



## Web Announcement – Nevada Medicaid and Nevada Check Up NCPDP Version 5.1 Payer Sheet

November 2011

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### In this issue:

- » Web Announcement
  - » NCPDP Version 5.1 Payer Sheet
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### Introduction to NCPDP Version 5.1 Payer Sheet

HP Enterprise Services (HPES) has contracted with SXC Health Solutions, Inc. to administer the pharmacy portion of Nevada's Medicaid Management Information System (MMIS). SXC will provide claims processing and call center functions for the Division of Health Care Financing and Policy (DHCFP)'s Nevada Medicaid and Nevada Check Up programs beginning December 2, 2011.

SXC will accept National Council for Prescription Drug Programs (NCPDP) 5.1 pharmacy claims beginning at 6:00 a.m. Pacific Time December 2, 2011. SXC will accept NCPDP D.O. pharmacy claims beginning at 12:00 a.m. Pacific Time on January 1, 2012.

To support Nevada Medicaid and Nevada Check Up claims billing, HPES and SXC have prepared the NCPDP Version 5.1 Payer Sheet shown below. The Payer Sheet and the Pharmacy Billing Manual will be available on the Provider Web Portal at <https://www.medicaid.nv.gov> on December 5, 2011.

For technical questions regarding claim submission, call the SXC Pharmacy Technical Call Center at (866) 244-8554.

For further details regarding the Nevada Medicaid and Nevada Check Up Pharmacy Program, refer to the "HPES Transition FAQs for Pharmacy Providers" on the "Transition Info" page at <http://nevada.fhsc.com>.



# Nevada Medicaid and Nevada Check Up Specifications for NCPDP version 5.1 (Appendix B of the Pharmacy Billing Manual)



## Table of contents

|   |    |
|---|----|
| Introduction .....  | 1  |
| Purpose of this document .....                                | 1  |
| Questions? .....  | 1  |
| Payer Sheet Details .....                                     | 1  |
| 1    Segment And Field Requirements By Transaction Type ..... | 2  |
| 2    General information .....                                | 13 |
| 3    Other information .....                                  | 13 |

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## Introduction

Starting December 2, 2011, HP Enterprise Services (HPES) will start processing pharmacy claims for Nevada Medicaid as part of the MMIS takeover project. SXC Health Solutions, Inc. provides claims processing and call center services in support of this contract.

## Purpose of this document

HP Enterprise Services has prepared this Pharmacy Payer Sheet and website, <https://medicaid.nv.gov/>, to support Nevada Medicaid and Nevada Check Up billing. Hereafter, Nevada Medicaid and Nevada Check Up are referred to as "Medicaid" unless otherwise specified.

## Questions?



For technical questions regarding claim submission call the SXC Pharmacy Technical Call Center at (866) 244-8554.

For enrollment or setup questions, please contact HPES.

## Payer Sheet Details

**SXC Health Solutions, Inc.**  
**PO Box 5206**  
**Lisle, IL 60532-5206**

Effective: 12/2/2011

Bin #: 001553

PCN: NVM

States: All Participating Pharmacies in the Nevada Medicaid Program

Network

Destination: SXC Health Solutions (RxCLAIM®)

Accepting: Claim Billing, Reverse/Rebill/ Reversal, and Eligibility Inquiry (B1, B2, B3 and E1)

Format: NCPDP Version 5.1 or higher



# 1 Segment And Field Requirements By Transaction Type

## BILLING (B1), REVERSAL (B2), REBILLING (B3), ELIGIBILITY INQUIRY (E1) Transaction Data Elements

(M-Mandatory, S-Situational, \*\*\*R-Repeat Field)

