

## Payer Sheet

Plan Name/Payer	PharmPix
Effective as of	3/15/2021
Payer Sheet Revision	1.12
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BIN	PCN	Contact info
610228	PPXRX, PPXBV, MCSRX01, MCSUPR, PPXAM, PPXAMRX, ECRX, PPXCO, PPXCL, PPXPA	787-522-5252
610228	APH	888-264-3501
610237	123119	888-700-0922
610208	NYM	787-522-5252
021668	TRX	787-522-5252
017051	PRS	787-522-5252
610228	AMTRS	877-905-7322
024525	APH	855-882-7499

## BILLING TRANSACTION (B1)

- The following lists the segments available in a standard Billing Transaction for version D0 mandatory from 01/01/2012
- The Coordination of Benefits segment must be completed if billing a COB
- OPPRA method is the preferred method for COB
- The Compound segment must be completed if billing a compound
- Claim submissions must contain one (1) occurrence of claim data.
- The sales tax submitted should be the established by state law.

M=Mandatory
O=Optional
S=Situational
R=Repeating

Key to field status

**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	Value	M/O/R/S
101-A1	BIN Number		M
102-A2	Version/Release Number	D0	M
103-A3	Transaction Code	B1	M
104-A4	Processor Control Number		M
109-A9	Transaction Count		M
202-B2	Service Provider ID Qualifier		M
201-B1	Service Provider ID		M
401-D1	Date of Service		M
110-AK	Software/Vendor Certification ID		O

**Patient Segment: Mandatory**

Field	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	01	M
331-CX	Patient ID Qualifier		O
332-CY	Patient ID		O
304-C4	Date Of Birth		M
305-C5	Patient Gender Code		M
310-CA	Patient First Name		M
311-CB	Patient Last Name		M
322-CM	Patient Street Address		O
323-CN	Patient City Address		O
324-CO	Patient State / Province Address		O
325-CP	Patient Zip/Postal Zone		O
326-CQ	Patient Phone Number		O
333-CZ	Employer ID		O
335-2C	Pregnancy Indicator		O

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	04	M
302-C2	Cardholder ID		M
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
301-C1	Group ID		M



303-C3	Person Code		O
306-C6	Patient Relationship code		O
359-2A	Medigap ID		O
360-2B	Medicaid Indicator		O
361-2D	Provider Accept Assignment Indicator		O
997-G2	CMS Part D Defined Qualified Facility		O
115-N5	Medicaid ID Number		O
116-N6	Medicaid Agency Number		O

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Reference Number Qualifier		M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier		M
407-D7	Product/Service ID		M
456-EN	Associated Prescription/Service Ref. #		O
457-EP	Associated Prescription/Service Date		O
458-SE	Procedure Modifier Code Count		O
459-ER	Procedure Modifier Code		O
403-D3	Fill Number		M
405-D5	Days Supply		M
406-D6	Compound Code		M
408-D8	Dispense As Written/Product Selection Code		M
414-DE	Date Prescription Written		M
415-DF	Number of Refills Authorized		M
419-DJ	Prescription Origin Code		M
420-DK	Submission Clarification Code		O
308-C8	Other Coverage Code		S
429-DT	Unit Dose Indicator		O
453-EJ	Orig. Prescribed Product/Service ID Qualifier		O
445-EA	Originally Prescribed Product/Service Code		O
446-EB	Originally Prescribed Quantity	Req. for Partial Fills	M
600-28	Unit of Measure		O
418-DI	Level of Service		O
461-EU	Prior Authorization Type Code		O
462-EV	Prior Authorization Number Submitted		O
463-EW	Intermediary Authorization Type ID		O
464-EX	Intermediary Authorization ID		O
343-HD	Dispensing Status	Req. for Partial Fills	S
344-HF	Quantity Intended to be Dispensed		O



345-HG	Days Supply Intended to be Dispensed		O
357-NV	Delay Reason Code		O
391-MT	Patient Assignment Indicator		O
995-E2	Route of Administration		O
996-G1	Compound Type		O
147-U7	Pharmacy Service Type		O
460-ET	Quantity Prescribed	Req. for Incremental Fills for Schedule II prescriptions.	S
442-E7	Quantity Dispensed**		M*
420-DK	Submission Clarification code ***	2, 6 or 7	M

**\*\* For Pfizer-BioNTech COVID-19 Vaccine 30MCG/0.3ml, the Quantity Dispensed (442-E7) submitted = 0.3 ml per dose administered. This will be applied for the first, second and third dose of the vaccine. For Moderna COVID-19 Vaccine Intramuscular Suspension 100 MCG/0.5ML, the Quantity Dispensed (442-E7) submitted = 0.5 ml per dose administered. This will be applied for the first and second doses of the vaccine.**

**\*\*\*To submit the claim for the COVID -19 Vaccine second or other dose, the following codes must be submitted in order to identify whether the claim is for the first dose or the second dose of the vaccine.**

- A. For the first dose: A Submission Clarification Code of 2 is required. This is used to indicate the first dose of a two-dose vaccine is being administered.**
- B. For the second dose: A Submission Clarification Code of 6 is required. This is used when the pharmacist indicates that a previous medication was a starter dose and know additional medication is needed to continue treatment.**
- C. For the Third dose: A Submission Clarification Code of 7 is required. This is to indicate a “Medically Necessary”. This dose should be administrated 28 days after the second dose.**

