



# Payer Sheet

**Commercial  
Other Payer Amount Paid**

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## HIGHLIGHTS – Updates, Changes & Reminders

This payer sheet refers to Commercial Other Payer Amount Paid (OPAP) Billing. Refer to [www.caremark.com](http://www.caremark.com) under the Health Professional Services link for additional payer sheets regarding the following:

- Commercial Primary
- Commercial Other Payer Patient Responsibility (OPPR)
- Medicare Part D Primary Billing and Medicare as Supplemental Payer Billing
- Medicare Part D Other Payer Patient Responsibility (OPPR)
- Medicare Part D Other Payer Amount Paid (OPAP)
- ADAP/SPAP Medicare Part D Other Payer Patient Responsibility (OPPR)
- Medicaid Primary Billing & Medicaid as Secondary Payer Billing Other Payer Amount Paid (OPAP)
- Medicaid Primary Billing & Medicaid as Secondary Payer Billing Other Payer Patient Responsibility (OPPR)

To prevent point of service disruption, the RxGroup must be submitted on all claims and reversals.

The following is a summary of our new requirements. The items highlighted in the payer sheet illustrate the updated processing rules.

- Updated ECL Version to Oct 2016
- Updated Emergency ECL Version to July 2017
- Update to field 324-CO

## PART 1: GENERAL INFORMATION

Payer/Processor Name: CVS Caremark®

Plan Name/Group Name: All

Effective as of: October 2015

Payer Sheet Version: 1.5.6

NCPDP Version/Release #: D.0

NCPDP ECL Version: **Oct 2016**

NCPDP Emergency ECL Version: **Jul 2017**

### ■ Pharmacy Help Desk Information

Inquiries can be directed to the Interactive Voice Response (IVR) system or the Pharmacy Help Desk. (24 hours a day)

The Pharmacy Help Desk numbers are provided below:

| CVS Caremark® System   | BIN  | Help Desk Number |
|--|--|------------------|
| Legacy ADV   | *013089  | 1-800-364-6331   |
| Legacy PCS   | *013089  | 1-800-345-5413   |
| FEP  | 610239   | 1-800-364-6331   |
| Legacy CRK   | *013089  | 1-800-421-2342   |
| Legacy PHC   | 610468, 006144<br>004245, 610449<br>610474, 603604                   | 1-800-777-1023   |
| Legacy AmeRx   | 610473, 601475<br>007093, 012189<br>013303, 014046<br>610130, 610477 | 1-866-668-6681   |
| Maryland ProDUR  | 610084   | 1-800-364-6331   |
| Maryland ProDUR Beneficiary Eligibility Help Desk 1-800-932-3918 |  |                  |

\*Help Desk phone number serving Puerto Rico Providers is available by calling toll-free 1-800-842-7331.

## PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS

The following table lists the segments available in a Billing Transaction. Pharmacies are required to submit upper case values on B1/B2 transactions. The table also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The segment summaries included below list the mandatory data fields.

M – Mandatory as defined by NCPDP  
 R – Required as defined by the Processor  
 RW – Situational as defined by Plan

### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name                 | Value  |   | Comment  |
|---------|----------------------------------|--|---|--|
| 1Ø1-A1  | BIN Number                       | 610415, 004336<br>610029, 610468<br>006144, 004245<br>610449, 610474<br>603604, 007093<br>610473, 601475<br>012189, 013303<br>014046, 610130<br>610477, 610239<br>610084, 013089 | M |  |
| 1Ø2-A2  | Version/Release Number           | DØ   | M | NCPDP vD.Ø   |
| 1Ø3-A3  | Transaction Code                 | B1   | M | Billing Transaction  |
| 1Ø4-A4  | Processor Control Number         |  | M | Use value as printed on ID card, as communicated by CVS Caremark® or as stated in Appendix A   |
| 1Ø9-A9  | Transaction Count                | 1, 2, 3, 4   | M |  |
| 2Ø2-B2  | Service Provider ID Qualifier    | Ø1   | M | Ø1 – NPI   |
| 2Ø1-B1  | Service Provider ID              |  | M | National Provider ID Number assigned to the dispensing pharmacy  |
| 4Ø1-D1  | Date of Service                  |  | M | CCYYMMDD   |
| 11Ø-AK  | Software Vendor/Certification ID |  | M | The Software Vendor/Certification ID is the same for all BINs. Obtain your certification ID from your software vendor. Your Software Vendor/Certification ID is 1Ø bytes and should begin with the letter "D". |

