



A Lagniappe Health Company

HCC EZ-DME NCPDP vD.0 Payer Sheet Claim Billing / Claim Re-Bill

GENERAL INFORMATION

Payer Name: EZ-DME		Date: 02-15-2011	
Plan Name/Group Name: EZ-DME		BIN:007895	PCN: All See Appendix A for current plans.
Processor: Various			
Effective as of: 05-01-2011		NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July 2007		NCPDP External Code List Version Date: March 2010	
Contact/Information Source: dmeinfo@ezdme.com (888) 273-0033 opt 1			
Certification Testing Window: Starting 01-01-2012			
Certification Contact Information: dmeinfo@ezdme.com (888) 273-0033 opt 1			
Provider Relations Help Desk Info: dmeinfo@ezdme.com (888) 273-0033 opt 1			
Other versions supported: NDPCP 5.1 discontinuation date is to be determined.			

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1	Claim Billing

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage

CLAIM BILLING TRANSACTION

The following lists the segments and fields in a Claim Billing for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Clearinghouse Issued	x	Software Certification ID will be issued based on successful completion of certification
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Field #	Transaction Header Segment	Value	Payer Usage	Claim Billing
1Ø1-A1	BIN NUMBER	Please see Appendix A for valid PCN's Used	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	See complete list at the end of payer sheet
1Ø9-A9	TRANSACTION COUNT	Maximum of 4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER		M	Valid Values
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	EZDME0810D	M	

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Insurance Segment Questions	Check	Claim Billing
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		RW	<p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.</p> <p><i>Payer Requirement:</i> Required when claim is submitted for a commercial plan and patient relationship code = 2, 3, or 4</p>
313-CD	CARDHOLDER LAST NAME		RW	<p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.</p> <p><i>Payer Requirement:</i> Required when claim is submitted for a commercial plan and patient relationship code = 2, 3, or 4</p>
3Ø1-C1	GROUP ID		RW	<p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.</p> <p><i>Payer Requirement:</i> Required when claim is submitted for a plan that requires a group number, primarily commercial plans</p>
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	
359-2A	MEDIGAP ID		RW	<p><i>Imp Guide:</i> Required, if known, when patient has Medigap coverage.</p> <p><i>Payer Requirement</i> Required when a patient has dual coverage, and the primary claim is to automatically generate a secondary claim.. Information was previously reported and may still be reported the group number, or added via the web site www.ezdme.com .</p>
36Ø-2B	MEDICAID INDICATOR		RW	<p><i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage.</p> <p><i>Payer Requirement:</i> Required when a patient has dual coverage, and the primary claim is to automatically generate a secondary claim. Information was previously reported and may still be reported the group number, or added via the web site www.ezdme.com .</p>
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		RW	<p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.</p> <p><i>Payer Requirement</i> Required if necessary for state/federal/regulatory agency programs.</p>
115-N5	MEDICAID ID NUMBER		RW	<p><i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage.</p> <p><i>Payer Requirement:</i> Required when a patient has dual coverage, and the primary claim is to automatically generate a secondary claim.. Information was previously reported and may still be reported the group number, or added via the web site www.ezdme.com .</p>



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Patient Segment Questions	Check	Claim Billing
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	
323-CN	PATIENT CITY ADDRESS		R	
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
326-CQ	PATIENT PHONE NUMBER		R	
3Ø7-C7	PLACE OF SERVICE		R	

Claim Segment Questions	Check	Claim Billing
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	<i>Imp Guide:</i> Required if Procedure Modifier Code (459-ER) is used.
459-ER	PROCEDURE MODIFIER CODE		RW	<i>Imp Guide:</i> Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted. <i>Payer Requirement:</i> Required if destination plan requires Modifier codes on transmitted product
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø) <i>Payer Requirement:</i> Required when needed to override specific rejections. Check with EZ-DME for supported values



