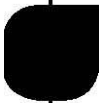


# Payer Sheet

**Commercial Primary**



## Table of Contents –

HIGHLIGHTS– Updates, Changes & Reminders .....	3
PART 1: GENERAL INFORMATION .....	4
PART 2: BILLING TRANSACTION / SEGMENTS AND FIELDS .....	5
PART 3: REVERSAL TRANSACTION.....	10
PART 4: PAID (OR DUPLICATE OF PAID) RESPONSE .....	11
PART 5: REJECT RESPONSE .....	15
APPENDIX A: BIN / PCN COMBINATIONS.....	18
APPENDIX B: COMPOUND BILLING .....	19
➤Route of Administration Transition.....	19

## HIGHLIGHTS– Updates, Changes & Reminders

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

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

**This payer sheet refers to Primary Commercial Billing. Refer to [www.caremark.com](http://www.caremark.com) under the Health Professional Services link for additional payer sheets regarding Commercial Other Payer Amount Paid, Commercial Other Payer Patient Responsibility, Medicare Part D Primary Billing and Medicare as Supplemental Payer Billing, MEDD Other Payer Patient Responsibility, MEDD Other Payer Amount Paid and Workers Compensation.**

**PART 1: GENERAL INFORMATION**

Payer/Processor Name: CVS Caremark

Plan Name/Group Name: All

Effective as of: January 2012

NCPDP Version/Release #: D.0

NCPDP ECL Version: Oct 2008, Emergency ECL Jul 2011

➤ **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	*004336	1-800-364-6331
Legacy PCS	*610415	1-800-345-5413
FEP	610239	1-800-364-6331
Legacy CRK	*610029	1-800-421-2342
Legacy PHC	610468 006144 004245 610449 610474 603604	1-800-777-1023
Legacy AmeRx	610473 601475 007093 012189 013303 014046 610130 610477	1-866-668-6681

\*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. 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, 610029, 610468, 006144, 004245, 610449, 610474, 603604, 007093, 610473, 601475, 012189, 013303, 014046, 600042, 610130, 610477, 610239, 610084	M	
1Ø2-A2	Version/Release Number	D.Ø	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	<b>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 10 bytes and should begin with the letter "D".</b>

**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
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
325-CP	Patient Zip/Postal Zone		RW	Required for some federal programs
335-2C	Pregnancy Indicator		RW	Required for some federal programs

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier		M	
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		R	Ø – Not Supported 1 – Not a Compound 2 – Compound
4Ø8-D8	DAW / Product Selection Code		R	
414-DE	Date Prescription Written		R	CCYYMMDD
415-DF	Number of Refills Authorized		R	
3Ø8-C8	Other Coverage Code		RW	Ø – Not specified by patient 1 – No other coverage
418-DI	Level of Service		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

**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.  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.  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.  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	NPI is required  DEA accepted if permitted by Federal and State laws  Ø1 = NPI 12 = DEA
411-DB	Prescriber ID		R	
367-2N	Prescriber State/Providence Address		R	

**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	
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	
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	
362-2G	Compound Ingredient Modifier Code Count	Max of 10	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 by plan**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	Max of 5	R	
492-WE	Diagnosis Code Qualifier	Ø1	R	
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, 610029, 610468, 006144, 004245, 610449, 610474, 603604, 007093, 610473, 601475, 012189, 013303, 014046, 600042, 610130, 610477, 610239, 610084	M	The same value in the request billing.
1Ø2-A2	Version/Release Number	D.Ø	M	
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.
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 10 bytes and should begin with the letter "D".

**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		M	Same value as in request 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	Same value as in request billing
308-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		M	NCPDP vD.Ø
1Ø3-A3	Transaction Code		M	Billing Transaction Same value as in request billing B1
1Ø9-A9	Transaction Count		M	Same value as in request billing
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

**Response Message Segment: Situational**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	20	M	Response Message Segment
504-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
301-C1	Group ID		RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available

**Response Patient Segment: Required**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	29	M	Response Insurance 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

**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 D=Duplicate of Paid
503-F3	Authorization Number		RW	
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		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 sender (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 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
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
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
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	
523-FN	Amount Attributed To Sales Tax		RW	
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	This data element will be returned if it impacts Patient Pay (505-F5)
518-FI	Amount of Copay		RW	This data element will be returned if it impacts Patient Pay (505-F5)
52Ø-FK	Amount Exceeding Periodic Benefit Maximum		RW	This data element will be returned if it impacts Patient Pay (505-F5)
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
531-FV	Quantity of Previous Fill		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of 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
57Ø-NS	DUR Additional Text		RW	Required when needed to supply additional information for the utilization conflict

**PART 5: REJECT RESPONSE**

**Transaction Header Segment: Mandatory**

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

**Response Message Segment: Situational**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	2Ø	M	Response Message Segment
5Ø4-F4	Message		R	

**Response Insurance Segment: Situational**

Field #	NCPDP Field Name	Value		Comment
111-AM	Segment Identification	25	M	Response Insurance Segment
3Ø1-C1	Group ID		R	

**Response Patient Segment: Mandatory**

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

**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
51Ø-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.
13Ø-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.
549-7F	Help Desk Phone Number Qualifier		RW	Required when Help Desk Phone Number (55Ø-8F) is used.
55Ø-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		M	1=Rx Billing
4Ø2-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.
531-FV	Quantity of Previous Fill		RW	Required when Previous Date of Fill (53Ø-FU) is used.
53Ø-FU	Previous Date of 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.
57Ø-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

## APPENDIX A: BIN / PCN COMBINATIONS

### Primary BIN and PCN values

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

BIN	PCN	Note
610415	PCS	
004336	ADV	
610029	CRKblankblank	
610468	PC2 MDP HP FCHP COMHP AHP PC3 PC5 HPI FALLON	
006144	AI	
610474	TDI SSP CAP EBMS	
603604	CAP	
610449	U07, U12	
610473, 601475, 007093, 012189, 013303, 014046, 610130, 610477	Varies	
610239	FEPRX	RxGroup 65006500

## APPENDIX B: 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
127491008	jejunostomy route
127492001	nasogastric route
418441008	orogastric route

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a CVS Caremark Document within the meaning of the Provider Manual.