**Insurance Segment: Mandatory**

| Field # | NCPDP Field Name          | Value |   | Comment                                      |
|---------|---------------------------|-------|---|--|
| 111-AM  | Segment Identification    | Ø4    | M | Insurance Segment                            |
| 3Ø2-C2  | Cardholder ID             |       | M |  |
| 3Ø1-C1  | Group ID                  |       | R | As printed on the ID card or as communicated |
| 3Ø3-C3  | Person Code               |       | R | As printed on the ID card or as communicated |
| 3Ø6-C6  | Patient Relationship Code |       | R |  |

**Patient Segment: Required**

| Field # | NCPDP Field Name               | Value |    | Comment   |
|---------|--------------------------------|-------|----|---|
| 111-AM  | Segment Identification         | Ø1    | M  | Patient Segment   |
| 3Ø4-C4  | Date of Birth                  |       | R  | CCYYMMDD  |
| 3Ø5-C5  | Patient Gender Code            |       | R  |   |
| 31Ø-CA  | Patient First Name             |       | R  |   |
| 311-CB  | Patient Last Name              |       | R  |   |
| 322-CM  | Patient Street Address         |       | RW | Required for some federal programs                        |
| 323-CN  | Patient City Address           |       | RW | Required for some federal programs                        |
| 324-CO  | Patient State/Province Address |       | RW | Required for some federal programs or when submitting Tax |
| 325-CP  | Patient Zip/Postal Zone        |       | RW | Required for some federal programs                        |
| 335-2C  | Pregnancy Indicator            |       | RW | Required for some federal programs                        |
| 384-4X  | Patient Residence              |       | RW | Required when necessary for plan benefit administration   |

**Claim Segment: Mandatory**

| Field # | NCPDP Field Name                                | Value    |    | Comment   |
|---------|---|----------|----|---|
| 111-AM  | Segment Identification                          | Ø7       | M  | Claim Segment   |
| 455-EM  | Prescription/Service Reference Number Qualifier | 1        | M  | 1 – Rx Billing  |
| 4Ø2-D2  | Prescription/Service Reference Number           |          | M  | Rx Number   |
| 436-E1  | Product/Service ID Qualifier                    | Ø3       | M  | If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (ØØ)  |
| 4Ø7-D7  | Product/Service ID                              |          | M  | If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero (Ø)   |
| 442-E7  | Quantity Dispensed                              |          | R  |   |
| 4Ø3-D3  | Fill Number                                     |          | R  |   |
| 4Ø5-D5  | Days Supply                                     |          | R  |   |
| 4Ø6-D6  | Compound Code                                   | 1 or 2   | R  | 1 – Not a Compound<br>2 – Compound  |
| 4Ø8-D8  | DAW / Product Selection Code                    |          | R  |   |
| 414-DE  | Date Prescription Written                       |          | R  | CCYYMMDD  |
| 415-DF  | Number of Refills Authorized                    |          | R  |   |
| 419-DJ  | Prescription Origin Code                        |          | RW | Required when necessary for plan benefit administration   |
| 354-NX  | Submission Clarification Code Count             | Max of 3 | RW | Required when Submission Clarification Code (42Ø-DK) is used  |
| 42Ø-DK  | Submission Clarification Code                   |          | RW | Required for specific overrides or when requested by processor  |
| 3Ø8-C8  | Other Coverage Code                             |          | R  | <b>Required for Coordination of Benefits</b><br><br>Ø2 – Other coverage exists, payment collected<br>Ø3 – Other coverage billed, claim not covered<br>Ø4 – Other coverage exists, payment not collected |
| 418-DI  | Level of Service                                |          | RW | Required when requested by processor  |
| 454-EK  | Scheduled Prescription ID Number                |          | RW | Required when requested by processor  |
| 461-EU  | Prior Authorization Type Code                   |          | RW | Required for specific overrides or when requested by processor  |
| 462-EV  | Prior Authorization Number Submitted            |          | RW | Required for specific overrides or when requested by processor  |
| 995-E2  | Route of Administration                         |          | RW | Required when Compound Code – 2   |
| 996-G1  | Compound Type                                   |          | RW | Required when Compound Code – 2   |
| 147-U7  | Pharmacy Service Type                           |          | RW | Required when necessary for plan benefit administration   |

