

SXC Health Solutions, Inc.

2441 Warrenville Rd. Suite 610
Lisle, IL 60532

PAYOR SPECIFICATION SHEET

Year 2008

Bin #: 610593*National, 011883 (TeamstersRx), 012882 (Kroger Prescription Plans), 610174 (Scriptrax)

States:

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	610593
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	B1, B2 or B3 only
104-A4	PROCESSOR CONTROL NUMBER	M	SXC
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 (National Provider ID)
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	Required
332-CY	PATIENT ID	S	Required
304-C4	DATE OF BIRTH	S	Required
305-C5	PATIENT GENDER CODE	S	Required
310-CA	PATIENT FIRST NAME	S	Required for Twins/Triplets/etc
311-CB	PATIENT LAST NAME	S	Required for some plan sponsors
322-CM	PATIENT STREET ADDRESS	S	Captured if sent though not required
323-CN	PATIENT CITY ADDRESS	S	Captured if sent though not required
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Captured if sent though not required
325-CP	PATIENT ZIP/POSTAL ZONE	S	Captured if sent though not required
326-CQ	PATIENT PHONE NUMBER	S	Captured if sent though not required
307-C7	PATIENT LOCATION	S	Required
333-CZ	EMPLOYER ID	S	Captured if sent though not required
334-1C	SMOKER / NON-SMOKER CODE	S	Captured if sent though not required
335-2C	PREGNANCY INDICATOR	S	Captured if sent though 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	Captured if sent though not required
313-CD	CARDHOLDER LAST NAME	S	Captured if sent though not required
314-CE	HOME PLAN	S	Captured if sent though not required
524-FO	PLAN ID	S	Captured if sent though not required
309-C9	ELIGIBILITY CLARIFICATION CODE	S	As needed to override a Reject (3 for Full time Student)
336-8C	FACILITY ID	S	Captured if sent though not required
301-C1	GROUP ID	S	Required From ID Card
303-C3	PERSON CODE	S	Required. From ID Card if present
306-C6	PATIENT RELATIONSHIP CODE	S	Required From ID Card

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	Captured if sent though not required
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Captured if sent though 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	S	Required for B1 & B3 claims.
403-D3	FILL NUMBER	S	Required for B1 & B3 claims.
405-D5	DAYS SUPPLY	S	Required for B1 & B3 claims.
406-D6	COMPOUND CODE	S	Required for B1 & B3 claims. Use '2' if product is a compound.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Required for B1 & B3 claims.
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for B1 & B3 claims.
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Captured if sent though not required
419-DJ	PRESCRIPTION ORIGIN CODE	S	Captured if sent though 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 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 supported.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Not Required_Partial Fills supported.
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Not Required_Partial Fills 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	As needed - Plan specific.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	As needed - Plan specific (submission of '00000000003' required to override some DUR 88 rejects)
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 supported.
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Not Required_Partial Fills supported.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Not Required_Partial Fills 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	Captured if sent though not required
444-E9	PROVIDER ID (NCPDP #)	S	Captured if sent though 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	S	Required. Use 01 for University of Michigan
411-DB	PRESCRIBER ID	S	Required. Use NPI for University of Michigan
467-1E	PRESCRIBER LOCATION CODE	S	Captured if sent though not required
427-DR	PRESCRIBER LAST NAME	S	Captured if sent though not required
498-PM	PRESCRIBER PHONE NUMBER	S	Captured if sent though not required
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Captured if sent though not required
421-DL	PRIMARY CARE PROVIDER ID	S	Captured if sent though not required
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Captured if sent though not required
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Captured if sent though not required in adjudication

COB/Other Payments Segment – Situational			Segment is Required ONLY if COB or Coupons apply to the Claim. Not Required for B2 transaction. Note: For Med D_Parmacy must submit the Amount Due amount from the primary claim response on the secondary claim for Field 337-4C
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	Required if Segment is Used. Maximum = 3.
338-5C	OTHER PAYER COVERAGE TYPE	M***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***	Not Required
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

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	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

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 for vaccine and administration together (Value of "MA = Medication Administration") Note: If billing vaccine only, do not submit "MA." Bill as normal claim.
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	Not Required
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Not Required
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Value of the administration (dollar amount)if billing of vaccine and the administration.
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	S	Required
430-DU	GROSS AMOUNT DUE	S	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.
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NCPDP Field	Field Name	Mandatory or Situational 1	
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	Required if Segment used.

Compound Segment – Situational			
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	Required
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	Required
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	Required
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Required
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	Required
489-TE	COMPOUND PRODUCT ID	M***R***	Required
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Required
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	Required
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	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	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.
- 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 SUPPORTED**
- Reverse original partial claim and resubmit with final dispensed quantity.

COORDINATION OF BENEFITS REPORTING

- Use of COB Segment data elements is supported for Medicare Part D secondary processing and certain other client-specific situations. You will be notified via the plan member and/or claim messaging if on-line COB is required.

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

- Some SXC plans require multiple-ingredient compound claims submission
- Submit compound claims using value '2' in the Compound Code field in the Claim Segment.
- Also submit the NDC of the most expensive ingredient in Claim Segment.

2. GENERAL INFORMATION

Live Date:	N/A
Maximum prescriptions per transaction:	4
Plan specific information, customer service:	() -
Technical assistance:	(800) 325-1810 SXC Health Solutions, Inc.
Vendor certification required:	Yes
Pharmacy Registration with Payer Required:	Yes
Switch Support:	NDC ENVOY 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 SXC-RxCLAIM subscriber plans. However, specific requirements may vary from plan to plan. The SXC-RxCLAIM Technical Help Number can be called for detailed information regarding specific plan requirements.

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