| Transaction Header Segment – Mandatory |                                  | Required                 |  |
|--|----------------------------------|--------------------------|--|
| NCPDP Field                            | Field Name                       | Mandatory or Situational | COMMENTS/VALUES  |
| 101-A1                                 | BIN NUMBER                       | M                        | 001553   |
| 102-A2                                 | VERSION/RELEASE NUMBER           | M                        | 51   |
| 103-A3                                 | TRANSACTION CODE                 | M                        | B1, B2, B3   |
| 104-A4                                 | PROCESSOR CONTROL NUMBER         | M                        | NVM  |
| 109-A9                                 | TRANSACTION COUNT                | M                        | 01 – 04; One Transaction For B2 Or Compound Claims; Up To 4 For B1 Or B3 |
| 202-B2                                 | SERVICE PROVIDER ID QUALIFIER    | M                        | 01 (NPI)   |
| 201-B1                                 | SERVICE PROVIDER ID              | M                        | National Provider Identifier   |
| 401-D1                                 | DATE OF SERVICE                  | M                        | CCYYMMDD   |
| 110-AK                                 | SOFTWARE VENDOR/CERTIFICATION ID | M                        | Use Value For Switch's Requirements, Or Populate With Blanks             |

| Patient Segment – Situational |                        | Required for B1, B2, & B3 transactions |  |
|-------------------------------|------------------------|--|--|
| NCPDP Field                   | Field Name             | Mandatory or Situational               | COMMENTS/VALUES                        |
| 111-AM                        | SEGMENT IDENTIFICATION | M                                      | 01                                     |
| 331-CX                        | PATIENT ID QUALIFIER   | S                                      | Not Required - Captured if transmitted |
| 332-CY                        | PATIENT ID             | S                                      | Not Required - Captured if transmitted |
| 304-C4                        | DATE OF BIRTH          | S                                      | Not Required - Captured if transmitted |



| Patient Segment – Situational |                                  | Required for B1, B2, & B3 transactions |  |
|-------------------------------|----------------------------------|--|--|
| NCPDP Field                   | Field Name                       | Mandatory or Situational               | COMMENTS/VALUES  |
| 305-C5                        | PATIENT GENDER CODE              | S                                      | Not Required - Captured if transmitted   |
| 310-CA                        | PATIENT FIRST NAME               | M                                      | Required for this program  |
| 311-CB                        | PATIENT LAST NAME                | M                                      | Required for this program  |
| 322-CM                        | PATIENT STREET ADDRESS           | S                                      | Not Required - Captured if transmitted   |
| 323-CN                        | PATIENT CITY ADDRESS             | S                                      | Not Required - Captured if transmitted   |
| 324-CO                        | PATIENT STATE / PROVINCE ADDRESS | S                                      | Not Required - Captured if transmitted   |
| 325-CP                        | PATIENT ZIP/POSTAL ZONE          | S                                      | Not Required - Captured if transmitted   |
| 326-CQ                        | PATIENT PHONE NUMBER             | S                                      | Not Required - Captured if transmitted   |
| 307-C7                        | PATIENT LOCATION                 | S                                      | Required when needed to identify Long Term Care (LTC) conditions.<br>04 = Long Term Care<br>11 = Hospice |
| 333-CZ                        | EMPLOYER ID                      | S                                      | Not Required - Captured if transmitted   |
| 334-1C                        | SMOKER / NON-SMOKER CODE         | S                                      | Not Required - Captured if transmitted   |
| 335-2C                        | PREGNANCY INDICATOR              | S                                      | Not Required - Captured if transmitted   |



