



CareOregon Payer Sheet

Part I. General Information

Payer/Processor Name: RxAmerica, LLC	Date: January 1, 2009
Effective as of: January 01, 2009	Version Release #: 5.1
Pharmacy Service Phone Number	1-877-279-0372
Contact Information for Testing	Network.Contracts@RxAmerica.com

RxAmerica has established the following guidelines for submission of primary claims for Medicare Part D members. Please refer to COB payer sheet for COB claims.

Medicare Part D requires that a Coordination of Benefit (COB) BIN and Processor Control Number (PCN) be offered for processing of secondary Medicare Part D claims.

- **Supplemental Coverage** – If the member has supplemental coverage that is processed after the primary Medicare Part D claim, or if the member’s supplemental coverage is with Medicare Part D and other primary coverage exists, (workers comp or group health plan) refer to the COB payer sheet for processing information.
- **Primary Part D** – If the member has Medicare Part D as their primary coverage (no other coverage is processed before Medicare Part D, use the following BIN and PCN combinations:

BIN	PCN	MEDICARE PART D PLANS	CUSTOMER SERVICE PHONE NUMBER
012189	5016	CareOregon Advantage Plus	1-877-279-0372
012189	5046	CareOregon Advantage Star	1-877-279-0372
012189	RXACOB	All Medicare health plan's COB claims	1-877-279-0372

Part II: Billing Transaction/Segments and Fields

The following lists the fields and segments in a Billing transaction.

- M = Mandatory as defined by NCPDP
- S = Situational as defined by Plan
- R = Required as defined by Processor
- O = Optional

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Values	Notes	
101-A1	BIN Number	012189	Bin 012189 is used for Medicare Part D claims only.	M
102-A2	Version/Release Number	5.1	5.1 Transaction Format	M
103-A3	Transaction Code	B1	Rx Billing Transaction	M



104-A4	Processor Control Number	Default PCN printed on card.	Bin 012189 PCNs: 5016 – CareOregon 5046 –CareOregon Adv Star	S
109-A9	Transaction Count	1	One occurrence: Medicare Part D and COB billing only permits one transaction.	M
202-B2	Service Provider ID Qualifier	01	Code qualifying 201-B1 *01-NPI	M
201-B1	Service Provider ID	1234567890	NPI-National Provider ID	M
401-D1	Date of Service	CCYYMMDD	Ex. 20060101 January 1, 2006	M
110-AK	Software Vendor /Certification Id			M

***Although RxAmerica has performed a crosswalk of NCPDP ID to NPI in the past, as of July 1 2008, this cross walk will no longer be performed and only NPI will be accepted for the Service Provider ID and Service Provider ID Qualifier.**

Patient Segment: Required

Field #	NCPDP Field Name	Values	Notes	
111-AM	Segment Identification	01	Patient Segment	M
331-CX	Patient ID Qualifier	01	Code Qualifying 332-CY 01 – Social Security # 99 - Other	S
332-CY	Patient ID		ID assigned to the patient	S
304-C4	Date of Birth	CCYYMMDD	Ex. 19541226 December 26, 1954	R
305-C5	Patient Gender Code	1	1 = Male 2 = Female	R
310-CA	Patient First Name		Individual First Name	R
311-CB	Patient Last Name		Individual Last Name	R
311-CM	Patient Street Address		Free-form text for address information	O
323-CN	Patient City Address		Free-form text for city name	O
324-CO	Patient State/Province Address		Standard United States and Canadian province two-letter postal service abbreviations should be used.	O
325-CP	Patient Zip/Postal Zone		Code defining US zip code	O
307-C7	Place of Service		Required for Home infusion and Long Term Care Billing	S**

****Place of Service (Patient Location) is required for Medicare Part D patients who reside in LTC facilities.**



Insurance Segment: Mandatory

Field #	NCPDP Field Name	Values	Notes	
111-AM	Segment Identification	04	Insurance Segment	M
302-C2	Cardholder ID	123456789	Insurance ID assigned to Cardholder	M
312-CC	Cardholder First Name		First name of cardholder	S
313-CD	Cardholder Last Name		Last name of Cardholder	S
301-C1	Group ID		ID assigned to the cardholder group or employer group. May be required by some MA-PD plans.	S
303-C3	Person Code	001	001 = Cardholder 002 = Spouse 003-999 = Dependents	R

Claim Segment: Mandatory

Field #	NCPDP Field Name	Values	Notes	
111-AM	Segment Identification	07	Claim Segment	M
455-EM	Prescription/Service Reference Number Qualifier	1	1 = Rx Billing Code Qualifying 402-D2.	M
402-D2	Prescription/Service Reference Number		Reference number assigned by provider for drug/product. – Rx Number	M
436-E1	Product/Service ID Qualifier	03	NDC	M
407-D7	Product/Service ID	MMMMMDDDDPP	NDC Number MMMMM = Manufacturer's assigned Number DDDD= Drug ID PP = Package Size Must contain a value of '0' if Compound Code (406-D6) is 2.	M
442-E7	Quantity Dispensed		Quantity dispensed expressed in metric decimal units.	R
403-D3	Fill Number	0	0 = Original Dispensing 1-99 = Refill Number	R
405-D5	Days Supply	30	Estimated number of days the prescription will last Ex. 30 = Claim would be for 30 days	R



