



NetCard Systems
P.O. Box 4517
Centennial, CO 80112

PAYER SPECIFICATION SHEET

Plan Information

| | | |
|---|---|----------------|
| Payer Name: NetCard Systems | | Date: 12/01/12 |
| Plan Name: NetCard Systems/Welldyne/RxWest | BIN: 008878 | PCN: CB8 |
| Plan Name: Pharmastrategies | BIN:014856 | PCN: None |
| Plan Name: Avacare | BIN:610568 | PCN: None |
| Plan Name: MedalistRx | BIN:016580 | PCN: None |
| Processor: SXC Health Solutions Inc. | | |
| Effective: 01/01/13 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| Provider Support: 1-888-886-5822. For questions regarding Member Eligibility, Prior Authorizations or Claim Rejections you may also call 1-800-479-2000 | | |
| Certification Contact Information: D.0certification@sxc.com | | |

Segment and Field Requirements by Transaction Type

Billing (B1), Reversal (B2), and Rebilling (B3) Transaction Data Elements

(M-Mandatory, R-Required, RW-Required When)

TRANSACTION SEGMENT

B1 & B3

B2

| NCPDP FIELD | FIELD NAME | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | COMMENTS/VALUES |
|-------------|----------------------------------|--------------------------|--------------------------|---|
| 101-A1 | BIN | M | M | See above for BINs |
| 102-A2 | VERSION/RELEASE NUMBER | M | M | D.0 |
| 103-A3 | TRANSACTION CODE | M | M | |
| 104-A4 | PROCESSOR CONTROL NUMBER | M | M | REQUIRED FROM ID CARD |
| 109-A9 | TRANSACTION COUNT | M | M | 1-4 (UP TO 4 TRANSACTIONS PER B1 & B3 TRANSMISSION) ACCEPTED |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | M | M | 01 (NATIONAL PROVIDER ID) |
| 201-B1 | SERVICE PROVIDER ID | M | M | VALUE FOR THE QUALIFIER USED IN 202-B2 ABOVE |
| 401-D1 | DATE OF SERVICE | M | M | YYYYMMDD |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | M | M | USE VALUE FOR SWITCH'S REQUIREMENTS. IF SUBMITTING CLAIM WITHOUT A SWITCH |

| INSURANCE SEGMENT | | B1 & B3 | B2 | |
|--------------------------|---------------------------------------|--------------------|-----------|--|
| 111-AM | SEGMENT IDENTIFICATION | M | | 04-SUBMIT ONLY IF SEGMENT IS TRANSMITTED |
| 115-N5 | MEDICAID ID NUMBER | RW | | WHEN REQUIRED BY PLAN |
| 301-C1 | GROUP ID | M | M | USE IF PATIENT IS COVERED UNDER MORE THAN ONE PLAN |
| 302-C2 | CARDHOLDER ID | M | M | FROM ID CARD |
| 303-C3 | PERSON CODE | RW | | WHEN PROVIDED ON ID CARD |
| 306-C6 | PATIENT RELATIONSHIP CODE | RW | | 1 =CARDHOLDER 2 = SPOUSE 3 = CHILD 4 = OTHER |
| 360-2B | MEDICAID INDICATOR | RW | RW | WHEN REQUIRED BY PLAN |
| 361-2D | PROVIDER ACCEPT ASSIGNMENT INDICATOR | RW | | WHEN REQUIRED BY PLAN |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | RW | | WHEN REQUIRED BY PLAN |
| | | | | |

