

NCPDP VERSION 5 REQUEST PAYER SHEET

****GENERAL INFORMATION****

Payer Name: US SCRIPT	Date: 02/03/2010
Plan Name/Group Name:	
Processor: US SCRIPT	Switch: NDC
Effective as of: 05/01/2010 Production: 05/01/2010	Version/Release #: 5.1
Contact/Information Source: ITS Service Desk (800) 460-8988	
Certification Testing Window:	
Provider Relations Help Desk Info: (800) 460-8988	
Other versions supported: 3.2	

**** 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

The following lists the segments available in Billing and Reversal Transactions. The document also lists values as defined under 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.

R = Required
RW = Required When

BILLING TRANSACTION

****SEGMENTS****

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1=Billing	M	
1Ø4-A4	Processor Control Number		M	NDC definition or blank
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	01=NPI, Ø7=NCPDP#	M	
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID		M	Software Vendor ID; Will not cause failure

Insurance Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
301-C1	Group ID		R	
3Ø3-C3	Person Code		RW	Needed to identify specific multi-birth dependent.
3Ø6-C6	Patient Relationship Code		R	
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	When POS Eligibility applies within groups having multiple plans; Otherwise will not cause failure if not submitted When drug is covered under both Medicare B and Medicare D, claim is processed by default under Medicare D. Claim is processed as Medicare B when any one of the following values is submitted: B PART B PART-B PARTB Claim is processed as Medicare D when any one of the following values is submitted: D PART D PART-D PARTD

Patient Segment: Optional

<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-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

307-C7	Patient Location		RW	Group/plan dependent; otherwise, will not cause failure if not submitted
310-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
331-CX	Patient ID Qualifier	Ø1=SSN	RW	Group/plan dependent; otherwise, will not cause failure if not submitted
332-CY	Patient ID		RW	Group/plan dependent; 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: Mandatory

Does payer/processor support partial fills? **NO**

Please explain:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø1=UPC Ø2=HRI Ø3=NDC	M	
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	
405-D5	Days Supply		R	
406-D6	Compound Code	0 = Unspecified 1 = Not a Compound 2 = Compound	R	Unspecified will be processed as Not a Compound.
408-D8	Dispense As Written (DAW/Product Selection Code)		R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code		RW	Group/plan dependent; Otherwise will not cause failure if not submitted
418-DI	Level of Service	0 = Unspecified 3 = Emergency	RW	Group/plan dependent; Otherwise will not cause failure if not submitted

420-DK	Submission Clarification Code		RW	Group/plan dependent; Otherwise will not cause failure if not submitted
308-C8	Other Coverage Code		R	
600-28	Unit Of Measure		RW	Group/plan dependent; otherwise, will not cause failure if not submitted
461-EU	Prior Authorization Number Type Code	1	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

Prescriber Segment: Required

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	01 =NPI, 12 =DEA, 05 =Medicaid, 08 =State Lic, 14 = Plan specific, 99 =Other	R	(effective:5-27-08 01- required by MHS-Indiana health plan) (effective: 2-1-07 05 - required by Buckeye Community Health Plan (Ohio)) (effective: 5-23-08 01 – <u>NOT</u> allowed by Peach State Health Plan) DEA when available; other IDs allowed when DEA not available
411-DB	Prescriber ID		R	
427-DR	Prescriber Last Name		R	
498-PM	Prescriber Phone Number		RW	Group/plan dependent; otherwise, will not cause failure if not submitted
468-2E	Primary Care Provider ID Qualifier	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

COB/Other Payments Segment: Optional

Does payer/processor support COB? **YES**

Current implementation provides for the processing of secondary claims. Reimbursement will be the patient' share resulting from the primary (other) insurance not to exceed contracted rates with this payer.

Which method will you support? **Both**

Bill Other Payer Amount (Other coverage codes: 2, 3, 4, 5, 6 & 7)

The Pricing Segment amounts must contain the allowed amounts from the primary (other) insurance billing and the COB Segment must contain the amount paid by the primary insurance. The amount reimbursed by the secondary insurance will be the submitted Gross Amount Due minus Other Payer Amount Paid.

