

NCPDP VERSION 5.1 REQUEST PAYER SHEET TEMPLATE

|   |                               |
|---|-------------------------------|
| Payer Name: <b>WellPoint Pharmacy Management</b>                | Date: <b>09/26/2003</b>       |
| Processor: <b>WellPoint Pharmacy Management</b>                 | Switch: <b>All</b>            |
| Effective as of: <b>09/12/03</b>                                | Version/Release #: <b>5.1</b> |
| Contact/Information Source: <b>WellPoint Customer Service</b>   |                               |
| Certification Testing Window: <b>Required before 10/16/2003</b> |                               |
| Provider Relations Help Desk Info: <b>800-962-7378</b>          |                               |
| Other versions supported: <b>3.2 until 10/16/2003</b>           |                               |

**Notes:**

Claim transaction segments not depicted within this document may be accepted in the transmission of a claim. However, WellPoint Pharmacy Management (WPM) may not use the information submitted to adjudicate claims.

- Please avoid using the following printable characters in the data fields:

- \* – Asterisk
- | – Vertical Bar
- ~ – Tilde
- ^ – Caret
- < – Less than sign
- > – Greater than sign
- : – Colon
- { – Open Curly Bracket
- } – Close Curly Bracket
- @ – At sign
- & – Ampersand sign
- % – Percent sign
- [ – Open Square Bracket
- ] – Close Square Bracket
- # – Number Sign

If these printable characters are sent to WPM in certain fields in claim or reversal transactions, they will be included in corresponding fields in the X12N 835 Electronic Remittance Advice transaction from WPM. If you do not wish to receive these extended characters in the X12N 835 file, do not include them in the original claim transactions. However, WPM may include a Number Sign in the Provider Name field.

- Invalid National Drug Codes (NDC Codes) will reject.

*Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) will always be sent. Fields designated as “Required When” (RW) will be sent when indicated. “Optional” fields (O) that are indicated in the payer sheet are accepted by WPM but are not used in the adjudication process.*

*M = Mandatory  
R = Required  
RW = Required When  
O = Optional*

**BILLING TRANSACTION:****Transaction Header Segment: Mandatory**

| Field # | NCPDP Field Name                 | Value  | Field | Comment                                |
|---------|----------------------------------|--|-------|--|
| 1Ø1-A1  | BIN Number                       | 61ØØ53   | M     |  |
| 1Ø2-A2  | Version/Release Number           | 51- Version 5.1  | M     |  |
| 1Ø3-A3  | Transaction Code                 | B1 – Billing Transaction   | M     |  |
| 1Ø4-A4  | Processor Control Number         |  | M     | Assigned by WPM                        |
| 1Ø9-A9  | Transaction Count                | 1 – One Occurrence<br>2 – Two Occurrences<br>3 – Three Occurrences<br>4 – Four Occurrences | M     |  |
| 2Ø2-B2  | Service Provider ID Qualifier    | Ø7 – NCPDP Provider ID   | M     |  |
| 2Ø1-B1  | Service Provider ID              | NCPDP Provider ID  | M     | Previously this was called NABP Number |
| 4Ø1-D1  | Date of Service                  |  | M     | Format CCYYMMDD                        |
| 11Ø-AK  | Software Vendor/Certification ID |  | M     | Assigned by WPM                        |

**Insurance Segment: Mandatory**

| Field # | NCPDP Field Name               | Value  | Field | Comment   |
|---------|--------------------------------|--|-------|---|
| 111-AM  | Segment Identification         | Ø4   | M     | Insurance Segment   |
| 3Ø2-C2  | Cardholder ID                  | ID Assigned to the Cardholder                          | M     |   |
| 312-CC  | Cardholder First Name          |  | R     |   |
| 313-CD  | Cardholder Last Name           |  | O     |   |
| 3Ø9-C9  | Eligibility Clarification Code | Ø – Not Specified                                      | O     | WPM does not require this field. WPM will receive the value 'Ø', but the value will not be used in adjudication |
| 3Ø1-C1  | Group ID                       | As appears on card                                     | R     |   |
| 303-C3  | Person Code                    |  | RW    | Required when supplied on patient ID card   |
| 306-C6  | Patient Relationship Code      | 1 – Cardholder<br>2 – Spouse<br>3 – Child<br>4 – Other | R     |   |
| 314-CE  | Home Plan                      |  | RW    | Required when patient is covered under more than one Plan   |

