



NCPDP Version 5 Request Payer Sheet

NCPDP Rev.04.16.02

General Information

| | |
|---|-------------------------------|
| Payer Name: IBC-PDP IBC-MA-SNP | Date: 12/07/2007 |
| Plan Name/Group Name: AmeriHealth Advantage Keystone 65 Complete & AmeriHealth 65 | |
| Processor: Argus | Switch: Various |
| Effective as of: 01/01/2006 | Version/Release #: MEDD.03 |
| Contact/Information Source: Argus Call Center 1.800.KC.ARGUS (1.800.522.7487) | |
| Certification Testing Window: Not Applicable | |
| Provider Relations Help Desk Info: 0366 -1-800-913-3109; 0367 – 1-800-913-3124 | |
| Other versions supported: The HIPAA required format is 5.1 | |

Other Transactions Supported (as of 10/16/2003)

| Transaction Code | Transaction Name |
|------------------|------------------|
| B2 | Reversal |
| B3 | Rebill |

Billing Transaction

Segments

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields.

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Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) must always be sent. Fields designated as "Required When" (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

Transaction Header Segment: Mandatory in all cases

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|----------------------------------|--|--------|---|
| 101-A1 | BIN Number | 012353 | M | |
| 102-A2 | Version/Release Number | 51 | M | |
| 103-A3 | Transaction Code | B1 | M | B1 = Billing (claim) |
| 104-A4 | Processor Control Number | 03660000 (AmeriHealth Advantage) 03670000 (Keystone 65 Complete and AmeriHealth 65 Complete) | M | AmeriHealth Advantage Keystone 65 Complete and AmeriHealth 65 Complete |
| 109-A9 | Transaction Count | | M | 1 |
| 202-B2 | Service Provider ID Qualifier | 01 = NPI | M | |
| 201-B1 | Service Provider ID | | M | Argus accepts only the NPI number for Service Provider ID. |
| 401-D1 | Date of Service | | M | |
| 110-AK | Software Vendor/Certification ID | blanks | M | |

Patient Segment: Required

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|------------------------|-------|--------|---------|
| 111-AM | Segment Identification | 01 | M | |
| 304-C4 | Date Of Birth | | R | |
| 305-C5 | Patient Gender Code | | R | |

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Insurance Segment:

Mandatory

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|------------------------|-------|--------|----------------------|
| 111-AM | Segment Identification | Ø4 | M | |
| 3Ø2-C2 | Cardholder ID | | M | |
| 3Ø3-C3 | Person Code | | | No person codes used |
| 3Ø6-C6 | Patient Relationship | | R | Always 01 |

Claim Segment:

Mandatory

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|---------------------------------------|---|--------|---|
| 111-AM | Segment Identification | Ø7 | M | |
| 455-EM | Prescription/Service Ref # Qualifier | Blank = not specified 1 = Rx Billing | M | Blank treated as '1' |
| 4Ø2-D2 | Prescription/Service Reference Number | | M | |
| 436-E1 | Product/Service ID Qualifier | 03 = NDC | M | |
| 4Ø7-D7 | Product/Service ID | | M | |
| 442-E7 | Quantity Dispensed | | R | |
| 4Ø5-D5 | Days Supply | | R | |
| 4Ø6-D6 | Compound Code | 0=Not Specified 1=Not a Compound 2=Compound | RW | Compound Code=2 required when submitting compound prescription. 9 series NDCs not accepted. |
| 4Ø8-D8 | DAW/Product Selection Code | | R | |
| 3Ø8-C8 | Other Coverage Code | | RW | Use as needed for benefit determination. |
| 461-EU | Prior Authorization Type Code | | RW | Required when field 462-EV is used |
| 462-EV | Prior Authorization Number Submitted | | RW | Free-form messages instruct pharmacy on codes to use. |

Pharmacy Provider Segment (02):

Not used

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Prescriber Segment:

Optional

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|-------------------------|-------|--------|---------|
| 111-AM | Segment Identification | Ø3 | M | |
| 466-EZ | Prescriber ID Qualifier | | R | |
| 411-DB | Prescriber ID | | R | DEA |

COB/Other Payments Segment (05):

Situational

Does payer/processor support COB? Yes

Which method will you support? Bill Other Payer Amount

See **ADDITIONAL INFORMATION FOR COB BILLING SUBMISSIONS** below

Note: Required for supplemental claim submission.