| PATIENT SEGMENT | | B1 & B3 | B2 | |
|------------------------|----------------------------------|--------------------|-----------|---|
| 111-AM | SEGMENT IDENTIFICATION | M | | 01SUBMIT ONLY IF SEGMENT IS TRANSMITTED |
| 310-CA | PATIENT FIRST NAME | R | | REQUIRED FOR TWINS, ETC. |
| 311-CB | PATIENT LAST NAME | R | | |
| 305-C5 | PATIENT GENDER CODE | RW | | |
| 304-C4 | DATE OF BIRTH | R | | |
| 322-CM | PATIENT STREET ADDRESS | RW | | WHEN REQUIRED BY PLAN |
| 322-CN | PATIENT CITY ADDRESS | RW | | WHEN REQUIRED BY PLAN |
| 324-CO | PATIENT STATE/PROVIDENCE ADDRESS | RW | | WHEN REQUIRED BY PLAN |
| 325-CP | PATIENT ZIP/POSTALZONE | RW | | WHEN REQUIRED BY PLAN |
| 307-C7 | PLACE OF SERVICE | RW | | WHEN REQUIRED BY PLAN |
| 335-2C | PREGNANCY INDICATOR | RW | | WHEN REQUIRED BY PLAN |
| 384-4X | PATIENT RESIDENCE | RW | | WHEN REQUIRED BY PLAN |

| CLAIM SEGMENT | | B1 & B3 | B2 | |
|----------------------|---|--------------------|-----------|--|
| 111-AM | SEGMENT IDENTIFICATION | M | M | 07-SUBMIT ONLY IF THE SEGMENT IS TRANSMITTED |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | M | M | 01-RX BILLING |
| 402-D2 | PRESCRIPTION /SERVICE REFERENCE NUMBER | M | M | REQUIRED – UP TO 12 DIGITS SUPPORTED |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | M | M | 03-NATIONAL DRUG CODE |
| 407-D7 | PRODUCT/SERVICE ID | M | M | NDC NUMBER/FOR MULTI-INGREDIENT COMPOUNDS, SUBMIT “00000 00 0000” |
| 442-E7 | QUANTITY DISPENSED | R | | B1 AND B3 CLAIMS |
| 405-D5 | DAYS SUPPLY | R | | B1 AND B3 CLAIMS |
| 403-D3 | FILL NUMBER | R | | B1 & B3 CLAIMS |
| 406-D6 | COMPOUND CODE | R | | B1 & B3 CLAIMS. USE “2” IF PRODUCT IS A COMPOUND. THE COMPOUND SEGMENT IS ALSO REQUIRED IF A COMPOUND CODE OF 2 IS SUBMITTED |

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|--------|--|----|--|--|
| 408-D8 | DISPENSE AS WRITTEND (DAW) | R | | 0-B1 AND B3 CLAIMS |
| 414-DE | DATE PRESCRIPTION WAS WRITTEN | R | | B1 & B3 CLAIMS |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | RW | | WHEN REQUIRED BY PLAN |
| 420-DK | SUBMISSION CLARIFICATION CODE | RW | | USE VALUE "8" WHEN ACCEPTING PAYMENT ONLY FOR COVERED PRODUCTS IN MULTI-INGREDIENT COMPOUND. USE VALUE '19" WHEN SUBMITTING AN LTC SPLIT BILLING CLAIMS THAT IS THE BALANCE OF A CLAIM SUBMITTED TO MEDICARE PART A. |
| 308-C8 | OTHER COVERAGE CODE | RW | | IF OTHER COVERAGE EXISTS, THE APPLICABLE VALUE MUST BE SUBMITTED WITH REQUIRED COB SEGMENT QUALIFIER(S). |
| 429-DT | UNIT DOSE INDICATOR | RW | | WHEN REQUIRED BY PLAN |
| 357-NV | DELAY REASON CODE | RW | | WHEN REQUIRED BY PLAN |
| 995-E2 | ROUTE OF ADMINISTRATION | RW | | WHEN REQUIRED BY PLAN |
| 996-G1 | COMPOUND TYPE | RW | | WHEN REQUIRED BY PLAN |
| 147-U7 | PHARMACY SERVICE TYPE | RW | | WHEN REQUIRED BY PLAN |
| 453-EJ | ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | RW | | WHEN REQUIRED BY PLAN |
| 445-EA | ORIGINALLY PRESCRIBED PRODUCT.SERVICE CODE | RW | | WHEN REQUIRED BY PLAN |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | RW | | WHEN REQUIRED BY PLAN |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | RW | | WHEN REQUIRED BY PLAN |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | RW | | VARIES BY PLAN |
| | | | | |

