



NCPDP Version 5 Request Payer Sheet – Part D Vaccine Administration Billing

NCPDP Rev.04.16.02

General Information

Payer Name: All Argus Part D Customers	Date: 11/21/07
Plan Name/Group Name: All Argus Part D Customers	
Processor: Argus	Switch: Various
Effective as of: 01/01/2008	Version/Release #: MEDD.02
Contact/Information Source: 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 Transaction

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

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

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

NOTE: This payer sheet represents the information needed for Part D Vaccine Administration primary claim billing and contains only the segments, fields and references needed for this particular claim type submission. Please refer to the Argus customer-specific Part D Payer Sheets for Part D general claim submission requirements for each Argus Part D customer and to the Coordination of Benefits (COB) Payer Sheet for submission of supplemental claims.

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number		M	610649 or existing customer-specific Part D BIN.
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1 = Billing (claim)	M	
104-A4	Processor Control Number		M	Submit same PCN used by Argus Part D customers for all other Part D claims.
109-A9	Transaction Count		M	1-4
202-B2	Service Provider ID Qualifier	01 = NPI 07 = NCPDP ID	M	
201-B1	Service Provider ID		M	Argus accepts both NPI and NCPDP number for Service Provider ID until May 23, 2008.
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

Patient Segment:**Required**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	004	M	
304-C4	Date Of Birth		RW	Required when customer specific edits apply.
305-C5	Patient Gender Code		RW	Required when customer specific edits apply.
310-CA	Patient First name		RW	Required when customer specific edits apply.
311-CB	Patient Last Name		RW	Required when customer specific edits apply.

Insurance Segment:**Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	0404	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	007	M	
455-EM	Prescription/Service Ref # Qualifier	Blank = not specified 1 = Rx Billing	M	Blank treated as 1=Rx Billing
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03 = NDC	M	
407-D7	Product/Service ID		M	Must be a Part D covered vaccine for vaccine administration billing.
442-E7	Quantity Dispensed		R	

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

405-D5	Days Supply		R	Must be '1' for vaccine administration.
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	Only 0 or 1 are valid for vaccine administration claims.
408-D8	DAW/Product Selection Code		R	
414-DE	Date Prescription Written		R	

Pharmacy Provider Segment (02):

Not Supported

Prescriber Segment:

Required

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

Pricing Segment:

Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
438-E3	Incentive Amount Submitted		R	Must be greater than zero when PPS Professional Service Code is submitted.
433-DX	Patient Paid Amount Submitted		R	
426-DQ	Usual And Customary Charge		R	
430-DU	Gross Amount Due		R	

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

DUR/PPS Segment (08):

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	08	M	
473-7E	DUR/PPS Code Counter		R	Must equal 1.
440-E5	Professional Service Code		R	Must equal a value of MA (Medication Administered) when Incentive Amount Submitted is sent.

Sales Tax Processing

Sales Tax may be calculated, use a file rate, or ignored if submitted.

NOTE: Vaccine administration claims must meet the following four criteria in addition to all existing claim edits: the pharmacy must have a contracted Administration Fee on file, the Product/Service ID (407-D7) must be for a covered Part D vaccine, the Incentive Amount Submitted (438-E3) must be greater than zero and the Professional Service Code (440-E5) of "MA" is required.

Vaccine claims without an Incentive Amount Submitted (438-E3) greater than zero and without a PPS Professional Service Code (440-E5) of "MA" will process as a drug dispensing only claim and will not reimburse an Administrative Fee.

If a claim is submitted for a valid Part D vaccine drug and Incentive Amount Submitted (438-E3) is greater than zero but no PPS Professional Service Code (440-E5) of "MA" was submitted, claim will reject with Reject Code (511-FB) of "E5" and Additional Message Information (526-FQ) of "PROF SVC CODE REQD FOR VACCINE INC FEE".

If a claim is submitted for a valid Part D vaccine drug and Incentive Amount Submitted is zero or Incentive Amount is not submitted and PPS Professional Service Code "MA" is submitted, claim will reject with Reject Code (511-FB) of "E3" and Additional Message Information (526-FQ) of "NON 0 VALUE REQD FOR VACCINE ADMIN".

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

Additional Information for Part D Vaccine Administration Claim Billing Submissions

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 unless Argus Part D Customer specifies a different time frame.

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

NCPDP Version 5 Response Payer Sheet – Part D Vaccine Administration Billing

NCPDP Rev.04.16.02

General Information

Payer Name: All Argus Part D Customers	Date: 11/21/07
--	----------------

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 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

NOTE: This payer sheet represents the information reported on responses for Part D Vaccine Administration primary claim billing and contains only the segments, fields and references needed for this particular claim type submission. Please refer to the Argus customer-specific Part D Payer Sheets for Part D general claim response information for each Argus Part D customer.

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

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	
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 for Other Health Insurance reporting and if plan requests messaging

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

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

526-FQ	Additional Message Information		RW	If applicable for Other Health Insurance reporting and if plan requests messaging
--------	--------------------------------	--	----	---

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	1	M	1 = Rx Billing
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment: Mandatory

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
521-FL	Incentive 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
509-F9	Total Amount Paid		R	May be populated with zeros
518-FI	Amount Of Copay/Co-Insurance		RW	Reported when applicable
519-FJ	Amount Attributed To Product Selection		RW	Reported when applicable

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

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	If applicable for Other Health Insurance reporting and if plan requests messaging

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	

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.

511-FB	Reject Code	R	Can occur up to 5 times.
526-FQ	Additional Message Information	RW	<p>If valid Part D vaccine drug and Incentive Amount Submitted but PPS Professional Service Code "MA" was not submitted, claim will reject with code E5 and message PROF SVC CODE REQD FOR VACCINE INC FEE.</p> <p>If valid Part D vaccine drug and Incentive Amount Submitted is zero or not submitted and PPS Professional Service Code "MA" is submitted, claim will reject with code E3 and message NON 0 VALUE REQD FOR VACCINE ADMIN.</p>

All of the information on this page constitutes a trade secret, privileged or confidential information, as such terms are interpreted under the Freedom of Information Act and applicable case law.

CONFIDENTIAL AND PROPRIETARY – DO NOT DISCLOSE.
Do not distribute to outside parties without written approval of an Argus Health Systems, Inc. officer.