

Integrated Prescription Management (IPM)/ PharmAvail Benefit Management

Payor Specification Sheet

BIN #:	014658, 610114	Effective Date:	09/17/20
States:	National	Destination:	Integrated Prescription Management
PCNs:	014658: IPM, IPMCOB, SSD 610114: PV	Format:	NCPDP Version D.0
Accepting:	Claim Adjudication, Reversals	ECL:	March 2010
Switch:	Emdeon, Relay Health, eRx	Pharmacy Help Desk:	IPM: (877) 860-8846 PharmAvail: (800) 933-3734

Notes:

For the submission of NCPDP Version 5.1 claims, please refer to the IPM v5.1 payor sheet. NCPDP Version 5.1 claims will be allowed according to the grid below:

Claim Type	Last Submission Date Allowed:
B1,B3	06/30/2012
B2	12/31/2012

Version D.0 Segments Supported / Not Supported

Mandatory / Optional	Segments Not Supported
Transaction Header and Response Header	Pharmacy Provider
Insurance and Response Insurance	Coupon
Patient	Prior Authorization
Claim and Response Claim	Workers Compensation
Prescriber	Clinical
Pricing and Response Pricing	
DUR/PPS and Response DUR/PPS	
COB / Other Payments	

D.0 Summary of Changes

Functionality Changes

- Partial Fills will be supported at a later date
- Sales Tax will be paid using the new sales tax fields
- Paid and Duplicate Reversal Responses
- Multiple Transactions Supported - Up to 4 per Transmission

Key

The following table lists the segments available in a Billing Transaction. The table also lists values as defined under NCPDP Version D.0 for your reference. Other fields are required as noted:

- M Mandatory
- O Optional
- R Required as Defined by the Processor
- RW Required when defined by situation

Fields listed as M-Mandatory are in accordance with NCPDP Telecommunication Implementation Guide, Version D.0. Fields that are not used in the Claim Billing/Claim Rebill Transactions and those that do not have qualified requirements (i.e. not used) for this payor are excluded from the payor sheet.

Billing Transactions**Transaction Header Segment: Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
101-A1	BIN Number	014658, 610114	M
102-A2	Version / Release Number	NCPDP Version D.0	M
103-A3	Transaction Code	B1 - Billing	M
104-A4	Processor Control Number	IPM, IPMCOB, PV	M
109-A9	Transaction Count	1 - 4	M
202-B2	Service Provider ID Qualifier	01- NPI – National Provider ID 07- NCPDP ID	M
201-B1	Service Provider ID	NCPDP ID or NPI	M
401-D1	Date of Service		M
110-AK	Software Vendor / Certification ID	All Spaces	M

Insurance Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	04-Insurance Segment	M
302-C2	Cardholder ID		M
303-C3	Person Code		R
306-C6	Patient Relationship Code		R
312-CC	Cardholder First Name		R
313-CD	Cardholder Last Name		R

Patient Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	01-Patient Segment	M
304-C4	Date of Birth	CCYYMMDD	R
305-C5	Patient Gender Code	1 = Male, 2 = Female	R
310-CA	Patient First Name		R
311-CB	Patient Last Name		R

Claim Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	07-Claim Segment	M
455-EM	Prescription / Service Reference Number Qualifier	1 - Rx Billing	M
402-D2	Prescription / Service Reference Number		M
436-E1	Product / Service ID Qualifier	03 - NDC	M
407-D7	Product / Service ID	11 digit NDC	M
442-E7	Quantity Dispensed	Format 7(9)V999	R
403-D3	Fill Number	New = 00 (zeros must be sent)	R
405-D5	Days Supply		R
406-D6	Compound Code	1 = Not a Compound, 2 = Compound	R
408-D8	Dispense as Written (DAW) / Product Selection Code		R
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	Enter if Applicable	O
460-ET	Quantity Prescribed	Effective 9/21/2020 Accepted 9/21/2020 Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.	RW

308-C8	Other Coverage Code	Required when submitting claims for split billing with a primary payor. OCC 08 = Claim for collection of copayment from previous payor.	RW
461-EU	Prior Authorization Type Code	1 = Prior Authorization, if applicable	O
462-EV	Prior Authorization Number Submitted	If Applies to Rx	O