**Note: For a single-dose vaccine, the Submission Clarification Code values are (2,6,7) or leave blank.**

**Pharmacy Provider Segment: Optional**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	02	M

**Prescriber Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	03	M



466-EZ	Prescriber ID Qualifier		M
411-DB	Prescriber ID		M
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
470-4E	Primary Care Provider Last Name		O
364-2J	Prescriber First Name		O
365-2K	Prescriber Street Address		O
366-2M	Prescriber City Address		O
368-2P	Prescriber Zip/Postal Zone		O

**COB/Other Payments Segment: Situational**

**Submit this segment if billing using COB**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	05	M
337-4C	COB/Other Payments Count		M
338-5C	Other Payer Coverage Type		M
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		O
342-HC	Other Payer Amount Paid Qualifier		O
431-DV	Other Payer Amount Paid		O
471-5E	Other Payer Reject Count		O
472-6E	Other Payer Reject Code		O
993-A7	Internal Control Number		O
353-NR	Other Payer-Patient Responsibility Amount Paid Count		M
351-NP	Other Payer-Patient Responsibility Amount Paid Qualifier		M
352-NQ	Other Payer-Patient Responsibility Amount		M
392-MU	Benefit Stage Count		O
393-MV	Benefit Stage Qualifier		O
394-MW	Benefit Stage Amount		O

**Workers' Compensation Segment: Optional**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	06	S
434-DY	Date of Injury		S



**DUR/PPS Segment: Optional**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	08	S
44Ø-E5	Professional Service Code	MA=Medication Administered – indicates the administration of a covered vaccine	R

**Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	11	M
409-D9	Ingredient Cost Submitted		O
412-DC	Dispensing Fee Submitted		O
433-DX	Patient Paid Amount Submitted		O
478-H7	Other Amount Claimed Submitted Count		O
479-H8	Other Amount Claimed Submitted Qualifier		O, R
480-H9	Other Amount Claimed Submitted		O, R
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		O
430-DU	Gross Amount Due		O
423-DN	Basis of Cost Determination		O
438-E3	Incentive Amount Submitted		S,M (Value has an effect on Gross Amount (43Ø-DU) calculation.) Use when submitting claim for vaccine drug and administrative fee



			together.
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**\*The pharmacy must include the vaccine admin fee amount in the field of Incentive Amount Submitted (438-E3).**

**Note:** Provider must follow all applicable regulations and processes established by the FDA, CDC, and the Health Department, among others; details will be part of future pharmacy audits.

**Sales tax:**

**\* When submitting sales tax be consistent use 481-HA or 482 -GE. Do not use both fields with different values. The submission of sales tax is governed by your state regulatory agencies.**  
**\*\* Rate submitted must be in accordance with the sales tax rate according to the state submitted.**

**Coupon Segment: Optional**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	09	S
485-KE	Coupon Type		S
486-ME	Coupon Number		S
487-NE	Coupon Value Amount		S

**Compound billing method**

1. Mark the Rx as a compound
2. In the CLAIM segment enter a "0" as NDC (automatic in most pharmacy manager software)
3. In the Compound Segment enter the fields marked as mandatory in the next table for **each ingredient** in the compound

**Compound Segment: Situational**

**Submit this segment if billing a compound**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	10	M
450-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		M
488-RE	Compound Product ID Qualifier		M, R
489-TE	Compound Product ID		M, R
448-ED	Compound Ingredient Quantity		M, R
449-EE	Compound Ingredient Drug Cost		O, R
490-UE	Compound Ingredient Basis of Cost Determination		O, R
362-2G	Compound Ingredient Modifier Code Count		O, R



363-2H	Compound Ingredient Modifier Code		O, R
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**Prior Authorization Segment: Optional**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	12	S

**Clinical Segment: Optional**

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	13	S
491-VE	Diagnosis Code Count		S
492-WE	Diagnosis Code Qualifier		S
424-DO	Diagnosis Code		S
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





## REVERSAL TRANSACTION (B2)

The following lists the segments available in a Reversal Transaction (transaction code B2) for version D0

### Reversal Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/O/R/S
101-A1	BIN Number		M
102-A2	Version/Release Number	D0	M
103-A3	Transaction Code	B2	M
104-A4	Processor Control Number		M
109-A9	Transaction Count		M
202-B2	Service Provider ID Qualifier		M
201-B1	Service Provider ID		M
401-D1	Date of Service		M
110-AK	Software/Vendor Certification ID		O

### Reversal Insurance Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	04	S
302-C2	Cardholder Id		S
301-C1	Group Id		S
303-C3	Person Code		S

### Reversal Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Reference Number Qualifier		M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier		M
407-D7	Product/Service ID		M
456-EN	Associated Prescription/Service Ref. #		O
457-EP	Associated Prescription/Service Date		O
458-SE	Procedure Modifier Code Count		O
459-ER	Procedure Modifier Code		O, R
442-E7	Quantity Dispensed		O
403-D3	Fill Number		O
405-D5	Days Supply		O
406-D6	Compound Code		O



408-D8	Dispense As Written/Product Selection Code		0
414-DE	Date Prescription Written		0
415-DF	Number of Refills Authorized		0
419-DJ	Prescription Origin Code		0
420-DK	Submission Clarification Code		0
460-ET	Quantity Prescribed		0
308-C8	Other Coverage Code		0
429-DT	Unit Dose Indicator		0
453-EJ	Orig. Prescribed Product/Service ID Qualifier		0
445-EA	Originally Prescribed Product/Service Code		0
446-EB	Originally Prescribed Quantity		0
454-EK	Scheduled Prescription ID Number		0
343-HD	Dispensing Status		0
344-HF	Quantity Intended to be Dispensed		0
345-HG	Days Supply Intended to be Dispensed		0