| Insurance Segment – Situational |                                | Required For B1, B3, And E1 Transactions |   |
|---------------------------------|--------------------------------|--|---|
| NCPDP Field                     | Field Name                     | Mandatory or Situational                 | COMMENTS/VALUES                           |
| 111-AM                          | SEGMENT IDENTIFICATION         | M  | 04  |
| 302-C2                          | CARDHOLDER ID                  | M  | Medicaid ID Number<br><Client>            |
| 312-CC                          | CARDHOLDER FIRST NAME          | R  | Required for this program                 |
| 313-CD                          | CARDHOLDER LAST NAME           | R  | Required for this program                 |
| 314-CE                          | HOME PLAN                      | S  | Not Required -<br>Captured if transmitted |
| 524-FO                          | PLAN ID                        | S  | Not Required -<br>Captured if transmitted |
| 309-C9                          | ELIGIBILITY CLARIFICATION CODE | S  | Not Required -<br>Captured if transmitted |
| 336-8C                          | FACILITY ID                    | S  | Not Required -<br>Captured if transmitted |
| 301-C1                          | GROUP ID                       | S  | Not Required -<br>Captured if transmitted |
| 303-C3                          | PERSON CODE                    | S  | Not Required -<br>Captured if transmitted |
| 306-C6                          | PATIENT RELATIONSHIP CODE      | S  | Not Required -<br>Captured if transmitted |

| Claim Segment – Mandatory |  | Required for B1, B2, & B3 |   |
|---------------------------|--|---------------------------|---|
| NCPDP Field               | Field Name   | Mandatory or Situational  | COMMENTS/VALUES                             |
| 111-AM                    | SEGMENT IDENTIFICATION                                 | M                         | 07  |
| 455-EM                    | PRESCRIPTION/SERVICE<br>REFERENCE NUMBER QUALIFIER     | M                         | Required 1 = Rx billing                     |
| 402-D2                    | PRESCRIPTION/SERVICE<br>REFERENCE NUMBER               | M                         | Required                                    |
| 436-E1                    | PRODUCT/SERVICE ID QUALIFIER                           | M                         | 03 = NDC                                    |
| 407-D7                    | PRODUCT/SERVICE ID                                     | M                         | 11-digit NDC                                |
| 456-EN                    | ASSOCIATED<br>PRESCRIPTION/SERVICE<br>REFERENCE NUMBER | S                         | Required when billing for<br>a partial fill |
| 457-EP                    | ASSOCIATED<br>PRESCRIPTION/SERVICE DATE                | S                         | Required when billing for<br>a partial fill |



| Claim Segment – Mandatory |  | Required for B1, B2, & B3 |  |
|---------------------------|--|---------------------------|--|
| NCPDP Field               | Field Name                                       | Mandatory or Situational  | COMMENTS/VALUES  |
| 458-SE                    | PROCEDURE MODIFIER CODE COUNT                    | S                         | Required ONLY if Procedure Modifier Code Submitted   |
| 459-ER                    | PROCEDURE MODIFIER CODE                          | S                         | Not Required - Captured if transmitted   |
| 442-E7                    | QUANTITY DISPENSED                               | R                         | Required for B1 & B3 transactions  |
| 403-D3                    | FILL NUMBER                                      | R                         | Required for B1 & B3 transactions<br>0 = Original dispensing<br>1-99 = Refill Number   |
| 405-D5                    | DAYS SUPPLY                                      | R                         | Required for B1 & B3 transactions  |
| 406-D6                    | COMPOUND CODE                                    | R                         | Required for B1 & B3 transactions<br>0=Not Specified<br>1=Not a Compound<br>2 = Compound   |
| 408-D8                    | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | R                         | 0 = No Product selection indicated<br>1 = Substitution not allowed by prescriber<br>2 = Substitution allowed – patient requested brand<br>3 = Substitution allowed – pharmacist selected product dispensed<br>4 = Substitution allowed – generic drug not in stock<br>5 = Substitution allowed – brand drug dispensed as generic<br>6 = Override<br>7 = Substitution not allowed – brand drug mandated by law<br>8 = Substitution allowed – generic drug not available in marketplace<br>9 = Other |