When billing secondary with Other Coverage Code 2 (other cov exists – payment collected):
The COB Segment is required and Other Payer Amount Paid must be > Ø.
The amount reimbursed by the secondary insurance will be the submitted Gross Amount Due minus Other Payer Amount Paid.

When billing secondary with Other Coverage Code 4 (other cov exists – payment not collected):
The COB Segment is not required, however, if submitted with Other Payer Amount Paid,
the Other Payer Amount Paid must be Ø.
The amount reimbursed by the secondary insurance will be the submitted Gross Amount Due.

When billing secondary with Other Coverage Codes 3, 5, 6, 7
The COB Segment is not required.
The amount reimbursed by the secondary insurance will be Contract Rates.

See Scenario 1: Pharmacy Bills Secondary Insurance / Other Payer Amount Paid found in APPENDIX B. COORDINATION OF BENEFITS EXPLANATION FOR VERSION 5.1 of Telecommunication Version 5 Questions, Answers and Editorial Updates.

Bill Copay Only (total patient pay; Other Coverage Code: 8)

The COB Segment need not be submitted and will be ignored if so.

The entire amount paid by the patient from the primary billing must be submitted in the Other Amount Claimed Submitted field (480-H9) with Other Amount Claimed Submitted-Qualifier(479-H8) set to '99' (other).

Other prices such as ingredient cost and sales tax must be set to zeros if being submitted.

See Scenario 2: Pharmacy Bills Secondary Insurance / Patient Pay Amount found in APPENDIX B. COORDINATION OF BENEFITS EXPLANATION FOR VERSION 5.1 of Telecommunication Version 5 Questions, Answers and Editorial Updates.

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	Max 2	M	
338-5C	Other Payer Coverage Type		M (Repeating)	
339-6C	Other Payer ID Qualifier		R (Repeating)	
34Ø-7C	Other Payer ID		R (Repeating)	
443-E8	Other Payer Date		R (Repeating)	
341-HB	Other Payer Amount Paid Count	Max 2	RW	When Other Coverage Cd=2 or 4
342-HC	Other Payer Amount Paid Qualifier	Ø7=Drug Benefit Ø8=Sum of all Reimb.	RW	When Other Coverage Cd=2 or 4
431-DV	Other Payer Amount Paid		RW	When Other Coverage Cd=2: required and must be > Ø; When Other Coverage Cd=4: not required, must = Ø if submitted.
471-5E	Other Payer Reject Count	Max 5	RW	When Other Coverage Cd=3,4,5,6 or 7
472-6E	Other Payer Reject Code		RW (Repeating)	When Other Coverage Cd=3,4,5,6 or 7

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code Counter	1	RW	When vaccine covered under Medicare Part D administered
440-E5	Professional Service Code	MA=Medication administration	RW	When vaccine covered under Medicare Part D administered

Workers' Compensation Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	M	Workers' Compensation Segment
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

Pricing Segment: Mandatory

See COB/Other Payments Segment regarding Copay Only Billings.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment

409-D9	Ingredient Cost Submitted		RW	All claims except Copay Only Billings(OthCvCd=8); (Can be included in a Copay Only Billing, however, must be Ø)
412-DC	Dispensing Fee Submitted		RW	All claims except Copay Only Billings(OthCvCd=8); (Can be included in a Copay Only Billing, however, must be Ø)
433-DX	Patient Paid Amount Submitted		RW	When plan requires full disclosure of primary payment. (e.g. MHS-Indiana, MHS-Wisconsin, Buckeye Community Health Plan (Ohio), Peach State Health Plan (Georgia), UHP-NJ, Cenpatico Behavioral Health-AZ, Bridgeway Health Solutions (Arizona))
438-E3	Incentive Amount Submitted		RW	When vaccine covered under Medicare Part D administered
478-H7	Other Amount Claimed Submitted Count	Max 1	RW	Copay Only Billing(OthCvCd=8)
479-H8	Other Amount Claimed Submitted Qualifier	99	RW	Copay Only Billing(OthCvCd=8)
480-H9	Other Amount Claimed Submitted		RW	Copay Only Billing(OthCvCd=8)
481-HA	Flat Sales Tax Submitted		RW	All claims except Copay Only Billings(OthCvCd=8); (Can be included in a Copay Only Billing, however, must be Ø); Will not cause failure if not submitted
482-GE	Percentage Sales Tax Amount Submitted		RW	All claims except Copay Only Billings(OthCvCd=8); (Can be included in a Copay Only Billing, however, must be Ø); Will not cause failure if not submitted
483-HE	Percentage Sales Tax Rate Submitted		RW	When Percentage Sales Tax Amount Submitted > Ø.
484-JE	Percentage Sales Tax Basis Submitted		RW	When Percentage Sales Tax Amount Submitted > Ø.
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	