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Claim Segment Segment Identification (111-AM) = "07"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
308-C8	OTHER COVERAGE CODE		RW	<i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. <i>Payer Requirement:</i> Required for Coordination of Benefits. Required when a COB claim is submitted
600-28	UNIT OF MEASURE		RW	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required when submitting NDC number in product service id.
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required when 462-EV is present
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required when overriding Level 2 claims
357-NV	DELAY REASON CODE		RW	<i>Imp Guide:</i> Required when needed to specify the reason that submission of the transaction has been delayed. <i>Payer Requirement:</i> Required when destination plan allows and claim is not submitted within timely filing deadlines
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement:</i> Required when submitting a compound claim

Pricing Segment Questions	Check	Claim Billing
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	
430-DU	GROSS AMOUNT DUE		R	



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Pharmacy Provider Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational		
This segment is not used	X	

Prescriber Segment Questions	Check	Claim Billing
This Segment is always sent	X	
This Segment is situational		

Field #	Prescriber Segment Identification (111-AM) = "Ø3"	Value	Payer Usage	Claim Billing
	<i>NCPDP Field Name</i>			<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER		R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
364-2J	PRESCRIBER FIRST NAME		R	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Primary Care Provider ID (421-DL) is used. <i>Payer Requirement:</i> Required when destination plan requires referring prescriber
421-DL	PRIMARY CARE PROVIDER ID		RW	<i>Imp Guide:</i> Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Required when destination plan requires referring prescriber
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	<i>Imp Guide:</i> Required if this field is used as an alternative for Primary Care Provider ID (421-DL) when ID is not known. Required if needed for Primary Care Provider ID (421-DL) validation/clarification. <i>Payer Requirement:</i> Required when destination plan requires referring prescriber

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational	X	Required only for secondary claims
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	Note: COB claim final remittance values may still be completed on line at www.ezdme.com
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	Claim Billing
	Scenario 1 - Other Payer Amount Paid Repetitions Only



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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		R	
340-7C	OTHER PAYER ID		R	
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	R	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		R	
431-DV	OTHER PAYER AMOUNT PAID		R	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement:</i> Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). <i>Payer Requirement</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).

Workers' Compensation Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

DUR/PPS Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational	X	<i>Required when destination plan requires specific information to process claim.</i>

	DUR/PPS Segment Identification (111-AM) = "08"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R	
439-E4	REASON FOR SERVICE CODE		R	

Coupon Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

Compound Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational	X	This segment is required when a compounded drug is submitted.

	Compound Segment Identification (111-AM) = "10"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	

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Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required when submitting a compounded drug
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required when submitting a compounded drug

Clinical Segment Questions	Check	Claim Billing
This Segment is always sent	R	
This Segment is situational		

Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	
492-WE	DIAGNOSIS CODE QUALIFIER		R	
424-DO	DIAGNOSIS CODE		R	
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	RW	
496-H2	MEASUREMENT DIMENSION		RW	<i>Imp Guide:</i> Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). <i>Payer Requirement:</i> Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN).
497-H3	MEASUREMENT UNIT		RW	<i>Imp Guide:</i> Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). Required if necessary when this field could result in different coverage and/or drug utilization review outcome.



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Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
499-H4	MEASUREMENT VALUE		RW	<p><i>Payer Requirement:</i> Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used.</p> <p><i>Imp Guide:</i> Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used.</p> <p>Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN).</p> <p>Required if necessary when this field could result in different coverage and/or drug utilization review outcome.</p> <p><i>Payer Requirement:</i> Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN).</p>

Additional Documentation Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational		
This Segment is not Used	X	This segment will be implemented at a later time

Facility Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational	X	This segment is required when patient resides in a location other than home. Facility information may still be completed on line at www.ezdme.com as well as submitted via the B1 transaction.

Facility Segment Segment Identification (111-AM) = "15"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
336-8C	FACILITY ID		R	
385-3Q	FACILITY NAME		R	
386-3U	FACILITY STREET ADDRESS		R	
388-5J	FACILITY CITY ADDRESS		R	
387-3V	FACILITY STATE/PROVINCE ADDRESS		R	
389-6D	FACILITY ZIP/POSTAL ZONE		R	

Narrative Segment Questions	Check	Claim Billing
This Segment is always sent		
This Segment is situational	X	This segment is required if destination plan requires additional Narrative information. Narrative information may still be completed on line at www.ezdme.com , as well as submitted via the B1 transaction.