**Pricing Segment: Mandatory**

| Field # | NCPDP Field Name                      | Value |    | Comment   |
|---------|---------------------------------------|-------|----|---|
| 111-AM  | Segment Identification                | 11    | M  | Pricing Segment   |
| 409-D9  | Ingredient Cost Submitted             |       | R  |   |
| 412-DC  | Dispensing Fee Submitted              |       | R  |   |
| 438-E3  | Incentive Amount Submitted            |       | RW | Required when requested by processor  |
| 481-HA  | Flat Sales Tax Amount Submitted       |       | RW | Required when provider is claiming sales tax  |
| 482-GE  | Percentage Sales Tax Amount Submitted |       | RW | Required when provider is claiming sales tax<br><br>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 when provider is claiming sales tax<br><br>Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) |
| 484-JE  | Percentage Sales Tax Basis Submitted  |       | RW | Required when provider is claiming sales tax<br><br>Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)  |
| 426-DQ  | Usual and Customary Charge            |       | R  |   |
| 430-DU  | Gross Amount Due                      |       | R  |   |
| 423-DN  | Basis Of Cost Determination           |       | R  |   |

**Pharmacy Provider Segment: Situational**

Required when needed by plan for Workers Compensation reporting

| Field # | NCPDP Field Name       | Value |   | Comment  |
|---------|------------------------|-------|---|--|
| 111-AM  | Segment Identification | 02    | M | Pharmacy Provider Segment  |
| 465-EY  | Provider ID Qualifier  | 02    | R | 02 – State License Number  |
| 444-E9  | Provider ID            |       | R | Pharmacist State License Number (must be the number of the pharmacist dispensing the medication) |



**Prescriber Segment: Required**

| Field # | NCPDP Field Name                    | Value |   | Comment  |
|---------|-------------------------------------|-------|---|--|
| 111-AM  | Segment Identification              | Ø3    | M | Prescriber Segment   |
| 466-EZ  | Prescriber ID Qualifier             |       | R | <b>Ø1 – NPI (Required)</b><br><br>12 – DEA (Required when permitted by Federal and State laws)<br><br>Ø8 – State License (Required when requested by plan and permitted by Federal and State laws) |
| 411-DB  | Prescriber ID                       |       | R |  |
| 367-2N  | Prescriber State/Providence Address |       | R |  |

**Coordination of Benefits: Required**

| Field # | NCPDP Field Name                              | Value    |    | Comment  |
|---------|---|----------|----|--|
| 111-AM  | Segment Identification                        | Ø5       | M  | Coordination of Benefits Segment   |
| 337-4C  | Coordination of Benefits/Other Payments Count | Max of 9 | M  |  |
| 338-5C  | Other Payer Coverage Type                     |          | M  |  |
| 339-6C  | Other Payer ID Qualifier                      |          | RW | Required when Other Payer ID (34Ø-7C) is used  |
| 34Ø-7C  | Other Payer ID                                |          | RW | Required when identification of the Other Payer is necessary for claim/encounter adjudication                          |
| 443-E8  | Other Payer Date                              |          | RW | Required when identification of the Other Payer Date is necessary for claim/encounter adjudication – CCYMMDD           |
| 341-HB  | Other Payer Amount Paid Count                 | Max of 9 | RW | Required when Other Payer Amount Paid Qualifier (342-HC) is used   |
| 342-HC  | Other Payer Amount Paid Qualifier             |          | RW | Required when Other Payer Amount Paid (431-DV) is used   |
| 431-DV  | Other Payer Amount Paid                       |          | RW | Required when other payer has approved payment for some/all of the billing   |
| 471-5E  | Other Payer Reject Count                      | Max of 5 | RW | Required when Other Payer Reject Code (472-6E) is used   |
| 472-6E  | Other Payer Reject Code                       |          | RW | Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) – 3 |

**DUR/PPS Segment: Situational  
Required when DUR/PPS codes are submitted**

| Field # | NCPDP Field Name          | Value    |    | Comment   |
|---------|---------------------------|----------|----|---|
| 111-AM  | Segment Identification    | Ø8       | M  | DUR/PPS Segment   |
| 473-7E  | DUR / PPS Code Counter    | Max of 9 | R  |   |
| 439-E4  | Reason for Service Code   |          | RW | Required when billing for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, Professional Service Code (44Ø-E5) must also be transmitted |
| 44Ø-E5  | Professional Service Code |          | RW | Value of MA required for Primary and Secondary Medicare Part D Vaccine Administration billing transactions. MA value must be in first occurrence of DUR/PPS segment       |
| 441-E6  | Result of Service Code    |          | RW | Submitted when requested by processor   |
| 474-8E  | DUR/PPS Level of Effort   |          | RW | Required when submitting compound claims  |

