

D.O Payer Specification Sheet

General Information

Payer Name: ScriptDrop		Date: 01/22/2018
Plan Name/Group Name: ScriptDrop	BIN: 018885	PCN: PID2020
Processor: eRx		
Effective as of: 09/14/2017	NCPDP Telecommunication Standard Version/Release #: D.Ø	
Contact/Information Source: Nick Potts, info@scriptdrop.co, 800-376-7715		
Certification Contact Information: 800-376-7715		
Provider Relations Help Desk Info: 800-376-7715		

****Start of Request Claim Billing (B1) Payer Sheet Template****

Claim Billing (B1) Transaction

The following identifies the segments and fields in a Claim Billing Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
Source of Software Vendor/Certification ID (11Ø-AK) is Payer Issued		

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	018885	R	
1Ø2-A2	VERSION/RELEASE NUMBER		R	
1Ø3-A3	TRANSACTION CODE	B1, B2	R	
1Ø4-A4	PROCESSOR CONTROL NUMBER		R	
1Ø9-A9	TRANSACTION COUNT		R	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER		R	
2Ø1-B1	SERVICE PROVIDER ID		R	
4Ø1-D1	DATE OF SERVICE		R	

11Ø-AK	SOFTWARE VENDOR/ CERTIFICATION ID		R	
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Insurance Segment Questions	Check	Claim Billing If Situational, Payer Situation
This segment is always sent		

Insurance Segment - Segment Identification (111 AM) = "Ø4"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
3Ø2-C2	CARDHOLDER ID		O	
312-CC	CARDHOLDER FIRST NAME		O	
313-CD	CARDHOLDER LAST NAME		O	
314-CE	HOME PLAN		O	
524-FO	PLAN ID		O	
309-C9	ELIGIBILITY CLARIFICATION CODE		O	
3Ø1-C1	GROUP ID		O	
3Ø3-C3	PERSON CODE		O	
3Ø6-C6	PATIENT RELATIONSHIP CODE		O	
990-MG	OTHER PAYER BIN NUMBER		O	
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		O	
356-NU	OTHER PAYER CARDHOLDER ID		O	
992-MJ	OTHER PAYER GROUP ID		O	
359-2A	MEDIGAP ID		O	
360-2B	MEDICAID INDICATOR		O	
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		O	
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		O	
115-N5	MEDICAID ID NUMBER		O	
116-N6	MEDICAID AGENCY NUMBER		O	

Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		

Patient Segment - Segment Identification (111 AM) = "Ø1"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
331-CX	PATIENT ID QUALIFIER		O	
332-CY	PATIENT ID		O	
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	
323-CN	PATIENT CITY ADDRESS		R	
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
326-CQ	PATIENT PHONE NUMBER		O	
307-C7	PLACE OF SERVICE		O	
333-CZ	EMPLOYER ID		O	
334-1C	SMOKER / NON-SMOKER CODE		O	
335-2C	PREGNANCY INDICATOR		O	
350-HN	PATIENT E-MAIL ADDRESS		O	
384-4X	PATIENT RESIDENCE		O	

Claim Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This payer supports partial fills		

Claim Segment - Segment Identification (111 AM) = "Ø7"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situations
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		R	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		R	
436-E1	PRODUCT/SERVICE ID QUALIFIER		R	
4Ø7-D7	PRODUCT/SERVICE ID		R	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		O	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		O	
458-SE	PROCEDURE MODIFIER CODE COUNT		O	
459-ER	PROCEDURE MODIFIER CODE		O	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		O	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		O	
414-DE	DATE PRESCRIPTION WRITTEN		O	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		O	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		O	
42Ø-DK	SUBMISSION CLARIFICATION CODE		O	
460-ET	QUANTITY PRESCRIBED		O	

