

**VERSION 5 PAYER SHEET- REQUEST**

**GENERAL INFORMATION**

<b>Payer Name: Rx Options, Inc.</b>	Date: December 23, 2009
Plan Name/Group Name:	
Processor: ENVISION/RX OPTIONS	Switch: ALL
Effective as of: April 1, 2007	Version/Release #: 5.1
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**BILLING TRANSACTION / SEGMENTS AND FIELDS**

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.

- M=Mandatory
- O=Optional
- R=Required

**Transaction Header Segment: Mandatory**

<u>Field #</u>	<u>NCPDP Field Name</u>	<u>Value</u>	<u>M</u>	<u>Comment</u>
1Ø1-A1	BIN Number	ØØ9893 Ø12312	M	PBM BIN IS = ØØ9893 PART D BIN IS = Ø12312
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1	R	
1Ø4-A4	Processor Control Number	ROIRX PARTD	M	PBM PCN = ROIRX PART D PCN = PARTD As required by plan
1Ø9-A9	Transaction Count	1	M	One billing transaction per transmission
2Ø2-B2	Service Provider ID Qualifier	Ø7	R	
2Ø1-B1	Service Provider ID		R	NABP
4Ø1-D1	Date of Service		R	
11Ø-AK	Software Vendor/Certification ID		O	

**Patient Segment: Required**

<u>Field</u>	<u>NCPDP Field Name</u>	<u>Value</u>	<u>M/R</u>	<u>Comment</u>
111-AM	Segment Identification	Ø1	M	
331-CX	Patient ID Qualifier		O	
332-CY	Patient ID		O	
304-C4	Date of Birth		O	May be required for DOB groups
305-C5	Patient Gender Code		O	
310-CA	Patient First Name		O	
311-CB	Patient Last Name		O	
322-CM	Patient Street Address		O	Required for some federal programs
323-CN	Patient City Address		O	Required for some federal programs
324-CO	Patient State/Province Address		O	Required for some federal programs
325-CP	Patient Zip/Postal Zone		O	Required for some federal programs
326-CQ	Patient Phone Number		O	
307-C7	Patient Location		O	
333-CZ	Employer ID		O	
334-1C	Smoker/Non-Smoker Code		O	
335-2C	Pregnancy Indicator		O	

**Insurance Segment: Mandatory**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<u>M/R</u>	<u>Comment</u>
111-AM	Segment Identification	Ø4	M	
3Ø2-C2	Cardholder ID		R	
312-CC	Cardholder First Name		O	
313-CD	Cardholder Last Name		O	
314-CE	Home Plan		O	
524-FO	Plan ID		O	
309-C9	Eligibility Clarification Code		O	
336-8C	Facility ID		O	
301-C1	Group ID		O	
303-C3	Person Code		O	May be required by group
306-C6	Patient Relationship Code		O	

**Claim Segment: Mandatory**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø7	M	
455-EM	Prescription/Service Reference Number Qualifier	1	R	
4Ø2-D2	Prescription/Service Reference Number		R	RX number
436-E1	Product/Service ID Qualifier	Ø3	R	
4Ø7-D7	Product/Service ID		R	NDC
456-EN	Associated Prescription/Service Reference #		O	
457-EP	Associated Prescription/Service Date		O	
458-SE	Procedure Modifier Code Count		O	
459-ER	Procedure Modifier Code		O	
442-E7	Quantity Dispensed		R	
403-D3	Fill Number		O	
405-D5	Days Supply		R	
406-D6	Compound Code		R	0 = Not specified, 1 = Not a Compound, 2 = Compound If 2 submitted then Compound segment is required as well.
408-D8	DAW / Product Selection Code		R	
414-DE	Date Prescription Written		O	
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code		R	1 = Written 2 = Telephonic 3 = Electronic 4 = Facsimile
420-DK	Submission Clarification Code		O	
460-ET	Quantity Prescribed		O	
308-C8	Other Coverage Code		R	
429-DT	Unit Dose Indicator		O	
453-EJ	Orig Prescribed Product/Service ID Qualifier	Ø3	O	
445-EA	Originally Prescribed Product/Service Code		O	
446-EB	Originally Prescribed Quantity		O	
330-CW	Alternate ID		O	
454-EK	Scheduled Prescription ID Number		O	
600-28	Unit of Measure		O	
418-DI	Level of Service		O	
461-EU	Prior Authorization Type Code		O	May be Required if Submitting Prior Auth
462-EV	Prior Authorization Number Submitted		O	May be Required if Submitting Prior Auth
463-EW	Intermediary Authorization Type ID		O	
464-EX	Intermediary Authorization ID		O	
343-HD	Dispensing Status		O	
344-HF	Quantity Intended to be Dispensed		O	
345-HG	Days Supply Intended to be Dispensed		O	

**Pharmacy Provider Segment: Optional**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø2	M	
465-EY	Provider ID Qualifier		O	
444-E9	Provider ID		O	

