Workers' Compensation Payor Specification Sheet

Part 1: General Information

BIN #:	014658	**Effective Date:**	1/1/2023
States:	National	**Destination:**	LucyRx
PCNs:	WSI	**Format:**	NCPDP Version D.0
Accepting:	Claim Adjudication, Reversals	**ECL:**	March 2010
Switch:	Emdeon, Relay Health, eRx	**Pharmacy Help Desk:**	(877) 860-8846

Version D.0 Segments Supported / Not Supported

Mandatory / Optional	Segments Not Supported
Transaction Header and Response Header	Pharmacy Provider
Insurance and Response Insurance	Coupon
Patient	Prior Authorization
Claim and Response Claim	Clinical
Prescriber	
Pricing and Response Pricing	
DUR/PPS and Response DUR/PPS	
COB / Other Payments	

Summary of Changes

Multiple Transactions are not Supported
B3 Transactions will be supported at a later date

Key

The following table lists the segments available in a Billing Transaction. The table also lists values as defined under NCPDP Version D.0 for your reference. Other fields are required as noted:

M	Mandatory
O	Optional
R	Required as Defined by the Processor
RW	Required when defined by situation

Fields listed as M-Mandatory are in accordance with NCPDP Telecommunication Implementation Guide, Version D.0.
Fields that are not used in the Claim Billing/Claim Rebill Transactions and those that do not have qualified requirements (i.e. not used) for this payor are excluded from the payor sheet.

Part 2: Request Claim Billing/Claim Re-Billing Segments

Billing Transactions

Transaction Header Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
101-A1	BIN Number	See Part 1: General Information	M
102-A2	Version / Release Number	NCPDP Version D.0	M
103-A3	Transaction Code	B1 - Billing	M
104-A4	Processor Control Number	See Part 1: General Information	M
109-A9	Transaction Count	1 - 4	M
202-B2	Service Provider ID Qualifier	01- NPI – National Provider ID 07- NCPDP ID	M
201-B1	Service Provider ID	NCPDP ID or NPI	M
401-D1	Date of Service		M
110-AK	Software Vendor / Certification ID	All Spaces	M

Insurance Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	04-Insurance Segment	M
301-C1	Group ID	As appears on Card	R
302-C2	Cardholder ID	If the DOI is included in the Cardholder ID (302-C2), DOI in 434-DY must match First Fill Claims: --Member SSN Non-First Fill Claims: -- Member SSN --SSN+DOI (MMDDYY) --WSI Legal Claimant ID --Injury Claim ID	M
303-C3	Person Code		R
306-C6	Patient Relationship Code		R
312-CC	Cardholder First Name		R
313-CD	Cardholder Last Name		R

Patient Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	01-Patient Segment	M
304-C4	Date of Birth	CCYYMMDD	R
305-C5	Patient Gender Code	1 = Male, 2 = Female	R
310-CA	Patient First Name		R
311-CB	Patient Last Name		R

Claim Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
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		M
436-E1	Product / Service ID Qualifier	03 - NDC	M
407-D7	Product / Service ID	11 digit NDC	M
442-E7	Quantity Dispensed	Format 7(9)V999	R
403-D3	Fill Number	New = 00 (zeros must be sent)	R

405-D5	Days Supply		R
406-D6	Compound Code	1 = Not a Compound, 2 = Compound	R
408-D8	Dispense as Written (DAW) / Product Selection Code		R
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	Enter if Applicable	O
460-ET	Quantity Prescribed	Effective 9/21/2020 Accepted 9/21/2020 Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.	RW
460-DK	Submission Clarification Code	Required for specific overrides or when requested by processor	RW
308-C8	Other Coverage Code	Required when submitting claims for split billing with a primary payor.	
461-EU	Prior Authorization Type Code	1 = Prior Authorization, if applicable	O
462-EV	Prior Authorization Number Submitted	If Applies to Rx	O

Pricing Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	11-Pricing Segment	M
409-D9	Ingredient Cost Submitted		R
412-DC	Dispensing Fee Submitted		R
433-DX	Patient Paid Amount Submitted		R
481-HA	Flat Sales Tax Amount Submitted	If Sales Tax applies to State	O
482-GE	Percentage Sales Tax Amount Submitted	If Sales Tax applies to State	O
483-HE	Percentage Sales Tax Rate Submitted	If Sales Tax applies to State	O
484-JE	Percentage Sales Tax Basis Submitted	If Sales Tax applies to State	O
426-DQ	Usual & Customary Charge		R
430-DU	Gross Amount Due		R
423-DN	Basis Of Cost Determination		R
438-E3	Incentive Amount Submitted	Required when requested by processor	RW

Prescriber Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	03-Prescriber Segment	M
466-EZ	Prescriber ID Qualifier	12-DEA, Drug Enforcement Agency or 01-NPI, National Provider ID	R
411-DB	Prescriber ID	DEA or NPI	R
427-DR	Prescriber Last Name		R

Workers' Compensation Segment Questions	Check	Claim Billing/Claim Rebill
		If Situational, *Payor Situation*
This Segment is always sent		
This Segment is situational	X	Required when submitting a workers' compensation claim

