

# MaxCare Prescription Benefit Services

## PAYER SPECIFICATION SHEET

May 16, 2007

Bin #: 610170  
 States: National  
 Destination: SXC (ComCoTec) / RxClaim  
 Accepting: Claim Adjudication, Reversals  
 Format: NCPDP Version 5.1

### 1. Segment And Field Requirements By Transaction Type

#### BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS (M-Mandatory, S-Situational, \*\*\*R-Repeat Field)

Transaction Header Segment - Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
101-A1	BIN NUMBER	M	610170
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	B1, B2 or B3 only
104-A4	PROCESSOR CONTROL NUMBER	M	MRX
109-A9	TRANSACTION COUNT	M	01 – 04 (up to 4 transactions per B1 & B3 transmission) accepted; Only 01 for a B2 transaction
202-B2	SERVICE PROVIDER ID QUALIFIER	M	01 – NPI (beginning May 23, 2007) 07 – NCPDP ID (supported until May 23, 2007)
201-B1	SERVICE PROVIDER ID	M	Value for the qualifier used in 202-B1 above
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.

Patient Segment – Situational			Client REQUIRES Segment for B1, B2, and B3 transactions to locate correct member.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	01– Transmit ONLY if the segment is transmitted.
331-CX	PATIENT ID QUALIFIER	S	Not Required
332-CY	PATIENT ID	S	Not Required
304-C4	DATE OF BIRTH	M	Required.
305-C5	PATIENT GENDER CODE	M	Required.
310-CA	PATIENT FIRST NAME	M	Required for Twins/Triplets/etc
311-CB	PATIENT LAST NAME	S	Not Required.
322-CM	PATIENT STREET ADDRESS	S	Not Required.
323-CN	PATIENT CITY ADDRESS	S	Not Required.
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Not Required.
325-CP	PATIENT ZIP/POSTAL ZONE	S	Not Required.
326-CQ	PATIENT PHONE NUMBER	S	Not Required.
307-C7	PATIENT LOCATION	S	Not Required.
333-CZ	EMPLOYER ID	S	Not Required.
334-1C	SMOKER / NON-SMOKER CODE	S	Not Required.

335-2C	PREGNANCY INDICATOR	S	Not Required.
<b>Insurance Segment – Situational</b>			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
<b>NCPDP Field</b>	<b>Field Name</b>	<b>Mandatory or Situational</b>	
111-AM	SEGMENT IDENTIFICATION	M	04 – Transmit ONLY if the segment is transmitted.
302-C2	CARDHOLDER ID	M	Required. From ID Card
312-CC	CARDHOLDER FIRST NAME	S	Not Required.
313-CD	CARDHOLDER LAST NAME	S	Not Required.
314-CE	HOME PLAN	S	Not Required.
524-FO	PLAN ID	S	Not Required.
309-C9	ELIGIBILITY CLARIFICATION CODE	S	As needed to override a Reject (3 for Full time Student)
336-8C	FACILITY ID	S	Not Required.
301-C1	GROUP ID	S	Not Required
303-C3	PERSON CODE	M	Required
306-C6	PATIENT RELATIONSHIP CODE	S	Not Required

<b>Claim Segment – Mandatory</b>			Segment is Required for B1, B2, B3 transactions.
<b>NCPDP Field</b>	<b>Field Name</b>	<b>Mandatory or Situational</b>	
111-AM	SEGMENT IDENTIFICATION	M	07 – Transmit ONLY if the segment is transmitted.
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Required. Only value '1' is accepted.
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Required. Only supports 7 digit Rx #.
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03
407-D7	PRODUCT/SERVICE ID	M	NDC number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	Not Required.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Not Required.
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required ONLY if Procedure Modifier Code Submitted.
459-ER	PROCEDURE MODIFIER CODE	S***R***	Submit ONLY if instructed by Help Desk.
442-E7	QUANTITY DISPENSED	M	Required for B1 & B3 claims.
403-D3	FILL NUMBER	M	Required for B1 & B3 claims.
405-D5	DAYS SUPPLY	M	Required for B1 & B3 claims.
406-D6	COMPOUND CODE	M	Required for B1 & B3 claims. Use '2' if product is a compound.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	M	Required for B1 & B3 claims.
414-DE	DATE PRESCRIPTION WRITTEN	M	Required for B1 & B3 claims.
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Not Required.
419-DJ	PRESCRIPTION ORIGIN CODE	S	Not Required.
420-DK	SUBMISSION CLARIFICATION CODE	S	As needed to override a Reject (3 for Vacation Supply)
460-ET	QUANTITY PRESCRIBED	S	Not Required. Partial Fills not supported.
308-C8	OTHER COVERAGE CODE	S	Only Required if 01 - 08 applies.
429-DT	UNIT DOSE INDICATOR	S	Not Required.
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Not Required. Partial Fills not supported.