| Claim Segment – Mandatory |                               | Required for B1, B2, & B3 |  |
|---------------------------|-------------------------------|---------------------------|--|
| NCPDP Field               | Field Name                    | Mandatory or Situational  | COMMENTS/VALUES  |
| 414-DE                    | DATE PRESCRIPTION WRITTEN     | R                         | Required for B1 & B3 transactions  |
| 415-DF                    | NUMBER OF REFILLS AUTHORIZED  | S                         | Not Required – Captured if transmitted   |
| 419-DJ                    | PRESCRIPTION ORIGIN CODE      | S                         | Not Required – Captured if transmitted   |
| 420-DK                    | SUBMISSION CLARIFICATION CODE | S                         | Not Required – Captured if transmitted   |
| 460-ET                    | QUANTITY PRESCRIBED           | S                         | Required on partial or completion fills  |
| 308-C8                    | OTHER COVERAGE CODE           | S                         | Required for COB transaction<br><br>00 = Not specified<br>01 = No other coverage<br>02 = Other coverage exists – payment collected<br>03 = Other coverage exists – claim not covered<br>04 = Other coverage exists – payment not collected<br>05 = Managed care plan denial<br>06 = Other coverage denied – not a participating provider<br>07 = Other coverage exists – Not in effect on DOS<br>08 = Claim is billing for copay |
| 429-DT                    | UNIT DOSE INDICATOR           | S                         | Required when the pharmacy has repackaged a non-unit dose product, 3 =   |



| Claim Segment – Mandatory |  | Required for B1, B2, & B3 |  |
|---------------------------|--|---------------------------|--|
| NCPDP Field               | Field Name                                   | Mandatory or Situational  | COMMENTS/VALUES  |
|                           |  |                           | Pharmacy Unit Dose   |
| 453-EJ                    | ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | S                         | Required on partial or completion fills  |
| 445-EA                    | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE   | S                         | Required on partial or completion fills  |
| 446-EB                    | ORIGINALLY PRESCRIBED QUANTITY               | S                         | Required on partial or completion fills  |
| 330-CW                    | ALTERNATE ID                                 | S                         | Not Required – Captured if transmitted   |
| 454-EK                    | SCHEDULED PRESCRIPTION ID NUMBER             | S                         | Not Required – Captured if transmitted   |
| 600-28                    | UNIT OF MEASURE                              | S                         | Required EA=each, GM=grams, ML=milliliters   |
| 418-DI                    | LEVEL OF SERVICE                             | S                         | Required to identify emergency conditions<br>3=Emergency   |
| 461-EU                    | PRIOR AUTHORIZATION TYPE CODE                | S                         | **See Pharmacy Manual  |
| 462-EV                    | PRIOR AUTHORIZATION NUMBER SUBMITTED         | S                         |  |
| 463-EW                    | INTERMEDIARY AUTHORIZATION TYPE ID           | S                         | Not Required – Captured if transmitted   |
| 464-EX                    | INTERMEDIARY AUTHORIZATION ID                | S                         | Not Required – Captured if transmitted   |
| 343-HD                    | DISPENSING STATUS                            | S                         | Required when submitting a partial fill or the completion of a partial fill.<br><br>Blank = Not Specified, P = Partial Fill,<br><br>C = Completion of Partial Fill |
| 344-HF                    | QUANTITY INTENDED TO BE DISPENSED            | S                         | Required on partial or completion fills  |



| Claim Segment – Mandatory |                                      | Required for B1, B2, & B3 |   |
|---------------------------|--------------------------------------|---------------------------|---|
| NCPDP Field               | Field Name                           | Mandatory or Situational  | COMMENTS/VALUES                         |
| 345-HG                    | DAYS SUPPLY INTENDED TO BE DISPENSED | S                         | Required on partial or completion fills |

| Pharmacy Provider Segment – Situational | Segment is Not Required |
|---|-------------------------|
|---|-------------------------|

