



NCPDP Version 5 Request Payer Sheet

NCPDP Rev.04.16.02

General Information

Payer Name: Inland Empire Health Plan (IEHP) MAPD	Date: 12/14/2006
Plan Name/Group Name: Dual Choice	
Processor: Argus	Switch: Various
Effective as of: 01/01/2007	Version/Release #: PS2.1
Contact/Information Source: Argus Call Center 1.800.KC.ARGUS (1.800.522.7487)	
Certification Testing Window: Not Applicable	
Provider Relations Help Desk Info: 1.800.KC.ARGUS (1.800.522.7487)	
Other versions supported: The HIPAA required format is 5.1	

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

Transaction Code	Transaction Name
B2	Reversal
B3	Rebill

Billing Transaction

Segments

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) must always be sent. Fields designated as "Required When" (RW) will be sent under circumstances that should be

explained in the Comment column. **Fields not listed are not applicable to Argus or are not applicable to this particular payer.**

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

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	012353	M	
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	B1 = Billing (claim)
104-A4	Processor Control Number	04110000	M	Dual Choice
109-A9	Transaction Count		M	1 - 4
202-B2	Service Provider ID Qualifier	01 = NPI 07 = NCPDP ID	M	
201-B1	Service Provider ID		M	Beginning 05/23/2007, Argus will only accept NPI for the Service Provider ID.
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID	blanks	M	

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04	M	
302-C2	Cardholder ID	14 or SSN	M	Submit IEHP assigned 14 character member ID or member's social security number may be submitted. For eligibility issues refer to "Other Transaction / Miscellaneous Information" on page 6.
303-C3	Person Code		R	

Patient Segment:

Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01	M	
304-C4	Date Of Birth		R	
305-C5	Patient Gender Code		R	1=male 2=Female

Claim Segment:

Mandatory

Payer/processor supports partial fill.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07	M	
455-EM	Prescription/Service Ref # Qualifier	Blank = not specified 1 = Rx Billing	M	Blank will be treated as 1=Rx Billing
402-D2	Prescription/Service Reference Number		M	AKA Rx #
436-E1	Product/Service ID Qualifier	03 = NDC	M	
407-D7	Product/Service ID		M	AKA NDC Number
456-EN	Associated Prescription/Service Reference #		RW	Required on partial fill completion claim
457-EP	Associated Prescription/Service Date		RW	Required on partial fill completion claim
442-E7	Quantity Dispensed		R	
405-D5	Days Supply		R	
406-D6	Compound Code	0=Not Specified 1=Not a Compound 2=Compound	RW	Compound Code=2 required when submitting compound prescription
408-D8	DAW/Product Selection Code		R	0, 1 or 2 allowed by IEHP
414-DE	Date Prescription Written		R	
420-DK	Submission Clarification Code	07	RW	Required when Code 1 edits require override.
343-HD	Dispensing Status	Initial Claim=P Completion Claim=C	RW	Required on both initial claims and completion claims for partial fill.

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344-HF	Quantity Intended To Be Dispensed	RW	Required on partial fill initial claim
345-HG	Days Supply Intended To Be Dispensed	RW	Required on partial fill initial claim

Pharmacy Provider Segment (02): Not used at this time

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier		RW	Required when field 411-DB is used
411-DB	Prescriber ID		R	

COB/Other Payments Segment (05): N/A for this payer

Pharmacies must bill member's primary insurance carrier. Copay reimbursements should be submitted on a Universal Claim Form (UCF) or HCFA 1500 to:

[IEHP Claims Department](#)
[P.O. Box 10189](#)
[San Bernardino, CA 92408](#)

Workers' Compensation Segment (06): N/A for this payer

DUR/PPS Segment (08): N/A for this payer

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		R	May be populated with zeros
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		R	

426-DQ	Usual And Customary Charge	R	For partial fill claims submit U&C for intended quantity dispensed for both initial and completion claims
430-DU	Gross Amount Due	R	

Coupon Segment (09): Not used at this time

Compound Segment (10): Not used at this time

IEHP requires a Prior Authorization for all compound prescriptions.

Prior Authorization Segment (12): Not used at this time

Clinical Segment: Not used at this time

Additional Information for Claim Billing Submissions

Sales Tax Processing

Sales tax processing is not applicable to this payer.

Other Transaction Information

Reversals:

Maximum Number of Transactions Supported per transmission	Max # of transactions supported = 4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Timeframe = 60 days from initial receipt

Certification Requirements

Does payer/processor require software certification?

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

If so, what level is certification testing required? Pharmacy/Software Vendor/Switch

Not applicable.

NCPDP Version 5 Response Payer Sheet

Rev.04.16.02

General Information

Payer Name: Inland Empire Health Plan (IEHP) MAPD	Date: 12/14/2006
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Segments

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

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

PAID (or Duplicate of Paid) Response

Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	5.1
103-A3	Transaction Code	Same value as in request billing	M	

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

Response Message Segment: Optional

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

Response Insurance Segment (25): Not used

Response Status Segment: Mandatory

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

Response Claim Segment: Mandatory

Will Preferred Product fields be provided for provider display? No

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

Response Pricing Segment:

Mandatory

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

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

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

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

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

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

Yes, excluding percentage sales tax fields.

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

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

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	23	M	
505-F5	Patient Pay Amount		R	May be populated with zeros
506-F6	Ingredient Cost Paid		RW	Reported back when amount is submitted
507-F7	Dispensing Fee Paid		RW	Reported back when amount is submitted
558-AW	Flat Sales Tax Amount Paid		RW	Reported back when amount is submitted
559-AX	Percentage Sales Tax Amount Paid		RW	Reported back when amount is submitted
509-F9	Total Amount Paid		R	May be populated with zeros
523-FN	Amount Attributed To Sales Tax		RW	Reported when applicable
517-FH	Amount Applied To Periodic Deductible		RW	Reported when applicable
518-FI	Amount Of Copay/Co-Insurance		RW	Reported when applicable

519-FJ	Amount Attributed To Product Selection		RW	Reported when applicable
346-HH	Basis of Calculation-Dispensing Fee	Initial Claim=02-Quantity Intended To Be Dispensed. Completion Claim=04-Waived Due To Partial Fill.	RW	Partial fill based on customer selected option.
347-HJ	Basis of Calculation-Copay	Initial Claim=02-Quantity Intended To Be Dispensed. Completion Claim=04-Waived Due To Partial Fill.	RW	Partial fill

Response DUR/PPS Segment: Optional

Note: Max repeats = 9 but will use 1 – 3 for initial processing.

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

Response Prior Authorization Segment (26): Not used

Reject Response

Response Header Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number	Same value as in request billing	M	5.1
103-A3	Transaction Code	Same value as in request billing	M	
109-A9	Transaction Count	Same value as in request billing	M	

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501-F1	Header Response Status	A	M
202-B2	Service Provider ID Qualifier	Same value as in request billing	M
201-B1	Service Provider ID	Same value as in request billing	M
401-D1	Date of Service	Same value as in request billing	M

Response Message Segment: Optional

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

Response Status Segment: Mandatory

Note: Max repeats = 5 occurrences

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21	M	
112-AN	Transaction Response Status	R	M	R = Reject
510-FA	Reject Count		R	
511-FB	Reject Code		R	
526-FQ	Additional Message Information		RW	If applicable and if plan requests messaging

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