445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Not Required. Partial Fills not supported.
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Not Required. Partial Fills not supported.
330-CW	ALTERNATE ID	S	Not Required.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required.
600-28	UNIT OF MEASURE	S	Not Required.
418-DI	LEVEL OF SERVICE	S	Not Required.
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Not Required.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	Not Required.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required.
464-EX	INTERMEDIARY AUTHORIZATION ID	S	Not Required.
343-HD	DISPENSING STATUS	S	Not Required. Partial Fills not supported.
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Not Required. Partial Fills not supported.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Not Required. Partial Fills not supported.

Pharmacy Provider Segment – Situational			Segment is Not Required.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	02 – Transmit ONLY if the segment is transmitted.
465-EY	PROVIDER ID QUALIFIER	S	Not Required.
444-E9	PROVIDER ID (NCPDP #)	S	Not Required.

Prescriber Segment – Situational			Segment is Required for B1 and B3 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	03 – Transmit ONLY if the segment is transmitted.
466-EZ	PRESCRIBER ID QUALIFIER	M	Accepted values 01 – NPI (preferred value) 12 – DEA
411-DB	PRESCRIBER ID	M	Required.
467-1E	PRESCRIBER LOCATION CODE	S	Not Required.
427-DR	PRESCRIBER LAST NAME	S	Not Required.
498-PM	PRESCRIBER PHONE NUMBER	S	Not Required.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Not Required.
421-DL	PRIMARY CARE PROVIDER ID	S	Not Required.
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Not Required.
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Not Required.

<b>COB/Other Payments Segment – Situational</b>			<b>Segment is Required ONLY if COB or Coupons apply to the Claim. Not Required for B2 transaction.</b>
<b>NCPDP Field</b>	<b>Field Name</b>	<b>Mandatory or Situational</b>	
111-AM	SEGMENT IDENTIFICATION	M	05 – Transmit ONLY if the segment is transmitted.
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Required if Segment is Used. Maximum = 3.
338-5C	OTHER PAYER COVERAGE TYPE	S***R***	Required if Segment is Used.
339-6C	OTHER PAYER ID QUALIFIER	S***R***	Required if Segment is Used.
340-7C	OTHER PAYER ID	S***R***	Required if Segment is Used.
443-E8	OTHER PAYER DATE	S***R***	Required if Segment is Used.
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	Required if Segment is Used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	Required if Segment is Used.
431-DV	OTHER PAYER AMOUNT PAID	S***R***	Required if Segment is Used.
471-5E	OTHER PAYER REJECT COUNT	S	Not Required.
472-6E	OTHER PAYER REJECT CODE	S***R***	Not Required.

<b>Workers' Compensation Segment – Situational</b>			<b>Segment is Not Required. Not Required for B2 transaction.</b>
<b>NCPDP Field</b>	<b>Field Name</b>	<b>Mandatory or Situational</b>	
111-AM	SEGMENT IDENTIFICATION	M	06 – Transmit ONLY if the segment is transmitted.
434-DY	DATE OF INJURY	S	Not Required.
315-CF	EMPLOYER NAME	S	Not Required.
316-CG	EMPLOYER STREET ADDRESS	S	Not Required.
317-CH	EMPLOYER CITY ADDRESS	S	Not Required.
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S	Not Required.
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S	Not Required.
320-CK	EMPLOYER PHONE NUMBER	S	Not Required.
321-CL	EMPLOYER CONTACT NAME	S	Not Required.
327-CR	CARRIER ID	S	Not Required.
435-DZ	CLAIM/REFERENCE ID	S	Not Required.

<b>DUR/PPS Segment -- Situational</b>			<b>Segment is Not Required. Use encouraged if applicable. Not required for B2 transaction.</b>
<b>NCPDP Field</b>	<b>Field Name</b>	<b>Mandatory or Situational</b>	
111-AM	SEGMENT IDENTIFICATION	M	08 – Transmit ONLY if the segment is transmitted.
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used. One to 9 occurrences are supported.
439-E4	REASON FOR SERVICE CODE	S***R***	Required if segment used.
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required if segment used.
441-E6	RESULT OF SERVICE CODE	S***R***	Required if segment used.
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Required if segment used.
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Required if 476-H6 used. Values 01, 02, 03, 20.
476-H6	DUR CO-AGENT ID	S***R***	Encouraged if code DC, DD, ID, MC, TD in 439-E4.

Pricing Segment – Mandatory			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	11 – Transmit ONLY if the segment is transmitted.
409-D9	INGREDIENT COST SUBMITTED	M	Required.
412-DC	DISPENSING FEE SUBMITTED	M	Required.
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Not Required.
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Not Required.
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Not Required.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S***R***	Required if 480-H9 submitted.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Required if 480-H9 submitted.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Not Required.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S***R***	Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S***R***	Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S***R***	Required if 482-GE submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S***R***	Required if 482-GE submitted.
426-DQ	USUAL AND CUSTOMARY CHARGE	M	Required.
430-DU	GROSS AMOUNT DUE	M	Required.
423-DN	BASIS OF COST DETERMINATION	S	Not Required.

Coupon Segment – Situational			Required in B1 and B3 transactions ONLY if Coupons apply to the Claim. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational I	
111-AM	SEGMENT IDENTIFICATION	M	09 – Transmit ONLY if the segment is transmitted.
485-KE	COUPON TYPE	M	Required if Segment used.
486-ME	COUPON NUMBER	M	Required if Segment used.
487-NE	COUPON VALUE AMOUNT	M	Required if Segment used.

