



NetCard Systems  
P.O. Box 4517  
Centennial, CO 80112

**PAYER SPECIFICATION SHEET**

**Segment and Field Requirements by Transaction Type**

**Plan Information**

Payer Name: NetCard Systems		Date: 03/15/16
Plan Name: NetCard Systems/Welldyne/RxWest		BIN: 008878 PCN: CB8
Plan Name: Pharmastrategies		BIN: 014856 PCN: None
Plan Name: Pharmastrategies		BIN: 015383 PCN: None
Plan Name: UFCW		BIN: 008878 PCN: UFCW
Plan Name: Unite Here Health		BIN: 008878 PCN: TCN
Plan Name: RxMedSaver		BIN: 018034 PCN: WDF
Plan Name: Connect Health Solutions		BIN: 018506 PCN: None
Plan Name: Strategy Corp		BIN: 008878 PCN: 11330
Processor: OptumRx		
Effective: 01/01/13	NCPDP Telecommunication Standard Version/Release #: D.0	
Provider Support: 1-888-886-5822. For questions regarding Member Eligibility, Prior Authorizations or Claim Rejections you may also call 1-800-479-2000		
Certification Contact Information: D.0certification@sx.com		

**Segment and Field Requirements by Transaction Type:**

Billing (B1), Reversal (B2), and Rebilling (B3) Transaction Data Elements  
(M-Mandatory, R-Required, RW-Required When)

TRANSACTION SEGMENT	FIELD NAME	MANDATORY OR SITUATIONAL		COMMENTS/VALUES
		B1 & B3	B2	
101-A1	BIN	M	M	See above for BINs
102-A2	VERSION/RELEASE NUMBER	M	M	D.0
103-A3	TRANSACTION CODE	M	M	
104-A4	PROCESSOR CONTROL NUMBER	M	M	REQUIRED FROM ID CARD
109-A9	TRANSACTION COUNT	M	M	1-4 (UP TO 4 TRANSACTIONS PER B1 & B3 TRANSMISSION) ACCEPTED
202-B2	SERVICE PROVIDER ID QUALIFIER	M	M	01 (NATIONAL PROVIDER ID)
201-B1	SERVICE PROVIDER ID	M	M	VALUE FOR THE QUALIFIER

				USED IN 202B2 ABOVE
401-D1	DATE OF SERVICE	M	M	YYYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	M	USE VALUE FOR SWITCH'S REQUIREMENTS. IF SUBMITTING CLAIM WITHOUT A SWITCH

<b>INSURANCE SEGMENT</b>		<b>B1 &amp; B3</b>	<b>B2</b>	
111-AM	SEGMENT IDENTIFICATION	M		04-SUBMIT ONLY IF SEGMENT IS TRANSMITTED
115-N5	MEDICAID ID NUMBER	RW		WHEN REQUIRED BY PLAN
301-C1	GROUP ID	M	M	USE IF PATIENT IS COVERED UNDER MORE THAN ONE PLAN
302-C2	CARDHOLDER ID	M	M	FROM ID CARD
303-C3	PERSON CODE	RW		WHEN PROVIDED ON ID CARD
306-C6	PATIENT RELATIONSHIP CODE	RW		1 =CARDHOLDER 2 = SPOUSE 3 = CHILD 4 = OTHER
360-2B	MEDICAID INDICATOR	RW	RW	WHEN REQUIRED BY PLAN
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR	RW		WHEN REQUIRED BY PLAN
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	RW		WHEN REQUIRED BY PLAN