423-DN	Basis Of Cost Determination		RW	All claims except Copay Only Billings(OthCvCd=8); (Can be included in a Copay Only Billing, however, must be Ø); Will not cause failure if not submitted
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Coupon Segment: Optional

Does payer/processor support coupons? **NO**

Compound Segment: Optional

Does payer/processor support compounds online? **YES**

If yes, please include the following information:

Which compound billing method do you support?

- 1) Using the Claim and Compound Segments (please refer to Template Instructions) **YES**
- 2) Using the Claim Segment for the most expensive drug **YES**
- 3) Using the Claim Segment and billing codes **NO**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-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)	Max 25	M (Repeating)	
488-RE	Compound Product ID Qualifier	Ø1=UPC Ø2=HRI Ø3=NDC	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity		M (Repeating)	
449-EE	Compound Ingredient Drug Cost		RW (Repeating)	Group/plan dependent; otherwise, will not cause failure if not submitted
490-UE	Compound Ingredient Basis of Cost Det.		RW (Repeating)	Group/plan dependent; otherwise, will not cause failure if not submitted

Clinical Segment: Optional –

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	Max 5	R	
492-WE	Diagnosis Code Qualifier	Ø1=ICD9	R	
424-DO	Diagnosis Code		R	

**** ADDITIONAL INFORMATION FOR CLAIM BILLING SUBMISSIONS ****

**** OTHER TRANSACTION INFORMATION ****

REVERSAL TRANSACTION

Maximum Number of Transactions Supported per transmission	1
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	30 days

****SEGMENTS****

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B2=Reversal	M	
1Ø4-A4	Processor Control Number		M	NDC definition
1Ø9-A9	Transaction Count	Max 1	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID		M	Software Vendor ID

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	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	

**** CERTIFICATION REQUIREMENTS ****

Does payer/processor require software certification? **NO, however Software Vendor testing encouraged.**
If so, what level is certification testing required? Pharmacy/Software Vendor/Switch

**** TEST DATA - STANDARD ****

Transaction Header Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Versions/Release Number	51	M	
1Ø3-A3	Transaction Code	B1	M	
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID	99ØØØ19	M	NCPDP Provider ID

4Ø1-D1	Date of Service		M	
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Insurance Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
301-C1	Group ID	99991	M	
3Ø2-C2	Cardholder ID	888001111	M	
3Ø6-C6	Patient Relationship Code	1	R	Cardholder

Patient Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth	19520417	R	

**** TEST DATA - WORKERS' COMPENSATION ****

Transaction Header Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Versions/Release Number	51	M	
1Ø3-A3	Transaction Code	B1	M	
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID	99ØØØ19	M	NCPDP Provider ID
4Ø1-D1	Date of Service		M	

Insurance Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
301-C1	Group ID	99992	M	
3Ø2-C2	Cardholder ID	888002222	M	
3Ø6-C6	Patient Relationship Code	1	R	Cardholder

Patient Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth	19551101	R	

Workers' Compensation Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	M	Workers' Compensation Segment
434-DY	Date of Injury	20010201	M	