Compound Segment – Situational			Not Required. Segment is NOT SUPPORTED.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	10 – Transmit ONLY if the segment is transmitted.
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	S	Not Required.
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	S	Not Required.
452-EH	COMPOUND ROUTE OF ADMINISTRATION	S	Not Required.
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	S	Not Required.
488-RE	COMPOUND PRODUCT ID QUALIFIER	S	Not Required.
489-TE	COMPOUND PRODUCT ID	S	Not Required.
448-ED	COMPOUND INGREDIENT QUANTITY	S	Not Required.
449-EE	COMPOUND INGREDIENT DRUG COST	S	Not Required.
490-JE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S	Not Required.

Prior Authorization Segment – Situational			Submit segment for B1 and B3 transaction upon Help Desk request. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	12 – Transmit ONLY if the segment is transmitted.
498-PA	REQUEST TYPE	S	Values 1, 2, 3 accepted.
498-PB	REQUEST PERIOD DATE-BEGIN	S	Not used. Format must be correct, though.
498-PC	REQUEST PERIOD DATE-END	S	Not used. Format must be correct, though.
498-PD	BASIS OF REQUEST	S	Values ME, PR, PL accepted.
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	Not Required.
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	Not Required.
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	Not Required.
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	Not Required.
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S	Not Required.
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S	Not Required.
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	S	Not Required.
503-F3	AUTHORIZATION NUMBER	S	Not Required.
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	Not Required.

Clinical Segment – Situational			Not Required. Submit segment for B1 or B3 transaction ONLY if one or more specific fields are required for a specific claim
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	13 – Transmit ONLY if the segment is transmitted.
491-VE	DIAGNOSIS CODE COUNT	S	Not Required.
492-WE	DIAGNOSIS CODE QUALIFIER	S	Not Required
424-DO	DIAGNOSIS CODE	S	Not Required
493-XE	CLINICAL INFORMATION COUNTER	S	Not Required. Not Supported.
494-ZE	MEASUREMENT DATE	S	Not Required. Not Supported.
495-H1	MEASUREMENT TIME	S	Not Required. Not Supported.
496-H2	MEASUREMENT DIMENSION	S	Not Required. Not Supported.
497-H3	MEASUREMENT UNIT	S	Not Required. Not Supported.
499-H4	MEASUREMENT VALUE	S	Not Required. Not Supported.

**NOTE:** A "Situational" data element means the NCPDP Standard does not require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The 'Mandatory' and "Required" fields within a "Situational" segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted; however, not all segments are supported. Please contact the information number for more information regarding the support of claim segments.

**ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS**

- This client does NOT SUPPORT eligibility verification transactions.

**PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS**

- This client does NOT SUPPORT prior authorization transactions.
- The use of the Prior Authorization Segment is NOT SUPPORTED.

**INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS**

- This client does NOT SUPPORT informational transactions

**CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS**

- This client does NOT SUPPORT controlled substance reporting transactions

**PARTIAL FILL TRANSACTION REPORTING**

- **USE OF PARTIAL FILE DATA ELEMENTS is NOT SUPPORTED**
- Reverse original partial claim and resubmit with final dispensed quantity.

**COORDINATION OF BENEFITS REPORTING**

- **USE OF COB SEGMENT DATA ELEMENTS is NOT FULLY SUPPORTED**
- Only the Other Coverage Code and Other Payer Amount Paid fields are currently supported.

**COUPON REPORTING**

- **USE OF THE COUPON SEGMENT DATA ELEMENTS is NOT FULLY SUPPORTED**
- Submit value of coupon in COB Segment's Other Payer Amount field.

**MULTIPLE-INGREDIENT COMPOUND CLAIMS SUBMISSION**

- **USE OF COMPOUND SEGMENT DATA ELEMENTS is NOT SUPPORTED**
- Submit compound claims using value '2' in the Compound Code field in the Claim Segment.
- Also submit the **99999-9999-99 as the NDC** in Claim Segment.

**2. GENERAL INFORMATION**

Live Date:	November 4, 2004
Maximum prescriptions per transaction:	4
Plan specific information, customer service:	(405) 525-5248 / 800-259-7765 MaxCare Rx
Technical assistance, help desk:	(405) 525-5248 / 800-259-7765 MaxCare Rx
Vendor certification required:	Yes
Pharmacy Registration with Payer Required:	Yes
Switch Support:	Per-Se                      Emdeon                      Other: _____

**3. OTHER INFORMATION**

Prescriber ID - DEA# is the preferred entry for Prescriber ID.

NOTE: The data elements listed in the SPECIFICATION SHEET are presented so as to encompass all MaxCare Rx subscriber plans. However, specific requirements may vary from plan to plan. The MaxCare Rx Technical Help Number can be called for detailed information regarding specific plan requirements.

**MaxCare Rx** provides on-line prospective DUR edits for all of their plans. Please contact the Help Desk for further information.