**Compound Segment: Situational  
Required when multi ingredient compound is submitted**

| Field # | NCPDP Field Name                                | Value     |    | Comment  |
|---------|---|-----------|----|--|
| 111-AM  | Segment Identification                          | 1Ø        | M  | Compound Segment   |
| 45Ø-EF  | Compound Dosage Form Description Code           |           | M  |  |
| 451-EG  | Compound Dispensing Unit Form Indicator         |           | M  |  |
| 447-EC  | Compound Ingredient Component Count             |           | M  | Maximum count of 25 ingredients                                      |
| 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                   |           | R  | Required when requested by processor                                 |
| 49Ø-UE  | Compound Ingredient Basis of Cost Determination |           | R  | Required when requested by processor                                 |
| 362-2G  | Compound Ingredient Modifier Code Count         | Max of 1Ø | RW | Required when Compound Ingredient Modifier Code (363-2H) is sent     |
| 363-2H  | Compound Ingredient Modifier Code               |           | RW | Required when necessary for state/federal/regulatory agency programs |

**Clinical Segment: Situational**

**Required when requested to submit clinical information to plan**

| <b>Field #</b> | <b>NCPDP Field Name</b>         | <b>Value</b> |          | <b>Comment</b>   |
|----------------|---------------------------------|--------------|----------|--|
| 111-AM         | Segment Identification          | 13           | M        | Clinical Segment   |
| 491-VE         | Diagnosis Code Count            | Max of 5     | R        |  |
| <b>492-WE</b>  | <b>Diagnosis Code Qualifier</b> | <b>Ø2</b>    | <b>R</b> | <b>Ø2 – International Classification of Diseases (ICD10)</b> |
| 424-DO         | Diagnosis Code                  |              | R        |  |

### PART 3: REVERSAL TRANSACTION

#### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name                 | Value  |   | Comment   |
|---------|----------------------------------|--|---|---|
| 1Ø1-A1  | BIN Number                       | 610415, 004336<br>610029, 610468<br>006144, 004245<br>610449, 610474<br>603604, 007093<br>610473, 601475<br>012189, 013303<br>014046, 610130<br>610477, 610239<br>610084, 013089 | M | The same value in the request billing   |
| 1Ø2-A2  | Version/Release Number           | DØ   | M | NCPDP vD.Ø  |
| 1Ø3-A3  | Transaction Code                 | B2   | M |   |
| 1Ø4-A4  | Processor Control Number         |  | M | The same value in the request billing   |
| 1Ø9-A9  | Transaction Count                |  | M | Up to four billing reversal transactions (B2) per transmission  |
| 2Ø2-B2  | Service Provider ID Qualifier    | Ø1   | M | Ø1 – NPI  |
| 2Ø1-B1  | Service Provider ID              |  | M | National Provider ID Number assigned to the dispensing pharmacy – The same value in the request billing |
| 4Ø1-D1  | Date of Service                  |  | M | The same value in the request billing – CCYYMMDD  |
| 11Ø-AK  | Software Vendor/Certification ID |  | M | 1Ø digit ID assigned by CVS Caremark® to the Software vendor – The same value as in the request billing |

#### Insurance Segment: Situational

| Field # | NCPDP Field Name       | Value |    | Comment                       |
|---------|------------------------|-------|----|-------------------------------|
| 111-AM  | Segment Identification | Ø4    | M  | Insurance Segment             |
| 3Ø2-C2  | Cardholder ID          |       | RW | Required when segment is sent |
| 3Ø1-C1  | Group ID               |       | RW | Required when segment is sent |

#### Claim Segment: Mandatory

| Field # | NCPDP Field Name                                | Value |    | Comment                          |
|---------|---|-------|----|----------------------------------|
| 111-AM  | Segment Identification                          | Ø7    | M  | Claim Segment                    |
| 455-EM  | Prescription/Service Reference Number Qualifier | 1     | M  | 1 – Rx Billing                   |
| 4Ø2-D2  | Prescription/Service Reference Number           |       | M  | Same value as in request billing |
| 436-E1  | Product/Service ID Qualifier                    |       | M  | Same value as in request billing |
| 4Ø7-D7  | Product/Service ID                              |       | M  | Same value as in request billing |
| 4Ø3-D3  | Fill Number                                     |       | R  |                                  |
| 3Ø8-C8  | Other Coverage Code                             |       | RW | Same value as in request billing |

## PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE

### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name              | Value |   | Comment                                      |
|---------|-------------------------------|-------|---|--|
| 1Ø2-A2  | Version/Release Number        | DØ    | M | NCPDP vD.Ø                                   |
| 1Ø3-A3  | Transaction Code              |       | M | Same value as in request billing             |
| 1Ø9-A9  | Transaction Count             |       | M | 1-4 occurrences supported for B1 transaction |
| 5Ø1-F1  | Header Response Status        | A     | M |  |
| 2Ø2-B2  | Service Provider ID Qualifier |       | M | Same value as in request billing             |
| 2Ø1-B1  | Service Provider ID           |       | M | Same value as in request billing             |
| 4Ø1-D1  | Date of Service               |       | M | Same value as in request billing – CCYYMMDD  |

### Response Message Segment: Situational

| Field # | NCPDP Field Name       | Value |    | Comment  |
|---------|------------------------|-------|----|--|
| 111-AM  | Segment Identification | 2Ø    | M  | Response Message Segment                                 |
| 5Ø4-F4  | Message                |       | RW | Required when text is needed for clarification or detail |

### Response Insurance Segment: Situational

| Field # | NCPDP Field Name       | Value |    | Comment   |
|---------|------------------------|-------|----|---|
| 111-AM  | Segment Identification | 25    | M  | Response Insurance Segment                                  |
| 3Ø1-C1  | Group ID               |       | RW | This field may contain the Group ID echoed from the request |

### Response Patient Segment: Required

| Field # | NCPDP Field Name       | Value |    | Comment  |
|---------|------------------------|-------|----|--|
| 111-AM  | Segment Identification | 29    | M  | Response Insurance Segment                             |
| 31Ø-CA  | Patient First Name     |       | RW | Required when needed to clarify eligibility            |
| 311-CB  | Patient Last Name      |       | RW | Required when needed to clarify eligibility            |
| 3Ø4-C4  | Date of Birth          |       | RW | Required when needed to clarify eligibility – CCYYMMDD |

**Response Status Segment: Mandatory**

| Field # | NCPDP Field Name                          | Value     |    | Comment   |
|---------|---|-----------|----|---|
| 111-AM  | Segment Identification                    | 21        | M  | Response Status Segment   |
| 112-AN  | Transaction Response Status               |           | M  | P – Paid<br>D – Duplicate of Paid   |
| 503-F3  | Authorization Number                      |           | R  | Required when needed to identify the transaction  |
| 130-UF  | Additional Message Information Count      | Max of 25 | RW | Required when Additional Message Information (526-FQ) is used   |
| 132-UH  | Additional Message Information Qualifier  |           | RW | Required when 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 when 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 when Help Desk Phone Number (550-8F) is used   |
| 550-8F  | Help Desk Phone Number                    |           | RW | Required when needed to provide a support telephone number to the receiver  |

