



**NMHCrx
VERSION 5.1 PAYER SHEET**

****GENERAL INFORMATION****

**** TRANSACTION SUPPORT ****

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill

ELIGIBILITY VERIFICATION (E1), PRIOR AUTHORIZATION (P1, P2, P3), INFORMATION (N1, N2, N3), and CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) transactions are NOT SUPPORTED.

COMPOUND CLAIMS SUBMISSION -- USE OF THE COMPOUND SEGMENT is NOT SUPPORTED. Submit compound claims using value '2' in the Compound Code field and the NDC of the most expensive ingredient in the Product/Service ID field of the Claim Segment.

PARTIAL FILL TRANSACTIONS -- USE OF PARTIAL FILL DATA ELEMENTS is NOT SUPPORTED. Reverse original partial claim and resubmit with final dispensed quantity.

COORDINATION OF BENEFITS & COUPON REPORTING -- Only the Other Coverage Code and Other Payer Amount Paid fields are currently supported in the COB Segment. The Coupon Segment is NOT supported -- submit the value of the coupon in COB Segment's Other Payer Amount field.

NPI FUNCTIONALITY CHANGES

Beginning May 23, 2007, NPI numbers will be accepted for pharmacy and prescriber identifiers.
NCPDP number will continue to be accepted for the service provider ID through May 22, 2007; effective May 23, 2007, only NPI number will be accepted for the service provider ID.
NPI qualifier for service provider ID will be '01' effective May 23, 2007
DEA or State License will continue to be accepted for prescriber ID after May 23, 2007 unless specific clients require only NPI to be submitted.
Prescriber qualifier of '01' '12' or '08' will continue to be accepted for prescriber qualifier after May 23, 2007, unless specific clients require only '01' to be submitted.
Reversals will also accept NCPDP through May 22, 2007; effective May 23, 2007 only NPI will be accepted.

****SEGMENTS****

Transaction Header Segment - Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
1Ø1-A1	BIN NUMBER	M	610011
1Ø2-A2	VERSION/RELEASE NUMBER	M	5.1
1Ø3-A3	TRANSACTION CODE	M	B1, B2 or B3 only
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	
1Ø9-A9	TRANSACTION COUNT	M	01 – 04 (B1 & B3 -- up to 4 per transmission; B2 – only 1 per transmission)
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	'07' (NCPDP) through 5/22/2007 '01' (NPI) effective May 23, 2007
2Ø1-B1	SERVICE PROVIDER ID	M	NCPDP Number through 5/22/2007 NPI Number effective 5/23/2007
4Ø1-D1	DATE OF SERVICE	M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.

Patient Segment – Situational			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	01
331-CX	PATIENT ID QUALIFIER	S	
332-CY	PATIENT ID	S	
3Ø4-C4	DATE OF BIRTH	S	
3Ø5-C5	PATIENT GENDER CODE	S	
31Ø-CA	PATIENT FIRST NAME	S	
311-CB	PATIENT LAST NAME	S	
322-CM	PATIENT STREET ADDRESS	S	
323-CN	PATIENT CITY ADDRESS	S	
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	
325-CP	PATIENT ZIP/POSTAL ZONE	S	
326-CQ	PATIENT PHONE NUMBER	S	
3Ø7-C7	PATIENT LOCATION	S	
333-CZ	EMPLOYER ID	S	
334-1C	SMOKER / NON-SMOKER CODE	S	
335-2C	PREGNANCY INDICATOR	S	

Insurance Segment – Situational			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	04
3Ø2-C2	CARDHOLDER ID	M	
312-CC	CARDHOLDER FIRST NAME	S	
313-CD	CARDHOLDER LAST NAME	S	
314-CE	HOME PLAN	S	
524-FO	PLAN ID	S	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S	
336-8C	FACILITY ID	S	
3Ø1-C1	GROUP ID	S	
3Ø3-C3	PERSON CODE	S	