3Ø8-C8	OTHER COVERAGE CODE		0	
429-DT	SPECIAL PACKAGING INDICATOR		0	
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		0	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		0	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		0	
330-CW	ALTERNATE ID		0	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		0	
6ØØ-28	UNIT OF MEASURE		0	
481-DI	LEVEL OF SERVICE		0	
461-EU	PRIOR AUTHORIZATION TYPE CODE		0	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		0	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		0	
464-EX	INTERMEDIARY AUTHORIZATION ID		0	
343-HD	DISPENSING STATUS		0	
344-HF	QUANTITY INTENDED TO BE DISPENSED		0	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		0	
357-NV	DELAY REASON CODE		0	
880-K5	TRANSACTION REFERENCE NUMBER		0	
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		0	
995-E2	ROUTE OF ADMINISTRATION		0	
996-G1	COMPOUND TYPE		0	
114-N4	MEDICAID SUBROGATION INTERNAL CONTROL NUMBER/TRANSACTION CONTROL NUMBER (ICN/TCN)		0	
147-U7	PHARMACY SERVICE TYPE		0	

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

Pricing Segment - Segment Identification (111-AM) = "11"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		O	
412-DC	DISPENSING FEE SUBMITTED		O	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		O	
438-E3	INCENTIVE AMOUNT SUBMITTED		O	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT		O	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		O	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		O	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		O	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		O	
426-DQ	USUAL AND CUSTOMARY CHARGE		O	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		O	
113-N3	MEDICAID PAID AMOUNT		O	

Prescriber Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		

Prescriber Segment - Segment Identification (111-AM) = "Ø3"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER		R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
498-PM	PRESCRIBER PHONE NUMBER		O	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		O	
421-DL	PRIMARY CARE PROVIDER ID		O	
470-4E	PRIMARY CARE PROVIDER LAST NAME		O	
364-2J	PRESCRIBER FIRST NAME		O	
365-2K	PRESCRIBER STREET ADDRESS		O	
366-2M	PRESCRIBER CITY ADDRESS		O	
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		O	
368-2P	PRESCRIBER ZIP/POSTAL ZONE		O	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		
Scenario # - [description]		

Coordination of Benefits/Other Payments Segment - Segment Identification (111-AM) = "Ø5"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT		R	
338-5C	OTHER PAYER COVERAGE TYPE		R	
339-6C	OTHER PAYER ID QUALIFIER		R	
34Ø-7C	OTHER PAYER ID		R	
443-E8	OTHER PAYER DATE		O	

993-A7	INTERNAL CONTROL NUMBER		O	
341-HB	OTHER PAYER AMOUNT PAID COUNT		O	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		O	
431-DV	OTHER PAYER AMOUNT PAID		O	
471-5E	OTHER PAYER REJECT COUNT		O	
472-6E	OTHER PAYER REJECT CODE		O	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		R	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	
392-MU	BENEFIT STAGE COUNT		O	
393-MV	BENEFIT STAGE QUALIFIER		O	
394-MW	BENEFIT STAGE AMOUNT		O	

DUR/PPS Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		

DUR/PPS Segment - Segment Identification (111-AM) = "ø8"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER		O	
439-E4	REASON FOR SERVICE CODE		O	
44ø-E5	PROFESSIONAL SERVICE CODE		O	
441-E6	RESULT OF SERVICE CODE		O	
474-8E	DUR/PPS LEVEL OF EFFORT		O	
475-J9	DUR CO-AGENT ID QUALIFIER		O	
476-H6	DUR CO-AGENT ID		O	

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		

Compound Segment - Segment Identification (111-AM) = "1Ø"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		0	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		0	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		0	
488-RE	COMPOUND PRODUCT ID QUALIFIER		0	
489-TE	COMPOUND PRODUCT ID		0	
448-ED	COMPOUND INGREDIENT QUANTITY		0	
449-EE	COMPOUND INGREDIENT DRUG COST		0	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		0	
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT		0	
363-2H	COMPOUND INGREDIENT MODIFIER CODE		0	

Clinical Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational		

Clinical Segment - Segment Identification (111-AM) = "13"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT		0	
492-WE	DIAGNOSIS CODE QUALIFIER		0	
424-DO	DIAGNOSIS CODE		0	
493-XE	CLINICAL INFORMATION COUNTER		0	

494-ZE	MEASUREMENT DATE		O	
495-H1	MEASUREMENT TIME		O	
496-H2	MEASUREMENT DIMENSION		O	
497-H3	MEASUREMENT UNIT		O	
499-H4	MEASUREMENT VALUE		O	

****End of Request Claim Billing (B1) Payer Sheet Template****