

NCPDP Transmission Specifications

Payer Sheet – Workers Compensation

General Information

Payer Name: AmeriHealth Casualty	Release Date: 1/1/2018
Processor: Abarca Health	Standard: NCPDP D.Ø
Switches: RelayHealth / Emdeon	
Client Engagement: Eric Metcalf (484-423-3454)	
Rx Customer Services / Providers Department: (1-855-207-5070)	
Provider Relations Help Desk (contracting issues only): (1-844-460-9531)	
Providers Portal: <>	

Supported Transmissions

B1	Claim Billing
B2	Claim Reversal



Overview

This document contains important information for pharmacy claim submission at the point of sale for Workers Compensation plans.

The following specifications are based on the NCPDP D.Ø standard and are intended to explain how Abarca Health's processor handles supported transmissions. This document supplements, but does not contradict nor supersede, the official NCPDP Telecommunication Standard Version D.Ø implementation guide.

Users of this document should consult the NCPDP related documents listed below for further information and/or clarification:

NCPDP Telecommunication Implementation Guide Version D.Ø

Data Dictionary

Full reference to all fields and values used in the NCPDP standard with examples.

External Code List

Full reference to values used in the NCPDP standard.

Segment & Field Designation

This document lists segments and fields necessary for the proper composition of a transmission (see Supported Transmissions.) Depending on their designation, the sender should always (or conditionally) include some of them. This document uses the following designations:

M	Mandatory Fields required in accordance with the NCPDP Telecommunication Implementation Guide Version D.Ø.
R	Required Fields defined as situational by the NCPDP Telecommunication Implementation Guide Version D.Ø but required by Abarca Health's processor.
RW	Required When Conditional fields that are required based on a specific transmission scenario. Make sure to check the Comments and Value columns to understand when and how these fields should be included.
O	Optional Field may or may not be sent.
R	Repetition One or more values can be specified.

Optional fields defined by the NCPDP Telecommunication Implementation Guide Version D.Ø not included in this document can still be sent, but will not be observed by the processor's business logic. However, they must contain values that conform to the NCPDP standard.

Claim Billing Transmissions

These transmissions are used by the service provider to request payment from the processor for a specific patient for claims billed according to appropriate plan parameters.

Up to 4 (four) transactions per transmission are permitted, except for Compounds, Vaccine Administration, and any claim with Coordination of Benefits (COB); only one transaction per transmission is allowed for them.

Transaction Header Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
1Ø1-A1	Bin Number	M	610674	
1Ø2-A2	Version Release Number	M	DØ	
1Ø3-A3	Transaction Code	M	B1	
1Ø4-A4	Processor Control Number	M	CSM	
1Ø9-A9	Transaction Count	M	1	A maximum of 1 (one) claim by transmission is allowed.
2Ø2-B2	Service Provider ID Qualifier	M	Ø1	Ø1 = NPI Only NPI will be accepted
2Ø1-B1	Service Provider ID	M		National Provider ID (NPI)
4Ø1-D1	Date of Service	M		CCYYMMDD format
11Ø-AK	Software Vendor / Certification ID	M		Blanks are Accepted

Insurance Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø4	Insurance segment
3Ø2-C2	Cardholder ID	M		For initial injury assessment scripts, submit the Member ID Number as written on the temporary Prescription ID Card followed by date of injury (MMDDCCYY) as written on first fill letter. For scripts following enrollment, submit the ID # printed on the Prescription ID Card.

3Ø1-C1	Group ID	RW	AHC	AHC = AmeriHealth Casualty
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Patient Segment

Required When

Segment required when the following combination of fields and values are **not** present in the transmission: Processor Control Number (1Ø4-A4) = 'ABARCA' and Group ID (3Ø1-C1) = 'MAXIMO'. For all other combinations, the segment is required.

Field ID	Name	Desig.	Value(s)	Comments
3Ø4-C4	Date of Birth	R		CCYYMMDD format
3Ø5-C5	Patient Gender Code	R	1 or 2	1 = Male 2 = Female
305-C5	Patient First Name	R		Required for initial fill
311-CB	Patient Last Name	R		

Claim Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø7	Claim segment
455-EM	Prescription / Service Reference Number Qualifier	M		For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing)
4Ø2-D2	Prescription / Service Reference Number	M		
436-E1	Product / Service ID Qualifier	M	00 = Not Specified 03 = National Drug Code (NDC)	Ø3 = NDC 00 = Multi Ingredient Compound Billing Only NDC will be accepted
4Ø7-D7	Product / Service ID	M	0 = If compound, otherwise 11 digit NDC	National Drug Code (NDC). Use Ø (zero) for multi-ingredient (compound) prescriptions. Format = MMMMMDDDDPP
442-E7	Quality Dispensed	R		
4Ø3-D3	Fill Number	R		
4Ø5-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		CCYYMMDD format
419-DJ	Prescription Origin Code	RW		<p>Required if necessary for plan benefit administration.</p> <p>Payer Requirement: Required on original Rx. When Fill Number is '0' (Original Prescription), the Prescription Origin Code (POC) requires a value of 1 – 5.</p> <p>Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 1 – 5.</p>
354-NX	Submission Clarification Code Count	RW		Required if Submission Clarification Code (420-DK) is used.
420-DK	Submission Clarification Code	RW		Required if clarification is needed and value submitted is greater than zero (Ø).