**Claim Segment: Mandatory**

WPM does not support partial fill billing, partial fill reversal or re-transmit with partial/full quantity at this time.

| Field # | NCPDP Field Name                                | Value  | Field | Comment   |
|---------|---|--|-------|---|
| 111-AM  | Segment Identification                          | Ø7   | M     | Claim Segment   |
| 455-EM  | Prescription/Service Reference Number Qualifier | 1 = Rx Billing   | M     |   |
| 4Ø2-D2  | Prescription/Service Reference Number           |  | M     |   |
| 436-E1  | Product/Service ID Qualifier                    | Ø3 = National Drug Code  | M     |   |
| 4Ø7-D7  | Product/Service ID                              | NDC Number without dashes  | M     | NDC Number formatted as 11 bytes  |
| 442-E7  | Quantity Dispensed                              |  | R     |   |
| 4Ø3-D3  | Fill Number                                     | Ø=Original Dispensing<br>1 to 99 = Refill number   | R     |   |
| 4Ø5-D5  | Days Supply                                     |  | R     |   |
| 4Ø6-D6  | Compound Code                                   | 1 = Not a Compound<br>2 = Compound   | R     | If Rx is not compound, the Compound Code of '01' must be sent. This is a required field           |
| 414-DE  | Date Prescription Written                       |  | R     | Format CCYYMMDD   |
| 4Ø8-D8  | Dispense As Written (DAW)                       | Ø=No Product Selection Indicated-This is the field default value that is appropriately used for prescriptions where product selection is not an issue.<br>1=Substitution Not Allowed by Prescriber- Dispensed As Written.<br>2=Substitution Allowed- Patient Requested Product<br>3=Substitution Allowed- Pharmacist Selected Product<br>4=Substitution Allowed- Generic Drug Not in Stock-<br>5=Substitution Allowed- Brand Drug Dispensed as a Generic<br>6=Override<br>7=Substitution Not Allowed- Brand Drug Mandated by Law<br>8=Substitution Allowed- Generic Drug Not Available in Marketplace-<br>9=Other-This value is reserved and currently not in use. | RW    | Required when needed<br><br>Refer to the NCPDP 5.1 Data Dictionary for full description of values |
| 415-DF  | Number of Refills Authorized                    |  | RW    | Required when available   |
| 461-EU  | Prior Authorization Type Code                   | Ø=Not Specified<br>1=Prior Authorization<br>8=Payer Defined Exemption  | RW    | Submit as instructed  |
| 462-EV  | Prior Authorization Number Submitted            |  | RW    | Submit as instructed  |

**Pricing Segment: Mandatory**

| Field # | NCPDP Field Name                      | Value  | Field | Comment  |
|---------|---------------------------------------|--|-------|--|
| 111-AM  | Segment Identification                | 11   | M     | Pricing Segment  |
| 409-D9  | Ingredient Cost Submitted             |  | R     |  |
| 426-DQ  | Usual and Customary Charge            |  | R     |  |
| 43Ø-DU  | Gross Amount Due                      |  | R     | The Gross Amount Due equals the total of all submitted dollar amounts in the request. Dollar amount submitted fields are compared to this Gross Amount Due. If there is an out of balance condition then an error will occur |
| 481-HA  | Flat Sales Tax Amount Submitted       |  | RW    | Required when a flat sales tax amount is applicable  |
| 482-GE  | Percentage Sales Tax Amount Submitted |  | RW    | Required when a percentage sales tax is applicable   |
| 483-HE  | Percentage Sales Tax Rate Submitted   |  | RW    | Required when 482-GE Percentage Sales Tax Amount Submitted is applicable   |
| 484-JE  | Percentage Sales Tax Basis Submitted  | Ø2=Ingredient Cost<br>Ø3=Ingredient Cost +<br>Dispensing Fee | RW    | Required when 483-HE Percentage Sales Tax Rate Submitted is applicable   |
| 412-DC  | Dispensing Fee Submitted              |  | O     |  |