Pricing Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	11-Pricing Segment	M
409-D9	Ingredient Cost Submitted		R
412-DC	Dispensing Fee Submitted		R
433-DX	Patient Paid Amount Submitted		R
481-HA	Flat Sales Tax Amount Submitted	If Sales Tax applies to State	O
482-GE	Percentage Sales Tax Amount Submitted	If Sales Tax applies to State	O
483-HE	Percentage Sales Tax Rate Submitted	If Sales Tax applies to State	O
484-JE	Percentage Sales Tax Basis Submitted	If Sales Tax applies to State	O
426-DQ	Usual & Customary Charge		R
430-DU	Gross Amount Due		R

Prescriber Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	03-Prescriber Segment	M
466-EZ	Prescriber ID Qualifier	12-DEA, Drug Enforcement Agency or 01-NPI, National Provider ID	R
411-DB	Prescriber ID	DEA or NPI	R
427-DR	Prescriber Last Name		R

Coordination of Benefits Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payor Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims
Scenario 2 - Other Payor-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	OCC 08 Billing

COB/Other Payments Segment: Optional

****Segment is required only if processing claims for split billing with a primary payor.**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	05	RW
337-4C	Coordination of Benefits/Other Payments Count	Maximum = 3	RW
338-5C	Other Payor Coverage Type	01 = Primary 02 = Secondary 03 = Tertiary	RW
339-6C	Other Payor ID Qualifier	Prefer use of 01, 02, 03, 04	RW
340-7C	Other Payor ID		RW
443-E8	Other Payor Date		RW
471-5E	Other Payor Reject Count		O
472-6E	Other Payor Reject Code		O
353-NR	Other Payor-Patient Responsibility Amount Count		R
351-NP	Other Payor-Patient Responsibility Amount Qualifier		R
352-NQ	Other Payor-Patient Responsibility Amount		R

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payor Situation</i>
This Segment is always sent		
This Segment is situational	X	Required only for submission of compound claims (field 406-D6 = 2)

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	10	M
450-EF	Compound Dosage Form Description		M
451-EG	Compound Dispensing Unit Form Indicator		M
447-EC	Compound Ingredient Component Count	This count must match the submitted number of repetitions.	M
488-RE	Compound Product ID Qualifier	03 = NDC	M
489-TE	Compound Product ID	Component of NDC(s) of compound mixture	M
448-ED	Compound Ingredient Quantity	Amount expressed in metric decimal units	M
449-EE	Compound Ingredient Cost		R
490-UE	Compound Ingredient Basis of Cost Determination		R
362-2G	Compound Ingredient Modifier Code Count		R
363-2H	Compound Ingredient Modifier Code		R

Reversal Transaction**Transaction Header Segment: Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
101-A1	BIN Number	014658, 610114	M
102-A2	Version / Release Number	NCPDP Version D.0	M
103-A3	Transaction Code	B2	M
104-A4	Processor Control Number	IPM, IPMCOB, PV	M
109-A9	Transaction Count	1 - 4	M
202-B2	Service Provider ID Qualifier	07- NCPDP ID 01-NPI	M
201-B1	Service Provider ID	NCPDP ID or NPI	M
401-D1	Date of Service		M
101-AK	Software / Vendor Certification ID	All Spaces	M

Claim Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	07 – Claim Segment	M
455-EM	Prescription / Service Reference ID Qualifier	1 – Rx Billing	M
402-D2	Prescription / Service Reference Number		M
436-E1	Product / Service ID Qualifier	03 - NDC	M
407-D7	Product / Service ID	11 digit NDC	M
403-D3	Fill Number	New = 00, zeros must be sent	M
308-C8	Other Coverage Code	Required when communicating summation of other coverage information collected from other payors. See Customer Coverage below. 00 or 01= Not a COB claim 08= Claim for collection of copayment from previous payor	RW

Insurance Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	04	M
302-C2	Cardholder ID		M

Pricing Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	11	M
438-E3	Incentive Amount Submitted	Required when value has effect on Gross Amount Due (430-DU) calculation	RW