<b>PATIENT SEGMENT</b>		<b>B1 &amp; B3</b>	<b>B2</b>	
111-AM	SEGMENT IDENTIFICATION	M		01 - SUBMIT ONLY IF SEGMENT IS TRANSMITTED
310-CA	PATIENT FIRST NAME	R		REQUIRED FOR TWINS, ETC.
311-CB	PATIENT LAST NAME	R		
305-C5	PATIENT GENDER CODE	RW		WHEN REQUIRED BY PLAN
304-C4	DATE OF BIRTH	R		
322-CM	PATIENT STREET ADDRESS	RW		WHEN REQUIRED BY PLAN
322-CN	PATIENT CITY ADDRESS	RW		WHEN REQUIRED BY PLAN
324-CO	PATIENT STATE/PROVIDENCE ADDRESS	RW		WHEN REQUIRED BY PLAN
325-CP	PATIENT ZIP/POSTALZONE	RW		WHEN REQUIRED BY PLAN
307-C7	PLACE OF SERVICE	RW		WHEN REQUIRED BY PLAN
335-2C	PREGNANCY INDICATOR	RW		WHEN REQUIRED BY PLAN
384-4X	PATIENT RESIDENCE	RW		WHEN REQUIRED BY PLAN

<b>CLAIM SEGMENT</b>		<b>B1 &amp; B3</b>	<b>B2</b>	
111-AM	SEGMENT IDENTIFICATION	M	M	07-SUBMIT ONLY IF THE SEGMENT IS TRANSMITTED
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	M	01-RX BILLING
402-D2	PRESCRIPTION /SERVICE REFERENCE NUMBER	M	M	REQUIRED – UP TO 12 DIGITS SUPPORTED
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	M	03-NATIONAL DRUG CODE

407-D7	PRODUCT/SERVICE ID	M	M	NDC NUMBER/FOR MULTI-INGREDIENT COMPOUNDS, SUBMIT "00000 00 0000"
442-E7	QUANTITY DISPENSED	R		B1 AND B3 CLAIMS
405-D5	DAYS SUPPLY	R		B1 AND B3 CLAIMS
403-D3	FILL NUMBER	R		B1 & B3 CLAIMS
406-D6	COMPOUND CODE	R		B1 & B3 CLAIMS. USE "2" IF PRODUCT IS A COMPOUND. THE COMPOUND SEGMENT IS ALSO REQUIRED IF A COMPOUND CODE OF 2 IS SUBMITTED
408-D8	DISPENSE AS WRITTEND (DAW)	R		0-B1 AND B3 CLAIMS
414-DE	DATE PRESCRIPTION WAS WRITTEN	R		B1 & B3 CLAIMS
415-DF	NUMBER OF REFILLS AUTHORIZED	RW		WHEN REQUIRED BY PLAN
420-DK	SUBMISSION CLARIFICATION CODE	RW		USE VALUE "8" WHEN ACCEPTING PAYMENT ONLY FOR COVERED PRODUCTS IN MULTI-INGREDIENT COMPOUND. USE VALUE '19" WHEN SUBMITTING AN LTC SPLIT BILLING CLAIMS THAT IS THE BALANCE OF A CLAIM SUBMITTED TO MEDICARE PART A.
308-C8	OTHER COVERAGE CODE	RW		IF OTHER COVERAGE EXISTS, THE APPLICABLE VALUE MUST BE SUBMITTED WITH REQUIRED COB SEGMENT QUALIFIER(S). 0= NON SPECIFIED. 1= NO OTHER COVERAGE IDENTIFIED. 2 = OTHER COVERAGE EXISTS – PYMNT COLLECTED. 3 = OTHER COVERAGE EXISTS –THIS CLAIM NOT COVERED. 4 = OTHER COVERAGE EXISTS, PAYMENT NOT COLLECTED. 5 = MANAGED CARE PLAN DENIAL. 6 = OTHER COVERAGE DENIED – NOT A PARTICIPATION PROVIDER. 7 = OTHER COVERAGE EXISTS – NOT IN EFFECT AT TIME OF SERVICE. 8 = CLAIM IS BILLING FOR A COPAY.
429-DT	UNIT DOSE INDICATOR	RW		WHEN REQUIRED BY PLAN

