



## RxAmerica Medicare Part D B1/B2 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	<a href="mailto:Network.Contracts@RxAmerica.com">Network.Contracts@RxAmerica.com</a>

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	5000	RxAmerica PDP	1-877-279-0372
012189	5001	Molina California MA-PD	1-877-279-0372
012189	5002	Molina Utah MA-PD	1-877-279-0372
012189	5003	Molina Washington MA-PD	1-877-279-0372
012189	5004	Molina Michigan MA-PD	1-877-279-0372
012189	5005	Samaritan MA-PD	1-877-279-0372
012189	5006	Family Care MA-PD	1-877-279-0372
012189	5011	Molina NV	1-877-279-0372
012189	5015	Citizens Choice	1-877-279-0372
012189	5016	CareOregon Advantage Plus	1-877-279-0372
012189	5017	Midwest	1-877-279-0372
012189	5018	Great Lakes Personal Care	1-877-279-0372
012189	5019	Davita	1-866-873-6166
012189	5021	Molina Advantage-NM	1-866-668-6681
012189	5022	Molina Advantage_TX	1-866-668-6681
012189	5027	Trillium	1-866-392-0868 After Hours: 1-877-279-0372



012189	5028	Molina Advantage-OH	1-877-279-0372
012189	5029	UCARE-MN	1-800-790-1653
012189	5030	UCARE-WI	1-800-790-1653
012189	5031	Molina Medicare-CA	1-877-279-0372
012189	5032	Molina Medicare-UT	1-877-279-0372
012189	5033	Molina Medicare-WA	1-877-279-0372
012189	5034	Molina Medicare-MI	1-877-279-0372
012189	5035	Molina Medicare-NV	1-877-279-0372
012189	5036	Molina Medicare-TX	1-866-668-6681
012189	5037	Molina Medicare-NM	1-866-668-6681
012189	5039	Advantage	1-866-495-3865
012189	5040	Puget Sound Health	1-877-591-2869
012189	5041	Molina OH Medicare	1-800-791-6856
012189	5042	Care N Care	1-800-960-1844
012189	5043	Care Source Advantage OH	1-888-527-0014
012189	5044	Care Source Advantage MI	1-877-725-4534
012189	5045	Healthy U	1-800-791-6856
012189	5046	Care Oregon Advantage Star	1-877-279-0372
012189	PDP	Windsor Health - PDP	1-866-930-7597
012189	SNP	Windsor Health - SNP	1-866-930-7596
012189	MAPD	Windsor Health – MAPD	1-866-930-7596
012189	5050	Peoples Health	1-866-783-7041
012189	5051	Peoples Health	1-866-783-7041
012189	5052	Peoples Health	1-866-783-7041
012189	5039	Advantage St Francis	1-866-495-3865
012189	5039	Advantage Wishard	1-866-495-3865
012189	5039	Advantage Community	1-866-495-3865
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.	<b>Bin 012189 PCNs:</b> 5000 – RxAmerica PDP 5001 – Molina California MA-PD 5002 - Molina UT 5003 - Molina WA 5004 - Molina MI 5005 - Samaritan 5006 - FamilyCare 5010 - Unison Advantage 5011 - Molina NV 5013 - Unison TN 5015 – Citizens Choice 5016 – CareOregon 5017 – Midwest 5018 – Great Lakes Health Advantage 5019 – Davita 5021 – Molina Advantage NM 5022 – Molina Advantage TX 5024 – Unison Advantage AR 5025 – Unison Advantage MS 5026 – Unison Advantage OH 5027 – Trillium 5028 – Molina Advantage OH 5029 – UCARE – MN 5030 – UCARE – WI 5031 – Molina Medicare CA 5032 – Molina Medicare UT 5033 – Molina Medicare WA 5034 – Molina Medicare MI 5035 – Molina Medicare NV 5036 – Molina Medicare TX 5037 – Molina Medicare NM 5039 – Advantage RXACOB – Medicare COB	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 <b>If 2 is submitted, compound segment is mandatory</b>	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		<p>Indicates if the prescription is primary or secondary.</p> <p>0 = Not specified 1 = Primary Claim</p> <p>2 = previous payer paid claim.</p> <p>3, 5, 6 &amp; 7 = previous payer rejected claim.</p> <p>4= previous payer did not reject claim but member paid 100% copay.</p> <p>8 = previous payer paid claim, pharmacy submitting for reimbursement of copay only.</p> <p><b>If Value 2-7 is submitted, COB segment is required</b></p>	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. <b>Required if COB of Other Coverage Code of 8 is being submitted.</b>	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. <b>Required if COB Other Coverage Code of 2,3,4 or 8 is being submitted.</b>	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 <b>This count must match the submitted number of repetitions.</b>	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	Default PCN printed on card.	Refer to above list for correct PCN. Not all plans have a PCN.	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