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|---|-------|--------|--|
| 111-AM | Segment Identification | Ø5 | M | |
| 337-4C | Coordination of Benefits/Other Payments Count | | RW | |
| 338-5C | Other Payer Coverage Type | | RW | Can occur up to 3 times. |
| 339-6C | Other Payer ID Qualifier | | RW | Required when 34Ø-7C is submitted. Can occur up to 3 times. |
| 34Ø-7C | Other Payer ID | | RW | Can occur up to 3 times. |
| 443-E8 | Other Payer Date | | RW | Can occur up to 3 times. |
| 341-HB | Other Payer Amount Paid Count | | RW | |
| 342-HC | Other Payer Amount Paid Qualifier | | RW | Required when 431-DV is submitted. Can occur up to 9 times per payer. |
| 431-DV | Other Payer Amount Paid | | RW | Can occur up to 9 times per payer. |
| 471-5E | Other Payer Reject Count | | RW | |
| 472-6E | Other Payer Reject Code | | RW | Can occur up to 5 times per payer. |

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Workers' Compensation Segment:

N/A for this payer

DUR/PPS Segment (08):

Optional

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|---------------------------|-------|--------|--------------------------|
| 111-AM | Segment Identification | 08 | M | |
| 473-7E | DUR/PPS Code Counter | | RW | |
| 439-E4 | Reason for Service Code | | RW | Can occur up to 9 times. |
| 440-E5 | Professional Service Code | | RW | Can occur up to 9 times. |
| 441-E6 | Result of Service Code | | RW | Can occur up to 9 times. |

Pricing Segment:

Mandatory

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|----------------------------|-------|--------|-----------------------------|
| 111-AM | Segment Identification | 11 | M | Pricing Segment |
| 409-D9 | Ingredient Cost Submitted | | R | Required (but may be zeros) |
| 426-DQ | Usual And Customary Charge | | R | |
| 430-DU | Gross Amount Due | | R | |

Coupon Segment (09):

Not used

Compound Segment (10):

Not used

Prior Authorization Segment (12):

Not used

Clinical Segment:

Optional

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|--------------------------|-------|--------|--|
| 111-AM | Segment Identification | 13 | M | |
| 491-VE | Diagnosis Code Count | | RW | Required when field 424-DO is used |
| 492-WE | Diagnosis Code Qualifier | | RW | Required when field 424-DO is used. Can occur up to 5 times. |
| 424-DO | Diagnosis Code | | RW | Can occur up to 5 times |

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Additional Information for Claim Billing Submissions

Sales Tax Processing

Sales Tax Processing is not applicable to this payer.

Additional Information for COB Billing Submissions

When the Primary paid the claim and the claim is being submitted with a COB Segment with Other Payer Amount to the Secondary Payer.

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|---|-------|--------|---------|
| 111-AM | Segment Identification | 05 | M | |
| 337-4C | Coordination of Benefits/Other Payments Count | | M | |
| 338-5C | Other Payer Coverage Type | 01 | M | Primary |
| 339-6C | Other Payer ID Qualifier | | M | |
| 340-7C | Other Payer ID | | M | |
| 443-E8 | Other Payer Date | | M | |
| 341-HB | Other Payer Amount Paid Count | | M | |
| 342-HC | Other Payer Amount Paid Qualifier | | M | |
| 431-DV | Other Payer Amount Paid | | M | |

When the Primary rejected the claim and the claim is being submitted with a COB Segment to a Secondary Payer