Pricing Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	11	Pricing segment
409-D9	Ingredient Cost Submitted	R		
412-DC	Dispensing Fee Submitted	RW		Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
438-E3	Incentive Amount Submitted	RW		Required if its value has an effect on the Gross Amount Due (430—DU) calculation.

433-DX	Patient Paid Amount Submitted	RW		Required if this field could result in different coverage, pricing, or patient financial responsibility
478-H7	Other Amount Claimed Submitted Count	RW		Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. Payer Requirement:
479-H8	Other Amount Claimed Submitted Qualifier	RW		Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	Other Amount Claimed Submitted	RW		Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
481-HA	Flat Sales Tax Amount Submitted	RW		Required when flat sales tax is applicable to the product dispensed.
482-GE	Percentage Sales Tax Amount Submitted	RW		Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE).
483-HE	Percentage Sales Tax Rate Submitted	RW		Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	Percentage Sales Tax Basis Submitted	RW		Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	Usual And Customary Charge	RW		Required if needed per trading partner agreement.
430-DU	Gross Amount Due	R		
423-DN	Basis Of Cost Determination	RW		Required if needed for receiver claim/encounter adjudication.

Prescriber Segment

Required

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø3	Prescriber segment
466-EZ	Prescriber ID Qualifier	R	01 - NPI	Must submit 01 (NPI).
411-DB	Prescriber ID	R		

Compound Segment

Required When

Segment required only when a Compound transmission is sent. Include segment when Compound Code (4Ø6-D6 from Claim segment) is sent with value of 2 (two).

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	1Ø	Compound segment
45Ø-EF	Compound Dosage Form Description Code	M		Refer to External Code List for value definitions. Blank is accepted.
451-EG	Compound Dispensing Unit Form Indicator	M		
447-EC	Compound Ingredient Component Count	M	2 to 25	Minimum of 2 and a maximum of 25 ingredients per transmission.
488-RE	Compound Product ID Qualifier	M		
489-TE	Compound Product ID	M		
448-ED	Compound Ingredient Quantity	M		
449-EE	Compound Ingredient Drug Cost	RW		Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	Compound Ingredient Basis Of Cost Determination	RW		Required if needed for receiver claim determination when multiple products are billed.



Claim Reversal Transmissions

The reversal transmission is used to “back out” a previously paid prescription. Up to four reversal transactions per transmission are permitted. However, a transmission containing multiple reversals for multiple patients will not be allowed.

Matching for a claim to be reversed is done by: Processor Control Number, Service Provider ID, Date of Service, Cardholder ID, Prescription / Service Reference Number, Product / Service ID, and Fill Number (all inclusive). Failing to provide all these details with precision will cause a rejection in most cases.

All reversals are final and cannot be un-done. We strongly advise to double check all reversals before submission to avoid any unintended consequences.

The reversal submission window for Workers Compensation is 30 (thirty) days.

Transaction Header Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
101-A1	Bin Number	M	610674	
102-A2	Version Release Number	M	D0	
103-A3	Transaction Code	M	B2	
109-A9	Transaction Count	M	Same value as in request	
501-F1	Header Response Status	M	A = Accepted	
202-B2	Service Provider ID Qualifier	M	Same value as in request	
201-B1	Service Provider ID	M	Same value as in request	
401-D1	Date of Service	M	Same value as in request	CCYYMMDD format

Insurance Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	04	Insurance segment
302-C2	Cardholder ID	M		For initial injury assessment scripts, submit the Member ID Number as written on the temporary Prescription

				ID Card followed by date of injury (MMDDCCYY) as written on first fill letter. For scripts following enrollment, submit the ID # printed on the Prescription ID Card.
301-C1	Group ID	RW	AHC	AHC = AmeriHealth Casualty

Claim Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	07	Claim segment
455-EM	Prescription / Service Reference Number Qualifier	M		For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	Prescription / Service Reference Number	M		
436-E1	Product / Service ID Qualifier	M	00= Not Specified 03= National Drug Code (NDC)	00= Multi- ingredient Compound billing
407-D7	Product / Service ID	M	0= If Compound, otherwise 11 digit NDC	
442-E7	Quantity Dispensed	R		
403-D3	Fill Number	R		
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		
419-DJ	Prescription Origin Code	RW		Required if necessary for plan benefit administration. Payer Requirement: Required on original Rx. When Fill Number is '0'

				(Original Prescription), the Prescription Origin Code (POC) requires a value of 1 – 5. Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 1 – 5.
354-NX	Submission Clarification Code Count	RW		Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	Submission Clarification Code	RW		Required if clarification is needed and value submitted is greater than zero (Ø).

