

**GENERAL INFORMATION**

Payer Name: PBM Plus		Date: October 18, 2011
Plan Name/Group Name: All Employer Sponsored Benefits	BIN: 610106	PCN: PBMCOB
Provider Relations Help Desk Info: 866-618-3494		
Other versions supported: Version 5.1 Claims will continue to be accepted		

**FIELD LEGEND FOR COLUMNS**

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	610106	M	BIN for PBM Plus
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	Claim Billing, Claim Rebilling
1Ø4-A4	PROCESSOR CONTROL NUMBER	PBMOCE	M	PCN for PBM Plus
1Ø9-A9	TRANSACTION COUNT	01 = One Occurance	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – National Provider ID 12 - NCPDP	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use value for switch's requirements. If submitting claim without a switch populate with blanks.

Insurance Segment Questions	Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID	As printed on card	M	
312-CC	CARDHOLDER FIRST NAME	As printed on card	RW	Required for matching in the instance of twins.
313-CD	CARDHOLDER LAST NAME	As printed on card	RW	Required for matching in the instance of twins.
314-CE	HOME PLAN			
524-FO	PLAN ID			
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE			
3Ø1-C1	GROUP ID			
3Ø3-C3	PERSON CODE			
3Ø6-C6	PATIENT RELATIONSHIP CODE			
359-2A	MEDIGAP ID			

	<b>Insurance Segment Segment Identification (111-AM) = "Ø4"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
36Ø-2B	MEDICAID INDICATOR			
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR			
997-G2	CMS PART D DEFINED QUALIFIED FACILITY			
115-N5	MEDICAID ID NUMBER			

<b>Patient Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill If Situational, Payer Situation</b>
This Segment is always sent	X	
This Segment is situational		

	<b>Patient Segment Segment Identification (111-AM) = "Ø1"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
331-CX	PATIENT ID QUALIFIER		M	
332-CY	PATIENT ID	Cardholder ID as shown on the card	R	
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME	As printed on card	RW	Necessary for match in the instance of twins
311-CB	PATIENT LAST NAME	As printed on card	RW	Necessary for match in the instance of twins
322-CM	PATIENT STREET ADDRESS			
323-CN	PATIENT CITY ADDRESS			
324-CO	PATIENT STATE / PROVINCE ADDRESS			
325-CP	PATIENT ZIP/POSTAL ZONE			
326-CQ	PATIENT PHONE NUMBER			
3Ø7-C7	PLACE OF SERVICE			
333-CZ	EMPLOYER ID			
335-2C	PREGNANCY INDICATOR			
35Ø-HN	PATIENT E-MAIL ADDRESS			
384-4X	PATIENT RESIDENCE			

<b>Claim Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill If Situational, Payer Situation</b>
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

	<b>Claim Segment Segment Identification (111-AM) = "Ø7"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	Only value 1 is accepted
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 – NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER			<i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).  Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.

Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE			<i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).  Required if Associated Prescription/Service Reference Number (456-EN) is used.  Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 10.		<i>Imp Guide:</i> Required if Procedure Modifier Code (459-ER) is used.
459-ER	PROCEDURE MODIFIER CODE			Submit only if instructed by the help desk
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED			Not Required
419-DJ	PRESCRIPTION ORIGIN CODE			Not Required
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		<i>Imp Guide:</i> Required if Submission Clarification Code (420-DK) is used.
420-DK	SUBMISSION CLARIFICATION CODE			<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (0).  If the Date of Service (401-D1) contains the subsequent payer coverage date, the Submission Clarification Code (420-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications.
308-C8	OTHER COVERAGE CODE			Not required for commercial coverage
429-DT	SPECIAL PACKAGING INDICATOR			<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER			<i>Imp Guide:</i> Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE			<i>Imp Guide:</i> Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.
446-EB	ORIGINALLY PRESCRIBED QUANTITY			<i>Imp Guide:</i> Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER			Not required
600-28	UNIT OF MEASURE			Not required:
418-DI	LEVEL OF SERVICE			Occasionally used to reimburse additional fees. Use as indicated by client request.
461-EU	PRIOR AUTHORIZATION TYPE CODE			
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED			May be required to create dynamic PA as indicated by help desk.

Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			
464-EX	INTERMEDIARY AUTHORIZATION ID			
343-HD	DISPENSING STATUS			<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED			<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED			<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED			
433-DX	PATIENT PAID AMOUNT SUBMITTED			<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED			
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.		<i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER			<i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED			<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED			Required if applicable for pharmacy location
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED			Required if applicable for pharmacy location
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED			Required if applicable for pharmacy location.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED			Required if applicable for pharmacy location.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION			<i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication.

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	x	

Pharmacy Provider Segment Segment Identification (111-AM) = "02"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER			
444-E9	PROVIDER ID			

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	x	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER		R	Acceptable values are 01 = National Provider ID 07 = DEA
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME			
498-PM	PRESCRIBER PHONE NUMBER			
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP/POSTAL ZONE			

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer- Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.		
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER			
431-DV	OTHER PAYER AMOUNT PAID			
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		
472-6E	OTHER PAYER REJECT CODE			

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		
472-6E	OTHER PAYER REJECT CODE			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.		
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	As appropriate based on response from primary	M	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Amount returned by primary	M	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		
393-MV	BENEFIT STAGE QUALIFIER			
394-MW	BENEFIT STAGE AMOUNT			

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			
34Ø-7C	OTHER PAYER ID			
443-E8	OTHER PAYER DATE			
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.		
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER			
431-DV	OTHER PAYER AMOUNT PAID			
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		
472-6E	OTHER PAYER REJECT CODE			
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.		
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER			
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT			
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		
393-MV	BENEFIT STAGE QUALIFIER			
394-MW	BENEFIT STAGE AMOUNT			

<b>Workers' Compensation Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	x	PBM Plus does not currently process Workers' Compensation claims.

	<b>Workers' Compensation Segment Segment Identification (111-AM) = "06"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
434-DY	DATE OF INJURY		M	
315-CF	EMPLOYER NAME			
316-CG	EMPLOYER STREET ADDRESS			
317-CH	EMPLOYER CITY ADDRESS			
318-CI	EMPLOYER STATE/PROVINCE ADDRESS			
319-CJ	EMPLOYER ZIP/POSTAL ZONE			
320-CK	EMPLOYER PHONE NUMBER			
321-CL	EMPLOYER CONTACT NAME			
327-CR	CARRIER ID			
435-DZ	CLAIM/REFERENCE ID			
117-TR	BILLING ENTITY TYPE INDICATOR		R	
118-TS	PAY TO QUALIFIER			
119-TT	PAY TO ID			
120-TU	PAY TO NAME			
121-TV	PAY TO STREET ADDRESS			
122-TW	PAY TO CITY ADDRESS			
123-TX	PAY TO STATE/PROVINCE ADDRESS			
124-TY	PAY TO ZIP/POSTAL ZONE			
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER			
126-UA	GENERIC EQUIVALENT PRODUCT ID			

<b>DUR/PPS Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	

	<b>DUR/PPS Segment Segment Identification (111-AM) = "08"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.		<i>Required if segment used.</i>
439-E4	REASON FOR SERVICE CODE			<i>Required if segment used.</i>
440-E5	PROFESSIONAL SERVICE CODE			
441-E6	RESULT OF SERVICE CODE			
474-8E	DUR/PPS LEVEL OF EFFORT			
475-J9	DUR CO-AGENT ID QUALIFIER			
476-H6	DUR CO-AGENT ID			

<b>Coupon Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	This segment is not currently utilized by PBM Plus

	<b>Coupon Segment Segment Identification (111-AM) = "09"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
485-KE	COUPON TYPE		M	
486-ME	COUPON NUMBER		M	
487-NE	COUPON VALUE AMOUNT			

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Required if claim is for a compounded product.

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	M	
489-TE	COMPOUND PRODUCT ID	NDC = 00000000000	M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST			
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.		
363-2H	COMPOUND INGREDIENT MODIFIER CODE			

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Not Required

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.		
492-WE	DIAGNOSIS CODE QUALIFIER			
424-DO	DIAGNOSIS CODE			
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.		
494-ZE	MEASUREMENT DATE			
495-H1	MEASUREMENT TIME			
496-H2	MEASUREMENT DIMENSION			
497-H3	MEASUREMENT UNIT			
499-H4	MEASUREMENT VALUE			