

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 <i>If Situational, Payer Situation</i>
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		

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
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 <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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			<i>Imp Guide:</i> 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) = "07"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE			<i>Imp Guide:</i> 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 10.		<i>Imp Guide:</i> 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	
403-D3	FILL NUMBER		R	Required on ALL submissions (initial/ reversal)
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-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.		<i>Imp Guide:</i> Required if Submission Clarification Code (420-DK) is used.
420-DK	SUBMISSION CLARIFICATION CODE			<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (0). If the Date of Service (401-D1) contains the subsequent payer coverage date, the Submission Clarification Code (420-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.
460-ET	QUANTITY PRESCRIBED		RW	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).
308-C8	OTHER COVERAGE CODE			Not required for commercial coverage
429-DT	SPECIAL PACKAGING INDICATOR			<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER			<i>Imp Guide:</i> Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE			<i>Imp Guide:</i> 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			<i>Imp Guide:</i> 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
600-28	UNIT OF MEASURE			Not required:

Claim Segment Segment Identification (111-AM) = "07"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			
464-EX	INTERMEDIARY AUTHORIZATION ID			
343-HD	DISPENSING STATUS		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> 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
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED			
433-DX	PATIENT PAID AMOUNT SUBMITTED			<i>Imp Guide:</i> 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.		<i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER			<i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED			<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-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	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION			<i>Imp Guide:</i> 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) = "02"				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		

Field #	Prescriber Segment Segment Identification (111-AM) = "Ø3"	Value	Payer Usage	Claim Billing/Claim Rebill 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)		

Field #	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	Scenario 1 - Other Payer Amount Paid Repetitions Only
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			

Field #	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
				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			
340-7C	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) = "05"			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			
340-7C	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) = "06"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

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, <i>Payer Situation</i>
This Segment is always sent			
This Segment is situational		X	Required if claim is for a compounded product.

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-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			
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 10.		
363-2H	COMPOUND INGREDIENT MODIFIER CODE			

Clinical Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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			