MemberHealth

Plan Name:	**MemberHealth**	**Date:**	10/03/2007
Plan Name/Group Name:	MemberHealth		
Processor:	SXC (ComCoTec)	**Switch:**	
Effective Date:	**03/01/2004**	**Version/Release#:**	5.1
Certification Contact:			
Member Health Client Services:	888-868-5854		
Provider Relations Help Desk Info:	888-868-5854		

Version 5.1 Transactions Supported - Not Supported

Supported Transactions		Not Supported Transactions	
B1	Billing Transaction	C1,C2,C3	Controlled Substance Reporting
B2	Reversal Transaction	N1,N2,N3	Information Reporting
B3	Rebill Transaction	P1,P2,P3,P4	Prior Authorization
		E1	Eligibility

Version 5.1 Segments Supported / Not Supported

Mandatory / Optional	Not Supported
Transaction Header and Response Header	Pharmacy Provider
Insurance and Response Insurance	Coupon
Patient	Prior Authorization
Claim and Response Claim	Workers Compensation
Prescriber	Compound
DUR / PPS and Response DUR / PPS	Clinical
Pricing and Response Pricing	

5.1 summary of changes

Functionality Changes
Partial Fills will be supported
Sales Tax will be paid using the new sales tax fields
Multiple reversals will be supported - up to 4 per transmission
Paid and Duplicate Reversal Responses
Multiple Transactions Supported - Up to 4 per Transmission

Billing Transactions

Transaction Header Segment: **Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
101-A1	BIN Number	**008324**	Mandatory
102-A2	Version / Release Number	NCPDP Version 5.1	Mandatory
103-A3	Transaction Code	B1 - Billing	Mandatory
104-A4	Processor Control Number	**MH, MHMC**	Mandatory
109-A9	Transaction Count	1 - 4	Mandatory
202-B2	Service Provider ID Qualifier	01 NPI Provider ID	Mandatory
201-B1	Service Provider ID	10 DIGIT NPI	Mandatory
401-D1	Date of Service	CCYYMMDD	Mandatory
110-AK	Software Vendor / Certification ID	All Spaces	Mandatory

Patient Segment: **Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	01-Patient Segment	Mandatory
304-C4	Date of Birth		Mandatory
305-C5	Patient Gender Code		Mandatory
310-CA	Patient First Name		Mandatory
311-CB	Patient Last Name		Mandatory
322-CM	Patient Street Address		Required
323-CN	Patient City Address		Required
324-CO	Patient State / Province Address		Required
325-CP	Patient Zip / Postal Code		Required

Insurance Segment: **Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	04-Insurance Segment	Mandatory
302-C2	Cardholder ID	Enter ID as indicated on card	Mandatory
301-C1	Group ID	Use Plan Specific Value	Required
303-C3	Person Code		Required
306-C6	Patient Relationship Code		Required

Claim Segment: **Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	07-Claim Segment	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	1 - Rx Billing	Mandatory
402-D2	Prescription / Service Reference Number		Mandatory
436-E1	Product / Service ID Qualifier	03 - NDC	Mandatory
407-D7	Product / Service ID	11 digit NDC	Mandatory
343-HD	Dispensing Status	P = Partial Fill, C = Completion Fill	Required for Partial Fill
456-EN	Associated Prescription / Service Reference Number		Required for ‘C’ Partial Fill
457-EP	Associated Prescription / Service Date		Required for ‘C’ Partial Fill
442-E7	Quantity Dispensed	Format 7(9)V999	Required
344-HF	Quantity Intended to be Dispensed	Format 7(9)V999	Required for Partial Fill
403-D3	Fill Number	New = 00 (zeros must be sent)	Required
405-D5	Days Supply		Required
345-HG	Days Supply Intended to be Dispensed		Required for Partial Fill
406-D6	Compound Code	1 = Not a Compound, 2 = Compound	Required
408-D8	Dispense as Written (DAW) / Product Selection Code		Required
414-DE	Date Prescription Written		Required
415-DF	Number of Refills Authorized		Required
461-EU	Prior Authorization Type Code	If applicable, provided in returned message	Required
462-EV	Prior Authorization Number Submitted	If Applies to Rx	Required

Prescriber Segment: **Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	03-Prescriber Segment	Mandatory
466-EZ	Prescriber ID Qualifier	12-DEA, Drug Enforcement Agency	Required
411-DB	Prescriber ID		Required

