



NCPDP Version 5 Request Multi-Ingredient Compound Generic Payer Sheet

NCPDP Rev.04.16.02

General Information

Payer Name: Selected Customers Check MyArgus Online Pharmacy Website	Date: 06/12/2007
Plan Name/Group Selected Clients	
Processor: Argus	Switch: Various
Effective as of: 06/12/2007	Version/Release #: MICV2
Contact/Information Source: Argus Call Center 1.800.KC.ARGUS (1.800.522.7487)	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 1.800.KC.ARGUS (1.800.522.7487)	
Other versions supported: The HIPAA required format is 5.1	

Other Transactions Supported (as of 10/16/2003)

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

Billing or Rebill Transaction

Segments

The following lists the segments available in a Billing or Rebill 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**

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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

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number		M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1=Billing Claim B2=Reversal	M	Return all zeros in the Product/Service ID on the reversed claim record and 03 in the Product/Service ID Qualifier.
104-A4	Processor Control Number		M	
109-A9	Transaction Count		M	1=one claim per transaction allowed
202-B2	Service Provider ID Qualifier	01=NPI 07=NCPDP ID	M	
201-B1	Service Provider ID		M	Argus accepts both NPI and NCPDP ID for the Service Provider ID.
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

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		RW	Required when customer specific edits apply.

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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		RW	Required when customer specific edits apply.

Claim Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07	M	
455-EM	Prescription/Service Ref # Qualifier	Blank=Not specified 1=Rx billing	M	Blank will be treated as 1=Rx Billing
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	00=Not Specified	M	00=Not Specified required with use of the Compound Segment
407-D7	Product/Service ID		M	All zeros required in the Product/Service ID (Claim Segment)
442-E7	Quantity Dispensed		R	The quantity of the final compounded product dispensed.
405-D5	Days Supply		R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	R	2=Compound Code required with use of the Compound Segment.
408-D8	DAW/Product Selection Code		R	
414-DE	Date Prescription Written		R	

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419-DJ	Submission Clarification Code		RW	08=Process Compound for Approved Ingredients, without 08 the non-covered drugs will cause the claim to deny.
308-C8	Other Coverage Code	08=Claim is a billing for a copay	RW	Required for Copay Only billing.
461-EU	Prior Authorization Type Code		RW	Required when customer specific edits apply.
462-EV	Prior Authorization Number Submitted		RW	Required when customer specific edits apply.

Pharmacy Provider Segment (02):

Not Supported

Prescriber Segment:

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier		RW	Required when 411-DB is used.
411-DB	Prescriber ID		RW	Required when needed for customer level edits.

COB/Other Payments Segment:

Situational

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05	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	03=Bank Information Number (BIN)	RW	Can occur up to 3 times.
340-7C	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	

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342-HC	Other Payer Amount Paid Qualifier	RW	Can occur up to 9 times per payer
431-DV	Other Payer Amount Paid	RW	Can occur up to 9 times per payer
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):

Not Supported

DUR/PPS Segment:

Situational

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08	M	
473-7E	DUR/PPS Code Counter		RW	
439-E4	Reason for Service Code		RW	Occurs up to 9 times
440-E5	Professional Service Code		RW	Occurs up to 9 times
441-E6	Result of Service Code		RW	Occurs up to 9 times

Pricing Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		R	The sum of the submitted Compound Ingredient Drug Cost (449-EE) fields in the Compound Segment.
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		R	
478-H7	Other Amount Claimed Submitted Count		RW	Required with Copay Only billing.
479-H8	Other Amount Claimed Submitted Qualifier	99=Other for Copay Only billing	RW	Required with Copay Only billing.
480-H9	Other Amount Claimed Submitted		RW	Required with Copay Only billing.

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481-HA	Flat Sales Tax Amount Submitted	RW
426-DQ	Usual And Customary Charge	R
430-DU	Gross Amount Due	R

Coupon Segment (09):

Not Supported

Compound Segment (10):

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	10	M	
450-EF	Compound Dosage Form Description Code	Blank=Not Specified 01=Capsule 02=Ointment 03=Cream 04=Suppository 05=Powder 06=Emulsion 07=Liquid 10=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	Dosage form of the complete compound mixture. One occurrence per claim.
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	Describes the units' form of the entire compound. One occurrence per claim.

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452-EH	Compound Route of Administration	0=Not Specified 1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 10=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 20=Urethral 21=Vaginal 22=Enteral	M	Code for the route of administration of the complete compound mixture. One occurrence per claim.
447-EC	Compound Ingredient Component Count		M	Count of compound product IDs (both active and inactive) in the compound mixture. One occurrence per claim, value may be 2-25.
488-RE	Compound Product ID Qualifier	03=NDC	R	03=NDC in Compound Segment.
489-TE	Compound Product ID		R	Can occur up to 25 times
448-ED	Compound Ingredient Quantity		R	Can occur up to 25 times.
449=EE	Compound Ingredient Drug Cost		R	Can occur up to 25 times

Prior Authorization Segment (12):

Not Supported

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Clinical Segment:

Situational

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count		RW	
492-WE	Diagnosis Code Qualifier		RW	Can occur up to 5 times
424-DO	Diagnosis Code		RW	Can occur up to 5 times

Additional Information for Claim Submissions

Sales Tax Processing

Sales tax may or may not apply to the payer.

Other Transaction Information

Reversals

Maximum Number of Transactions Supported per transmission	Max # of transactions supported = 1
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?

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

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NCPDP Version 5 Response Multi Ingredient Compound Generic Payer Sheet

NCPDP Rev.04.16.02

General Information

Payer Name: Selected Customers

Date: 06/12/07

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 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) 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

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PAID (or Duplicate of Paid or Rebill) 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	B1=Rx Billing
109-A9	Transaction Count	Same value as in request billing	M	1=one claim per transaction
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	
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 an ingredient in the compound segment is excluded, the excluded NDC(s) is returned in the paid response 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

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526-FQ	Additional Message Information	RW
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Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	22	M	
455-EM	Prescription/Service Reference Number Qualifier		M	1=Rx Billing
402-D2	Prescription/Service Reference Number		M	

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	No
547-HJ Basis of Calculation – Copay	No
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

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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
563-J2	Other Amount Paid Count		RW	Reported when applicable
564-J3	Other Amount Paid Qualifier		RW	Reported when applicable
565-J4	Other Amount Paid		RW	Reported when applicable
566-J5	Other Payer Amount Recognized		RW	Reported when applicable
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable
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

Response DUR/PPS Segment:

Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	24	M	
567-J6	DUR/PPS Response Code Counter		RW	
439-E4	Reason For Service Code		RW	Reported when applicable. Can occur up to 9 times.
528-FS	Clinical Significance Code		RW	Reported when applicable
544-FY	DUR Free Text Message		RW	Reported when applicable

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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	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	
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	

Response Status Segment:

Mandatory

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	Can occur up to 5 times.

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526-FQ	Additional Message Information	RW	If the claim denied for non-coverage of one or more of the ingredients, the excluded NDC(s) will be identified in the message fields.
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