306-C6	PATIENT RELATIONSHIP CODE	S	
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Claim Segment – Mandatory			Segment is Required for B1, B2 & B3 transactions.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	07
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Required. Only value '1' is accepted.
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Required. Only supports 7 digit Rx #.
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03
407-D7	PRODUCT/SERVICE ID	M	NDC number.
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	Not Required.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Not Required.
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required ONLY if Procedure Modifier Code Submitted.
459-ER	PROCEDURE MODIFIER CODE	S***R***	Submit ONLY if instructed by Help Desk.
442-E7	QUANTITY DISPENSED	S	Required for B1 & B3 claims.
403-D3	FILL NUMBER	S	Required for B1 & B3 claims.
405-D5	DAYS SUPPLY	S	Required for B1 & B3 claims.
406-D6	COMPOUND CODE	S	Required for B1 & B3 claims.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Required for B1 & B3 claims.
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for B1 & B3 claims.
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Not Required.
419-DJ	PRESCRIPTION ORIGIN CODE	S	Not Required.
420-DK	SUBMISSION CLARIFICATION CODE	S	Submit ONLY if instructed.
460-ET	QUANTITY PRESCRIBED	S	Not Required. Partial Fills not supported.
308-C8	OTHER COVERAGE CODE	S	Submit ONLY if instructed.
429-DT	UNIT DOSE INDICATOR	S	Not Required.
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Not Required. Partial Fills not supported.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Not Required. Partial Fills not supported.
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Not Required. Partial Fills not supported.
330-CW	ALTERNATE ID	S	Not Required.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required.
600-28	UNIT OF MEASURE	S	Not Required.
418-DI	LEVEL OF SERVICE	S	Not Required.
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Not Required.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	Not Required.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required.
464-EX	INTERMEDIARY AUTHORIZATION ID	S	Not Required.
343-HD	DISPENSING STATUS	S	Not Required. Partial Fills not supported.
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Not Required. Partial Fills not supported.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Not Required. Partial Fills not supported.

Pharmacy Provider Segment – Situational			Segment is Not Required.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	02
465-EY	PROVIDER ID QUALIFIER	S	
444-E9	PROVIDER ID (NCPDP #)	S	

Prescriber Segment – Situational			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	

		Situational	
111-AM	SEGMENT IDENTIFICATION	M	03
466-EZ	PRESCRIBER ID QUALIFIER	S	Required. Effective 5/23/07 '01' – NPI # Will accept '12' (DEA) or '08' (State License) unless specific clients require only '01' only to be submitted.
411-DB	PRESCRIBER ID	S	Required - 5/23/2007 – NPI# Will accept DEA or State License unless specific clients require only NPI.
467-1E	PRESCRIBER LOCATION CODE	S	
427-DR	PRESCRIBER LAST NAME	S	
498-PM	PRESCRIBER PHONE NUMBER	S	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	
421-DL	PRIMARY CARE PROVIDER ID	S	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	

COB/Other Payments Segment – Situational			Segment is Not Required. COB not currently supported.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	05
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	
339-6C	OTHER PAYER ID QUALIFIER	S***R***	
340-7C	OTHER PAYER ID	S***R***	
443-E8	OTHER PAYER DATE	S***R***	
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	
431-DV	OTHER PAYER AMOUNT PAID	S***R***	
471-5E	OTHER PAYER REJECT COUNT	S	
472-6E	OTHER PAYER REJECT CODE	S***R***	

Workers' Compensation Segment – Situational			Segment is Not Required.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	06
434-DY	DATE OF INJURY	M	
315-CF	EMPLOYER NAME	S	
316-CG	EMPLOYER STREET ADDRESS	S	
317-CH	EMPLOYER CITY ADDRESS	S	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S	
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S	
320-CK	EMPLOYER PHONE NUMBER	S	
321-CL	EMPLOYER CONTACT NAME	S	
327-CR	CARRIER ID	S	
435-DZ	CLAIM/REFERENCE ID	S	

DUR/PPS Segment -- Situational			Segment is Not Required. Use encouraged if applicable.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	08
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used. One to 9 occurrences are supported.