357-NV	DELAY REASON CODE	RW		WHEN REQUIRED BY PLAN
995-E2	ROUTE OF ADMINISTRATION	RW		WHEN REQUIRED BY PLAN
996-G1	COMPOUND TYPE	RW		WHEN REQUIRED BY PLAN
147-U7	PHARMACY SERVICE TYPE	RW		WHEN REQUIRED BY PLAN
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	RW		WHEN REQUIRED BY PLAN
445-EA	ORIGINALLY PRESCRIBED PRODUCT.SERVICE CODE	RW		WHEN REQUIRED BY PLAN
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW		WHEN REQUIRED BY PLAN
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	RW		WHEN REQUIRED BY PLAN
354-NX	SUBMISSION CLARIFICATION CODE COUNT	RW		VARIES BY PLAN

<b>PRESCRIBER SEGMENT</b>		<b>B1 &amp; B3</b>	<b>B2</b>	
<b>NCPDP FIELD</b>	<b>NCPDP FIELD NAME</b>	<b>MANDATORY OR SITUATIONAL</b>	<b>MANDATORY OR SITUATIONAL</b>	<b>COMMENTS/VALUES</b>
111-AM	SEGMENT IDENTIFICATION	M		SUBMIT ONLY IF SEGMENT IS TRANSMITTED
466-EZ	PRESCRIBER ID QUALIFER	RW		12-DEA. PREFER USE OF 12,13,14
411-D8	PRESCRIBER ID	RW		WHEN REQUIRED BY PLAN
427-DR	PRESCRIBER LAST NAME	RW		WHEN REQUIRED BY PLAN
498-PM	PRESCRIBER PHONE NUMBER	RW		WHEN REQUIRED BY PAN

**COB/OTHER PAYMENTS SEGMENT  
SCENARIO 1 –OTHER PAYER AMOUNT PAID  
REPETITIONS ONLY**

		<b>B1 &amp; B3</b>	<b>B2</b>	
<b>NCPDP FIELD</b>	<b>FIELD NAME</b>	<b>MANDATORY OR SITUATIONAL</b>	<b>MANDATORY OR SITUATIONAL</b>	<b>COMMENTS/VALUES</b>
111-AM	SEGMENT IDENTIFICATION	M		COB/OTHER PAYMENTS SEGMENT

337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	RW	RW	REQUIRED IF SEGMENT USED. MAX =3
338-5C	OTHER PAYER COVERAGE TYPE	RW	RW	WHEN REQUIRED BY PLAN
339-6C	OTHER PAYER ID QUALIFIER	RW		03 = BIN
340-7C	OTHER PAYER ID	RW		BIN OF OTHER PAYER
443-E8	OTHER PAYER DATE	RW		WHEN REQUIRED BY PLAN
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW		# OF OCCURRENCES
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW		WHEN REQUIRED BY PLAN
431-DV	OTHER PAYER AMOUNT PAID	RW		ENTER COUPON VALUE
471-5E	OTHER PAYER REJECT COUNT	RW		WHEN REQUIRED BY PLAN
472-6E	OTHER PAYER REJECT CODE	RW		WHEN REQUIRED BY PLAN

**COB/OTHER PAYMENTS SEGMENT SCENARIO 2 – OTHER PAYER – PATIENT RESPONSIBILITY AMOUNT REPETITIONS AND BENEFIT STAGE REPETITIONS ONLY**

NCPDP FIELD	FIELD NAME	B1 & B3		B2	COMMENTS/VALUES
		MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	
111-AM	SEGMENT IDENTIFICATION	M			05= TRANSMIT ONLY IF THE SEGMENT IS TRANSMITTED
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	RW	RW		WHEN REQUIRED BY PLAN
338-5C	OTHER PAYER COVERAGE TYPE	RW			WHEN REQUIRED BY PLAN
339-6C	OTHER PAYER ID QUALIFIER	RW			WHEN REQUIRED BY PLAN
340-7C	OTHER PAYER ID	RW			WHEN REQUIRED BY PLAN
443-E8	OTHER PAYER DATE	RW			WHEN REQUIRED BY PLAN
471-5E	OTHER PAYER REJECT COUNT	RW			WHEN REQUIRED BY PLAN
472-6E	OTHER PAYER REJECT CODE	RW			WHEN REQUIRED BY PLAN
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	RW			WHEN REQUIRED BY PLAN
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	RW			WHEN REQUIRED BY PLAN
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	RW			WHEN REQUIRED BY PLAN
392-MU	BENEFIT STAGE COUNT	RW			WHEN REQUIRED BY PLAN
393-MV	BENEFIT STAGE QUALIFIER	RW			WHEN REQUIRED BY PLAN
394-MW	BENEFIT STAGE AMOUNT	RW			WHEN REQUIRED BY PLAN