**Prescriber Segment: Required**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø3	M	
466-EZ	Prescriber ID Qualifier	12	R	
411-DB	Prescriber ID		R	DEA Number
467-1E	Prescriber Location Code		O	
427-DR	Prescriber Last Name		O	
498-PM	Prescriber Phone Number		O	
468-2E	Primary Care Provider ID Qualifier		O	
421-DL	Primary Care Provider ID		O	
469-H5	Primary Care Provider Location Code		O	
470-4E	Primary Care Provider Last Name		O	

**COB/Other Payments Segment: Required only for COB Claims**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø5	M	
337-4C	Coordination of Benefits/Other Payments Count		R	
338-5C	Other Payer Coverage Type		O	
339-6C	Other Payer ID Qualifier		O	
340-7C	Other Payer ID		O	
443-E8	Other Payer Date		O	
341-HB	Other Payer Amount Paid Count		R	
342-HC	Other Payer Amount Paid Qualifier		R	
431-DV	Other Payer Amount Paid		R	
471-5E	Other Payer Reject Count		O	
472-6E	Other Payer Reject Code		O	

**Workers' Compensation Segment: Required only for WC Claims**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø6	M	
434-DY	Date of Injury		R	
315-CF	Employer Name		O	
316-CG	Employer Street Address		O	
317-CH	Employer City Address		O	
318-CI	Employer State/Province Address		O	
319-CJ	Employer Zip/Postal Zone		O	
320-CK	Employer Phone Number		O	
321-CL	Employer Contact Name		O	
327-CR	Carrier ID		O	
435-DZ	Claim Reference/ID		R	

**DUR/PPS Segment: Optional**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø8	M	
473-7E	DUR / PPS Code Counter	1	O	Submitted when requested by processor
439-E4	Reason for Service Code		O	Submitted when requested by processor
440-E5	Professional Service Code	MA	M	Required when pharmacy is billing for Vaccine Administration fees
441-E6	Result of Service Code		O	Submitted when requested by processor
474-8E	DUR/PPS Level of Effort		O	
475-J9	DUR Co-Agent ID Qualifier		O	
476-H6	DUR Co-Agent ID		O	

**Pricing Segment: Mandatory**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		R	Will pay zero if not submitted
412-DC	Dispensing Fee Submitted		O	
477-BE	Professional Service Fee Submitted		O	
433-DX	Patient Paid Amount Submitted		O	May be required for COB claims
438-E3	Incentive Amount Submitted		M	Incentive amount field used when billing Vaccine administration fees. Enter amount of vaccine administration fee that provider is billing for. Field 440-E5 must also be populated for the claim to pay
478-H7	Other Amount Claimed Submitted Count		O	
479-H8	Other Amount Claimed Submitted Qualifier		O	
480-H9	Other Amount Claimed Submitted		O	
481-HA	Flat Sales Tax Amount Submitted		O	
482-GE	Percentage Sales Tax Amount Submitted		O	
483-HE	Percentage Sales Tax Rate Submitted		O	
484-JE	Percentage Sales Tax Basis Submitted		O	
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		O	Required for COB claims and should be the total that is allowed by the primary payor.
423-DN	Basis of Cost Determination		O	

**Coupon Segment: Optional**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	Ø9	M	
485-KE	Coupon Type		O	
486-ME	Coupon Number		O	
487-NE	Coupon Value Amount		O	

**Compound Segment: Required when Compound Code = 2.**

Rx Options, Inc. processes compound transactions based on the most expensive ingredient submitted.

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<i>Comment</i>
111-AM	Segment Identification	1Ø	M	
450-EF	Compound Dosage Form Description Code		O	
451-EG	Compound Dispensing Unit Form Indicator		O	
452-EH	Compound Route of Administration		O	
447-EC	Compound Ingredient Component Count		O	
488-RE	Compound Product ID Qualifier		O	
489-TE	Compound Product ID		O	
448-ED	Compound Ingredient Quantity		O	

449-EE	Compound Ingredient Drug Cost		O	
490-UE	Compound Ingredient Basis of Cost Determination		O	

**Prior Authorization Segment: Optional**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<u><i>Comment</i></u>
111-AM	Segment Identification	12	M	
498-PA	Request Type		O	
498-PB	Request Period Date-Begin		O	
498-PC	Request Period Date-End		O	
498-PD	Basis of Request		O	
498-PE	Authorized Representative First Name		O	
498-PF	Authorized Representative Last Name		O	
498-PG	Authorized Representative Street Address		O	
498-PH	Authorized Representative City Address		O	
498-PJ	Authorized Representative State/Province Address		O	
498-PK	Authorized Representative Zip/Postal Zone		O	
498-PY	Prior Authorization Number-Assigned		O	
503-F3	Authorization Number		O	
498-PP	Prior Authorization Supporting Documentation		O	

**Clinical Segment: Optional**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R</i>	<u><i>Comment</i></u>
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count		O	
492-WE	Diagnosis Code Qualifier		O	
424-DO	Diagnosis Code		O	
493-XE	Clinical Information Counter		O	
494-ZE	Measurement Date		O	
495-H1	Measurement Time		O	
496-H2	Measurement Dimension		O	
497-H3	Measurement Unit		O	
499-H4	Measurement Value		O	

**Other Transaction Information**

**Reversals:**

Maximum Number of Transactions Supported per transmission	1
Reversal Window	Varies with each group

**Certification Requirements**

Certification is not required.