**Patient Segment: Required**

| Field  | NCPDP Field Name       | Value                 | Field | Comment                                       |
|--------|------------------------|-----------------------|-------|---|
| 111-AM | Segment Identification | Ø1                    | M     | Patient Segment                               |
| 3Ø4-C4 | Date of Birth          |                       | R     | Format CCYYMMDD                               |
| 3Ø5-C5 | Patient Gender Code    | 1 = Male<br>2= Female | R     |   |
| 31Ø-CA | Patient First Name     |                       | R     | Required if the Patient is not the Cardholder |
| 311-CB | Patient Last Name      |                       | O     |   |

**Prescriber Segment: Required**

| Field # | NCPDP Field Name        | Value                                    | Field | Comment   |
|---------|-------------------------|--|-------|---|
| 111-AM  | Segment Identification  | Ø3                                       | M     | Prescriber Segment  |
| 466-EZ  | Prescriber ID Qualifier | 12 = DEA<br>14=Plan Specific<br>99=Other | R     | Other values may be used in the future  |
| 411-DB  | Prescriber ID           |  | R     | If Prescriber ID Qualifier (466-EZ) is '12' then this field must be populated with the DEA Number |

**DUR/PPS Segment: Optional**

The fields are not mandatory or required if the segment is not used/sent.

| Field # | NCPDP Field Name       | Value | Field | Comment         |
|---------|------------------------|-------|-------|-----------------|
| 111-AM  | Segment Identification | Ø8    | M     | DUR/PPS Segment |

|        |                         |  |   |   |
|--------|-------------------------|--|---|---|
| 473-7E | DUR/PPS Code Counter    |  | O | WPM supports a maximum of 3 occurrences |
| 439-E4 | Reason for Service Code | AD=Additional Drug Needed<br>AN=Prescription Authentication<br>AR=Adverse Drug Reaction<br>AT=Additive Toxicity<br>CD=Chronic Disease Management<br>CH=Call Help Desk<br>CS=Patient Complaint/Symptom<br>DA=Drug-Allergy<br>DC=Drug-Disease (Inferred)<br>DD=Drug-Drug Interaction<br>DF=Drug-Food interaction<br>DI=Drug Incompatibility<br>DL=Drug-Lab Conflict<br>DM=Apparent Drug Misuse<br>DS=Tobacco Use<br>ED=Patient Education/Instruction<br>ER=Overuse (Early Refill)<br>EX=Excessive Quantity<br>HD=High Dose<br>IC=iatrogenic Condition<br>ID=Ingredient Duplication<br>LD=Low Dose<br>LK=Lock In Recipient<br>LR=Underuse (Late Fill)<br>MC=Drug-Disease (Reported)<br>MN=Insufficeint Duration<br>MS=Missing Information/Clarification<br>MX=Excessive Duration<br>NA=Drug Not Available<br>NC=Non-covered Drug Purchase<br>ND=New Disease/Diagnosis<br>NF=Non-Formulary Drug<br>NN=Unnecessary Drug<br>NP=New Patient Processing<br>NR=Lactation/Nursing Interaction<br>NS=Insufficient Quantity<br>OH=Alcohol Conflict<br>PA=Drug-Age<br>PC=Patient Question/Concern<br>PG=Drug-Pregnancy<br>PH=Preventive Health Care<br>PN=Prescriber Consultation<br>PP=Plan Protocol<br>PR=Prior Adverse Reaction<br>PS=Product Selection Opportunity<br>RE=Suspected Environmental Risk<br>RF=Health Provider Referral<br>SC=Suboptimal Compliance<br>SD=Suboptimal Drug/Indication<br>SE=Side Effect<br>SF=Suboptimal Dosage Form<br>SR=Suboptimal Regimen<br>SX=Drug-Gender<br>TD=Therapeutic<br>TN=Laboratory Test Needed<br>TP=Payer/Processor Question | O | Formerly DUR Conflict Code              |