| Prescriber Segment – Situational |                                     | Required for B1 & B3 transactions |  |
|----------------------------------|-------------------------------------|-----------------------------------|--|
| NCPDP Field                      | Field Name                          | Mandatory or Situational          | COMMENTS/VALUES                        |
| 111-AM                           | SEGMENT IDENTIFICATION              | M                                 | 03                                     |
| 466-EZ                           | PRESCRIBER ID QUALIFIER             | M                                 | 01 = National Provider ID              |
| 411-DB                           | PRESCRIBER ID                       | M                                 | NPI                                    |
| 467-1E                           | PRESCRIBER LOCATION CODE            | S                                 | Not Required - Captured if transmitted |
| 427-DR                           | PRESCRIBER LAST NAME                | S                                 | Not Required - Captured if transmitted |
| 498-PM                           | PRESCRIBER PHONE NUMBER             | S                                 | Not Required - Captured if transmitted |
| 468-2E                           | PRIMARY CARE PROVIDER ID QUALIFIER  | S                                 | Not Required - Captured if transmitted |
| 421-DL                           | PRIMARY CARE PROVIDER ID            | S                                 | Not Required - Captured if transmitted |
| 469-H5                           | PRIMARY CARE PROVIDER LOCATION CODE | S                                 | Not Required - Captured if transmitted |
| 470-4E                           | PRIMARY CARE PROVIDER LAST NAME     | S                                 | Not Required - Captured if transmitted |



| COB/Other Payments Segment – Situational |   | Required ONLY for COB processing |   |
|--|---|----------------------------------|---|
| NCPDP Field                              | Field Name                                    | Mandatory or Situational         | COMMENTS/VALUES   |
| 111-AM                                   | SEGMENT IDENTIFICATION                        | M                                | 05  |
| 337-4C                                   | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | M                                | Required if Segment is Used<br>Maximum = 3  |
| 338-5C                                   | OTHER PAYER COVERAGE TYPE                     | M***R***                         | 01 = Primary<br>02 = Secondary<br>03 = Tertiary<br>99 = Composite   |
| 339-6C                                   | OTHER PAYER ID QUALIFIER                      | S***R***                         | RW  |
| 340-7C                                   | OTHER PAYER ID                                | S***R***                         | Required, Other Payer ID must = 88888 if Segment is Used  |
| 443-E8                                   | OTHER PAYER DATE                              | S***R***                         | Required, CCYYMMDD  |
| 341-HB                                   | OTHER PAYER AMOUNT PAID COUNT                 | S                                | Required if Segment is Used   |
| 342-HC                                   | OTHER PAYER AMOUNT PAID QUALIFIER             | S***R***                         | Blank = Not Specified<br>01 = Delivery<br>02 = Shipping<br>03 = Postage<br>04 = Administrative<br>05 = Incentive<br>06 = Cognitive Service<br>07 = Drug Benefit<br>08 = Sum of all reimbursement<br>98 = Coupon<br>99 = Other |
| 431-DV                                   | OTHER PAYER AMOUNT PAID                       | S***R***                         | Required if Segment is Used   |
| 471-5E                                   | OTHER PAYER REJECT COUNT                      | S                                | Not Required - Captured if transmitted  |
| 472-6E                                   | OTHER PAYER REJECT CODE                       | S***R***                         | Not Required - Captured if transmitted  |

| DUR/PPS Segment – Situational |                        | Segment is Not Required, use encouraged if applicable |  |
|-------------------------------|------------------------|---|--|
| NCPDP Field                   | Field Name             | Mandatory or Situational                              | COMMENTS/VALUES  |
| 111-AM                        | SEGMENT IDENTIFICATION | M   | 08   |
| 473-7E                        | DUR/PPS CODE COUNTER   | S***R***  | Required if segment used, one to 9 occurrences are supported |



