



## NCPDP VERSION 5 PAYER SHEET

**\*\*GENERAL INFORMATION\*\***

|   |                                 |
|---|---------------------------------|
| Payer Name: Ramsell Public Health Rx  | Date: July 1, 2009              |
| Plan Name/Group Name: San Bernardino County   | Department of Behavioral Health |
| Processor: HealthTrans  | Switch: ALL                     |
| Effective as of: July 2009  | Version/Release #: 51           |
| Contact/Information Source: Angel Banks, <a href="mailto:angel@publichealthrx.com">angel@publichealthrx.com</a>       |                                 |
| Provider Relations Help Desk Info: 1-888-311-7632, <a href="http://www.publichealthrx.com">www.publichealthrx.com</a> |                                 |
|   |                                 |

**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                       | 014632 | M      |         |
| 1Ø2-A2  | Version/Release Number           | 51     | M      |         |
| 1Ø3-A3  | Transaction Code                 | B1,B2  | M      |         |
| 1Ø4-A4  | Processor Control Number         |        | 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 |



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|        |                        |                  |   |  |
|--------|------------------------|------------------|---|--|
| 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<br>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 | M      |                    |
| 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      |                 |
| 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<br>(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      |                            |



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