

Drexix

Making Wellness Affordable

Drexix, Inc.
Payer Sheet

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Version Updates and Instructions

This Drexel payer sheet refers to Primary Commercial and Manufacturer Savings Program (MSP) Billing. Refer to the Health Professional Services link on drexel.com for additional payer sheets and information.

Drexel payer sheet version updates are highlighted in red throughout the payer sheet.

Effective September 21, 2020

PART 1: GENERAL INFORMATION

Payer/Processor Name: Drex, Inc

3350 North Arizona Avenue, Suite 2

Chandler, AZ 85225

Name/Group Name: All

Effective as of September 21, 2020

Payer Sheet Version: 1.7

NCPDP Version/Release #: D.0 (Most recent)

Drex Contact for Contracting: David Menke

Email: dmenke@drex.com

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Pharmacy Help Desk Information

Inquiries can be directed to the Voice Message system or the Pharmacy Help Desk.

(24 hours a day)

The Drex Pharmacy Help Desk number is **844-728-3479**

HIPAA secure faxes may be sent via **480-444-1449**

Or via email at support@drex.com

PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following table lists the segments available in a Billing Transaction. Pharmacies are required to submit upper case values on B1/B2 transactions. The table also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

M – Mandatory as defined by NCPDP
 R – Required as defined by the Processor
 RW – Situational as defined by Plan

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	See Appendix A	M	Use value as printed on ID card, as communicated by Drexix® or as stated in Appendix A
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code	B1	M	Billing Transaction
1Ø4-A4	Processor Control Number	See Appendix A	M	Use value as printed on ID card, as communicated by Drexix® or as stated in Appendix A
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 – NPI
2Ø1-B1	Service Provider ID		M	NPI required
4Ø1-D1	Date of Service		M	CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 1Ø bytes and should begin with the letter “D”.

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment Identifier
3Ø2-C2	Cardholder ID		M	As printed on the ID card or as communicated
3Ø1-C1	Group ID		M	As printed on the ID card or as communicated
3Ø3-C3	Person Code	Ø1=Subscriber; Ø2 = Spouse, Ø3 = Dependent, Ø4+ = Other	M	As printed on the ID card or as communicated
3Ø6-C6	Patient Relationship Code		R	

Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth		R	CCYYMMDD
3Ø5-C5	Patient Gender Code		R	
31Ø-CA	Patient First Name		R	
311-CB	Patient Last Name		R	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 – Rx Billing	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	Ø3	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (ØØ)
4Ø7-D7	Product/Service ID		M	If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero (Ø)
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1 or 2	R	1 – Not a Compound 2 – Compound
4Ø8-D8	DAW / Product Selection Code		R	
414-DE	Date Prescription Written		R	CCYYMMDD
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code		RW	Required when necessary for plan benefit administration
354-NX	Submission Clarification Code Count	Max of 3	RW	Required when Submission Clarification Code (42Ø-DK) is used
42Ø-DK	Submission Clarification Code		RW	Required for specific overrides or when requested by processor
3Ø8-C8	Other Coverage Code		RW	<p>Values Ø and 1 required when necessary for plan benefit administration. Ø – Not specified (Primary claim) Ø1 – No other coverage</p> <p>Values Ø2, Ø3, Ø4 and Ø8 required when necessary for plan benefit administration of MSP claims Ø2 – Other coverage exists-payment collected Ø3 – Other coverage billed – claim not covered Ø4 – Other coverage exists, payment not collected Ø8 – Claim is billing for patient financial responsibility</p>
418-DI	Level of Service		RW	Required when requested by processor
454-EK	Scheduled Prescription ID Number		RW	Required when requested by processor

461-EU	Prior Authorization Type Code		RW	Required for specific overrides or when requested by processor
462-EV	Prior Authorization Number Submitted		RW	Required for specific overrides or when requested by processor
995-E2	Route of Administration		RW	Required when Compound Code-2
996-G1	Compound Type		RW	Required when Compound Code-2
460-ET	Quantity Prescribed		M	Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
438-E3	Incentive Amount Submitted		RW	Required when requested by processor
481-HA	Flat Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		R	

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	01 – NPI (Required) 12 – DEA (Required when permitted by Federal and State laws) 08 – State License (Required when requested by plan and permitted by Federal and State laws)
411-DB	Prescriber ID		R	

Coordination of Benefits/Other Payments Segment: Situational Required for Commercial Insured Claims