Response Transmission

Response Header Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
1Ø2-A2	Version Release Number	M	DØ	
1Ø3-A3	Transaction Code	M	B3	
1Ø9-A9	Transaction Count	M	Same value as in request	
5Ø1-F1	Header Response Status	M	A= Accepted	
2Ø2-B2	Service Provider ID Qualifier	M	Same value as in request	
2Ø1-B1	Service Provider ID	M	Same value as in request	
4Ø1-D1	Date of Service	M	Same value as in request	CCYYMMDD format

Response Patient Segment

Required When

Field ID	Name	Desig.	Value(s)	Comments
310-CA	Patient First Name	RW		Required if known.
311-CB	Patient Last Name	RW		Required if known.
304-C4	Date Of Birth	RW		Required if known.

Response Message Segment

Optional

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	20	Response Message segment
504-F4	Message	RW		Required if text is needed for clarification or detail.

Response Insurance Segment

Optional

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	25	Response Insurance segment
545-2F	Network Reimbursement ID	RW		Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.

Response Status Segment

Mandatory

A response status segment will be included for each transaction contained in the request transmission.

Field ID	Name	Desig.	Value(s)	Comments
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111-AM	Segment Identification	M	21	Response Status segment
112-AN	Transaction Response Status	M		
503-F3	Authorization Number	RW		Required if needed to identify the transaction.
547-5F	Approved Message Code Count	RW		Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code	RW		Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	Additional Message Information Count	RW		Required if Additional Message Information (526-FQ) is used. Note: Current NCPDP and Abarca count supported = maximum of 9.
132-UH	Additional Message Information Qualifier	RW		Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information	RW		Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity	RW		Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	Help Desk Phone Number Qualifier	RW		Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number	RW		Required if needed to provide a support telephone number to the receiver.

Response Claim Segment

Required When

Required when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid).

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	22	Response Claim segment
455-EM	Prescription / Service Reference Number Qualifier	M		
402-D2	Prescription / Service Reference Number	M		

Response Pricing Segment

Required When

Required when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid). Not included in reversal responses.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	23	Response Pricing segment
505-F5	Patient Pay Amount	R		Amount the patient is expected to pay (out of pocket).
506-F6	Ingredient Cost Paid	R		
507-F7	Dispensing Fee Paid	RW		Required if this value is used to arrive at the final reimbursement.
558-AW	Flat Sales Tax Amount Paid	RW		Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	Percentage Sales Tax Amount Paid	RW		Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.

560-AY	Percentage Sales Tax Rate Paid	RW		Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	Percentage Sales Tax Basis Paid	RW		Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	Incentive Amount Paid	RW		Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
563-J2	Other Amount Paid Count	RW		Required if Other Amount Paid (565-J4) is used.
564-J3	Other Amount Paid Qualifier	RW		Required if Other Amount Paid (565-J4) is used.
565-J4	Other Amount Paid	RW		Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (480-H9) is greater than zero (Ø).
509-F9	Total Amount Paid	R		
522-FM	Basis of Reimbursement Determination	RW	Ø to 21	Required when Ingredient Cost Paid (506-F6) is greater than Ø (zero). Refer to External Code List for value definitions.
512-FC	Accumulated Deductible Amount	RW		Provided for informational purposes only.
513-FD	Remaining Deductible Amount	RW		Provided for informational purposes only.

514-FE	Remaining Benefit Amount	RW		Provided for informational purposes only.
517-FH	Amount Applied to Periodic Deductible	RW		Required if Patient Pay Amount (505-F5) includes deductible
518-FI	Amount of Copay	RW		Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	Amount Exceeding Periodic Benefit Maximum	RW		Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.
571-NZ	Amount Attributed to Processor Fee	RW		Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.
572-4U	Amount Of Coinsurance	RW		Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
128-UC	Spending Account Amount Remaining	RW		This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.
129-UD	Health Plan-Funded Assistance Amount	RW		Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero.
133-UJ	Amount Attributed To Provider Network Selection	RW		Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another

134-UK	Amount Attributed To Product Selection/Brand Drug	RW		Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
135-UM	Amount Attributed To Product Selection/Non Preferred Formulary Selection	RW		Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a nonpreferred formulary product.
136-UN	Amount Attributed to Product Selection / Brand Non-Preferred Formulary Selection	RW		Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
148-U8	Ingredient Cost Contracted / Reimbursable Amount	RW		Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount).
149-U9	Dispensing Fee Contracted / Reimbursable Amount	RW		Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount).

Response DUR / PPS Segment

Optional

Optionally used when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid). Not included in reversal responses.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	24	Response DUR / PPS segment
567-J6	DUR / PPS Response Code Counter	RW	1 to 9	Required if Reason For Service Code (439-E4) is used.
439-E4	Reason for Service Code	RW	.	Required when utilization conflict is detected.
528-FS	Clinical Significance Code	RW		Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator	RW		Required if needed to supply additional information for the utilization conflict.

530-FU	Previous Date Filled	RW		Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill	RW		Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used.
532-FW	Database Indicator	RW	2	2 = Medispan
533-FX	Other Prescriber Indicator	RW		
544-FY	DUR Free Text Message	RW		Required when needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text	RW		Required if needed to supply additional information for the utilization conflict.

Document Change Log

Release Date	Notable Changes
12/29/2017	New document template.