| DUR/PPS Segment – Situational |                           | Segment is Not Required, use encouraged if applicable |  |
|-------------------------------|---------------------------|---|--|
| NCPDP Field                   | Field Name                | Mandatory or Situational                              | COMMENTS/VALUES  |
| 439-E4                        | REASON FOR SERVICE CODE   | S***R***  | Required when needed to communicate DUR information.<br>Valid Values:<br>See Pharmacy Manual |
| 440-E5                        | PROFESSIONAL SERVICE CODE | S***R***  | Required when needed to communicate DUR information<br>Valid Values:<br>See Pharmacy Manual  |
| 441-E6                        | RESULT OF SERVICE CODE    | S***R***  | Required when needed to communicate DUR information.<br>Valid Values:<br>See Pharmacy Manual |
| 474-8E                        | DUR/PPS LEVEL OF EFFORT   | S***R***  | Required if segment used   |
| 475-J9                        | DUR CO-AGENT ID QUALIFIER | S***R***  | Not Required - Captured if transmitted   |
| 476-H6                        | DUR CO-AGENT ID           | S***R***  | Not Required - Captured if transmitted   |

| Pricing Segment –Mandatory |   |                          | Required for B1 & B3 transactions                 |
|----------------------------|---|--------------------------|---|
| NCPDP Field                | Field Name                              | Mandatory or Situational | COMMENTS/VALUES                                   |
| 111-AM                     | SEGMENT IDENTIFICATION                  | M                        | 11  |
| 409-D9                     | INGREDIENT COST SUBMITTED               | M                        | Required  |
| 412-DC                     | DISPENSING FEE SUBMITTED                | M                        | Required  |
| 477-BE                     | PROFESSIONAL SERVICEFEE SUBMITTED       | S                        | Not Required -Captured if transmitted             |
| 433-DX                     | PATIENT PAID AMOUNTSUBMITTED            | M                        | Required  |
| 438-E3                     | INCENTIVEAMOUNT SUBMITTED               | S                        | Required when billing for unit dose packaging fee |
| 478-H7                     | OTHER AMOUNT CLAIMED SUBMITTED COUNT    | S                        | Not Required -Captured if transmitted             |
| 479-H8                     | OTHER AMOUNT CLAIMED SUBMITTEDQUALIFIER | S***R***                 | Not Required -Captured if transmitted             |
| 480-H9                     | OTHERAMOUNTCLAIMED SUBMITTED            | S***R***                 | Not Required -Captured if transmitted             |
| 481-HA                     | FLATSALES TAX AMOUNT                    | S                        | Not Required -Captured                            |



| Pricing Segment –Mandatory |                                      |                          | Required for B1 & B3 transactions  |
|----------------------------|--------------------------------------|--------------------------|--|
| NCPDP Field                | Field Name                           | Mandatory or Situational | COMMENTS/VALUES  |
|                            | SUBMITTED                            |                          | if transmitted   |
| 482-GE                     | PERCENTAGE SALES TAXAMOUNT SUBMITTED | S                        | Not Required -Captured if transmitted  |
| 483-HE                     | PERCENTAGE SALESTAXRATE SUBMITTED    | S                        | Not Required -Captured if transmitted  |
| 484-JE                     | PERCENTAGE SALESTAXBASIS SUBMITTED   | S                        | Not Required -Captured if transmitted  |
| 426-DQ                     | USUALAND CUSTOMARY CHARGE            | M                        | Required For Public Health Service entities, usual and customary charge is the 'actual acquisition cost' |
| 430-DU                     | GROSS AMOUNT DUE                     | M                        | Required   |
| 423-DN                     | BASIS OFCOST DETERMINATION           | S                        | Not Required -Captured if transmitted  |

| Compound Segment – Situational |   | Segment is not required - Use is encouraged if applicable |   |
|--------------------------------|---|---|---|
| NCPDP Field                    | Field Name                              | Mandatory or Situational                                  | COMMENTS/VALUES   |
| 111-AM                         | SEGMENT IDENTIFICATION                  | M   | 10  |
| 450-EF                         | COMPOUND DOSAGE FORM DESCRIPTION CODE   | M   | Required<br>01 = Capsule<br>02 = Ointment<br>03 = Cream<br>04 = Suppository<br>05 = Powder<br>06 = Emulsion<br>07 = Liquid<br>10 = Tablet<br>11 = Solution<br>12 = Suspension<br>13 = Lotion<br>14 = Shampoo<br>15 = Elixir<br>16 = Syrup<br>17 = Lozenge<br>18 = Enema |
| 451-EG                         | COMPOUND DISPENSING UNIT FORM INDICATOR | M   | 1 = Each<br>2 = Grams<br>3 = Milliliters  |



