



# NCPDP Version 5 Request Payer Sheet – Part D

*NCPDP Rev.04.16.02*

## General Information

Payer Name: Clarian Health Partners, Inc	Date: 8/22/2008
Plan Name/Group Name: Clarian Health Partners, Inc	
Processor: Argus	Switch: Various
Effective as of: 1/1/2009	Version/Release #: MEDD.01
Contact/Information Source: Argus Call Center, 1.800.KC.ARGUS (1.800.522.7487)	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 1- 866-907-7088	
Other versions supported: The HIPAA required format is 5.1	

## Other Transactions Supported (as of 10/16/2003)

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

## 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

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designated mandatory. Fields designated as “Required” (R) must always be sent. Fields designated as “Required When” (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number		M	012353
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1 = Billing (claim)	M	
104-A4	Processor Control Number	00000000	M	05270000
109-A9	Transaction Count		M	1-4
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	Pharmacy NPI required.
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

Patient Segment: Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	004	M	
304-C4	Date Of Birth		RW	Required when customer specific edits apply.
305-C5	Patient Gender Code		RW	Required when customer specific edits apply.

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## Insurance Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	0404	M	
302-C2	Cardholder ID		M	
303-C3	Person Code		RW	Required when customer specific edits apply.

## Claim Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	007	M	
455-EM	Prescription/Service Ref # Qualifier	Blank = not specified 1 = Rx Billing	M	Blank treated as 1=Rx Billing
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03 = NDC	M	
407-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
405-D5	Days Supply		R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	
408-D8	DAW/Product Selection Code		R	
414-DE	Date Prescription Written		R	
308-C8	Other Coverage Code	08=Claim is a billing for a copay	RW	
461-EU	Prior Authorization Type Code		RW	
462-EV	Prior Authorization Number Submitted		RW	

## Pharmacy Provider Segment (02):

Not Supported

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Prescriber Segment:

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification		M	
466-EZ	Prescriber ID Qualifier		R	Required when Prescriber ID is used.
411-DB	Prescriber ID		R	Prescriber NPI required effective 5/23/2008. Prescriber default is Prescriber DEA if prescriber NPI is not available.

COB/Other Payments Segment (05):

Situational

Does payer/processor support COB? Yes

Which method will you support? Bill Copay Only

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

**Note:** Required for supplemental claim submission.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05	M	
337-4C	Coordination of Benefits/Other Payments Count		RW	
338-5C	Other Payer Coverage Type		RW	Can occur up to 3 times.
339-6C	Other Payer ID Qualifier		RW	Required when 340-7C is submitted. Can occur up to 3 times.
340-7C	Other Payer ID		RW	Can occur up to 3 times.
443-E8	Other Payer Date		RW	Can occur up to 3 times.
341-HB	Other Payer Amount Paid Count		RW	
342-HC	Other Payer Amount Paid Qualifier		RW	Required when 431-DV is submitted. Can occur up to 9 times per payer.

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431-DV	Other Payer Amount Paid	RW	Can occur up to 9 times per payer.
471-5E	Other Payer Reject Count	RW	
472-6E	Other Payer Reject Code	RW	Can occur up to 5 times per payer.

Workers' Compensation Segment (06): Not Supported

DUR/PPS Segment (08): Situational

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	
473-7E	DUR/PPS Code Counter		RW	
439-E4	Reason for Service Code		RW	Can occur up to 9 times.
44Ø-E5	Professional Service Code		RW	Can occur up to 9 times.
441-E6	Result of Service Code		RW	Can occur up to 9 times.

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
4Ø9-D9	Ingredient Cost Submitted		R	May be populated with zeros
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		R	
478-H7	Other Amount Claimed Submitted Count		RW	
479-H8	Other Amount Claimed Submitted Qualifier	99=Other for Copay Only billing	RW	
480-H9	Other Amount Claimed Submitted		RW	
426-DQ	Usual And Customary Charge		R	
43Ø-DU	Gross Amount Due		R	

Coupon Segment (09): Not Supported

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Compound Segment (10): Not Supported

Prior Authorization Segment (12): Not Supported

Clinical Segment (13): Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count		RW	
492-WE	Diagnosis Code Qualifier		RW	Required when 424-DO is used. Can occur up to 5 times
424-DO	Diagnosis Code		RW	Can occur up to 5 times.

## Additional Information for Claim Billing Submissions

### Sales Tax Processing

Sales Tax may be calculated, use a file rate, or ignore if submitted.