**COB/OTHER PAYMENTS SEGMENT SCENARIO 3 – OTHER PAYER AMOUNT PAID, OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT, AND BENEFIT STAGE REPETITIONS PRESENT (GOVERNMENT PROGRAMS)**

NCPDP FIELD	FIELD NAME	B1 & B3	B2	COMMENTS/VALUES
		MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	
111-AM	SEGMENT INDICATOR	M		05= TRANSMIT ONLY IF THE SEGMENT IS TRANSMITTED
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	RW	RW	WHEN REQUIRED BY PLAN
338-5C	OTHER PAYER COVERAGE TYPE	RW		WHEN REQUIRED BY PLAN
339-6C	OTHER PAYER ID QUALIFIER	RW		WHEN REQUIRED BY PLAN
340-7C	OTHER PAYER ID	RW		WHEN REQUIRED BY PLAN
443-E8	OTHER PAYER DATE	RW		WHEN REQUIRED BY PLAN
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW		WHEN REQUIRED BY PLAN
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW		WHEN REQUIRED BY PLAN
431-DV	OTHER PAYER AMOUNT PAID	RW		WHEN REQUIRED BY PLAN
471-5E	OTHER PAYER REJECT COUNT	RW		WHEN REQUIRED BY PLAN
472-6E	OTHER PAYER REJECT CODE	RW		WHEN REQUIRED BY PLAN
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	RW		WHEN REQUIRED BY PLAN
352-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	RW		WHEN REQUIRED BY PLAN
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	RW		WHEN REQUIRED BY PLAN
392-MU	BENEFIT STAGE COUNT	RW		WHEN REQUIRED BY PLAN
393-MV	BENEFIT STAGE QUALIFIER	RW		WHEN REQUIRED BY PLAN
394-MW	BENEFIT STAGE AMOUNT	RW		WHEN REQUIRED BY PLAN

#### WORKERS' COMPENSATION SEGMENT

NCPDP FIELD	FIELD NAME	B1 & B3	B2	COMMENTS/VALUES
		MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	
111-AM	SEGMENT IDENTIFICATION	M		SUBMIT ONLY IF THE SEGMENT IS TRANSMITTED.
434-DY	DATE OF INJURY	R		REQUIRED IF SEGMENT IS USED.
315-CF	EMPLOYER NAME	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
316-CG	EMPLOYER STREET ADDRESS	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.

317-CH	EMPLOYER CITY ADDRESS	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
319-CJ	EMPLOYER ZIP/POSTAL ZONE	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
320-CK	EMPLOYER PHONE NUMBER	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
321-CL	EMPLOYER CONTACT NAME	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
327-CR	CARRIER ID	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
435-DZ	CLAIM REFERENCE ID	R		REQUIRED IF SEGMENT IS USED
117-TR	BILLING ENTITY TYPE INDICATOR	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
118-TS	PAY TO QUALIFIER	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
119-TT	PAY TO ID	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
120-TU	PAY TO NAME	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
121-TV	PAY TO STREET ADDRESS	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
122-TW	PAY TO CITY ADDRESS	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
123-TX	PAY TO STATE/PROVINCE ADDRESS	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
124-TY	PAY TO ZIP/POSTAL ZONE	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER	RW		VARIES BY PLAN. SEE ONLINE RESPONSE FOR DETAILS.
126-UA	GENERIC EQUIVALENT PRODUCT ID	RW		VARIES BY PLAN.