PRESCRIBER SEGMENT

B1 & B3

B2

| NCPDP FIELD | NCPDP FIELD NAME | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | COMMENTS/VALUES |
|-------------|-------------------------|--------------------------|--------------------------|---------------------------------------|
| 111-AM | SEGMENT IDENTIFICATION | M | | SUBMIT ONLY IF SEGMENT IS TRANSMITTED |
| 466-EZ | PRESCRIBER ID QUALIFER | RW | | 12-DEA. PREFER USE OF 12,13,14 |
| 411-D8 | PRESCRIBER ID | RW | | WHEN REQUIRED BY PLAN |
| 427-DR | PRESCRIBER LAST NAME | RW | | WHEN REQUIRED BY PLAN |
| 498-PM | PRESCRIBER PHONE NUMBER | RW | | WHEN REQUIRED BY PAN |

COB/OTHER PAYMENTS SEGMENT SCENARIO 3 – OTHER PAYER AMOUNT PAID, OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT, AND BENEFIT STAGE REPETITIONS PRESENT (GOVERNMENT PROGRAMS)

| NCPDP FIELD | FIELD NAME | B1 & B3 | | B2 | COMMENTS/VALUES |
|-------------|---|--------------------------|--------------------------|--------------------------|---|
| | | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | |
| 111-AM | SEGMENT INDICATOR | M | | | 05= TRANSMIT ONLY IF THE SEGMENT IS TRANSMITTED |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | RW | RW | | WHEN REQUIRED BY PLAN |
| 338-5C | OTHER PAYER COVERAGE TYPE | RW | | | WHEN REQUIRED BY PLAN |
| 339-6C | OTHER PAYER ID QUALIFIER | RW | | | WHEN REQUIRED BY PLAN |
| 340-7C | OTHER PAYER ID | RW | | | WHEN REQUIRED BY PLAN |
| 443-E8 | OTHER PAYER DATE | RW | | | WHEN REQUIRED BY PLAN |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | RW | | | WHEN REQUIRED BY PLAN |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | RW | | | WHEN REQUIRED BY PLAN |
| 431-DV | OTHER PAYER AMOUNT PAID | RW | | | WHEN REQUIRED BY PLAN |
| 471-5E | OTHER PAYER REJECT COUNT | RW | | | WHEN REQUIRED BY PLAN |
| 472-6E | OTHER PAYER REJECT CODE | RW | | | WHEN REQUIRED BY PLAN |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | RW | | | WHEN REQUIRED BY PLAN |
| 352-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | RW | | | WHEN REQUIRED BY PLAN |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | RW | | | WHEN REQUIRED BY PLAN |
| 392-MU | BENEFIT STAGE COUNT | RW | | | WHEN REQUIRED BY PLAN |
| 393-MV | BENEFIT STAGE QUALIFIER | RW | | | WHEN REQUIRED BY PLAN |
| 394-MW | BENEFIT STAGE AMOUNT | RW | | | WHEN REQUIRED BY PLAN |

PRICING SEGMENT

| NCPDP FIELD | FIELD NAME | B1&B2 | | B3 | COMMENTS/VALUES |
|---------------|---------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| | | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | |
| 111-AM | SEGMENT IDENTIFICATION | M | | | PRICING SEGMENT |
| 409-D9 | INGREDIENT COST SUBMITTED | R | | | |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | R | | | |
| 430-DU | GROSS AMOUNT DUE | R | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | RW | | | WHEN REQUIRED BY PLAN |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | RW | | | WHEN REQUIRED BY PLAN |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | RW | | | IF SALES TAX IS REQUIRED |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | RW | | | IF SALES TAX IS REQUIRED |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | RW | | | IF SALES TAX IS REQUIRED |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | RW | | | IF SALES TAX IS REQUIRED |
| 423-DN | BASIS OF COST DETERMINATION | RW | | | WHEN REQUIRED BY PLAN |