COB / Other Payments Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW

111-AM	Segment Identification	05-COB/Other Payments	Mandatory
337-4C	Coordination of Benefits/Other Payments Count	1-Other payment	Mandatory
338-5C	Other Payer Coverage Type		Mandatory
341-HB	Other Payer Amount Paid Count	1	Required
342-HC	Other Payer Amount Paid Qualifier	08-Sum of All Reimbursement	Required
431-DV	Other Payer Amount Paid	Amount greater than or equal to $0.00	Required

DUR / PPS Segment: **Optional**
**Segment is required to override DUR / PPS rejections

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	08-DUR / PPS Segment	Mandatory
473-7E	DUR / PPS Code Counter	If Applies to Rx	Required for Override, Repeating Field
439-E4	Reason for Service Code	If Applies to Rx	Required for Override, Repeating Field
440-E5	Professional Service Code	If Applies to Rx	Required for Override, Repeating Field
441-E6	Result of Service Code	If Applies to Rx	Required for Override, Repeating Field
474-8E	DUR / PPS Level of Effort	If Applies to Rx	Required for Override, Repeating Field
475-J9	DUR Co-Agent ID Qualifier	If Applies to Rx	Required for Override, Repeating Field
476-H6	DUR Co-Agent ID	If Applies to Rx	Required for Override, Repeating Field

Pricing Segment: **Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	11-Pricing Segment	Mandatory
409-D9	Ingredient Cost Submitted		Required
412-DC	Dispensing Fee Submitted		Required
433-DX	Patient Paid Amount Submitted		Required
481-HA	Flat Sales Tax Amount Submitted	If Sales Tax applies to State	Required
482-GE	Percentage Sales Tax Amount Submitted	If Sales Tax applies to State	Required
483-HE	Percentage Sales Tax Rate Submitted	If Sales Tax applies to State	Required
484-JE	Percentage Sales Tax Basis Submitted	If Sales Tax applies to State	Required
426-DQ	Usual & Customary Charge		Required
430-DU	Gross Amount Due		Required

Reversal Transaction

Transaction Header Segment: **Mandatory**

NCPDP Field #	NCPDP Field Name	Values Supported	M/R/RW
101-A1	BIN Number	008324	Mandatory
102-A2	Version / Release Number	51	Mandatory
103-A3	Transaction Code	B2	Mandatory
104-A4	Processor Control Number	MH, MHMC	Mandatory
109-A9	Transaction Count	1-4	Mandatory
202-B2	Service Provider ID Qualifier	07 – NCPDP ID / 01 - NPI	Mandatory
201-B1	Service Provider ID	7 DIGIT NCPDP ID or 10 DIGIT NPI	Mandatory
401-D1	Date of Service		Mandatory
110-AK	Software / Vendor Certification ID	All Spaces	Mandatory

Claim Segment: **Mandatory**

NCPDP Field #	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	07 – Claim Segment	Mandatory
455-EM	Prescription / Service Reference ID Qualifier	1 – Rx Billing	Mandatory
402-D2	Prescription / Service Reference Number		Mandatory
436-E1	Product / Service ID Qualifier	03 - NDC	Mandatory
407-D7	Product / Service ID	11 digit NDC	Mandatory
403-D3	Fill Number	New = 00, zeros must be sent	Mandatory

COB / Other Payments Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	05- COB/Other Payments	Mandatory
337-4C	Coordination of Benefits/Other Payments Count	1- Other payment	Mandatory
338-5C	Other Payer Coverage Type		Mandatory
341-HB	Other Payer Amount Paid Count	1	Required
342-HC	Other Payer Amount Paid Qualifier	08	Required
431-DV	Other Payer Amount Paid	Amount greater than or equal to $0.00	Required

DUR / PPS Segment: **Optional**

**Segment is Required when reversal occurs in response to DUR / PPS warnings

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	08-DUR / PPS Segment	Mandatory
473-7E	DUR / PPS Code Counter	If Applies to Rx	Required
439-E4	Reason for Service Code	If Applies to Rx	Required for Override, Repeating Field
440-E5	Professional Service Code	If Applies to Rx	Required for Override, Repeating Field
441-E6	Result of Service Code	If Applies to Rx	Required for Override, Repeating Field
474-8E	DUR / PPS Level of Effort	If Applies to Rx	Optional for Override, Repeating Field