Payer Sheet

Plan Name/Payer	PharmPix
Effective as of	10.20.2023
Payer Sheet Revision	1.25
Revision date	10.20.2023

BIN	PCN	Contact info
610228	PPXRX, PPXSV, MCSRX01, MCSUPR, PPXAM, PPXAMRX, ECRX, PPXCO, PPXCL, PPXPA, PPXGY, PXCL, NATPPX	787-522-5252
610237	123119, AWPRX	1-888-700-0922
610208	NYM	787-522-5252
021668	TRX	787-522-5252
017051	PRS	787-522-5252
610228	AMTRS	1-877-905-7322
610228	EOGH	1-800-227-7755
610228	ABANTE	1-833-206-9539

BILLING TRANSACTION (B1)

- The following lists the segments available in a standard Billing Transaction for version D0 mandatory from 01/01/2012
- The Coordination of Benefits segment must be completed if billing a COB
- OPPRA method is the preferred method for COB
- The Compound segment must be completed if billing a compound
- Claim submissions must contain one (1) occurrence of claim data.
- The sales tax submitted should be the established by state law.

Key to field status

| M=Mandatory |
| O=Optional |
| S=Situational |
| R=Repeating |

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/O/R/S
101-A1	BIN Number		M
102-A2	Version/Release Number	D0	M
103-A3	Transaction Code	B1	M
104-A4	Processor Control Number		M
109-A9	Transaction Count		M
202-B2	Service Provider ID Qualifier		M
201-B1	Service Provider ID		M
401-D1	Date of Service		M
110-AK	Software/Vendor Certification ID		O

Patient Segment: Mandatory

Field	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	01	M
331-CX	Patient ID Qualifier		O
332-CY	Patient ID		O
3Ø4-C4	Date Of Birth		M
3Ø5-C5	Patient Gender Code		M
31Ø-CA	Patient First Name		M
311-CB	Patient Last Name		M
322-CM	Patient Street Address		O
323-CN	Patient City Address		O
324-CO	Patient State / Province Address		O
325-CP	Patient Zip/Postal Zone		O
326-CQ	Patient Phone Number		O
333-CZ	Employer ID		O
335-2C	Pregnancy Indicator		O

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	04	M
302-C2	Cardholder ID		M
312-CC	Cardholder First Name		O
313-CD	Cardholder Last Name		O
314-CE	Home Plan		O
524-FO	Plan ID		O
309-C9	Eligibility Clarification Code		O
301-C1	Group ID		M
303-C3	Person Code		O
306-C6	Patient Relationship code		O
359-2A	Medigap ID		O
360-2B	Medicaid Indicator		O
361-2D	Provider Accept Assignment Indicator		O
997-G2	CMS Part D Defined Qualified Facility		O
115-N5	Medicaid ID Number		O
116-N6	Medicaid Agency Number		O

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Reference Number Qualifier		M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier		M
407-D7	Product/Service ID		M
456-EN	Associated Prescription/Service Ref. #		O
457-EP	Associated Prescription/Service Date		O
458-SE	Procedure Modifier Code Count		O
459-ER	Procedure Modifier Code		O
403-D3	Fill Number		M
405-D5	Days Supply		M
406-D6	Compound Code		M
408-D8	Dispense As Written/Product Selection Code		M
414-DE	Date Prescription Written		M
415-DF	Number of Refills Authorized		M
419-DJ	Prescription Origin Code		M

420-DK	Submission Clarification Code		O
308-C8	Other Coverage Code		S
429-DT	Unit Dose Indicator		O
453-EJ	Orig. Prescribed Product/Service ID Qualifier		O
445-EA	Originally Prescribed Product/Service Code		O
446-EB	Originally Prescribed Quantity	Req. for Partial Fills	M
600-28	Unit of Measure		O
418-DI	Level of Service		O
461-EU	Prior Authorization Type Code		O
462-EV	Prior Authorization Number Submitted		O
463-EW	Intermediary Authorization Type ID		O
464-EX	Intermediary Authorization ID		O
343-HD	Dispensing Status	Req. for Partial Fills	S
344-HF	Quantity Intended to be Dispensed		O
345-HG	Days Supply Intended to be Dispensed		O
357-NV	Delay Reason Code		O
391-MT	Patient Assignment Indicator		O
995-E2	Route of Administration		O
996-G1	Compound Type		O
147-U7	Pharmacy Service Type		S
460-ET	Quantity Prescribed	Req. for Incremental Fills for Schedule II prescriptions.	S
442-E7	Quantity Dispensed**		M*
420-DK	Submission Clarification code ***	2, 6 or 7	M

** For Pfizer-BioNTech COVID-19 Vaccine 30MCG/0.3ml, the Quantity Dispensed (442-E7) submitted = 0.3 ml per dose administered. This will be applied for the first, second and third dose of the vaccine. For Moderna COVID-19 Vaccine Intramuscular Suspension 100 MCG/0.5ML, the Quantity Dispensed (442-E7) submitted = 0.5 ml per dose administered. This will be applied for the first and second doses of the vaccine.