**DUR/PPS Segment: Optional (continued)**

| Field # | NCPDP Field Name          | Value  | Field | Comment   |
|---------|---------------------------|--|-------|---|
| 440-E5  | Professional Service Code | ØØ=No intervention<br>AS=Patient assessment<br>CC=Coordination of care<br>DE=Dosing evaluation/determination<br>FE=Formulary enforcement<br>GP=Generic product selection<br>MA=Medication administration<br>MØ=Prescriber consulted<br>MR=Medication review<br>PE=Patient education/instruction<br>PH=Patient medication history<br>PM=Patient monitoring<br>PØ=Patient consulted<br>PT=Perform laboratory test<br>RØ=Pharmacist consulted other source<br>RT=Recommend laboratory test<br>SC=Self-care consultation<br>SW=Literature search/review<br>TC=Payer/processor consulted<br>TH=Therapeutic product interchange  | O     | Formerly DUR Intervention/ Professional Services Code |
| 441-E6  | Result Of Service Code    | ØØ=Not Specified<br>1A=Filled As Is, False Positive<br>1B=Filled Prescription As Is<br>1C=Filled, With Different Dose<br>1D=Filled, With Different Directions<br>1E=Filled, With Different Drug<br>1F=Filled, With Different Quantity<br>1G=Filled, With Prescriber Approval<br>1H=Brand-to-Generic Change<br>1J=Rx-to-OTC Change<br>1K=Filled with Different Dosage Form (possibly new)<br>2A=Prescription Not Filled<br>2B=Not Filled, Directions Clarified<br>3A=Recommendation Accepted<br>3B=Recommendation Not Accepted<br>3C=Discontinued Drug<br>3D=Regimen Changed<br>3E=Therapy Changed<br>3F=Therapy Changed-cost increased acknowledged<br>3G=Drug Therapy Unchanged<br>3H=Follow-Up/Report<br>3J=Patient Referral (possibly new)<br>3K=Instructions Understood<br>3M=Compliance Aid Provided (possibly new)<br>3N=Medication Administered | O     | Formerly DUR Outcome Code                             |
| 474-8E  | DUR/PPS Level of Effort   | Ø=Not Specified<br>11=Level 1 (Lowest)<br>12=Level 2<br>13=Level 3<br>14=Level 4<br>15=Level 5 (Highest)   | O     |   |

**Pharmacy Provider Segment: Optional**

Not used.

**Clinical Segment: Optional**

Not used.

**COB/Other Payments Segment: Optional**

WPM does not support the COB Segment at this time.

**Workers' Compensation Segment: Optional**

WPM does not support the Workers' Compensation Segment at this time.

**Compound Segment: Optional**

WPM does not support the Compound Segment at this time.

**Coupon Segment: Optional**

WPM does not support the Coupon Segment at this time.

**Prior Authorization Segment: Optional**

WPM does not support the Prior Authorization Segment on billing transactions.