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|---|-------|--------|---------|
| 111-AM | Segment Identification | 05 | M | |
| 337-4C | Coordination of Benefits/Other Payments Count | | M | |
| 338-5C | Other Payer Coverage Type | 01 | M | Primary |
| 339-6C | Other Payer ID Qualifier | | M | |
| 340-7C | Other Payer ID | | M | |
| 443-E8 | Other Payer Date | | M | |
| 471-5E | Other Payer Reject Count | | M | |

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| | | |
|--------|-------------------------|---|
| 472-6E | Other Payer Reject Code | M |
|--------|-------------------------|---|

Other Transaction Information

Reversals

| | |
|--|--|
| Maximum Number of Transactions Supported per transmission | Max # of transactions supported = 1 |
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | Timeframe = 30 days from initial receipt |

Certification Requirements

Does payer/processor require software certification?

No, but we encourage certification through NHIN, the third-party certification vendor used by Argus.

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NCPDP Version 5 Response Payer Sheet

NCPDP Rev.04.16.02

General Information

| | |
|---|------------------|
| Payer Name: IBC-PDP IBC-MA-SNP | Date: 04/23/2007 |
|---|------------------|

Segments

The purpose of this document is to provide further clarity for Providers as to the Response Data they will receive. This document lists the segments available in a Response Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. See Template Instructions for mandatory or optional fields and the usage of the M/R/RW and Comment columns. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) will always be sent. Fields designated as "Required When" (RW) will be sent under circumstances that should be explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer. Note that on the Response segments, "Required" should be interpreted as "Reported" by the processor.**

- M = Mandatory (NCPDP mandated)
- R = Required
- RW = Required When

PAID (or Duplicate of Paid) Response

Response Header Segment:

Mandatory

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|------------------------|----------------------------------|--------|---------|
| 102-A2 | Version/Release Number | Same value as in request billing | M | 51 |
| 103-A3 | Transaction Code | Same value as in request billing | M | |

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| | | | | |
|--------|-------------------------------|----------------------------------|---|--------------|
| 109-A9 | Transaction Count | Same value as in request billing | M | |
| 501-F1 | Header Response Status | A | M | A = Accepted |
| 202-B2 | Service Provider ID Qualifier | Same value as in request billing | M | |
| 201-B1 | Service Provider ID | Same value as in request billing | M | |
| 401-D1 | Date of Service | Same value as in request billing | M | |

Response Message Segment:

Optional

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|------------------------|-------|--------|---|
| 111-AM | Segment Identification | 20 | M | |
| 504-F4 | Message | | RW | If applicable for Other Health Insurance reporting and if plan requests messaging |

Response Insurance Segment (25):

Not used

Response Status Segment:

Mandatory

| Field | NCPDP Field Name | Value | M/R/RW | Comment |
|--------|--------------------------------|--------|--------|---|
| 111-AM | Segment Identification | 21 | M | |
| 112-AN | Transaction Response Status | P or D | M | P = Paid D = Duplicate of Paid |
| 526-FQ | Additional Message Information | | RW | If applicable for Other Health Insurance reporting and if plan requests messaging |

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Response Claim Segment:

Mandatory

Will Preferred Product fields be provided for provider display?

No

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|---|-------|--------|--------------|
| 111-AM | Segment Identification | 22 | M | |
| 455-EM | Prescription/Service Reference Number Qualifier | 1 | M | 1=Rx Billing |
| 402-D2 | Prescription/Service Reference Number | | M | |

Response Pricing Segment:

Mandatory

Will Payer/Processor provide the following fields regarding the member's overall pharmacy benefit?

512-FC Accumulated Deductible Amount No
513-FD Remaining Deductible Amount No
514-FE Remaining Benefit Amount No

Will Payer/Processor provide the following Partial Fill payment fields?