Workers' Compensation Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
434-DY	Date of Injury	If the DOI is included in the Cardholder ID (302-C2), DOI in 434-DY must match	R
315-CF	Employer Name		O
316-CG	Employer Street Address		O
317-CH	Employer City Address		O
318-CI	Employer State/Province Address		O
319-CJ	Employer Zip/Postal Zone		O
320-CK	Employer Phone Number		O
321-CL	Employer Contact Name		O
327-CR	Carrier ID		O
435-DZ	Claim/Reference ID		O
117-TR	Billing Entity Type Indicator		O
118-TS	Pay To Qualifier		O
119-TT	Pay To ID		O
120-TU	Pay To Name		O
121-TV	Pay To Street Name		O
122-TW	Pay To City Address		O
123-TX	Pay To State/Provence Address		O
124-TY	Pay To Zip/Postal Zone		O
125-TZ	Generic Equivalent Product ID Qualifier		O
126-UA	Generic Equivalent Product ID		O

DUR/PPS Segment: Situational

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
439-E4	Reason for Service Code		O
440-E5	Professional Service Code	Value MA required for Primary and Secondary Vaccine Administration billing transactions.	RW
474-8E	DUR/PPS Level of Effort	Level 1 = 11 Mixing liquids using graduated cylinders. Level 2 = 12 Triturate powder and mix by geometric dilution, mix creams, ointments, emulsions, and liquids by hand or by using unguator. Level 3 = 13 Suppository mold, lollipop mold, and troche/mini-troche mold, dissolve powder using stirrer and hot plate, melt base on hot plate, burette and/or pH meter, making capsules using capsule filling machine. Level 4 = 14 USP 797, sterile compounding using hood.	RW Requirement When Compound Code (406-D6) value = 2

Coordination of Benefits Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payor Situation*
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims
Scenario 2 - Other Payor-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	OCC 08 Billing

COB/Other Payments Segment: Optional
**Segment is required only if processing claims for split billing with a primary payor.

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	05	RW
337-4C	Coordination of Benefits/Other Payments Count	Maximum = 3	RW
338-5C	Other Payor Coverage Type	01 = Primary 02 = Secondary 03 = Tertiary	RW
339-6C	Other Payor ID Qualifier	Prefer use of 01, 02, 03, 04	RW
340-7C	Other Payor ID		RW
443-E8	Other Payor Date		RW
471-5E	Other Payor Reject Count		O
472-6E	Other Payor Reject Code		O
353-NR	Other Payor-Patient Responsibility Amount Count		R
351-NP	Other Payor-Patient Responsibility Amount Qualifier		R
352-NQ	Other Payor-Patient Responsibility Amount		R

Compound Segment Questions	Check	Claim Billing/Claim Rebill
		If Situational, *Payor Situation*
This Segment is always sent		
This Segment is situational	X	Required only for submission of compound claims (field 406-D6 = 2)

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	10	M
450-EF	Compound Dosage Form Description		M
451-EG	Compound Dispensing Unit Form Indicator		M
447-EC	Compound Ingredient Component Count	This count must match the submitted number of repetitions.	M
488-RE	Compound Product ID Qualifier	03 = NDC	M
489-TE	Compound Product ID	Component of NDC(s) of compound mixture	M
448-ED	Compound Ingredient Quantity	Amount expressed in metric decimal units	M
449-EE	Compound Ingredient Cost		R
490-UE	Compound Ingredient Basis of Cost Determination		R
362-2G	Compound Ingredient Modifier Code Count		R
363-2H	Compound Ingredient Modifier Code		R

Reversal Transaction

Transaction Header Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
101-A1	BIN Number	See Part 1: General Information	M
102-A2	Version / Release Number	NCPDP Version D.0	M
103-A3	Transaction Code	B2	M
104-A4	Processor Control Number	See Part 1: General Information	M
109-A9	Transaction Count	1 - 4	M
202-B2	Service Provider ID Qualifier	07- NCPDP ID 01-NPI	M
201-B1	Service Provider ID	NCPDP ID or NPI	M
401-D1	Date of Service		M
101-AK	Software / Vendor Certification ID	All Spaces	M

Claim Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	07 – Claim Segment	M
455-EM	Prescription / Service Reference ID Qualifier	1 – Rx Billing	M
402-D2	Prescription / Service Reference Number		M
436-E1	Product / Service ID Qualifier	03 - NDC	M
407-D7	Product / Service ID	11 digit NDC	M
403-D3	Fill Number	New = 00, zeros must be sent	M
308-C8	Other Coverage Code	Required when communicating summation of other coverage information collected from other payors. See Customer Coverage below. 00 or 01= Not a COB claim 08= Claim for collection of copayment from previous payor	RW

Insurance Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	04	M
302-C2	Cardholder ID	If the DOI is included in the Cardholder ID (302-C2), DOI in 434-DY must match First Fill Claims: --Member SSN Non-First Fill Claims: -- Member SSN --SSN+DOI (MMDDYY) --WSI Legal Claimant ID --Injury Claim ID	M

Pricing Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported/Notes	M/R/RW
111-AM	Segment Identification	11	M
438-E3	Incentive Amount Submitted	Required when value has effect on Gross Amount Due (430-DU) calculation	RW