**REBILL TRANSACTION****Transaction Header Segment: Mandatory**

| <i>Field #</i> | <i>NCPDP Field Name</i>          | <i>Value</i>   | <i>Field</i> | <i>Comment</i>                         |
|----------------|----------------------------------|--|--------------|--|
| 1Ø1-A1         | BIN Number                       | 61ØØ53   | M            |  |
| 1Ø2-A2         | Version/Release Number           | 51- Version 5.1  | M            |  |
| 1Ø3-A3         | Transaction Code                 | B3 – Rebill Transaction  | M            |  |
| 1Ø4-A4         | Processor Control Number         |  | M            | Assigned by WPM                        |
| 1Ø9-A9         | Transaction Count                | Ø1 – One Occurrence<br>Ø2 – Two Occurrences<br>Ø3 – Three Occurrences<br>Ø4 – Four Occurrences | M            |  |
| 2Ø2-B2         | Service Provider ID Qualifier    | Ø7 – NCPDP Provider ID   | M            |  |
| 2Ø1-B1         | Service Provider ID              | NCPDP Provider ID  | M            | Previously this was called NABP Number |
| 4Ø1-D1         | Date of Service                  |  | M            | Format CCYYMMDD                        |
| 11Ø-AK         | Software Vendor/Certification ID |  | M            | Assigned by WPM                        |

**Insurance Segment: Mandatory**

| <i>Field #</i> | <i>NCPDP Field Name</i>        | <i>Value</i>   | <i>Field</i> | <i>Comment</i>   |
|----------------|--------------------------------|--|--------------|--|
| 111-AM         | Segment Identification         | Ø4   | M            | Insurance Segment  |
| 3Ø2-C2         | Cardholder ID                  | ID Assigned to the Cardholder                          | M            |  |
| 312-CC         | Cardholder First Name          |  | R            |  |
| 313-CD         | Cardholder Last Name           |  | O            |  |
| 3Ø9-C9         | Eligibility Clarification Code | Ø – Not Specified                                      | O            | WPM does not require this field. WPM will receive the value '0' since it is a required field, but this will not be used in adjudication. . |
| 3Ø1-C1         | Group ID                       | As appears on card                                     | R            | .  |
| 3Ø3-C3         | Person Code                    |  | RW           | Required when supplied on patient ID card  |
| 3Ø6-C6         | Patient Relationship Code      | 1 – Cardholder<br>2 – Spouse<br>3 – Child<br>4 – Other | R            |  |
| 314-CE         | Home Plan                      |  | RW           | Required when patient is covered under more than one Plan  |

**Claim Segment: Mandatory**

WPM does not support partial fill billing, partial fill reversal or re-transmit with partial/full quantity.

| Field # | NCPDP Field Name                                | Value  | Field | Comment  |
|---------|---|--|-------|--|
| 111-AM  | Segment Identification                          | Ø7   | M     | Claim Segment  |
| 455-EM  | Prescription/Service Reference Number Qualifier | 1 = Rx Billing   | M     |  |
| 4Ø2-D2  | Prescription/Service Reference Number           |  | M     |  |
| 436-E1  | Product/Service ID Qualifier                    | Ø3 = National Drug Code  | M     |  |
| 4Ø7-D7  | Product/Service ID                              | NDC Number without dashes  | M     | NDC Number formatted as 11 bytes   |
| 442-E7  | Quantity Dispensed                              |  | R     |  |
| 4Ø3-D3  | Fill Number                                     | Ø=Original Dispensing<br>1 to 99 = Refill number   | R     |  |
| 4Ø5-D5  | Days Supply                                     |  | R     |  |
| 4Ø6-D6  | Compound Code                                   | Ø1 = Not a Compound<br>Ø2 = Compound   | R     | If Rx is not compound, the Compound Code of '01' must be sent. This is a required field              |
| 414-DE  | Date Prescription Written                       |  | R     | Format CCYYMMDD  |
| 4Ø8-D8  | Dispense As Written (DAW)                       | Ø=No Product Selection Indicated-This is the field default value that is appropriately used for prescriptions where product selection is not an issue.<br>1=Substitution Not Allowed by Prescriber- Dispensed As Written.<br>2=Substitution Allowed- Patient Requested Product<br>3=Substitution Allowed- Pharmacist Selected Product<br>4=Substitution Allowed- Generic Drug Not in Stock-<br>5=Substitution Allowed- Brand Drug Dispensed as a Generic<br>6=Override<br>7=Substitution Not Allowed- Brand Drug Mandated by Law<br>8=Substitution Allowed- Generic Drug Not Available in Marketplace-<br>9=Other-This value is reserved and currently not in use. | RW    | Required when needed.<br><br>Refer to the NCPDP 5.1 Data Dictionary for full descriptions of values. |
| 415-DF  | Number of Refills Authorized                    |  | RW    | Required when available  |
| 461-EU  | Prior Authorization Type Code                   | Ø=Not Specified<br>1=Prior Authorization<br>8=Payer Defined Exemption  | RW    | Submit as instructed.  |
| 462-EV  | Prior Authorization Number Submitted            |  | RW    | Submit as instructed.  |