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	05	M	Coordination of Benefits/Other Payments Segment
471-5E	Other Payer Reject Count	Maximum count of 5.	RW	Required when Rejected by primary, secondary or tertiary payer (OCC 3 submitted)
472-6E	Other Payer Reject Code		RW	Required when Rejected by primary, secondary or tertiary payer (OCC 3 submitted)
353-NR	Other Payer Patient Responsibility Amount Count	Maximum count of 25.	RW	Required when Paid by primary, secondary or tertiary payer (OCC 8 submitted)
351-NP	Other Payer Patient Responsibility Amount Qualifier	Submit only 6	RW	Required when Paid by primary, secondary or tertiary payer (OCC 8 submitted) Submit only 6 = Patient Pay Amount (505-F5) as reported by previous payer. (Do not submit 5 = Amount of Co-Pay (518-F1))
352-NQ	Other Payer Patient Responsibility Amount		RW	Required when Paid by primary, secondary, or tertiary payer (OCC 8 submitted)
392-MU	Benefit Stage Count	Maximum count of 4	O	Not required
393-MV	Benefit Stage Qualifier	Ø1 = Deductible Ø2 = Initial Benefit Ø3 = Coverage Gap Ø4 = Catastrophic	O	Not required
394-MW	Benefit Stage Amount		O	Not required
471-5E	Other Payer Reject Count	Maximum count of 5.	RW	Required when Rejected by primary, secondary or tertiary payer (OCC 3 submitted)
472-6E	Other Payer Reject Code		RW	Required when Rejected by primary, secondary or tertiary payer (OCC 3 submitted)

Coordination of Benefits/Other Payments Segment: Situational Required only for Manufacturer Savings Program (MSP BIN 017290) Claims

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	05	M	Coordination of Benefits/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	Max of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (340-7C) is used
340-7C	Other Payer ID		RW	Required when identification of the Other Payer is necessary for claim/encounter adjudication
443-E8	Other Payer Date		RW	Required when identification of the Other Payer Date is necessary for claim/encounter adjudication – CCYYMMDD
341-HB	Other Payer Amount Paid Count		RW	Required when Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	Other Payer Amount Paid Qualifier		RW	Required when Other Payer Amount Paid (431-DV) is used
431-DV	Other Payer Amount Paid		RW	Required when other payer has approved payment for some/all of the billing
471-5E	Other Payer Reject Count		RW	Required when Other Payer Reject Code (472-6E) is used
472-6E	Other Payer Reject Code		RW	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) – 3
392-MU	Benefit Stage Count		RW	Required when Benefit Stage Amount (394-MW) is used
393-MV	Benefit Stage Qualifier		RW	Required when Benefit Stage Amount (394-MW) is used. See ECL for codes.
394-MW	Benefit Stage Amount		RW	Required when the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages

**Compound Segment: Situational
Required when Multi Ingredient Compound is submitted**

Field #	NCPDP Field Name	Value	Req	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	
447-EC	Compound Ingredient Component Count		M	Maximum count of 25 ingredients
488-RE	Compound Product ID Qualifier		M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		R	Required when requested by processor
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	Required when requested by processor
362-2G	Compound Ingredient Modifier Code Count	Max of 1Ø	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	Compound Ingredient Modifier Code		RW	Required when necessary for state/federal/regulatory agency programs

PART 3: REVERSAL TRANSACTION

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	017290, 018448, 019505. 020503, 020511	M	The same value in the request billing
1Ø2-A2	Version/Release Number	DØ	M	NCPDP vD.Ø
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number		M	The same value in the request billing
1Ø9-A9	Transaction Count		M	Up to four billing reversal transactions (B2) per transmission
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 – NPI
2Ø1-B1	Service Provider ID		M	National Provider ID Number assigned to the dispensing pharmacy - the same value in the request billing
4Ø1-D1	Date of Service		M	The same value in the request billing – CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 1Ø bytes and should begin with the letter "D".

Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		RW	Required when segment is sent
3Ø1-C1	Group ID		RW	Required when segment is sent

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Same value as in request billing
436-E1	Product/Service ID Qualifier		M	Same value as in request billing
4Ø7-D7	Product/Service ID		M	Same value as in request billing
4Ø3-D3	Fill Number		R	Same value as in request billing
3Ø8-C8	Other Coverage Code		RW	Same value as in request billing

PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE

Transaction Header Segment: Mandatory

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

Response Message Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
504-F4	Message		RW	Required when text is needed for clarification or detail

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
301-C1	Group ID		RW	This field may contain the Group ID echoed from the request

Response Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Response Patient Segment
310-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
304-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	P – Paid D – Duplicate of Paid
503-F3	Authorization Number		R	Required when needed to identify the transaction
130-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when Additional Message Information (526-FQ) is used
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail
131-UG	Additional Message Information Continuity		RW	Required when Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current
549-7F	Help Desk Phone Number Qualifier		RW	Required when Help Desk Phone Number (550-8F) is used
550-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
402-D2	Prescription/Service Reference Number		M	Rx Number

Response Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	23	M	Response Pricing Segment
505-F5	Patient Pay Amount		R	This data element will be returned on all paid claims
506-F6	Ingredient Cost Paid		R	This data element will be returned on all paid claims
507-F7	Dispensing Fee Paid		RW	This data element will be returned on all paid claims
557-AV	Tax Exempt Indicator		RW	Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing
558-AW	Flat Sales Tax Amount Paid		RW	Required when Flat Sales Tax Amount Submitted (480-HA) is greater than zero (Ø) or if the Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement
559-AX	Percentage Sales Tax Amount Paid		RW	Tax dollar amount paid
560-AY	Percentage Sales Tax Rate Paid		RW	Rate used to calculate Percentage Sales Amount Paid
561-AZ	Percentage Sales Tax Basis Paid		RW	Code indicating basis of dollars used in calculating tax in the final paid claim
521-FL	Incentive Amount Paid		RW	Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø)
563-J2	Other Amount Paid Count	Max of 3	RW	Required when Other Amount Paid (565-J4) is used
564-J3	Other Amount Paid Qualifier		RW	Required when Other Amount Paid (565-J4) is used
565-J4	Other Amount Paid		RW	Required when Other Amount Claimed Submitted (480-H9) is greater than zero (Ø)
566-J5	Other Payer Amount Recognized		RW	Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø)
509-F9	Total Amount Paid		R	
522-FM	Basis of Reimbursement Determination		RW	
523-FN	Amount Attributed To Sales Tax		RW	
512-FC	Accumulated Deductible Amount		RW	Returned if known
513-FD	Remaining Deductible Amount		RW	Returned if known
514-FE	Remaining Benefit Amount		RW	Returned if known
517-FH	Amount Applied to Periodic Deductible		RW	This data element will be returned if it impacts Patient Pay (505-F5)
518-FI	Amount of Copay		RW	This data element will be returned if it impacts Patient Pay (505-F5)
520-FK	Amount Exceeding Periodic Benefit Maximum		RW	This data element will be returned if it impacts Patient Pay (505-F5)
572-4U	Amount of Coinsurance		RW	Required when Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility

Response Coordination of Benefits Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	M	Response Coordination of Benefits Segment
355-NT	Other Payer ID Count	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other payer Person Code		RW	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required when needed to provide a support telephone number of the other payer to the receiver
143-UW	Other Payer Patient Relationship Code		RW	Required when needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer

PART 5: REJECT RESPONSE

Transaction Header Segment: Mandatory

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

Response Message Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
504-F4	Message		R	

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
301-C1	Group ID		R	This field may contain the Group ID echoed from the request

Response Patient Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Response Patient Segment
310-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
304-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status		M	R – Reject
503-F3	Authorization Number		RW	Required when needed to identify the transaction
510-FA	Reject Count	Max of 5	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required when a repeating field is in error, to identify repeating field occurrence
130-UF	Additional Message Information Count	Max of 25	RW	Required when Additional Message Information (526-FQ) is used
132-UH	Additional Message Information Qualifier		RW	Required when Additional Message Information (526-FQ) is used
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail
131-UG	Additional Message Information Continuity		RW	Required when Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current
549-7F	Help Desk Phone Number Qualifier		RW	Required when Help Desk Phone Number (550-8F) is used
550-8F	Help Desk Phone Number		RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
402-D2	Prescription/Service Reference Number		M	Rx Number

Response Prior Authorization Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	26	M	Response Prior Authorization Segment
498-PY	Prior Authorization Number – Assigned		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim

Response Coordination of Benefits Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	M	Response Coordination of Benefits Segment
355-NT	Other Payer ID Count	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other payer Person Code		RW	Required when known
127-UB	Other Payer Help Desk Phone Number		RW	Required when known
143-UW	Other Payer Patient Relationship Code		RW	Required when known

APPENDIX A: BIN / PCN COMBINATIONS

Primary BIN and PCN Values

Other PCNs may be required as communicated or printed on card.