406-D6	Compound Code	1	Indicates if the prescription is a compound. 0 = Not specified 1 = Not a Compound 2 = Compound If 2 is submitted, compound segment is mandatory	R
408-D8	DAW/Product Selection Code	0	Ex. 0 = No product Selection See NCPDP for complete list of values	R
414-DE	Date Prescription Written	CCYYMMDD	Ex. 20050228 = February 28, 2005	R
308-C8	Other Coverage Code		Indicates if the prescription is primary or secondary. 0 = Not specified 1 = Primary Claim 2 = previous payer paid claim. 3, 5, 6 & 7 = previous payer rejected claim. 4= previous payer did not reject claim but member paid 100% copay. 8 = previous payer paid claim, pharmacy submitting for reimbursement of copay only. If Value 2-7 is submitted, COB segment is required	R

***Prescriber Segment: Required**

Field #	NCPDP Field Name	Values	Notes	
111-AM	Segment Identification	03	Prescriber Segment	M
465-EY	Prescriber ID Qualifier	01	Code qualifying 411-DB NPI-National Provider ID	R
411-DB	Prescriber ID	1234567890	NPI-National Provider ID	R



* As of 23 May 2008, The Prescriber NPI Is required on all transactions. However to prevent member disruption many plans have accepted the following conditions: It is expected that all effort will exist for the pharmacy to obtain the NPI for prescriber, however, if the NPI can not be obtained then please use the DEA Code of the prescriber. The plans that require NPI only can be found (and are updated weekly) on the RxAmerica WEB Site. <http://www.rxamerica.com/> in the Pharmacy Section.

COB segment required for secondary claims with other coverage codes 2 - 7.

COB/Other Payments Segment: Other Coverage Code of 2

Field #	NCPDP Field Name	Values	Notes	Field Req. Key
111-AM	Segment Identification	05	COB segment	M
337-4C	COB/Other Payments Count	1	Up to 5 occurrences	R
338-5C	Other Payer Coverage Type	01	01 = Primary 02 = Secondary 03 = Tertiary 99 = Composite	R
339-6C	Other Payer ID Qualifier	Ex. 03	03 = Bin	R
340-7C	Other Payer ID		ID assigned to other payer.	R
443-E8	Other Payer Date	CCYYMMDD	Payment date of the claim submitted to other payer.	R
341-HB	Other Payer Amount Paid Count		Count of the other amount paid occurrences.	R
342-HC	Other Payer Amount Paid Qualifier	07-Drug Benefit; 08-Sum of All Reimbursement; 99-Other	Code qualifying the "Other payer amount paid (431-DV)" See NCPDP for complete list of values.	R
431-DV	Other Payer Amount Paid		Amount of any payment known by the pharmacy from other sources.	R

*****RxAmerica uses lesser-of logic when calculating reimbursement amount to pharmacies for COB claims. RxAmerica provides non-duplicating coverage.**

COB/Other Payments Segment: Other Coverage Codes of 3, 5, 6 or 7

Field #	NCPDP Field Name	Values	Notes	Field Req. Key
111-AM	Segment Identification	05	COB segment	M
337-4C	COB/Other Payments Count	1	Up to 5 occurrences	R
338-5C	Other Payer Coverage Type	01	01 = Primary 02 = Secondary 03 = Tertiary 99 = Composite	R
339-6C	Other Payer ID Qualifier	Ex. 03	03 = Bin	R
340-7C	Other Payer ID		ID assigned to other payer.	R



443-E8	Other Payer Date	CCYYMMDD	The denial date of the claim submitted to other payer.	R
471-5E	Other Payer Reject Count		Count of "Other payer reject code (472-6E)"	R
472-6E	Other Payer Reject Code		The error encountered by the previous other payer.	R

COB/Other Payments Segment: Other Coverage Code of 4

Field #	NCPDP Field Name	Values	Notes	Field Req. Key
111-AM	Segment Identification	05	COB segment	M
337-4C	COB/Other Payments Count	1	Up to 5 occurrences	R
338-5C	Other Payer Coverage Type	01	01 = Primary 02 = Secondary 03 = Tertiary 99 = Composite	R
339-6C	Other Payer ID Qualifier	03	03 = Bin	R
340-7C	Other Payer ID		ID assigned to other payer.	R
443-E8	Other Payer Date	CCYYMMDD	Payment date of the claim submitted to other payer.	R
341-HB	Other Payer Amount Paid Count		Count of the other amount paid occurrences.	R
342-HC	Other Payer Amount Paid Qualifier	07-Drug Benefit; 08-Sum of All Reimbursement; 99-Other	Code qualifying the "Other payer amount paid (431-DV)" See NCPDP for complete list of values.	R
431-DV	Other Payer Amount Paid		Amount must be zero for this OCC type.	R

COB/Other Payments Segment: Not Required For Other Coverage Code of 8

***If COB segment is submitted for OCC 8, it is ignored, however to pass validity when it is filled out it must be filled out completely.

