NCPDP VERSION 5.1 <u>REQUEST</u> PAYER SHEET

Payer Name: **WellPoint Pharmacy Management**	Revised Date: **12/11/2005**
Processor: **WellPoint Pharmacy Management**	Switch: **All**
Effective as of: **1/1/2006**	Version/Release #: **5.1**
Contact/Information Source: **WellPoint Customer Service**	
Certification Testing Window: **Initial Certification Required**	
Provider Relations Help Desk Info: **800-962-7378**	
Other versions supported: **None**	

Key Changes:

1) <u>PCN and Software Vendor/Certification ID</u> – WPM previously accepted the Software Vendor/Certification ID in either the Software Vendor/Certification ID field (11Ø-AK) or the PCN field (1Ø4-A4). Due to Medicare Part D TrOOP (True Out-of-Pocket) requirements, the Software Vendor/Certification ID will no longer be accepted in the PCN field and must be submitted in the Software Vendor/Certification ID field.

2) <u>COB Processing</u> – COB Processing will not be available until 1/1/06. On-line COB will only be accepted via the COB segment; Copay Only Billing (Other Coverage Code=8) will not be accepted. Some of our plans will still require the member to pay the Patient Pay Amount from the primary claim to the pharmacy and submit a paper claim for secondary reimbursement. Other Coverage Code (3Ø8-C8) is a required field.

3) <u>PCNs for Medicare Part D TrOOP Facilitation</u> – The Medicare Part D TrOOP Facilitation process requires a unique BIN/PCN combination to be submitted on claims that are billed to supplemental coverage to Medicare Part D. Claims for members with Medicare Part D as their primary coverage should be submitted with the standard BIN and no PCN. Claims for coverages that are supplemental to Medicare Part D must be submitted with the PCN returned in an Eligibility Response from the TrOOP Facilitator or a Medicare Part D payer or as indicated on the member's ID card. PCN values are as follows:

   TROOP00001
   TROOP00002
   TROOP00003
   TROOP00004
   TROOP00005
   TROOP00006
   TROOP00007
   TROOP00008
   TROOP00009
   TROOP00010
   TROOP00011

   TrOOP Facilitation transactions must be sent through the pharmacy's switch to the TrOOP Facilitator. Do not use lines directly connected to WPM for these claims.

4) <u>Multi-claim Transactions</u> – To support the on-line TrOOP Facilitation Process, multi-claim transactions are not supported for Medicare Part D claims or claims for coverages that are supplemental to Medicare Part D.

5) <u>Reversal Processing</u> – To facilitate reversal processing for COB claims, the Insurance Segment is now required, as well as the Fill Number and Other Coverage Code (3Ø8-C8) in the Claim

Segment. Primary and supplemental claims must be reversed in the opposite order of how they are submitted.
6) <u>Patient Location Code</u> – Patient Location Code must be submitted for HIT and LTC situations.
7) <u>Worker's Compensation</u> – Patient Last Name is required for Worker's Compensation claims unless the patient is the cardholder and Cardholder Last Name is submitted. Carrier ID in the Worker's Compensation Segment is required.
8) <u>Clinical Segment</u> – Segment is now supported for certain clients.

Notes:

Claim transaction segments not depicted within this document may be accepted in the transmission of a claim. However, WellPoint Pharmacy Management (WPM) may not use the information submitted to adjudicate claims.

- Please avoid using the following printable characters in the data fields:

  * – Asterisk
  | – Vertical Bar
  ~ – Tilde
  ^ – Caret
  < – Less than sign
  > – Greater than sign
  : – Colon
  { – Open Curly Bracket
  } – Close Curly Bracket
  @ – At sign
  & – Ampersand sign
  % – Percent sign
  [– Open Square Bracket
  ] – Close Square Bracket
  # – Number Sign

  If these printable characters are sent to WPM in certain fields in claim or reversal transactions, they will be included in corresponding fields in the X12N 835 Electronic Remittance Advice transaction from WPM. If you do not wish to receive these extended characters in the X12N 835 file, do not include them in the original claim transactions. However, WPM may include a Number Sign in the Provider Name field.

- Invalid National Drug Codes (NDC Codes) will reject.

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 when indicated. "Optional" fields (O) that are indicated in the payer sheet are accepted by WPM but are not used in the adjudication process.