**Pricing Segment: Mandatory**

| <i>Field #</i> | <i>NCPDP Field Name</i>               | <i>Value</i>  | <i>Field</i> | <i>Comment</i>  |
|----------------|---------------------------------------|---|--------------|---|
| 111-AM         | Segment Identification                | 11  | M            | Pricing Segment   |
| 409-D9         | Ingredient Cost Submitted             |   | R            |   |
| 426-DQ         | Usual and Customary Charge            |   | R            |   |
| 430-DU         | Gross Amount Due                      |   | R            | The Gross Amount Due equals the total of all submitted dollar amounts in the request. Dollar amount submitted fields are compared to this Gross Amount Due. If there is an out of balance condition then an error will occur. |
| 481-HA         | Flat Sales Tax Amount Submitted       |   | RW           | Required when a flat sales tax amount is submitted.   |
| 482-GE         | Percentage Sales Tax Amount Submitted |   | RW           | Required when a percentage sales tax is submitted.  |
| 483-HE         | Percentage Sales Tax Rate Submitted   |   | RW           | Required when 482-GE Percentage Sales Tax Amount Submitted is submitted.  |
| 484-JE         | Percentage Sales Tax Basis Submitted  | 02=Ingredient Cost<br>03=Ingredient Cost + Dispensing Fee | RW           | Required when 484-JE Percentage Sales Tax Basis Submitted is submitted.   |
| 412-DC         | Dispensing Fee Submitted              |   | O            |   |

**Patient Segment: Required**

| <i>Field</i> | <i>NCPDP Field Name</i> | <i>Value</i>           | <i>Field</i> | <i>Comment</i>                                |
|--------------|-------------------------|------------------------|--------------|---|
| 111-AM       | Segment Identification  | 01                     | M            | Patient Segment                               |
| 304-C4       | Date of Birth           |                        | R            | Format CCYYMMDD                               |
| 305-C5       | Patient Gender Code     | 1 = Male<br>2 = Female | R            |   |
| 310-CA       | Patient First Name      |                        | R            | Required if the Patient is not the Cardholder |
| 311-CB       | Patient Last Name       |                        | O            |   |

**Prescriber Segment: Required**

| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i>                             | <i>Field</i> | <i>Comment</i>   |
|----------------|-------------------------|--|--------------|--|
| 111-AM         | Segment Identification  | 03                                       | M            | Prescriber Segment   |
| 466-EZ         | Prescriber ID Qualifier | 12 = DEA<br>14=Plan Specific<br>99=Other | R            | Other values may be used in the future.  |
| 411-DB         | Prescriber ID           |  | R            | If Prescriber ID Qualifier (466-EZ) is '12' then this field must be populated with the DEA Number. |

**DUR/PPS Segment: Optional**

The fields are not mandatory or required if the segment is not used/sent.

