GENERAL INFORMATION

Payer Name: GuidantRx	Date: 6/1/2018
Plan Name/Group Name: All Hospice Benefits	BIN: 610106	PCN: PBMOCE
Provider Relations Help Desk Info: 866-618-3494	
Other versions supported: D.0 only	

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	610106	M	BIN for PBM Plus
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	Claim Billing, Claim Rebilling
1Ø4-A4	PROCESSOR CONTROL NUMBER	PBMOCE	M	PCN for PBM Plus
1Ø9-A9	TRANSACTION COUNT	01 = One Occurrence	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – National Provider ID 12 - NCPDP	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use value for switch's requirements. If submitting claim without a switch populate with blanks.

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	As printed on card	M	
312-CC	CARDHOLDER FIRST NAME	As printed on card	RW	Required for matching in the instance of twins.
313-CD	CARDHOLDER LAST NAME	As printed on card	RW	Required for matching in the instance of twins.
314-CE	HOME PLAN			
524-FO	PLAN ID			
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE			
3Ø1-C1	GROUP ID			
3Ø3-C3	PERSON CODE			
3Ø6-C6	PATIENT RELATIONSHIP CODE			
359-2A	MEDIGAP ID			

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill	
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
36Ø-2B	MEDICAID INDICATOR			
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR			
997-G2	CMS PART D DEFINED QUALIFIED FACILITY			
115-N5	MEDICAID ID NUMBER			

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill	
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
331-CX	PATIENT ID QUALIFIER		M	
332-CY	PATIENT ID	Cardholder ID as shown on the card	R	
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME	As printed on card	RW	Necessary for match in the instance of twins
311-CB	PATIENT LAST NAME	As printed on card	RW	Necessary for match in the instance of twins
322-CM	PATIENT STREET ADDRESS			
323-CN	PATIENT CITY ADDRESS			
324-CO	PATIENT STATE / PROVINCE ADDRESS			
325-CP	PATIENT ZIP/POSTAL ZONE			
326-CQ	PATIENT PHONE NUMBER			
3Ø7-C7	PLACE OF SERVICE			
333-CZ	EMPLOYER ID			
335-2C	PREGNANCY INDICATOR			
35Ø-HN	PATIENT E-MAIL ADDRESS			
384-4X	PATIENT RESIDENCE			

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill	
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Only value 1 is accepted*
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 – NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER			*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE			*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.		*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used.
459-ER	PROCEDURE MODIFIER CODE			Submit only if instructed by the help desk
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	Required on ALL submissions (initial/ reversal)
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED			Not Required
419-DJ	PRESCRIPTION ORIGIN CODE			Not Required
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE			*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications.
3Ø8-C8	OTHER COVERAGE CODE			Not required for commercial coverage
429-DT	SPECIAL PACKAGING INDICATOR			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER			*Imp Guide:* Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE			*Imp Guide:* Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.
446-EB	ORIGINALLY PRESCRIBED QUANTITY			*Imp Guide:* Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER			Not required
6ØØ-28	UNIT OF MEASURE			Not required:
418-DI	LEVEL OF SERVICE			Occasionally used to reimburse additional fees. Use as indicated by client request.
461-EU	PRIOR AUTHORIZATION TYPE CODE			
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED			May be required to create dynamic PA as indicated by help desk.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			
464-EX	INTERMEDIARY AUTHORIZATION ID			
343-HD	DISPENSING STATUS			Imp Guide: Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED			Imp Guide: Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED			Imp Guide: Required for the partial fill or the completion fill of a prescription.

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent	X		

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED			
433-DX	PATIENT PAID AMOUNT SUBMITTED			Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED			
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.		Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER			Imp Guide: Required if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED			Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED			Required if applicable for pharmacy location
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED			Required if applicable for pharmacy location
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED			Required if applicable for pharmacy location.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED			Required if applicable for pharmacy location.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION			Imp Guide: Required if needed for receiver claim/encounter adjudication.

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent			
This Segment is situational	x		

	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER			
444-E9	PROVIDER ID			

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	x	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER		R	*Acceptable values are 01 = National Provider ID 07 = DEA*
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME			
498-PM	PRESCRIBER PHONE NUMBER			
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP/POSTAL ZONE			

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.		
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER			
431-DV	OTHER PAYER AMOUNT PAID			
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		
472-6E	OTHER PAYER REJECT CODE			

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		
472-6E	OTHER PAYER REJECT CODE			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.		
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER			
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT			
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		
393-MV	BENEFIT STAGE QUALIFIER			
394-MW	BENEFIT STAGE AMOUNT			

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.		
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER			
431-DV	OTHER PAYER AMOUNT PAID			
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		
472-6E	OTHER PAYER REJECT CODE			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.		
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER			
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT			
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		
393-MV	BENEFIT STAGE QUALIFIER			
394-MW	BENEFIT STAGE AMOUNT			

Workers' Compensation Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*		
This Segment is always sent				
This Segment is situational	x	PBM Plus does not currently process Workers' Compensation claims.		

	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
434-DY	DATE OF INJURY		M	
315-CF	EMPLOYER NAME			
316-CG	EMPLOYER STREET ADDRESS			
317-CH	EMPLOYER CITY ADDRESS			
318-CI	EMPLOYER STATE/PROVINCE ADDRESS			
319-CJ	EMPLOYER ZIP/POSTAL ZONE			
32Ø-CK	EMPLOYER PHONE NUMBER			
321-CL	EMPLOYER CONTACT NAME			
327-CR	CARRIER ID			
435-DZ	CLAIM/REFERENCE ID			
117-TR	BILLING ENTITY TYPE INDICATOR		R	
118-TS	PAY TO QUALIFIER			
119-TT	PAY TO ID			
12Ø-TU	PAY TO NAME			
121-TV	PAY TO STREET ADDRESS			
122-TW	PAY TO CITY ADDRESS			
123-TX	PAY TO STATE/PROVINCE ADDRESS			
124-TY	PAY TO ZIP/POSTAL ZONE			
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER			
126-UA	GENERIC EQUIVALENT PRODUCT ID			

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*		
This Segment is always sent				
This Segment is situational	X			

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.		*Required if segment used.*
439-E4	REASON FOR SERVICE CODE			*Required if segment used.*
44Ø-E5	PROFESSIONAL SERVICE CODE			
441-E6	RESULT OF SERVICE CODE			
474-8E	DUR/PPS LEVEL OF EFFORT			
475-J9	DUR CO-AGENT ID QUALIFIER			
476-H6	DUR CO-AGENT ID			

Coupon Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*		
This Segment is always sent				
This Segment is situational	X	This segment is not currently utilized by PBM Plus		

	Coupon Segment Segment Identification (111-AM) = "Ø9"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
485-KE	COUPON TYPE		M	
486-ME	COUPON NUMBER		M	
487-NE	COUPON VALUE AMOUNT			

	Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
	This Segment is always sent		
	This Segment is situational	X	Required if claim is for a compounded product.

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	M	
489-TE	COMPOUND PRODUCT ID	NDC = 00000000000	M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST			
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.		
363-2H	COMPOUND INGREDIENT MODIFIER CODE			

	Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
	This Segment is always sent		
	This Segment is situational	X	Not Required

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.		
492-WE	DIAGNOSIS CODE QUALIFIER			
424-DO	DIAGNOSIS CODE			
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.		
494-ZE	MEASUREMENT DATE			
495-H1	MEASUREMENT TIME			
496-H2	MEASUREMENT DIMENSION			
497-H3	MEASUREMENT UNIT			
499-H4	MEASUREMENT VALUE			