plan Name/Group Name: California ADAP	
Processor: HealthTrans	Switch: ALL
Effective as of: May 2008	Version/Release #: 51
Contact/Information Source: Angel Banks, angel@publichealthrx.com	
Provider Relations Help Desk Info: 1-888-311-7632, www.publichealthrx.com	

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) will always be sent. Fields designated as "Required When" (RW) will be sent under circumstances that should be explained in the Comment column.

- M=Mandatory
- O=Optional
- R =Required
- RW = Required When

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	004519	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1,B2	M	
1Ø4-A4	Processor Control Number	ADP VPC	M	
1Ø9-A9	Transaction Count	4	M	
2Ø2-B2	Service Provider ID Qualifier		M	NPI
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID		M	

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
301-C1	Group ID		M	
303-C3	Person Code		O	
306-C6	Patient Relationship	1=subscriber	M	

Patient Segment: Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment



NCPDP VERSION 5 PAYER SHEET

304-C4	Date of Birth		M	
305-C5	Patient Gender Code	1=male, 2=female	M	
310-CA	Patient First Name		O	
311-CB	Patient Last Name		M	
322-CM	Patient Street Address		M	
322-CN	Patient City Address		M	
324-CO	Patient State		M	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW/O	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1=billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03=NDC	M	
4Ø7-D7	Product/Service ID		M	11-digit NDC
343-HD	Dispensing Status		R	
403-D3	Fill Number		M	
405-D5	Days Supply		M	
406-D6	Compound Code	1=not a compound 2=compound	O	
408-D8	Dispense as Written (DAW)		O	0-9
415-DF	# of Fills Authorized		M	
442-E7	Quantity Dispensed		M	

Pharmacy Provider Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier		M	
444-E9	Provider ID		M	

Prescriber Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	01=NPI	O	Will continue to accept 12=DEA after 5/23/07
411-DB	Prescriber ID		O	

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		M	
412-DC	Dispensing Fee Submitted		M	
426-DQ	Usual and Customary		M	
430-DU	Gross Amount Due		O	
433-DX	Patient Paid Amount		O	
481-HA	Flat Sales Tax Amount		O	
423-DN	Basis of Cost Determination		M	
409-D9	Ingredient Cost Submitted		M	



NCPDP VERSION 5 PAYER SHEET

412-DC	Dispensing Fee Submitted		O	
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COB/Other Payments Segment: Optional

Does payer/processor support COB? Yes

COB billing method: Bill Copay Only

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

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M (Repeating)	

**** ADDITIONAL INFORMATION FOR COB BILLING SUBMISSIONS ****

Scenario 2- Secondary claim being submitted by pharmacy when the Primary has paid and this is copay only with the COB Segment when Other Payer ID and Date Information is required.

Claim Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
3Ø8-C8	Other Coverage Code	8	M	If copay only this field is required and the value must be 8.

Pricing Segment:

Note: None of the other Pricing fields, Ingredient Cost or Dispensing Fee should be sent in copayment only billing, but if submitted should be submitted as zero.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
478-H7	Other Amount Claimed Submitted Count	Ø1	M	
479-H8	Other Amount Claimed Submitted Qualifier	99=other for copay only billing	M	
48Ø-H9	Other Amount Claimed Submitted		M	Previous payer patient pay amount value
43Ø-DU	Gross Amount Due		M	Should equal to the amount shown in Other Amount Claimed Submitted (48Ø-H9)

COB/Other Payments Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	1	M	



NCPDP VERSION 5 PAYER SHEET

338-5C	Other Payer Coverage Type	Ø1	M (Repeating)	Primary
339-6C	Other Payer ID Qualifier			Required
34Ø-7C	Other Payer ID			Required
443-E8	Other Payer ID Date			Required

Scenario 4- When the Primary rejected the claim and the claim is being submitted with a COB Segment to a Secondary Payer

Claim Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
3Ø8-C8	Other Coverage Code	All values but Ø, 1, 2, 4, and 8	M	

COB/Other Payments Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	1	M	
338-5C	Other Payer Coverage Type	Ø1	M (Repeating)	Primary
339-6C	Other Payer ID Qualifier			Should indicate what values are supported
34Ø-7C	Other Payer ID			Should indicate what values are supported
443-E8	Other Payer ID Date			Should indicate if required
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	4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	60 days

**** TEST DATA ****

Contact Ramsell Public Health Rx at 1-888-311-7632 for test claim data.