

SERVE YOU CUSTOM PRESCRIPTION MANAGEMENT

PAYER SPECIFICATION SHEET

May 2007

Bin #: 001553
 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
1Ø1-A1	BIN NUMBER	M	001553
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	B1, B2 or B3 only
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	SERVU
1Ø9-A9	TRANSACTION COUNT	M	01 – 04 (up to 4 transactions per B1 & B3 transmission) accepted; Only 01 for a B2 transaction
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	01 (NPI) required if available. 07 (NCPDP ID) or 13 (State Issued)
2Ø1-B1	SERVICE PROVIDER ID	M	Value for the qualifier used in 202-B2 above – preferably NPI.
4Ø1-D1	DATE OF SERVICE	M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch’s requirements. If submitting claim without a Switch, populate with blanks.

Patient Segment – Mandatory			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	M	Required.
3Ø4-C4	DATE OF BIRTH	M	Required.
3Ø5-C5	PATIENT GENDER CODE	M	Required.
31Ø-CA	PATIENT FIRST NAME	M	Required.
311-CB	PATIENT LAST NAME	M	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.
3Ø7-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.

Insurance Segment – Situational			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	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	M	Required. From ID Card
303-C3	PERSON CODE	S	Required.
306-C6	PATIENT RELATIONSHIP CODE	M	Required.

Claim Segment – Mandatory			Segment is Required for B1, B2, B3 transactions.
NCPDP Field	Field Name	Mandatory or Situational	
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.
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	
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	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	
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	Required. Prefer Use of 01 (NPI). Will accept 12, 13, 14.
411-DB	PRESCRIBER ID	M	Required. Value for the qualifier used in 466-EZ above, use NPI if available.
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.

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

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

435-DZ	CLAIM/REFERENCE ID	S	
DUR/PPS Segment -- Situational			Segment is Not Required. Use encouraged if applicable. Not required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
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	S	Required.
412-DC	DISPENSING FEE SUBMITTED	S	Required.
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	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	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	Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Required if 482-GE submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	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	
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	S	

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	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	
489-TE	COMPOUND PRODUCT ID	M***R***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	

Compound claims are to be submitted using the Compound Code field (406-D6) populated with a value of ‘2’ and .

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	M	Values 1, 2, 3 accepted.
498-PB	REQUEST PERIOD DATE-BEGIN	M	Not used. Format must be correct, though.
498-PC	REQUEST PERIOD DATE-END	M	Not used. Format must be correct, though.
498-PD	BASIS OF REQUEST	M	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	Required if 424-DO populated.
492-WE	DIAGNOSIS CODE QUALIFIER	S***R***	Required if 424-DO populated.
424-DO	DIAGNOSIS CODE	S***R***	Required for certain plan limitations.
493-XE	CLINICAL INFORMATION COUNTER	S***R***	Not Required. Not Supported.
494-ZE	MEASUREMENT DATE	S***R***	Not Required. Not Supported.
495-H1	MEASUREMENT TIME	S***R***	Not Required. Not Supported.
496-H2	MEASUREMENT DIMENSION	S***R***	Not Required. Not Supported.
497-H3	MEASUREMENT UNIT	S***R***	Not Required. Not Supported.
499-H4	MEASUREMENT VALUE	S***R***	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

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

2. GENERAL INFORMATION

Live Date:	August 1, 2003	
Maximum prescriptions per transaction:	4	
Plan specific information, customer service:	1-800-759-3203	Member & Provider Services
Technical assistance, help desk:	1-800-759-3203	Hours of Operation (CST): Monday – Friday 7:30 am – 9:00 pm Saturday 8:00 am – 6:00 pm Sunday 9:00 am – 3:00 pm
Vendor certification required:	Yes	
Pharmacy Registration with Payer Required:	Yes	
Switch Support:	NDC ENVOY Other: _____	

3. OTHER INFORMATION

Effective 5/23/07 – NPI should be submitted for both Service Provider ID and Prescriber ID along with their associated Qualifier ID.

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

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

4. TESTING INFORMATION

Please use the following to transmit TEST CLAIMS ONLY:

BIN: 001553
PCN: SERVU
GROUP: HIPAA
MEMBER ID: 11122233301
DOB: 01/01/1973
GENDER: FEMALE

ALL TEST CLAIMS MUST BE REVERSED.