***To submit the claim for the COVID -19 Vaccine second or other dose, the following codes must be submitted in order to identify whether the claim is for the first dose or the second dose of the vaccine.

   A. **For the first dose: A Submission Clarification Code of 2 is required. This is used to indicate the first dose of a two-dose vaccine is being administered.**

   B. **For the second dose: A Submission Clarification Code of 6 is required. This is used when the pharmacist indicates that a previous medication was a starter dose and know additional medication is needed to continue treatment.**

   C. **For the Third dose: A Submission Clarification Code of 7 is required. This is to indicate a "Medically Necessary". This dose should be administrated 28 days after the second dose.**

   D. **For the Third dose: A Submission Clarification Code of 11 is required**

   Note: For a single-dose vaccine, the Submission Clarification Code values are (2,6,7) or leave blank.

For the submission of the transaction   COVID -19 – Oral antiviral drugs

- **The Days' Supply (405-D5) should represent the number of days the dispensed quantity will last based on the prescribed dose.**

- **The Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of product dispensed**

Pharmacy Provider Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	02	M

Prescriber Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	03	M
466-EZ	Prescriber ID Qualifier		M
411-DB	Prescriber ID		M
427-DR	Prescriber Last Name		O
498-PM	Prescriber Phone Number		O

Field #	NCPDP Field Name	Value	M/O/R/S
468-2E	Primary Care Provider ID Qualifier		O
421-DL	Primary Care Provider ID		O
470-4E	Primary Care Provider Last Name		O
364-2J	Prescriber First Name		O
365-2K	Prescriber Street Address		O
366-2M	Prescriber City Address		O
368-2P	Prescriber Zip/Postal Zone		O

COB/Other Payments Segment: Situational
Submit this segment if billing using COB

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	05	M
337-4C	COB/Other Payments Count		M
338-5C	Other Payer Coverage Type		M
339-6C	Other Payer ID Qualifier	03	M
340-7C	Other Payer ID	BIN Number	M
443-E8	Other Payer Date		O
341-HB	Other Payer Amount Paid Count		O
342-HC	Other Payer Amount Paid Qualifier		O
431-DV	Other Payer Amount Paid		O
471-5E	Other Payer Reject Count		M
472-6E	Other Payer Reject Code		M
993-A7	Internal Control Number		O
353-NR	Other Payer-Patient Responsibility Amount Paid Count		M
351-NP	Other Payer-Patient Responsibility Amount Paid Qualifier		M
352-NQ	Other Payer-Patient Responsibility Amount		M
392-MU	Benefit Stage Count		O
393-MV	Benefit Stage Qualifier		O
394-MW	Benefit Stage Amount		O

Workers' Compensation Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	06	S
434-DY	Date of Injury		S

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	08	S
44Ø-E5	Professional Service Code	MA=Medication Administered – indicates the administration of a covered vaccine	R

For the submission of COVID-19 - Oral antiviral drug:

Professional Service Code (440-E5) value of either:

- **AS" - Patient Assessment should be submitted to identify the professional services associated with the pharmacist conducting a patient assessment, prescribing and fulfilling the unique dispensing requirements of the product.**
- **"PE" – Patient Education should be submitted to identify the professional services associated with the unique dispensing requirements of the product when the pharmacist is not the ordering provider.**

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	11	M
409-D9	Ingredient Cost Submitted		O
412-DC	Dispensing Fee Submitted		O
433-DX	Patient Paid Amount Submitted		O
478-H7	Other Amount Claimed Submitted Count		O
479-H8	Other Amount Claimed Submitted Qualifier		O
480-H9	Other Amount Claimed Submitted		O
481-HA	Flat Sales Tax Amount Submitted		O *
482-GE	Percentage Sales Tax Amount Submitted		O *
483-HE	Percentage Sales Tax Rate Submitted		O **
484-JE	Percentage Sales Tax Basis Submitted		O *

426-DQ	Usual and Customary Charge		M (Field amount cannot be blank or $0.00)
430-DU	Gross Amount Due		O
423-DN	Basis of Cost Determination		O
438-E3	Incentive Amount Submitted		S,M (Value has an effect on Gross Amount (43Ø-DU) calculation.) Use when submitting claim for vaccine drug and administrative fee together.

