

## NCPDP VERSION D CLAIM BILLING COMMERCIAL REQUEST CLAIM BILLING PRIMARY PAYER SHEET

### GENERAL INFORMATION

Payer Name: <b>US SCRIPT</b>		Date: 11/21/2011
Plan Name/Group Name: Commercial/Non Medicare D Plans		BIN: 008019 PCN:
Processor: US SCRIPT		
Effective as of: 1/1/2012		NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007		NCPDP External Code List Version Date: March 2010
Contact/Information Source: ITS Service Desk (800) 460-8988		
Certification Testing Window:		
Certification Contact Information:		
Provider Relations Help Desk Info: (800) 460-8988		
Other versions supported: 5.1 supported until 3/31/2012. Refer to 5.1 Payer Sheet		

### OTHER TRANSACTIONS SUPPORTED

**Payer:** Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing
B2	Reversal

### 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

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

### CLAIM BILLING TRANSACTION

Transaction Header Segment Questions	Check	Claim Billing
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Field #	Transaction Header Segment	Value	Payer Usage	Claim Billing Comment
101-A1	BIN NUMBER	008019	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER		M	
109-A9	TRANSACTION COUNT	1-4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01=NPI 07=NCPDP#	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Software Vendor ID; Will not cause failure

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Insurance Segment Questions	Check	Claim Billing
This Segment is always sent	X	

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Claim Billing Comment
	NCPDP Field Name			Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
313-CD	CARDHOLDER LAST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
524-FO	PLAN ID		RW	
3Ø1-C1	GROUP ID		RW	Needed for Worker's Comp and POS Eligibility
3Ø3-C3	PERSON CODE		RW	Needed to identify specific multi-birth dependent.
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	

Patient Segment Questions	Check	Claim Billing
This Segment is always sent	X	If Situational, Payer Situation

Field	Patient Segment Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Claim Billing Comment
	NCPDP Field Name			Payer Situation
R3Ø4-C4	DATE OF BIRTH		R	Patient's Date of Birth
3Ø5-C5	PATIENT GENDER CODE		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
31Ø-CA	PATIENT FIRST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
311-CB	PATIENT LAST NAME		RW	POS Eligibility is allowed by the group; Otherwise will not cause failure if not submitted
335-2C	PREGNANCY INDICATOR		RW	Group/plan dependent; otherwise will not cause failure if not submitted

Claim Segment Questions	Check	Claim Billing
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Billing Comment
	NCPDP Field Name			Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1=UPC Ø2=HRI Ø3=NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	

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Claim Segment Segment Identification (111-AM) = "07"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0,1,2,3,4,5,6,7,8,9	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE	0,1,2,3,4,5	RW	Group/plan dependent; otherwise will not cause failure if not submitted
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Payer Requirement: Required if Submission Clarification Code is sent.
420-DK	SUBMISSION CLARIFICATION CODE		RW	Group/plan dependent; otherwise will not cause failure if not submitted
308-C8	OTHER COVERAGE CODE	0 = Unspecified 1 = No other coverage 3 = Other Coverage Billed-claim not covered	R	
418-DI	LEVEL OF SERVICE	0 = Unspecified 3= Emergency	RW	Group/plan dependent; otherwise will not cause failure if not submitted
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Group/plan dependent; otherwise will not cause failure if not submitted
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Group/plan dependent; otherwise will not cause failure if not submitted
995-E2	ROUTE OF ADMINISTRATION		RW	Informational; will not cause failure if not submitted
996-G1	COMPOUND TYPE		RW	Informational; will not cause failure if not submitted

Pricing Segment Questions	Check	Claim Billing
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing Comment
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.  Required if this field could result in different pricing.

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	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing Comment</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
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.  Required if this field could result in different pricing.  Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

<b>Prescriber Segment Questions</b>	<b>Check</b>	<b>Claim Billing If Situational, Payer Situation</b>
This Segment is always sent	X	

	<b>Prescriber Segment Segment Identification (111-AM) = "03"</b>			<b>Claim Billing Comment</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	01 = NPI, 12 = DEA, 05 = Medicaid, 08 = State Lic., 14 = Plan specific, 99 = Other	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
498-PM	PRESCRIBER PHONE NUMBER		RW	Required if needed for Prescriber ID clarification.
364-2J	PRESCRIBER FIRST NAME		RW	Required if needed for Prescriber ID clarification.
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Required if needed for Prescriber ID clarification.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01 = NPI, 12 = DEA, 05 = Medicaid, 08 = State Lic, 14 = Plan Specific, 99 = Other	RW	Group/plan dependent; otherwise will not cause failure if not submitted
421-DL	PRIMARY CARE PROVIDER ID		RW	Group/plan dependent; otherwise will not cause failure if not submitted
470-4E	PRIMARY CARE PROVIDER LAST NAME		RW	Group/plan dependent; otherwise will not cause failure if not submitted

<b>Workers' Compensation Segment Questions</b>	<b>Check</b>	<b>Claim Billing If Situational, Payer Situation</b>
This Segment is situational	X	Required for Workers' Compensation Claims

	<b>Workers' Compensation Segment Segment Identification (111-AM) = "06"</b>			<b>Claim Billing Comment</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
434-DY	DATE OF INJURY		M	
315-CF	EMPLOYER NAME		RW	Group/plan dependent; otherwise will not cause failure if not submitted
435-DZ	CLAIM/REFERENCE ID		RW	May be required within some plans. Otherwise will not cause failure if not submitted

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Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Claim Billing Comment	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
117-TR	BILLING ENTITY TYPE INDICATOR	Ø	R	

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	Only required if at least one ingredient sent and compound type in claim segment exists

Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing Comment	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø1=UPC Ø2=HRI Ø3=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Group/plan dependent; otherwise will not cause failure if not submitted
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Group/plan dependent; otherwise will not cause failure if not submitted
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Group/plan dependent; otherwise will not cause failure if not submitted

Clinical Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	This segment may be required as determined by benefit design.

Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing Comment	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1=ICD9	R	
424-DO	DIAGNOSIS CODE		R	