M = Mandatory
R = Required
RW = Required When
O = Optional

BILLING TRANSACTION:

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
1Ø1-A1	BIN Number	61ØØ53	M	
1Ø2-A2	Version/Release Number	51	M	Version 5.1
1Ø3-A3	Transaction Code	B1, B3	M	
1Ø4-A4	Processor Control Number		M	Assigned by WPM See Above for PCNs for Supplemental Billing to Med D
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	Multiple claims transactions should not be submitted for Medicare Part D claims or for on-line COB claims on coverages supplemental to Medicare Part D.
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	NCPDP Provider ID
2Ø1-B1	Service Provider ID	NCPDP Provider ID	M	Previously this was called NABP Number
4Ø1-D1	Date of Service		M	Format CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Assigned by WPM

Patient Segment: Required

Field	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth		R	Format CCYYMMDD
3Ø5-C5	Patient Gender Code	1, 2	R	
31Ø-CA	Patient First Name		R	Required if the Patient is not the Cardholder or if the Patient is the Cardholder and the Cardholder First Name is not supplied.
311-CB	Patient Last Name		RW	Required when the claim is for Worker's Compensation and the Patient is not the Cardholder or if the Patient is the Cardholder and the Cardholder First Name is not supplied.
3Ø7-C7	Patient Location	1, 3, 5	RW	Required when billing for a patient in an Long-Term-Care setting: 3=Nursing Home or 5=Rest Home. Required when billing for HIT: 1=Home

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	ID Assigned to the Cardholder
312-CC	Cardholder First Name		R	Required if the Patient First Name is not supplied
313-CD	Cardholder Last Name		RW	Required when the claim is for Worker's Compensation and the Patient First Name is not supplied
3Ø1-C1	Group ID		R	
303-C3	Person Code		RW	Required when supplied on patient ID card
306-C6	Patient Relationship Code		R	
314-CE	Home Plan		RW	Required when patient is covered under more than one Plan

Claim Segment: Mandatory

WPM does not support partial fill billing, partial fill reversal or re-transmit with partial/full quantity at this time.

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3	M	National Drug Code
4Ø7-D7	Product/Service ID	NDC Number	M	NDC Number formatted as 11 bytes without dashes
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code		R	
4Ø8-D8	Dispense As Written (DAW)		R	Required when needed
414-DE	Date Prescription Written		R	Format CCYYMMDD
415-DF	Number of Refills Authorized		RW	Required when available
3Ø8-C8	Other Coverage Code	Ø, 1, 2, 3, 4, 5, 6, 7	R	Use Other Coverage Code = 2 when previous payer has paid something on the claim (i.e. at least one Other Payer Paid Amount (431-DV) > Ø). Copay Only Billing (Other Coverage Code = 8) is not accepted.
461-EU	Prior Authorization Type Code	1, 8	RW	Submit as instructed
462-EV	Prior Authorization Number Submitted		RW	Submit as instructed

Pharmacy Provider Segment: Optional
 Not used.

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	12, 14, 99	R	Other values may be used in the future
411-DB	Prescriber ID	DEA Number, Plan Specific ID and Other	R	If Prescriber ID Qualifier (466-EZ) is '12' then this field must be populated with the DEA Number

COB/Other Payments Segment: Required When
 WPM supports COB via the method of Bill Other Payer Amount. WPM does not support the Bill Other Payer Copay method. The segment is required when the Other Coverage Code is submitted with values 2 through 7. It should not be sent in any other condition.

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø8	M	COB/Other Payments Segment
337-4C	Coordination Of Benefits/Other Payments Count	Up to 3 occurrences	M	If more than 3 Other Payers were billed previously, other payers must be submitted as a composite to meet the maximum of 3 occurrences.
338-5C	Other Payer Coverage Type	Ø1, Ø2, Ø3, 99	M (Repeating)	
339-6C	Other Payer Id Qualifier	Ø3	RW (Repeating)	Required when Other Payer Coverage Type (338-5C) is not 99 (Composite)
34Ø-7C	Other Payer Id	Bin Number	RW (Repeating)	Bin Number of Other Payer. Required when Other Payer Coverage Type (338-5C) is not 99 (Composite)
443-E8	Other Payer Date		R (Repeating)	Format CCYYMMDD. When Other Payer Coverage Type(338-5C) is 99 (Composite), submit the last Other Payer Date.
341-HB	Other Payer Amount Paid Count	Up to 9 occurrences	RW	Required when the Other Payer did not reject the claim.
342-HC	Other Payer Amount Paid Qualifier	Ø7=Drug Benefit Ø8=Sum of All Reimbursement	RW (Repeating)	Required when the Other Payer did not reject the claim. When Other Payer Coverage Type (338-5C) is 99 (Composite), value must be 08 (Sum of All Reimbursement).