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|--------|--|----|--|-----------------------|
| 478-H7 | OTHER AMOUNT CLAIM SUBMITTED AMOUNT | RW | | WHEN REQUIRED BY PLAN |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | RW | | WHEN REQUIRED BY PLAN |
| 480-H9 | OTHER AMOUNT CLAIMED SUBMITTED | RW | | WHEN REQUIRED BY PLAN |

DUR/PPS SEGMENT

B1&B3 B2

| NCPDP FIELD | FIELD NAME | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | COMMENTS/VALUES |
|-------------|---------------------------|--------------------------|--------------------------|---|
| 111-AM | SEGMENT IDENTIFICATION | M | | SUBMIT ONLY IF THE SEGMENT IS TRANSMITTED |
| 473-7E | DUR/PPS CODE COUNTER | R | R | REQUIRED IF SEGMENT IS USED |
| 439-E4 | REASON FOR SERVICE CODE | R | R | REQUIRED IF SEGMENT IS USED |
| 440-ES | PROFESSIONAL SERVICE CODE | R | R | REQUIRED IF SEGMENT IS USED |
| 441-E6 | RESULT OF SERVICE CODE | R | R | REQUIRED IF SEGMENT IS USED |
| 474-8E | DUR/PPS LEVEL OF EFFORT | R | R | REQUIRED IF SEGMENT IS USED |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | RW | | WHEN REQUIRED BY PLAN |
| 476-H6 | DUR CO-AGENT CODE | RW | | WHEN REQUIRED BY PLAN |

COMPOUND SEGMENT

B1 & B3 B2

| NCPDP FIELD | FIELD NAME | MANDATORY OR SITUATIONAL | MANDATORY OR SITUATIONAL | COMMENTS/VALUES |
|-------------|---|--------------------------|--------------------------|---|
| 450-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | M | | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | M | | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | M | | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | M | | |
| 489-TE | COMPOUND PRODUCT ID | | | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | M | | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | RW | | REQUIRED IF NEEDED FOR RECIEVER CLAIM DETERMINATION WHEN MULTIPLE PRODUCTS ARE BILLED |
| 490-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | RW | | REQUIRED IF NEEDED FOR RECIEVER CLAIM DETERMINATION WHEN MULTIPLE PRODUCTS ARE BILLED |
| 362-2G | COMPOUND INGREDIENT MODIFIER CODE COUNT | RW | | REQUIRED WHEN COMPOUND INGREDIENT MODIFIER CODE (363-2H) IS SENT |
| 363-2H | COMPOUND INGREDIENT MODIFIER CODE | RW | | REQUIRED IF NECESSARY FOR STATE/FEDERAL REGULATORY AGENCY PROGRAMS |

COUPON SEGMENT: USE OF THE COUPON SEGMENT DATA ELEMENTS IS NOT SUPPORTED.
SUBMIT VALUE OF COUPON IN COB SEGMENT OTHER PAYER AMOUNT FIELD.

PRIOR AUTHORIZATION SEGMENT: USE OF THE PRIOR AUTHORIZATION SEGMENT IS NOT SUPPORTED.

*****OTHER TRANSACTIONAL INFORMATION*****

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|---|---|
| MAXIMUM NUMBER OF TRANSACTIONS SUPPORTED PER TRANSMISSION | 4 TRANSACTIONS FOR B1 & B3 TRANSMISSION. ONLY 01 FOR A B2 TRANSACTION |
| REVERSAL WINDOW | 14 DAYS |
| PRESCRIBER ID | DEA # IS THE PREFERRED ENTRY FOR PRESCRIBER ID |
| PHARMACY CONTRACT OR REGISTRATION | REQUIRED. CONTACT 866-813-3743 |
| VENDOR CERTIFICATION REQUIRED | NOT REQUIRED |
| PLAN SPECIFIC HELP DESK | 888-479-2000 |
| PHARMACY HELP DESK | 888-886-5822 |