PRICING SEGMENT		B1&B3	B2	
NCPDP FIELD	FIELD NAME	MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		PRICING SEGMENT
409-D9	INGREDIENT COST SUBMITTED	R		
426-DQ	USUAL AND CUSTOMARY CHARGE	R		
430-DU	GROSS AMOUNT DUE	R	R	
412-DC	DISPENSING FEE SUBMITTED	RW		WHEN REQUIRED BY PLAN
433-DX	PATIENT PAID AMOUNT SUBMITTED	RW		WHEN REQUIRED BY PLAN

481-HA	FLAT SALES TAX AMOUNT SUBMITTED	RW		IF SALES TAX IS REQUIRED
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	RW		IF SALES TAX IS REQUIRED
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	RW		IF SALES TAX IS REQUIRED
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	RW		IF SALES TAX IS REQUIRED
423-DN	BASIS OF COST DETERMINATION	RW		WHEN REQUIRED BY PLAN
478-H7	OTHER AMOUNT CLAIM SUBMITTED AMOUNT	RW		WHEN REQUIRED BY PLAN
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	RW		WHEN REQUIRED BY PLAN
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	RW		WHEN REQUIRED BY PLAN

#### DUR/PPS SEGMENT

NCPDP FIELD	FIELD NAME	B1&B3	B2	COMMENTS/VALUES
		MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	
111-AM	SEGMENT IDENTIFICATION	M		SUBMIT ONLY IF THE SEGMENT IS TRANSMITTED
473-7E	DUR/PPS CODE COUNTER	R	R	REQUIRED IF SEGMENT IS USED
439-E4	REASON FOR SERVICE CODE	R	R	REQUIRED IF SEGMENT IS USED
440-ES	PROFESSIONAL SERVICE CODE	R	R	REQUIRED IF SEGMENT IS USED
441-E6	RESULT OF SERVICE CODE	R	R	REQUIRED IF SEGMENT IS USED
474-8E	DUR/PPS LEVEL OF EFFORT	R	R	REQUIRED IF SEGMENT IS USED
475-J9	DUR CO-AGENT ID QUALIFIER	RW		WHEN REQUIRED BY PLAN
476-H6	DUR CO-AGENT CODE	RW		WHEN REQUIRED BY PLAN

#### COMPOUND SEGMENT

NCPDP FIELD	FIELD NAME	B1 & B3	B2	COMMENTS/VALUES
		MANDATORY OR SITUATIONAL	MANDATORY OR SITUATIONAL	
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M		
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M		1=EACH, 2= GRAMS, 3= MILLILITERS



447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M		MAX 25 INGREDIENTS
488-RE	COMPOUND PRODUCT ID QUALIFIER	M		03 - NDC
489-TE	COMPOUND PRODUCT ID	M		AT LEAST 2 INGREDIENTS AND 2 NDC'S
448-ED	COMPOUND INGREDIENT QUANTITY	M		
449-EE	COMPOUND INGREDIENT DRUG COST	RW		
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	RW		
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	RW		REQUIRED WHEN COMPOUND INGREDIENT MODIFIER CODE (363-2H) IS SENT
363-2H	COMPOUND INGREDIENT MODIFIER CODE	RW		REQUIRED IF NECESSARY FOR STATE/FEDERAL REGULATORY AGENCY PROGRAMS

**COUPON SEGMENT:** USE OF THE COUPON SEGMENT DATA ELEMENTS IS NOT SUPPORTED.  
SUBMIT VALUE OF COUPON IN COB SEGMENT OTHER PAYER AMOUNT FIELD.

\*\*\*\*\*OTHER TRANSACTIONAL INFORMATION\*\*\*\*\*

MAXIMUM NUMBER OF TRANSACTIONS SUPPORTED PER TRANSMISSION	4 TRANSACTIONS FOR B1 & B3 TRANSMISSION. ONLY 01 FOR A B2 TRANSACTION
REVERSAL WINDOW	14 DAYS
PRESCRIBER ID	DEA # IS THE PREFERRED ENTRY FOR PRESCRIBER ID
PHARMACY CONTRACT OR REGISTRATION	REQUIRED. CONTACT 866-813-3743
VENDOR CERTIFICATION REQUIRED	NOT REQUIRED
PLAN SPECIFIC HELP DESK	888-479-2000
PHARMACY HELP DESK	888-886-5822