**** TEST DATA - SECONDARY BILLING ****

Example #1: Other Coverage Exists – Payment Collected

Gross Amount Due (allowed gross price from primary insurance)
 - Other Payer Amount Paid (net amount paid by primary insurance)
 = amount to be paid by secondary (the patient's share from the primary insurance)

Transaction Header Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
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1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Versions/Release Number	51	M	
1Ø3-A3	Transaction Code	B1	M	
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID	99ØØØ19	M	NCPDP Provider ID
4Ø1-D1	Date of Service		M	

Insurance Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
301-C1	Group ID	99993	M	
3Ø2-C2	Cardholder ID	5103710000050160	M	
3Ø6-C6	Patient Relationship Code	1	R	Cardholder

Patient Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth	19610829	R	08/29/1961

Claim Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code		R	
4Ø8-D8	Dispense As Written (DAW/Product Selection Code)		R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized		R	
3Ø8-C8	Other Coverage Code	2	R	other cov exists – payment collected

Pricing Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		RW	
412-DC	Dispensing Fee Submitted		RW	
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	Must be the gross price allowed by the primary insurance.

COB 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	
338-5C	Other Payer Coverage Type	01	M	Primary Coverage
339-6C	Other Payer ID Qualifier		R	
340-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	
341-HB	Other Payer Amount Paid Count	1	R	
342-HC	Other Payer Amount Paid Qualifier	Ø7=Drug Benefit or Ø8=Sum of all Reimb.	R	

431-DV	Other Payer Amount Paid		R	Must be > Ø. Must be the amount paid by the primary insurance.
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Example #2: Other Coverage Exists – Not Covered

Amount to be paid by secondary insurance will be contract rates.

Transaction Header Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Versions/Release Number	51	M	
1Ø3-A3	Transaction Code	B1	M	
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID	99ØØØ19	M	NCPDP Provider ID
4Ø1-D1	Date of Service		M	

Insurance Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
301-C1	Group ID	99993	M	
3Ø2-C2	Cardholder ID	888003333	M	
3Ø6-C6	Patient Relationship Code	1	R	Cardholder

Patient Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth	19500601	R	06/01/1950

Claim Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code		R	
4Ø8-D8	Dispense As Written (DAW/Product Selection Code)		R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized		R	
3Ø8-C8	Other Coverage Code	3	R	other cov exists – not covered

Pricing Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		RW	
412-DC	Dispensing Fee Submitted		RW	
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	

COB Segment not required.

Example #3: Other Coverage Exists – Payment NOT Collected

Gross Amount Due (allowed gross price from primary insurance; also patient's share)
 - Other Payer Amount Paid (IF COB SEGMENT SUPPLIED, MUST BE ZERO)
 = amount to be paid by secondary (the patient's share from the primary insurance)

Transaction Header Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	ØØ8Ø19	M	
1Ø2-A2	Versions/Release Number	51	M	
1Ø3-A3	Transaction Code	B1	M	
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID	99ØØØ19	M	NCPDP Provider ID
4Ø1-D1	Date of Service		M	

Insurance Segment

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
301-C1	Group ID	99993	M	
3Ø2-C2	Cardholder ID	5103710000050160	M	
3Ø6-C6	Patient Relationship Code	1	R	Cardholder

Patient Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth	19610829	R	08/29/1961

Claim Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code		R	
4Ø8-D8	Dispense As Written (DAW/Product Selection Code)		R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized		R	
3Ø8-C8	Other Coverage Code	4	R	other cov exists – payment NOT collected

Pricing Segment

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		RW	
412-DC	Dispensing Fee Submitted		RW	
426-DQ	Usual and Customary Charge		R	

43Ø-DU	Gross Amount Due		R	Must be the gross price allowed by the primary insurance; this is also the patient's share from primary ins.
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COB Segment – not required

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
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	01	M	Primary Coverage
339-6C	Other Payer ID Qualifier		R	
340-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	
341-HB	Other Payer Amount Paid Count	1	R	
342-HC	Other Payer Amount Paid Qualifier	Ø7=Drug Benefit or Ø8=Sum of all Reimb.	R	
431-DV	Other Payer Amount Paid		RW	Must be Ø when segment is supplied.