COB/Other Payments Segment: Required When (continued)

Field #	NCPDP Field Name	Value	Field	Comment
431-DV	Other Payer Amount Paid		RW (Repeating)	Required when the Other Payer did not reject the claim. Zeroes is an acceptable value.
471-5E	Other Payer Reject Count	Up to 5 occurrences	RW	Required when the Other Payer rejected the claim.
472-6E	Other Payer Reject Code	NCPDP Reject Code	RW (Repeating)	Required when the Other Payer rejected the claim

Workers' Compensation Segment: Required When

The segment is required for Worker's Compensation Claims. It should not be sent in any other condition.

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø6	M	Worker's Compensation Segment
434-DY	Date Of Injury		M	Format CCYYMMDD
327-CR	Carrier Id		R	

DUR/PPS Segment: Required When

The segment is required when DUR/PPS codes are needed for determination of coverage, pricing, copay and/or drug utilization review outcome.

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code Counter	Up to 3 occurrences	R	
439-E4	Reason for Service Code		R	Submit as instructed
44Ø-E5	Professional Service Code		R	Submit as instructed
441-E6	Result Of Service Code		R	Submit as instructed

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		RW	Required when needed for correct calculation of supplemental claims.
481-HA	Flat Sales Tax Amount Submitted		RW	Required when a flat sales tax amount is applicable
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when a percentage sales tax is applicable
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when Percentage Sales Tax Amount (482-GE) Submitted is applicable

Pricing Segment: Mandatory (continued)

Field #	NCPDP Field Name	Value	Field	Comment
484-JE	Percentage Sales Tax Basis Submitted	Ø2, Ø3	RW	Required when Percentage Sales Tax Rate Submitted (483-HE) is applicable Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	Dollar amount submitted fields are compared to the Gross Amount Due. An out of balance condition will cause a rejection.

Coupon Segment: Optional

WPM does not support the Coupon Segment at this time.

Compound Segment: Optional

WPM supports on-line Compound Processing via the method of using the claim segment for the most expensive drug. WPM does not support the Compound Segment at this time.

Prior Authorization Segment: Optional

WPM does not support the Prior Authorization Segment on billing transactions.

Clinical Segment: Required When

The segment is required when ICD9 codes are needed for determination of coverage, pricing, copay and/or drug utilization review outcome.

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	13	M	Pricing Segment
491-VE	Diagnosis Code Count	1 occurrence	R	
492-WE	Diagnosis Code Qualifier	01	R	ICD9
424-DO	Diagnosis Code		R	

REVERSALS

Maximum Number of Transactions Supported per transmission	4
Reversal window (If transaction is billed today what is the timeframe for reversal to be submitted?)	Determined by Plan, but approximately 180 days.

REVERSAL TRANSACTION:

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
1Ø1-A1	BIN Number	61ØØ53	M	
1Ø2-A2	Version/Release Number	51	M	Version 5.1
1Ø3-A3	Transaction Code	B2	M	Reversal
1Ø4-A4	Processor Control Number		M	Assigned by WPM See Above for PCNs for Secondary Billing to Med D
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	NCPDP Provider ID
2Ø1-B1	Service Provider ID	NCPDP Provider ID	M	Previously this was called NABP Number
4Ø1-D1	Date of Service		M	Format CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Assigned by WPM

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	ID Assigned to the Cardholder
3Ø1-C1	Group ID		R	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3	R	National Drug Code
4Ø7-D7	Product/Service ID		R	
4Ø3-D3	Fill Number		R	
3Ø8-C8	Other Coverage Code	Ø, 1, 2, 3, 4, 5, 6, 7	RW	Required when reversing a secondary claim.

** Certification Requirements **

WPM requires software certification
WPM will provide test scripts with test data for certification testing after scheduling.

NCPDP VERSION 5.1 RESPONSE PAYER SHEET

Payer Name: **WellPoint Pharmacy Management**	Date: **1/1/06**

Key Changes:

1) Message Fields – As COB information is available and loaded to our system from CMS, WPM will populate the message fields on responses to Medicare Part D claims with the member's coverage information according to guidance published by NCPDP.
2) COB Processing – Other Payer Amount Recognized (566-J5) was added to the Response Pricing Segment.

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. . "Optional" fields (O) that are indicated in the payer sheet may be sent in the response by WPM if WPM believes the information is necessary and/or informative to the Provider.

> *M = Mandatory*
> *R =Required*
> *O = Optional*

RESPONSE TRANSACTION:

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
1Ø2-A2	Version/Release Number	51	M	Same value as submitted in request
1Ø3-A3	Transaction Code	B1, B2, B3	M	Same value as submitted in request
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	Same value as submitted in request
5Ø1-F1	Header Response Status	A, R	M	A = Accepted R = Rejected
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	Same value as submitted in request
2Ø1-B1	Service Provider ID		M	Same value as submitted in request
4Ø1-D1	Date of Service		M	Same value as submitted in request. Format CCYYMMDD

Response Message Segment: Optional

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
5Ø4-F4	Message		O	Contains text information when needed to further explain transmission response

Should you believe that these or any other instructions are inconsistent with the HIPAA-AS Transactions and Code Set implementation guide you should notify us immediately.