***Gross Amount Due (430-DU) in the Pricing segment is required on Other Coverage Code 8.

Pharmacies must submit one of the following fields along with Gross Amount Due: Other Amount Claimed (480-H9) or Patient Paid Amount (433-DX). The least amount submitted of the three fields will be used to price the claim.

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Values	Notes	
111-AM	Segment Identification	11	Pricing Segment	M
409-D9	Ingredient Cost Submitted		Submitted product component cost of the dispensed prescription.	S



412-DC	Dispensing Fee Submitted		Submitted Dispensing Fee	S
433-DX	Patient Paid Amount Submitted		Amount received from the pharmacy received from the patient for the prescription dispensed. Required if COB of Other Coverage Code of 8 is being submitted.	S
426-DQ	Usual and Customer		Amount charged cash customers for the prescription.	R
430-DU	Gross Amount Due		Total Price Claimed from all sources. Required if COB Other Coverage Code of 2,3,4 or 8 is being submitted.	S

478-H7	Other Amount Claimed Submitted Count		Required when submitting The Other Amount Claimed Submitted field.	S
479-H8	Other Amount Claimed Submitted Qualifier	99-Other	Only used when submitting an Other Coverage Code of 8.	S
480-H9	Other Amount Claimed Submitted		***Patient Paid Amount (433-DX) or Other Amount claimed Submitted (480-H9) and Gross Amount Due (430-DU) in the Pricing segment are required on Other Coverage Code 8.	S

DUR/PPS Segment: Required only for Vaccine claims

Field #	NCPDP Field Name	Values	Notes	Field Req. Key
111-AM	Segment Identification	Ø8	DUR/PPS Segment	M
473-7E	DUR / PPS Code Counter	1-9	Number of Administration Fee Occurrences	S
439-E4	Reason for Service Code		Refer to NCPDP list of standard codes	S
44Ø-E5	Professional Service Code		Refer to NCPDP list of standard codes	S
441-E6	Result of Service Code		Refer to NCPDP list of standard codes	S



Compound Segment: Required only if field 406-D6 (In Claim segment) is a 2. **

Field #	NCPDP Field Name	Values	Notes	Field Req. Key
111-AM	Segment Identification	10	Compound Segment	M
450-EF	Compound Dosage Form Description Code	11	Dosage Form of complete compound mixture Ex. 11 = Solution See NCPDP for complete list of values.	R
451-EG	Compound Dispensing Unit Form Indicator	1	NCPDP standard product billing codes. Ex. 1 = Each 2 = Grams 3 = Milliliters	R
452-EH	Compound route of Administration	11	Code for the route of administration. Ex. 11 = Oral See NCPD for complete list of values.	R
447-EC	Compound Ingredient Component Count	04	Count of compound product IDs in the mixture. Ex. 04 = Ingredients This count must match the submitted number of repetitions.	R
488-RE	Compound Product ID Qualifier	03	Code qualifying the type of product dispensed. Ex. 03 = NDC	R
489-TE	Compound Product ID	MMMMMDDDDPP	Ex. 00006094268 MMMMM = Manufacturer's assigned Number DDDD= Drug ID PP = Package Size	R
448-ED	Compound Ingredient Quantity		Amount expressed in metric decimal units of the product included in the compound mixture.	R
449-EE	Compound Ingredient Drug Cost		Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in field 448-ED.	R
490-UE	Compound Ingredient Basis of Cost Determination		Code indicating the method by which the drug cost of an ingredient used in a compound was calculated, refer to NCPDC guidelines for appropriate value	R



** All compounds are audited by Rx America for claim accuracy.



Reversal Transaction:

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Values	Notes	
101-A1	BIN Number	012189	Bin 012189 is used for Medicare Part D claims only.	M
102-A2	Version/Release Number	5.1	5.1 Transaction Format	M
103-A3	Transaction Code	B2	Rx Reversal Transaction	M
104-A4	Processor Control Number		5016 – CareOregon 5046 –CareOregon Adv Star	S
109-A9	Transaction Count	1	One occurrence: Rx America and COB billing only permits one transaction.	M
202-B2	Service Provider ID Qualifier	01	Code qualifying 201-B1 01-NPI	M
201-B1	Service Provider ID	1234567890	NPI-National Provider ID	M
401-D1	Date of Service	CCYYMMDD	Ex. 20060101 January 1, 2006	M
110-AK	Software Vendor /Certification Id			M

Claim Segment: Mandatory

Field #	NCPDP Field Name	Values	Notes	
111-AM	Segment Identification	07	Claim Segment	M
455-EM	Prescription/Service Reference Number Qualifier	1	Rx Billing	M
402-D2	Prescription/Service Reference Number		Reference number assigned by provider for drug/product. – Rx Number	M
436-E1	Product/Service ID Qualifier	03	NDC, Describes field 407-D7- Product/Service ID	M
407-D7	Product/Service ID	NDC	11 Digit Number	M