Narrative Segment Segment Identification (111-AM) = "16"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
390-BM	NARRATIVE MESSAGE		R	



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CLAIM BILLING - CAPTURED (OR DUPLICATE OF CAPTURED) RESPONSE

The following lists the segments and fields in a Claim Billing response (Captured or Duplicate of Captured) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Response Transaction Header Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent	X	
This Segment is situational		

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
5Ø4-F4	MESSAGE		R	

Response Insurance Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

Response Patient Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

Response Status Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	C=Captured Q=Duplicate of Captured	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	R	
548-6F	APPROVED MESSAGE CODE		R	



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Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing Captured (or Duplicate of Captured)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	R	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		R	
526-FQ	ADDITIONAL MESSAGE INFORMATION		R	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		R	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	
550-8F	HELP DESK PHONE NUMBER		R	
987-MA	URL		R	

Response Claim Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Billing Captured (or Duplicate of Captured)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent	X	

Please Note: All claims are captured claims, any values returned in the pricing segment are either:

1. Representative only, i.e. "Best Guess" based on published fee schedules from the destination payer.
2. Values sent in the claim billing transaction are mirrored back in response.

These values do not represent any guarantee of payment or pricing.

Response Pricing Segment Segment Identification (111-AM) = "23"				Claim Billing Captured (or Duplicate of Captured)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		R	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</p> <p><i>Payer Requirement:</i> Required if this value is used to arrive at the final reimbursement.</p>
509-F9	TOTAL AMOUNT PAID		R	



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	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing Captured (or Duplicate of Captured)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes deductible <i>Payer Requirement:</i> Required if Patient Pay Amount (505-F5) includes deductible
518-FI	AMOUNT OF COPAY		R	
572-4U	AMOUNT OF COINSURANCE		R	

Response DUR/PPS Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Captured (or Duplicate of Captured)
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

CLAIM BILLING – ACCEPTED / REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing Accepted / Rejected
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Accepted / Rejected
This Segment is always sent		
This Segment is situational		

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		R	

Response Status Segment Questions	Check	Claim Billing Accepted / Rejected
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	

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	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	R	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		R	
526-FQ	ADDITIONAL MESSAGE INFORMATION		R	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Required if appropriate
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	
550-8F	HELP DESK PHONE NUMBER		R	
987-MA	URL		R	



CLAIM REVERSAL

What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	The claim has two reversal windows 1) The claim can be reversed until it has been submitted to the destination payer. 2) The claim can also be reversed if rejected by the destination payer.
--	---

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	Claim Reversal
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER		M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	Maximum count is 1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER		M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment Questions	Check	Claim Reversal
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

Claim Segment Questions	Check	Claim Reversal
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
4Ø3-D3	FILL NUMBER		M	



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Pricing Segment Questions	Check	Claim Reversal
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal
This Segment is always sent		
This Segment is situational		
This Segment is not used.	X	

DUR/PPS Segment Questions	Check	Claim Reversal
This Segment is always sent		
This Segment is situational		
This Segment is not used.	X	

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

GENERAL INFORMATION

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø.*

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Field #	Response Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	
This Segment is situational		

Field #	Response Message Segment Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
5Ø4-F4	MESSAGE		R	

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	

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Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
550-8F	HELP DESK PHONE NUMBER		R	
987-MA	URL		R	

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent		
This Segment is situational		
This Segment is not used	X	

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent	X	

Response Transaction Header Segment				Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent	X	
This Segment is situational		

Response Message Segment Segment Identification (111-AM) = "20"				Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		X	

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	

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	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	
550-8F	HELP DESK PHONE NUMBER		R	
987-MA	URL		R	

Response Claim Segment Questions	Check	Claim Reversal - Accepted/Rejected
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