BIN	Processor Control Number	Note
018448	66202303	Commercial Insured
019505	SHPRX	Commercial Insured
020503	77303404	Commercial Insured
020511	88404505	Commercial Insured
017290	55101202	Manufacturer Savings and Clinical Programs

APPENDIX B: Sales Tax Submission

Sales Tax Billing Claim Submission

Mail / Specialty Pharmacies or Retail Pharmacies submitting claims, with Sales Tax, are required to submit the values detailed below.

A submitted Pharmacy Service Type (147-U7) of 06 – Mail Order Pharmacy Services or 08 – Specialty Care Pharmacy Services, will indicate the order is being shipped to the Patient.

Required Fields for Tax, on Mail Order / Specialty Claims

NPCPC Segment	NCPDP Field #	NCPDP Field Name	Value
Patient Segment	322-CM	Patient Street Address	
Patient Segment	323-CN	Patient City Address	
Patient Segment	324-CO	Patient State/Province Address	
Patient Segment	325-CP	Patient Zip/Postal Zone	
Patient Segment	481-HA	Flat Sales Tax Amount Submitted	
Claim Segment	147-U7	Pharmacy Service Type	06 Mail 08 Specialty
Pricing Segment	482-GE	Percentage Sales Tax Amount Submitted	
Pricing Segment	483-HE	Percentage Sales Tax Rate Submitted	
Pricing Segment	484-JE	Percentage Sales Tax Basis Submitted	

Retail Specialty Pharmacies should either submit the Pharmacy Service Type Code as 01 (Community/Retail Pharmacy Services) or leave the field blank in order to be reimbursed Sales Tax properly.

Required Fields for Tax, on Retail Claims

NPCPC Segment	NCPDP Field #	NCPDP Field Name	Value
Patient Segment	322-CM	Patient Street Address	
Patient Segment	323-CN	Patient City Address	
Patient Segment	324-CO	Patient State/Province Address	
Patient Segment	325-CP	Patient Zip/Postal Zone	
Patient Segment	481-HA	Flat Sales Tax Amount Submitted	
Pricing Segment	482-GE	Percentage Sales Tax Amount Submitted	
Pricing Segment	483-HE	Percentage Sales Tax Rate Submitted	
Pricing Segment	484-JE	Percentage Sales Tax Basis Submitted	

APPENDIX C: VACCINE PROCESSING

Commercial – Vaccine Processing

If Provider dispenses the vaccine medication and administers the vaccine to the enrollee, submit both drug cost and vaccine administration information on a single claim. When submitting administered vaccines claims to Drexix® utilize “MA code processing” utilizing NCPDP fields 440-E5 Professional Service Code and 438-E3 Incentive Amount Submitted.

Please rely on the Drexix® on-line system response to determine vaccine drug coverage adjudicating through Drexix®.

NCPDP Field #	Segment & Field Name	Required Vaccine Administration Information for Processing
440-E5	DUR/PPS Segment Professional Service Code Field	MA (Medication Administration)
438-E3	Pricing Segment Incentive Amount Submitted Field	≥ \$0.01 (Submit Administration Fee)

Dispensing the Vaccine Only

If Provider dispenses the vaccine medication only, submit the drug cost electronically according to current claims submission protocol, without populating NCPDP fields 440-E5 and 438-E3 as described for administering vaccines.

Vaccine Administration Only

Drexix® will reject on-line claim submissions for vaccine administration only. Therefore, if Provider dispenses the vaccine medication and administers the vaccine to the enrollee, submit both elements on a single claim transaction electronically to Drexix®.

As a reminder—pharmacists are required to be certified and/or trained to administer Medicare Part D vaccines. Please check with individual state boards of pharmacy to determine if pharmacists can administer vaccines in your respective state(s).

Submitting a Primary Claim	
Dispensing and administering vaccine	Professional Service Code Field – MA Incentive Amount Submitted Field – “Submit Administration Fee (≥ \$0.01)”
Dispensing vaccine only	Submit drug cost using usual claim submission protocol
Submitting U&C Appropriately	
U&C to submit when dispensing and administering vaccine medication	Your U&C drug cost + Administration Fee