## Additional Information for COB Billing Submissions

**The Secondary claim is submitted by a pharmacy when the Primary has paid and this is copay only with no COB segment.**

### Claim Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07	M	Claim Segment
308-C8	Other Coverage Code	8	M	If copay only, this field is required and the value must be 8

### Pricing Segment:

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Note: None of the other Pricing fields, Ingredient Cost or Dispensing Fee, is expected but could be submitted as zero.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
478-H7	Other Amount Claims Submitted Count	1	M	
479-H9	Other Amount Claims Submitted Qualifier	99=other for copay only billing	M	
480-H9	Other Amount Claimed Submitted		M	Previous payer patient pay amount value
430-DU	Gross Amount Due		M	Should equal to the amount shown in Other Amount Claimed Submitted (480-H9)

**When the Primary paid the claim and the claim is being submitted with a COB Segment with Other Payer Amount to the Secondary Payer.**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05	M	
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type	01	M	Primary
339-6C	Other Payer ID Qualifier		M	
340-7C	Other Payer ID		M	
443-E8	Other Payer Date		M	
341-HB	Other Payer Amount Paid Count		M	
342-HC	Other Payer Amount Paid Qualifier		M	
431-DV	Other Payer Amount Paid		M	

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

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Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type	01	M	Primary
339-6C	Other Payer ID Qualifier		M	
34Ø-7C	Other Payer ID		M	
443-E8	Other Payer Date		M	
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	Max # of transactions supported = 1
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Timeframe = 90 days from initial receipt

### Certification Requirements

#### Does payer/processor require software certification?

No, but we encourage certification through NHIN, the third-party certification used by Argus.

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# NCPDP Version 5 Response Payer Sheet – Part D

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*NCPDP Rev.04.16.02*

## General Information

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Payer Name: Clarian Health Partners, Inc	Date: 8/22/2008
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## Segments

The purpose of this document is to provide further clarity for Providers as to the Response Data they will receive. This document lists the segments available in a Response 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. 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. **Fields not listed are not applicable to Argus or are not applicable to this particular payer. Note that on the Response segments, “Required” should be interpreted as “Reported” by the processor.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

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## PAID (or Duplicate of Paid) Response

Response Header Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	
501-F1	Header Response Status	A	M	A = Accepted
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

Response Message Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

Response Insurance Segment (25):

Not used

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Response Status Segment: Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	P or D	M	P = Paid D = Duplicate of Paid
526-FQ	Additional Message Information		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

Response Claim Segment: Mandatory

**Will Preferred Product fields be provided for provider display?** No

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22	M	
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 = Rx Billing
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment: Mandatory

**Will Payer/Processor provide the following fields regarding the member's overall pharmacy benefit?**

512-FC Accumulated Deductible Amount No  
 513-FD Remaining Deductible Amount No  
 514-FE Remaining Benefit Amount No

**Will Payer/Processor provide the following Partial Fill payment fields?**

546-HH Basis of Calculation – Dispensing Fee No  
 547-HJ Basis of Calculation – Copay No  
 548-HK Basis of Calculation – Flat Sales Tax No  
 549-HL Basis of Calculation – Percentage Sales Tax No

**Will Payer/Processor support the inclusion of Tax Exempt Flag (557-AV)?** No

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**Will Payer/Processor follow the pricing formula from the NCPDP Telecommunication Implementation Guide Version 5.1 section “4.2.9 Pricing Segment” and “4.4.4 Response Pricing Segment”?**

Yes, excluding percentage sales tax fields.

**Will Payer/Processor populate the following fields with zeros when the field value is zero, because the following fields are part of the sum reported in the field “total provider reimbursement”?**

505-F5 Patient Pay Amount Yes  
 509-F9 Total Amount Paid Yes

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23	M	
505-F5	Patient Pay Amount		R	May be populated with zeros
506-F6	Ingredient Cost Paid		RW	Reported back when amount is submitted
507-F7	Dispensing Fee Paid		RW	Reported back when amount is submitted
558-AW	Flat Sales Tax Amount Paid		RW	Reported back when amount is submitted
559-AX	Percentage Sales Tax Amount Paid		RW	Reported back when amount is submitted
563-J2	Other Amount Paid Count		RW	Reported when applicable
564-J3	Other Amount Paid Qualifier		RW	Reported when applicable
565-J4	Other Amount Paid		RW	Reported when applicable
566-J5	Other Payer Amount Recognized		RW	Reported when applicable
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable
517-FH	Amount Applied To Periodic Deductible		RW	Reported when applicable
518-FI	Amount Of Copay/Co-Insurance		RW	Reported when applicable
519-FJ	Amount Attributed To Product Selection		RW	Reported when applicable
346-HH	Basis of Calculation-Dispensing Fee		RW	Reported when applicable

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347-HJ	Basis of Calculation-Copay	RW	Reported when applicable
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Response DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24	M	
567-J6	DUR/PPS Response Code Counter		RW	Required when field 439 and/or 528 is used.
439-E4	Reason For Service Code		RW	Reported when applicable. Can occur up to 9 times.
528-FS	Clinical Significance Code		RW	Reported when applicable.
544-FY	DUR Free Text Message		RW	Reported when applicable.

Response Prior Authorization Segment (26): Not used

## Reject Response

Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	51
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	
501-F1	Header Response Status	A	M	
202-B2	Service Provider ID Qualifier	Same value as in request billing	M	
201-B1	Service Provider ID	Same value as in request billing	M	
401-D1	Date of Service	Same value as in request billing	M	

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## Response Message Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	20	M	
504-F4	Message		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

## Response Status Segment:

Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	R	M	R = Reject
510-FA	Reject Count		R	
511-FB	Reject Code		R	Can occur up to 5 times.
526-FQ	Additional Message Information		RW	If applicable for Other Health Insurance reporting and if plan requests messaging

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