



# NCPDP Version 5 Request Payer Sheet

*NCPDP Rev.04.16.02*

## General Information

Payer Name: <b>4-D Pharmacy Benefits</b>	Date: 03/02/2010
Plan Name/Group Name: 4-D Pharmacy Benefits	
Processor: Argus	Switch: Various
Payer Sheet Revision Effective as of: 02/11/04	Version/Release #: PS4.0
Contact/Information Source: 866.849.4196	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 866.849.4196	
Other versions supported: The HIPAA required format is 5.1	

## Other Transactions Supported (as of 1/6/2013)

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

## Billing Transaction (BI)

### 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 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	600428	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	B1 = Billing (claim)
104-A4	Processor Control Number	01990000	M	4-D Pharmacy Benefits
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	

## Insurance Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID		M	
303-C3	Person Code		R	
306-C6	Patient Relationship		R	

## Patient Segment:

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01	M	
304-C4	Date Of Birth		R	
305-C5	Patient Gender Code		R	

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## Claim Segment:

Mandatory

Payer/processor supports partial fill claims.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	
455-EM	Prescription/Service Ref # Qualifier	Blank = not specified 1 = Rx Billing	M	Only blank (which will be treated as '1') and 1 supported at this time
4Ø2-D2	Prescription/Service Reference Number		M	AKA Rx #
436-E1	Product/Service ID Qualifier	03 = NDC	M	Only 03 supported at this time
4Ø7-D7	Product/Service ID		M	AKA NDC Number
456-EN	Associated Prescription/Service Reference #		RW	Required on partial fill completion claim
457-EP	Associated Prescription/Service Date		RW	Required on partial fill completion claim
442-E7	Quantity Dispensed		R	
403-D3	Fill Number	00 – 99	R	00 = Original Prescription 01–99 = Refill Prescription <b>MANDATORY for clients:</b> McLaren Health Plan (107) and Upper Peninsula Health Plan (127) as of 1/01/2010..
4Ø5-D5	Days Supply		R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	Compound Code=2 required when submitting compound prescription
4Ø8-D8	DAW/Product Selection Code		R	
414-DE	Date Prescription Written		R	

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419-DJ	Prescription Origin Code (POC)	0 = Not Specified  1=Written 2=Telephone 3=Electronic 4=Facsimile	RW	Required on original Rx. When Fill Number is '00' (Original Prescription), the POC requires a value of 1 – 4.  Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 0 – 4. Values of 1 – 4 are recommended.  Note: POC editing for Original Rx varies by customer. If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code).  <b>MANDATORY for clients:</b> McLaren Health Plan (107) and Upper Peninsula Health Plan (127) as of 1/01/2010..
308-C8	Other Coverage Code	01=No Other Coverage Identified 03=Other Coverage Exists-this claim not covered 04=Other Coverage Exists-payment not collected 08=Claim is a billing for a copay	RW	For Clients 127 and 128 01 requires submitted Other Payer Reject Codes 03 requires complete COB Segment with Other Payer Reject Codes
600-28	Unit of Measure	The Unit of Measure qualifiers are: EA=each GM- gram ML=Milliliter	R	This is only required for Medicaid clients, which include 107, 113, 127, 128,150, 152, 187 and 5001-5018 effective 9/2/2008. All claims submitted without a valid unit of measure qualifier will be denied.
461-EU	Prior Authorization Type Code		RW	Required when field 462-EV is used
462-EV	Prior Authorization Number Submitted		RW	Used when auth # is required by payer.
343-HD	Dispensing Status	Initial Claim=P Completion Claim=C	RW	Required on both initial claims and completion claims for partial fill.
344-HF	Quantity Intended To Be Dispensed		RW	Required on partial fill initial claim
345-HG	Days Supply Intended To Be Dispensed		RW	Required on partial fill initial claim

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Pharmacy Provider Segment (02):

Not used at this time

Prescriber Segment:

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	
466-EZ	Prescriber ID Qualifier		RW	Required when field 411-DB is used
411-DB	Prescriber ID		R	Prescriber NPI required effective 3/01/2008. Prescriber default is prescriber DEA if prescriber NPI is not available.

COB/Other Payments Segment:

Used for COB processing.

Please refer to the separate Argus COB II D payer sheet. This document is available upon request from [callcenterresearch@argushealth.com](mailto:callcenterresearch@argushealth.com) by specifying the COB II D Payer Sheet.

**Note:** Required for supplemental claim submission for Clients: McLaren Heath Plan (107), Upper Peninsula Health (127) and UPHP Michild (128).

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	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 34Ø-7C is submitted. Can occur up to 3 times.
34Ø-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.
431-DV	Other Payer Amount Paid		RW	Can occur up to 9 times per payer.

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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): N/A for this payer

DUR/PPS Segment (08): N/A for this payer

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		R	Required (but may be zeros)
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	Previous payer patient pay amount value
426-DQ	Usual And Customary Charge		R	For partial fill claims submit U&C for intended quantity dispensed for both initial and completion claims
430-DU	Gross Amount Due		R	

Coupon Segment (09): Not used at this time

Compound Segment (10): Not used at this time

Prior Authorization Segment (12): Not used at this time

Clinical Segment (13): N/A for this payer

## Additional Information for Claim Billing Submissions

### Sales Tax Processing

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Sales tax processing is not applicable for this payer. If the sales tax is submitted, it will be ignored during adjudication.

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## 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 for clients UPHP and Northwood

### Pricing Segment:

Note: None of the other Pricing fields, Ingredient Cost or Dispensing Fee, are 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.**

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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**

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	
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 = 4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Timeframe = 60 days from initial receipt

### Certification Requirements

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

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

**If so, what level is certification testing required? Pharmacy/Software Vendor/Switch**

Not applicable.

# NCPDP Version 5 Response Payer Sheet

*Rev. 04.16.02*

## General Information

Payer Name: <b>4-D Pharmacy Benefits</b>	Date: 03/02/2010
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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 designated 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

## 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	

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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 and if plan requests messaging

Response Insurance Segment (25):

Not used

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 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	I	M	I = Rx Billing
402-D2	Prescription/Service Reference Number		M	

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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	Yes
547-HJ Basis of Calculation – Copay	Yes
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

**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 back when amount is submitted
564-J3	Other Amount Paid Qualifier		RW	Reported back when amount is submitted
565-J4	Other Amount Paid		RW	Reported back when amount is submitted
566-J5	Other Payer Amount Recognized		RW	Reported back when amount is submitted
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable

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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	Initial Claim=02-Quantity Intended To Be Dispensed. Completion Claim=04-Waived Due To Partial Fill.	RW	Partial fill based on customer selected option.
347-HJ	Basis of Calculation-Copay	Initial Claim=02-Quantity Intended To Be Dispensed. Completion Claim=04-Waived Due To Partial Fill.	RW	Partial fill

Response DUR/PPS Segment:

Optional

**Note:** Max repeats = 9 but will use 1 - 3 for initial processing.

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
528-F5	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	5.1
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	

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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

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 and if plan requests messaging

Response Status Segment:

Mandatory

**Note:** Max repeats = 5 occurrences

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	
526-FQ	Additional Message Information		RW	If applicable and if plan requests messaging

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