546-HH Basis of Calculation – Dispensing Fee No
547-HJ Basis of Calculation – Copay No
548-HK Basis of Calculation – Flat Sales Tax No
549-HL Basis of Calculation – Percentage Sales Tax No

Will Payer/Processor support the inclusion of Tax Exempt Flag (557-AV)? No

Will Payer/Processor follow the pricing formula from the NCPDP Telecommunication Implementation Guide Version 5.1 section "4.2.9 Pricing Segment" and "4.4.4 Response Pricing Segment"?

Yes, excluding percentage sales tax fields.

Will Payer/Processor populate the following fields with zeros when the field value is zero, because the following fields are part of the sum reported in the field "total provider reimbursement"?

505-F5 Patient Pay Amount Yes
509-F9 Total Amount Paid Yes

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|------------------------|-------|--------|-----------------------------|
| 111-AM | Segment Identification | 23 | M | |
| 505-F5 | Patient Pay Amount | | R | May be populated with zeros |

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| | | | |
|--------|--|----|--|
| 506-F6 | Ingredient Cost Paid | RW | Reported back when amount is submitted |
| 507-F7 | Dispensing Fee Paid | RW | Reported back when amount is submitted |
| 558-AW | Flat Sales Tax Amount Paid | RW | Reported back when amount is submitted |
| 559-AX | Percentage Sales Tax Amount Paid | RW | Reported back when amount is submitted |
| 509-F9 | Total Amount Paid | R | May be populated with zeros |
| 523-FN | Amount Attributed To Sales Tax | RW | Reported when applicable |
| 517-FH | Amount Applied To Periodic Deductible | RW | Reported when applicable |
| 518-FI | Amount Of Copay/Co-Insurance | RW | Reported when applicable |
| 519-FJ | Amount Attributed To Product Selection | RW | Reported when applicable |
| 346-HH | Basis of Calculation-Dispensing Fee | RW | Reported when applicable |
| 347-HJ | Basis of Calculation- Copay | RW | Reported when applicable |

Response DUR/PPS Segment:

Optional

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|-------------------------------|-------|--------|--|
| 111-AM | Segment Identification | 24 | M | |
| 567-J6 | DUR/PPS Response Code Counter | | RW | Required when field 439 and/or 528 is used. |
| 439-E4 | Reason For Service Code | | RW | Reported when applicable. Can occur up to 9 times. |
| 528-FS | Clinical Significance Code | | RW | Reported when applicable. |
| 544-FY | DUR Free Text Message | | RW | Reported when applicable. |

Response Prior Authorization Segment (26):

Not used

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Reject Response

Response Header Segment:

Mandatory

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|-------------------------------|----------------------------------|--------|---------|
| 102-A2 | Version/Release Number | Same value as in request billing | M | 51 |
| 103-A3 | Transaction Code | Same value as in request billing | M | |
| 109-A9 | Transaction Count | Same value as in request billing | M | |
| 501-F1 | Header Response Status | A | M | |
| 202-B2 | Service Provider ID Qualifier | Same value as in request billing | M | |
| 201-B1 | Service Provider ID | Same value as in request billing | M | |
| 401-D1 | Date of Service | Same value as in request billing | M | |

Response Message Segment:

Optional

| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
|---------|------------------------|-------|--------|---|
| 111-AM | Segment Identification | 20 | M | |
| 504-F4 | Message | | RW | If applicable for Other Health Insurance reporting and if plan requests messaging |

Response Status Segment:

Mandatory

| Field | NCPDP Field Name | Value | M/R/RW | Comment |
|--------|-----------------------------|-------|--------|-------------------------|
| 111-AM | Segment Identification | 21 | M | |
| 112-AN | Transaction Response Status | R | M | R = Reject |
| 510-FA | Reject Count | | R | |
| 511-FB | Reject Code | | R | Can occur up to 5 times |

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| | | | |
|--------|-----------------------------------|----|--|
| 526-FQ | Additional Message Information | RW | If applicable for Other Health Insurance reporting and if plan requests messaging |
|--------|-----------------------------------|----|--|

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