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	21	M	Response Status Segment
112-AN	Transaction Response Status	P, D, R	M	P=Paid D=Duplicate of Paid R = Rejected
5Ø3-F3	Authorization Number		O	Sent on Approved Responses
510-FA	Reject Count		O	Sent on Rejected Responses
511-FB	Reject Code		O	Sent on Rejected Responses
546-4F	Reject Field Occurrence Indicator		O	Sent when a repeating field is rejected
526-FQ	Additional Message Information		O	Contains additional text information, as needed

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	22	M	Response Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Same value as submitted in request

Response Pricing Segment: Optional

Sent on Paid or Duplicate of Paid Responses on Approved Billing or Rebill Transactions.

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	23	M	Response Pricing Segment
5Ø5-F5	Patient Pay Amount		R	Amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the patient to the pharmacy; the patient's total cost share, including copay/coinsurance, amounts applied to deductible, over maximum amounts, penalties, etc This field may be equal to zero
5Ø6-F6	Ingredient Cost Paid		O	
5Ø7-F7	Dispensing Fee Paid		O	
557-AV	Tax Exempt Indicator		R	Not Tax Exempt indicator is the default Blank=Not Specified 1=Tax Exempt 2=Not Tax Exempt
558-AW	Flat Sales Tax Paid Amount		O	Will be populated if the corresponding field was submitted in the request
559-AX	Percentage Sales Tax Amount Paid		O	Will be populated if the corresponding field was submitted in the request
560-AY	Percentage Sales Tax Rate Paid		O	Will be populated if the corresponding field was submitted in the request
561-AZ	Percentage Sales Tax Basis Paid	Ø2,Ø3	O	Will be populated if the corresponding field was submitted in the request

Should you believe that these or any other instructions are inconsistent with the HIPAA-AS Transactions and Code Set implementation guide you should notify us immediately.

Response Pricing Segment: Optional (continued)

Field #	NCPDP Field Name	Value	Field	Comment
521-FL	Incentive Amount Paid		O	Will be populated if an incentive fee is paid on the claim
566-J5	Other Payer Amount Recognized			Will be populated on secondary transactions if an amount is recognized from another payer
5Ø9-F9	Total Amount Paid		R	Total amount to be paid by the claims processor

Represents a sum of Ingredient Cost Paid (5Ø6-F6), Dispensing Fee Paid (5Ø7-F7), Flat Sales Tax Amount Paid (558-AW), Percentage Sales Tax Amount Paid (559-AX), less Patient Pay Amount' (5Ø5-F5) and less Other Payer Amount Recognized (556-J5). |
518-FI	Amount of Copay/Coinsurance		O	Sent when copay/coinsurance is required to be collected by the receiver
517-FH	Amount applied to Periodic Deductible		O	Sent when copay/coinsurance includes amount applied to periodic deductible
519-FJ	Amount attributed to Product Selection		O	Sent when there is an amount to be collected from the patient that is included in Patient Pay Amount (5Ø5-F5) that is due to the patient's selection of drug product.

Response DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	Field	Comment
111-AM	Segment Identification	24	M	Response DUR/PPS Segment
567-J6	DUR/PPS Response Code Counter	Up to 3 occurrences	O	Counter number for each DUR/PPS response set/logical grouping

Fields included in the set/logical grouping are: Reason for Service Code (439-E4), Clinical Significance Code (528-FS), Other Pharmacy Indicator (529-FT), Previous Date of Fill (53Ø-FU), Quantity of Previous Fill (531-FV), Database Indicator (532-FW).Other Prescriber Indicator (533-FX), DUR Free Text Message (544-FY) |
439-E4	Reason for Service Code		O	Field previously called DUR Conflict/Reason for Service Code
528-FS	Clinical Significance Code		O	
529-FT	Other Pharmacy Indicator		O	

Should you believe that these or any other instructions are inconsistent with the HIPAA-AS Transactions and Code Set implementation guide you should notify us immediately.

530-FU	Previous Fill Date		O	Format CCYYMMDD

Response DUR/PPS Segment: Optional (continued)

Field #	NCPDP Field Name	Value	Field	Comment
531-FV	Quantity of Previous Fill		O	
532-FW	Database Indicator		O	
533-FX	Other Prescriber Indicator		O	
544-FY	DUR Free Text Message		O	