**for the submission of the COVID-19 - Oral antiviral drug emergency use

- **Basis of Cost Determination (423-DN) should be submitted with the value "15" (Free product at no associated cost).**

*The pharmacy must include the vaccine admin fee amount in the field of Incentive Amount Submitted (438-E3).

Note: Provider must follow all applicable regulations and processes established by the FDA, CDC, and the Health Department, among others; details will be part of future pharmacy audits.

Sales tax:
* When submitting sales tax be consistent use 481-HA or 482 -GE. Do not use both fields with different values. The submission of sales tax is governed by your state regulatory agencies.

** Rate submitted must be in accordance with the sales tax rate according to the state submitted.

Coupon Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	09	S
485-KE	Coupon Type		S
486-ME	Coupon Number		S
487-NE	Coupon Value Amount		S

Compound billing method
1. Mark the Rx as a compound
2. In the CLAIM segment enter a "0" as NDC (automatic in most pharmacy manager software)
3. In the Compound Segment enter the fields marked as mandatory in the next table for **each ingredient** in the compound

Compound Segment: Situational
Submit this segment if billing a compound

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	10	M
450-EF	Compound Dosage Form Description Code		M
451-EG	Compound Dispensing Unit Form Indicator		M
452-EH	Compound Route of Administration		M
447-EC	Compound Ingredient Component Count		M
488-RE	Compound Product ID Qualifier		M, R
489-TE	Compound Product ID		M, R
448-ED	Compound Ingredient Quantity		M, R
449-EE	Compound Ingredient Drug Cost		O, R
490-UE	Compound Ingredient Basis of Cost Determination		O, R
362-2G	Compound Ingredient Modifier Code Count		O, R
363-2H	Compound Ingredient Modifier Code		O, R

Prior Authorization Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S

111-AM	Segment Identification	12	S

Clinical Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	13	S
491-VE	Diagnosis Code Count		S
492-WE	Diagnosis Code Qualifier		S
424-DO	Diagnosis Code		S
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

REVERSAL TRANSACTION (B2)

The following lists the segments available in a Reversal Transaction (transaction code B2) for version D0

Reversal Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/O/R/S
101-A1	BIN Number		M
102-A2	Version/Release Number	D0	M
103-A3	Transaction Code	B2	M
104-A4	Processor Control Number		M
109-A9	Transaction Count		M
202-B2	Service Provider ID Qualifier		M
201-B1	Service Provider ID		M
401-D1	Date of Service		M
110-AK	Software/Vendor Certification ID		O

Reversal Insurance Segment: Optional

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	04	S
302-C2	Cardholder Id		S
301-C1	Group Id		S
303-C3	Person Code		S

Reversal Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/O/R/S
111-AM	Segment Identification	07	M
455-EM	Prescription/Service Reference Number Qualifier		M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier		M
407-D7	Product/Service ID		M
456-EN	Associated Prescription/Service Ref. #		O
457-EP	Associated Prescription/Service Date		O
458-SE	Procedure Modifier Code Count		O
459-ER	Procedure Modifier Code		O, R

442-E7	Quantity Dispensed		O
403-D3	Fill Number		O
405-D5	Days Supply		O
406-D6	Compound Code		O

408-D8	Dispense As Written/Product Selection Code		O
414-DE	Date Prescription Written		O
415-DF	Number of Refills Authorized		O
419-DJ	Prescription Origin Code		O
420-DK	Submission Clarification Code		O
460-ET	Quantity Prescribed		O
308-C8	Other Coverage Code		O
429-DT	Unit Dose Indicator		O
453-EJ	Orig. Prescribed Product/Service ID Qualifier		O
445-EA	Originally Prescribed Product/Service Code		O
446-EB	Originally Prescribed Quantity		O
454-EK	Scheduled Prescription ID Number		O
343-HD	Dispensing Status		O
344-HF	Quantity Intended to be Dispensed		O
345-HG	Days Supply Intended to be Dispensed		O