| Compound Segment – Situational |   | Segment is not required - Use is encouraged if applicable |  |
|--------------------------------|---|---|--|
| NCPDP Field                    | Field Name                                      | Mandatory or Situational                                  | COMMENTS/VALUES  |
| 452-EH                         | COMPOUND ROUTE OF ADMINISTRATION                | M   | 00 = Not specified<br>01 = Buccal<br>02 = Dental<br>03 = Inhalation<br>04 = Injection<br>05 = Intraperitoneal<br>06 = Irrigation<br>07 = Mouth/throat<br>08 = Mucous membrane<br>09 = Nasal<br>10 = Ophthalmic<br>11 = Oral<br>12 = Other/Miscellaneous<br>13 = Otic<br>14 = Perfusion<br>15 = Rectal<br>16 = Sublingual<br>17 = Topical<br>18 = Transdermal<br>19 = Translingual<br>20 = Urethral<br>21 = Vaginal<br>22 = Enteral |
| 447-EC                         | COMPOUND INGREDIENT COMPONENT COUNT             | M***R***  | Count Of Compound Product ID's (NDC's)   |
| 488-RE                         | COMPOUND PRODUCT ID QUALIFIER                   | M***R***  | 03 = NDC   |
| 489-TE                         | COMPOUND PRODUCT ID                             | M***R***  | 11-Digit NDC   |
| 448-ED                         | COMPOUND INGREDIENT QUANTITY                    | M***R***  | Required   |
| 449-EE                         | COMPOUND INGREDIENT DRUG COST                   | M   | Required When A Compound Drug Is Dispensed   |
| 490-UE                         | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | M   | Required When A Compound Drug Is Dispensed   |

**Prior Authorization Segment – Segment NOT REQUIRED at this time; fields intentionally not listed.**

*Specifications may be provided at a later date.*



**Clinical Segment:** Required for transactions B1 and B3 if designated clinical information is needed for drug coverage consideration.

| Field  | Field Name                   | Field Requirement    | Supported Values  |
|--------|------------------------------|----------------------|---|
| 111-AM | SEGMENT IDENTIFICATION       | M                    | 13=Clinical Segment   |
| 491-VE | DIAGNOSIS CODE COUNT         | RW<br>Max = 5        | Required when DIAGNOSIS CODE is used.   |
| 492-WE | DIAGNOSIS CODE QUALIFIER     | RW***R***<br>Max = 5 | Required when DIAGNOSIS CODE is used.<br>01 = ICD 9   |
| 424-DO | DIAGNOSIS CODE               | RW***R***<br>Max = 5 | Required when diagnosis is needed for designated drug coverage. <i>See Pharmacy Billing Manual.</i> |
| 493-XE | CLINICAL INFORMATION COUNTER | O                    |   |
| 494-ZE | MEASUREMENT DATE             | O                    |   |
| 495-H1 | MEASUREMENT TIME             | O                    |   |
| 496-H2 | MEASUREMENT DIMENSION        | O                    |   |
| 497-H3 | MEASUREMENT UNIT             | O                    |   |
| 499-H4 | MEASUREMENT VALUE            | O                    |   |

## 2 General information

Live Date: 12/02/2011

Maximum prescriptions per transaction: 4

Technical assistance, help desk: (Starting 12/02/2011) (866) 244-8554

Clinical and Prior Authorization support: (Starting 12/02/2011) (855)-455-3311

Vendor certification required: Yes (by switching company)

Pharmacy Registration with Payer Required: Yes, contact HPES

Switch Support: NDC, ENVOY, ERx, QS1

## 3 Other information

TBD