| Field # | NCPDP Field Name        | Value   | Field | Comment                                 |
|---------|-------------------------|---|-------|---|
| 111-AM  | Segment Identification  | Ø8  | M     | DUR/PPS Segment                         |
| 473-7E  | DUR/PPS Code Counter    |   | O     | WPM supports a maximum of 3 occurrences |
| 439-E4  | Reason for Service Code | AD=Additional Drug Needed<br>AN=Prescription Authentication<br>AR=Adverse Drug Reaction<br>AT=Additive Toxicity<br>CD=Chronic Disease Management<br>CH=Call Help Desk<br>CS=Patient Complaint/Symptom<br>DA=Drug-Allergy<br>DC=Drug-Disease (Inferred)<br>DD=Drug-Drug Interaction<br>DF=Drug-Food interaction<br>DI=Drug Incompatibility<br>DL=Drug-Lab Conflict<br>DM=Apparent Drug Misuse<br>DS=Tobacco Use<br>ED=Patient Education/Instruction<br>ER=Overuse (Early Refill)<br>EX=Excessive Quantity<br>HD=High Dose<br>IC=Idrogenic Condition<br>ID=Ingredient Duplication<br>LD=Low Dose<br>LK=Lock In Recipient<br>LR=Underuse (Late Fill)<br>MC=Drug-Disease (Reported)<br>MN=Insufficeint Duration<br>MS=Missing Information/Clarification<br>MX=Excessive Duration<br>NA=Drug Not Available<br>NC=Non-covered Drug Purchase<br>ND=New Disease/Diagnosis<br>NF=Non-Formulary Drug<br>NN=Unnecessary Drug<br>NP=New Patient Processing<br>NR=Lactation/Nursing Interaction<br>NS=Insufficient Quantity<br>OH=Alcohol Conflict<br>PA=Drug-Age<br>PC=Patient Question/Concern<br>PG=Drug-Pregnancy<br>PH=Preventive Health Care<br>PN=Prescriber Consultation<br>PP=Plan Protocol<br>PR=Prior Adverse Reaction<br>PS=Product Selection Opportunity<br>RE=Suspected Environmental Risk<br>RF=Health Provider Referral<br>SC=Suboptimal Compliance<br>SD=Suboptimal Drug/Indication<br>SE=Side Effect<br>SF=Suboptimal Dosage Form<br>SR=Suboptimal Regimen<br>SX=Drug-Gender<br>TD=Therapeutic<br>TN=Laboratory Test Needed<br>TP=Payer/Processor Question | O     |   |

**DUR/PPS Segment: Optional (continued)**

| Field # | NCPDP Field Name          | Value  | Field | Comment   |
|---------|---------------------------|--|-------|---|
| 44Ø-E5  | Professional Service Code | ØØ=No intervention<br>AS=Patient assessment<br>CC=Coordination of care<br>DE=Dosing evaluation/determination<br>FE=Formulary enforcement<br>GP=Generic product selection<br>MA=Medication administration<br>MØ=Prescriber consulted<br>MR=Medication review<br>PE=Patient education/instruction<br>PH=Patient medication history<br>PM=Patient monitoring<br>PØ=Patient consulted<br>PT=Perform laboratory test<br>RØ=Pharmacist consulted other source<br>RT=Recommend laboratory test<br>SC=Self-care consultation<br>SW=Literature search/review<br>TC=Payer/processor consulted<br>TH=Therapeutic product interchange  | O     | Formerly DUR Intervention/ Professional Services Code |
| 441-E6  | Result Of Service Code    | ØØ=Not Specified<br>1A=Filled As Is, False Positive<br>1B=Filled Prescription As Is<br>1C=Filled, With Different Dose<br>1D=Filled, With Different Directions<br>1E=Filled, With Different Drug<br>1F=Filled, With Different Quantity<br>1G=Filled, With Prescriber Approval<br>1H=Brand-to-Generic Change<br>1J=Rx-to-OTC Change<br>1K=Filled with Different Dosage Form (possibly new)<br>2A=Prescription Not Filled<br>2B=Not Filled, Directions Clarified<br>3A=Recommendation Accepted<br>3B=Recommendation Not Accepted<br>3C=Discontinued Drug<br>3D=Regimen Changed<br>3E=Therapy Changed<br>3F=Therapy Changed-cost increased acknowledged<br>3G=Drug Therapy Unchanged<br>3H=Follow-Up/Report<br>3J=Patient Referral (possibly new)<br>3K=Instructions Understood<br>3M=Compliance Aid Provided (possibly new)<br>3N=Medication Administered | O     | Formerly DUR Outcome Code                             |
| 474-8E  | DUR/PPS Level Of Effort   | Ø=Not Specified<br>11=Level 1 (Lowest)<br>12=Level 2<br>13=Level 3<br>14=Level 4<br>15=Level 5 (Highest)   | O     |   |