439-E4	REASON FOR SERVICE CODE	S***R***	Required if segment used.
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required if segment used.
441-E6	RESULT OF SERVICE CODE	S***R***	Required if segment used.
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Required if segment used.
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Required if 476-H6 used. Values 01, 02, 03, 20.
476-H6	DUR CO-AGENT ID	S***R***	Encouraged if code DC, DD, ID, MC, TD in 439-E4.

Pricing Segment – Mandatory			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	11
409-D9	INGREDIENT COST SUBMITTED	S	Required.
412-DC	DISPENSING FEE SUBMITTED	S	Required.
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Required.
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Not Required.
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Not Required.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	Required if 480-H9 submitted.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Required if 480-H9 submitted.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Not Required.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Required if 482-GE submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	Required if 482-GE submitted.
426-DQ	USUAL AND CUSTOMARY CHARGE	S	Required.
430-DU	GROSS AMOUNT DUE	S	Required.
423-DN	BASIS OF COST DETERMINATION	S	Not Required.

Coupon Segment – Situational			Segment is Not Required. Coupons not currently supported.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	09
485-KE	COUPON TYPE	M	Required if Segment used.
486-ME	COUPON NUMBER	M	Required if Segment used.
487-NE	COUPON VALUE AMOUNT	S	

Compound Segment – Situational			Segment is Not Required. Compound Segment not currently supported.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	10
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	
489-TE	COMPOUND PRODUCT ID	M***R***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	

Prior Authorization Segment – Situational			Submit segment for B1 and B3 transaction upon Help Desk request. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	12
498-PA	REQUEST TYPE	M	Values 1, 2, 3 accepted.
498-PB	REQUEST PERIOD DATE-BEGIN	M	Not used. Format must be correct, though.
498-PC	REQUEST PERIOD DATE-END	M	Not used. Format must be correct, though.
498-PD	BASIS OF REQUEST	M	Values ME, PR, PL accepted.
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	Not Required.
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	Not Required.
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	Not Required.
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	Not Required.
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S	Not Required.
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S	Not Required.
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	S	Not Required.
503-F3	AUTHORIZATION NUMBER	S	Not Required.
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	Not Required.

Clinical Segment – Situational			Submit segment for B1 and B3 transaction upon Help Desk request. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	13
491-VE	DIAGNOSIS CODE COUNT	S	Required if 424-DO populated.
492-WE	DIAGNOSIS CODE QUALIFIER	S***R***	Required if 424-DO populated.
424-DO	DIAGNOSIS CODE	S***R***	Not Required.
493-XE	CLINICAL INFORMATION COUNTER	S***R***	Not Required. Not Supported.
494-ZE	MEASUREMENT DATE	S***R***	Not Required. Not Supported.
495-H1	MEASUREMENT TIME	S***R***	Not Required. Not Supported.
496-H2	MEASUREMENT DIMENSION	S***R***	Not Required. Not Supported.
497-H3	MEASUREMENT UNIT	S***R***	Not Required. Not Supported.
499-H4	MEASUREMENT VALUE	S***R***	Not Required. Not Supported.

NOTES: A “Situational” data element means the NCPDP Standard does not require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The “Mandatory” and "Required" fields within a "Situational" segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted; however, not all segments are supported. Please contact the information number for more information regarding the support of claim segments.

The data elements listed in this Payer Sheet are presented so as to encompass all PCN subscriber plans. However, specific requirements may vary from plan to plan. Implementation of the NCPDP v5.1 Standard is being done as transparently as possible and values used with and/or required of the NCPDP v3.2 Standard will almost always apply. Requests for specific plan requirements can be sent to either of the contacts listed above.

PCN provides on-line prospective DUR edits for all of their plans. Please contact the PCN Customer Care Call Center @ 800/777-0074 for further information.