**Response Claim Segment: Mandatory**

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

**Response Pricing Segment: Mandatory**

| Field # | NCPDP Field Name                      | Value    |    | Comment   |
|---------|---------------------------------------|----------|----|---|
| 111-AM  | Segment Identification                | 23       | M  | Response Pricing Segment  |
| 505-F5  | Patient Pay Amount                    |          | R  | This data element will be returned on all paid claims   |
| 506-F6  | Ingredient Cost Paid                  |          | R  | This data element will be returned on all paid claims   |
| 507-F7  | Dispensing Fee Paid                   |          | RW | This data element will be returned on all paid claims   |
| 557-AV  | Tax Exempt Indicator                  |          | RW | Required when the health plan and/or patient is tax exempt and exemption applies to this billing  |
| 558-AW  | Flat Sales Tax Amount Paid            |          | RW | Required when Flat Sales Tax Amount Submitted (480-HA) is greater than zero (Ø) or if the Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement                            |
| 559-AX  | Percentage Sales Tax Amount Paid      |          | RW | Tax dollar amount paid to pharmacy  |
| 560-AY  | Percentage Sales Tax Rate Paid        |          | RW | Rate used to calculate Percentage Sales Amount Paid   |
| 561-AZ  | Percentage Sales Tax Basis Paid       |          | RW | Code indicating basis of dollars used in calculating tax in the final paid claim  |
| 521-FL  | Incentive Amount Paid                 |          | RW | Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø)  |
| 563-J2  | Other Amount Paid Count               | Max of 3 | RW | Required when Other Amount Paid (565-J4) is used  |
| 564-J3  | Other Amount Paid Qualifier           |          | RW | Required when Other Amount Paid (565-J4) is used  |
| 565-J4  | Other Amount Paid                     |          | RW | Required when Other Amount Claimed Submitted (480-H9) is greater than zero (Ø)  |
| 566-J5  | Other Payer Amount Recognized         |          | RW | Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø)   |
| 509-F9  | Total Amount Paid                     |          | R  |   |
| 522-FM  | Basis of Reimbursement Determination  |          | RW | Required when Ingredient Cost Paid (506-F6) is greater than zero  |
| 523-FN  | Amount Attributed to Sales Tax        |          | RW | Required when Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount |
| 512-FC  | Accumulated Deductible Amount         |          | RW | Returned if known   |
| 513-FD  | Remaining Deductible Amount           |          | RW | Returned if known   |
| 514-FE  | Remaining Benefit Amount              |          | RW | Returned if known   |
| 517-FH  | Amount Applied to Periodic Deductible |          | RW | Required when Patient Pay Amount (505-F5) includes deductible   |

|        |   |  |    |  |
|--------|---|--|----|--|
| 518-FI | Amount of Copay                           |  | RW | Required when Patient Pay Amount (505-F5) includes copay as patient financial responsibility       |
| 520-FK | Amount Exceeding Periodic Benefit Maximum |  | RW | Required when Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum       |
| 572-4U | Amount of Coinsurance                     |  | RW | Required when Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility |

**Response DUR/PPS Segment: Situational**

| Field # | NCPDP Field Name                | Value |    | Comment   |
|---------|---------------------------------|-------|----|---|
| 111-AM  | Segment Identification          | 24    | M  | Response DUR/PPS Segment  |
| 567-J6  | DUR / PPS Response Code Counter |       | RW | Required when 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 when needed to supply additional information for the utilization conflict            |
| 529-FT  | Other Pharmacy Indicator        |       | RW | Required when needed to supply additional information for the utilization conflict            |
| 530-FU  | Previous Date of Fill           |       | RW | Required when needed to supply additional information for the utilization conflict – CCYYMMDD |
| 531-FV  | Quantity of Previous Fill       |       | RW | Required when needed to supply additional information for the utilization conflict            |
| 532-FW  | Database Indicator              |       | RW | Required when needed to supply additional information for the utilization conflict            |
| 533-FX  | Other Prescriber Indicator      |       | RW | Required when needed to supply additional information for the utilization conflict            |
| 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 when needed to supply additional information for the utilization conflict            |



**Response Coordination of Benefits Segment: Required**

| Field # | NCPDP Field Name                      | Value    |    | Comment   |
|---------|---------------------------------------|----------|----|---|
| 111-AM  | Segment Identification                | 28       | M  | Response Coordination of Benefits Segment   |
| 355-NT  | Other Payer ID Count                  | Max of 3 | M  |   |
| 338-5C  | Other Payer Coverage Type             |          | M  |   |
| 339-6C  | Other Payer ID Qualifier              |          | RW | Required when Other Payer ID (34Ø-7C) is used   |
| 34Ø-7C  | Other Payer ID                        |          | RW | Required when other insurance information is available for coordination of benefits                                   |
| 991-MH  | Other Payer Processor Control Number  |          | RW | Required when other insurance information is available for coordination of benefits                                   |
| 356-NU  | Other Payer Cardholder ID             |          | RW | Required when other insurance information is available for coordination of benefits                                   |
| 992-MJ  | Other Payer Group ID                  |          | RW | Required when other insurance information is available for coordination of benefits                                   |
| 142-UV  | Other Payer Person Code               |          | RW | Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer |
| 127-UB  | Other Payer Help Desk Phone Number    |          | RW | Required when needed to provide a support telephone number of the other payer to the receiver                         |
| 143-UW  | Other Payer Patient Relationship Code |          | RW | Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer |

## PART 5: REJECT RESPONSE

### Transaction Header Segment: Mandatory

| Field # | NCPDP Field Name              | Value |   | Comment  |
|---------|-------------------------------|-------|---|--|
| 102-A2  | Version/Release Number        | D0    | M | NCPDP vD.0   |
| 103-A3  | Transaction Code              |       | M | Billing Transaction<br>Same value as in request billing B1 |
| 109-A9  | Transaction Count             |       | M | Same value as in request billing                           |
| 501-F1  | Header Response Status        | A     | M |  |
| 202-B2  | Service Provider ID Qualifier |       | M | Same value as in request billing                           |
| 201-B1  | Service Provider ID           |       | M | Same value as in request billing                           |
| 401-D1  | Date of Service               |       | M | Same value as in request billing – CCYYMMDD                |

### Response Message Segment: Situational

| Field # | NCPDP Field Name       | Value |   | Comment                  |
|---------|------------------------|-------|---|--------------------------|
| 111-AM  | Segment Identification | 20    | M | Response Message Segment |
| 504-F4  | Message                |       | R |                          |

### Response Insurance Segment: Situational

| Field # | NCPDP Field Name       | Value |    | Comment   |
|---------|------------------------|-------|----|---|
| 111-AM  | Segment Identification | 25    | M  | Response Insurance Segment                                  |
| 301-C1  | Group ID               |       | RW | This field may contain the Group ID echoed from the request |

### Response Patient Segment: Situational

| Field # | NCPDP Field Name       | Value |    | Comment  |
|---------|------------------------|-------|----|--|
| 111-AM  | Segment Identification | 29    | M  | Response Patient Segment                               |
| 310-CA  | Patient First Name     |       | RW | Required when needed to clarify eligibility            |
| 311-CB  | Patient Last Name      |       | RW | Required when needed to clarify eligibility            |
| 304-C4  | Date of Birth          |       | RW | Required when needed to clarify eligibility – CCYYMMDD |

**Response Status Segment: Mandatory**

| Field # | NCPDP Field Name                          | Value     |    | Comment   |
|---------|---|-----------|----|---|
| 111-AM  | Segment Identification                    | 21        | M  | Response Status Segment   |
| 112-AN  | Transaction Response Status               |           | M  | R – Reject  |
| 503-F3  | Authorization Number                      |           | RW | Required when needed to identify the transaction  |
| 510-FA  | Reject Count                              | Max of 5  | R  |   |
| 511-FB  | Reject Code                               |           | R  |   |
| 546-4F  | Reject Field Occurrence Indicator         |           | RW | Required when a repeating field is in error, to identify repeating field occurrence   |
| 130-UF  | Additional Message Information Count      | Max of 25 | RW | Required when Additional Message Information (526-FQ) is used   |
| 132-UH  | Additional Message Information Qualifier  |           | RW | Required when 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 when 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 when Help Desk Phone Number (550-8F) is used   |
| 550-8F  | Help Desk Phone Number                    |           | RW | Required when needed to provide a support telephone number to the receiver  |

**Response Claim Segment: Mandatory**

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

**Response DUR/PPS Segment: Situational**

| Field # | NCPDP Field Name                | Value    |    | Comment   |
|---------|---------------------------------|----------|----|---|
| 111-AM  | Segment Identification          | 24       | M  | Response DUR/PPS Segment  |
| 567-J6  | DUR / PPS Response Code Counter | Max of 9 | RW | Required when 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 when needed to supply additional information for the utilization conflict            |
| 529-FT  | Other Pharmacy Indicator        |          | RW | Required when needed to supply additional information for the utilization conflict            |
| 530-FU  | Previous Date of Fill           |          | RW | Required when needed to supply additional information for the utilization conflict – CCYYMMDD |
| 531-FV  | Quantity of Previous Fill       |          | RW | Required when Previous Date of Fill (530-FU) is used  |
| 532-FW  | Database Indicator              |          | RW | Required when needed to supply additional information for the utilization conflict            |
| 533-FX  | Other Prescriber Indicator      |          | RW | Required when needed to supply additional information for the utilization conflict            |
| 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 when Reason for Service Code (439-E4) is used  |

**Response Prior Authorization Segment: Situational**

| Field # | NCPDP Field Name                      | Value |    | Comment  |
|---------|---------------------------------------|-------|----|--|
| 111-AM  | Segment Identification                | 26    | M  | Response Prior Authorization Segment   |
| 498-PY  | Prior Authorization Number – Assigned |       | RW | Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim |

**Response Coordination of Benefits Segment: Required**

| Field # | NCPDP Field Name                      | Value    |    | Comment   |
|---------|---------------------------------------|----------|----|---|
| 111-AM  | Segment Identification                | 28       | M  | Response Coordination of Benefits Segment   |
| 355-NT  | Other Payer ID Count                  | Max of 3 | M  |   |
| 338-5C  | Other Payer Coverage Type             |          | M  |   |
| 339-6C  | Other Payer ID Qualifier              |          | RW | Required when Other Payer ID (34Ø-7C) is used                                       |
| 34Ø-7C  | Other Payer ID                        |          | RW | Required when other insurance information is available for coordination of benefits |
| 991-MH  | Other Payer Processor Control Number  |          | RW | Required when other insurance information is available for coordination of benefits |
| 356-NU  | Other payer Cardholder ID             |          | RW | Required when other insurance information is available for coordination of benefits |
| 992-MJ  | Other Payer Group ID                  |          | RW | Required when other insurance information is available for coordination of benefits |
| 142-UV  | Other payer Person Code               |          | RW | Required when known   |
| 127-UB  | Other Payer Help Desk Phone Number    |          | RW | Required when known   |
| 143-UW  | Other Payer Patient Relationship Code |          | RW | Required when known   |

## APPENDIX A: BIN / PCN COMBINATIONS

### ■ BIN and PCN Values

Other PCNs may be required as communicated or printed on card.

| BIN    | Processor Control Number |
|--------|--------------------------|
| 013089 | COMSEGPCS                |
| 013089 | COMSEGADV                |
| 013089 | COMSEGCRK                |
| 013089 | AMGSEGADV                |
| 610084 | COMSEGPCS                |
| 610468 | MD2, MD2FCHP or MD2MP    |

## APPENDIX B: COORDINATION OF BENEFITS (COB)

### ■ Commercial OPAP Billing (Other Payer Amount Paid)

|           | BIN    | Processor Control Number (PCN) | Comments     | Other Coverage Code |
|-----------|--------|--------------------------------|--------------|---------------------|
| Primary   | 610415 | PCS                            |              |                     |
| Secondary | 013089 | COMSEGPCS                      | OPAP Billing | Ø2, Ø3, Ø4          |
| Primary   | 004336 | ADV                            |              |                     |
| Secondary | 013089 | COMSEGADV                      | OPAP Billing | Ø2, Ø3, Ø4          |
| Primary   | 610029 | CRKblankblank                  |              |                     |
| Secondary | 013089 | COMSEGCRK                      | OPAP Billing | Ø2, Ø3, Ø4          |
| Primary   | 004336 | ADV                            |              |                     |
| Secondary | 013089 | AMGSEGADV                      | OPAP Billing | Ø2, Ø3, Ø4          |

### ■ State of Maryland ProDUR Commercial COB

|           | BIN    | Processor Control Number (PCN) | Comments     | Other Coverage Code |
|-----------|--------|--------------------------------|--------------|---------------------|
| Primary   | 610084 | PCS                            |              |                     |
| Secondary | 610084 | COMSEGPCS                      | OPAP Billing | Ø2, Ø3, Ø4          |

## APPENDIX C: COMPOUND BILLING

### Route of Administration Transition

This appendix was added to assist in transition from the NCPDP code values formerly found in Compound Route of Administration (452-EH) in the Compound Segment to the Route of Administration (995-E2) in the Claim Segment, which only uses Systematized Nomenclature of Medicine Clinical Terms® (SNOMED CT) available at <http://www.snomed.org/>.

| High level SNOMED Value | High Level Description of Route of Administration (995-E2) |
|-------------------------|--|
| 112239003               | by inhalation  |
| 47056001                | by irrigation  |
| 372454008               | gastroenteral route  |
| 421503006               | hemodialysis route   |
| 424494006               | infusion route   |
| 424109004               | injection route  |
| 78421000                | intramuscular route  |
| 72607000                | intrathecal route  |
| 47625008                | intravenous route  |
| 46713006                | nasal route  |
| 54485002                | ophthalmic route   |
| 26643006                | oral route   |
| 372473007               | oromucosal route   |
| 10547007                | otic route   |
| 37161004                | per rectum route   |
| 16857009                | per vagina   |
| 421032001               | peritoneal dialysis route                                  |
| 34206005                | subcutaneous route   |
| 37839007                | sublingual route   |
| 6064005                 | topical route  |
| 45890007                | transdermal route  |
| 372449004               | dental route   |
| 58100008                | intra-arterial route                                       |
| 404817000               | intravenous piggyback route                                |
| 404816009               | intravenous push route                                     |

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