**Pharmacy Provider Segment: Optional**

Not used.

**Clinical Segment: Optional**

Not used.

**COB/Other Payments Segment: Optional**

WPM does not support the COB Segment at this time.

**Workers' Compensation Segment: Optional**

WPM does not support the Workers' Compensation Segment at this time.

**Compound Segment: Optional**

WPM does not support the Compound Segment at this time.

**Coupon Segment: Optional**

WPM does not support the Coupon Segment at this time.

**Prior Authorization Segment: Optional**

WPM does not support the Prior Authorization Segment on billing transactions.

**REVERSALS**

|  |   |
|--|---|
| Maximum Number of Transactions Supported per transmission  | 4   |
| Reversal window (If transaction is billed today what is the timeframe for reversal to be submitted?) | Determined by Plan, but approximately 180 days. |

**REVERSAL TRANSACTION:****Transaction Header Segment: Mandatory**

| <i>Field #</i> | <i>NCPDP Field Name</i>          | <i>Value</i>   | <i>Field</i> | <i>Comment</i>                         |
|----------------|----------------------------------|--|--------------|--|
| 101-A1         | BIN Number                       | 610053   | M            |  |
| 102-A2         | Version/Release Number           | 51- Version 5.1  | M            |  |
| 103-A3         | Transaction Code                 | B2 – Reversal  | M            |  |
| 104-A4         | Processor Control Number         |  | M            | Assigned by WPM                        |
| 109-A9         | Transaction Count                | 01 – One Occurrence<br>02 – Two Occurrences<br>03 – Three Occurrences<br>04 – Four Occurrences | M            |  |
| 202-B2         | Service Provider ID Qualifier    | 07 – NCPDP Provider ID   | M            |  |
| 201-B1         | Service Provider ID              | NCPDP Provider ID  | M            | Previously this was called NABP Number |
| 401-D1         | Date of Service                  |  | M            | Format CCYYMMDD                        |
| 110-AK         | Software Vendor/Certification ID |  | M            | Assigned by WPM                        |

**Claim Segment: Mandatory**

| <i>Field #</i> | <i>NCPDP Field Name</i>                         | <i>Value</i>            | <i>Field</i> | <i>Comment</i> |
|----------------|---|-------------------------|--------------|----------------|
| 111-AM         | Segment Identification                          | 07                      | M            | Claim Segment  |
| 455-EM         | Prescription/Service Reference Number Qualifier | 1 = Rx Billing          | M            |                |
| 402-D2         | Prescription/Service Reference Number           |                         | M            |                |
| 436-E1         | Product/Service ID Qualifier                    | 03 = National Drug Code | M            |                |
| 407-D7         | Product/Service ID                              |                         | M            |                |

**\*\* Certification Requirements \*\***

WPM requires software certification  
WPM will provide test scripts with test data for certification testing after scheduling

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

**\*\* TEST DATA \*\***

WPM will provide test scripts with test data for certification testing at a later time.