APPENDIX A SUPPORTED PLANS

Processor Control Number	Plan Name
AARPMS	AARP
ACCLMS	ACCLAIM
ACSCMS	ACS CONSULTING SERVICES
ADVNSMS	ADVANTRA
ADVHMS	ADVANTRA / HEALTH AMERICA
ADVFSMS	ADVANTRA FREEDOM
ADHSMS	ADVENTIST HEALTH SYSTEM WEST
AETNMS	AETNA
AAAHMS	AETNA AFFORDABLE HEALTH CHOICES
ABHTMS	AETNA BETTER HEALTH – PA MEDICAID
AEHCMS	AETNA BETTER HEALTH CONNECTICUT MEDICAID
AILMMS	AETNA – ILLINOIS MEDICAID
AETMMS	AETNA MEDICAID
AFFTMS	AFFINITY HEALTH PLAN
ALMS	AL MEDICAID
ALBSMS	ALABAMA BLUE SHIELD
FLUAL	ALABAMA PART B FLU SHOTS
FLUAK	ALASKA PART B FLU SHOTS
ALLHMS	ALLIANCE HEALTHCARE/SPRIPA
APPOMS	ALLIANCE PPO
ALWIMS	ALLIANCE HEALTHPLAN OF WISCONSIN
ALSRMS	ALTA SENIOR CARE
ABNSMS	AMERIBEN SOLUTIONS
AMNCMS	AMERICA 1ST CHOICE NC
AMSCMS	AMERICA 1ST CHOICE SC
ACCJMS	AMERICAID COMMUNITY CARE OF NEW JERSEY
ABMGMS	AMERICAN BENEFITS MANAGMENT
ACBLMS	AMERICAN COMMERCIAL BARGE LINES
AFICMS	AMERICAN FAMILY INSURANCE COMPANY
AMFIMS	AMERICAN FAMILY INSURANCE COMPANY
AMGNMS	AMERICAN GENERAL
AMLCMS	AMERICAN LIFECARE
APWUMS	AMERICAN POSTAL WORKERS UNION
ARMPMS	AMERICAN REPUBLIC
ACHPMS	AMERICAS CHOICE HLTHPLNS NMA

Processor Control Number	Plan Name
ACNJMS	AMERICHoice OF NEW JERSEY (MEDICAID NJ)
ANJPMS	AMERICHoice OF NEW JERSEY PERSOANL CARE PLUS
ACNYMS	AMERICHoice OF NEW YORK (MEDICAID NY)
ACYPMS	AMERICHoice OF NEW YORK PERSONAL CARE PLUS (MEDICARE NY)
APPCMS	AMERICHoice OF PA PERSONAL
APMCMS	AMERICHoice PA MEDICAISE / CHIPS
AGFWMS	AMERIGROUP – FORT WORTH
AGDLMS	AMERIGROUP DALLAS /FORT WORTH
AGNVMS	AMERIGROUP - NV
AGVAMS	AMERIGROUP VIRGINIA
AMGHMS	AMERIGROUP HOUSTON
AGNJMS	AMERIGROUP OF NEW JERSEY
AGOHMS	AMERIGROUP OHIO
AGTNMS	AMERIGROUP TENNCARE
AHADMS	AMERIHEALTH ADMINISTRATORS
AHNJMS	AMERIHEALTH NEW JERSEY
ANJHMS	AMERIHEALTH OF NEW JERSEY HMO
ANBSMS	ANTHEM BCBS
BSINMS	ANTHEM BCBS INDIANA
ARMS	AR MEDICAID
ARCAMS	ARCADIAN
FLUAZ	ARIZONA PART B FLU SHOTS
ARBSMS	ARKANSAS BLUE SHIELD
FLUAR	ARKANSAS PART B FLU SHOTS
ASSTMS	ASSURANT HEALTH
ANWHMS	ASURIS NORTHWEST HEALTH
ACADMS	ATLANTICARE ADMINISTRATORS
ATHPMS	ATLANTIS HEALTH PLAN
AGADMS	AUTOMATED GROUP ADMINISTRATORS
AVHLMS	AVERA HEALTH
BASSMS	BASS ADM
BSAZMS	BCBS-ARIZONA
BECHMS	BEECH STREET CORPORATION
BASLMS	BENEFIT ADMINISTRATION SERVICES LTD

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Processor Control Number	Plan Name
BENCMS	BENEFIT CONCEPTS
BMGSMS	BENEFIT MANAGEMENT SERVICES, INC
BMGTMS	BENEFIT MGMT SYSTEMS
BNPLMS	BENEFIT PLANNERS
BNOHMS	BENEFIT SERVICES INC. (AKRON, OH)
BTLCMS	BENEFIT TRUST LIFE CARE
BCMOMS	BLUE CHOICE MO
BCNYMS	BLUE CHOICE - NY
BCCAMS	BLUE CROSS - CA
COBSMS	BLUE SHIELD COLORADO ANTHEM
BSMOMS	BLUE SHIELD MO
PABHMS	BLUE SHILD - PA - HIGHMARK CLAIMS/ENCOUNTERS
BGFMMMS	BLUEGRASS FAMILY HEALTH
NEBS	BLUSE SHIELD NEBRASKA
UTBSMS	BLUE CROSS BLUE SHIED OF UTAH
BMCHMS	BOSTON MEDICAL CENTER HEALTH PLAN
BSKCMS	BS KANSAS CITY
BKCHMS	BUCKEYE COMMUNITY HEALTH
CAMS	CA MEDICAID
CABSMS	CALIFORNIA BLUE CROSS
FLUCN	CALIFORNIA PART B FLU SHOTS - NORTH
FLUCS	CALIFORNIA PART B FLU SHOTS - SOUTH
CNMGMS	CANNON COCHRAN MANAGEMENT SERVICES
CCMTMS	CANNON COCHRAN MANAGEMENT SERVICES LA
CRCHMS	CARE CHOICE
CRIMMS	CARE IMPROVEMENT PLUS
CSIN	CARE SOURCE OF INDIANA
CISOHMS	CARE SOURCE OF OHIO
CCTXMS	CARECENTRIX
CFDCMS	CAREFIRST BCBS OF DC/NCA
CRMKMS	CAREMARK
CPTNMS	CAREPARTNERS
CPHPMS	CAREPLUS HEALTH PLANS
CRWKMS	CARERWORKS
CRHPMS	CARITEN HEALTH PLAN
CRSHMS	CARITEN SENIOR
CHSLMS	CARPENTERS HTH ST LOUIS
CCNPMMS	CCN
CRCRMMS	CENTERCARE
CNYBMS	CENTRAL NY BC
CRSVMS	CENTRAL RESERVE
CHPSMS	CHAMPUS - TRI-CARE (PGBA)
CHTCMS	CHAMPUS TRICARE (PALMETTO)
CHMPMS	CHAMPUS VA-HAC
CFNMMS	CIGNA FLEX (NEW MEXICO ONLY)
CIGHMS	CIGNA HP
CGSRMS	CIGNA SENIOR
CACPMS	CLAIM ADMINISTRATION CORP
CLAHMS	CO ACCESS HMO
COMS	CO MEDICAID
COBAMS	COLORADO BLUE ADVANTAGE
COKPMS	COLORADO KAISER PERMANENTE
CWCAMS	COMMONWEALTH CARE ALLIANCE
CMHAMS	COMMUNITY HEALTH ALLIANCE
CHCHMS	COMM HEALTH CHOICE
WACHMS	COMM HLTH WA
CCMHMS	COMMUNITY CARE MANAGED HEALTH PLANS OF OK
CMCPMS	COMMUNITY CARE PLUS
CCRMS	COMMUNITY CARE RX

Processor Control Number	Plan Name
CCMIMS	COMMUNITY CHOICE MICHIGAN
COM1MS	COMMUNITY FIRST
CHLTMS	COMMUNITY HEALTH
CHCTMS	COMMUNITY HEALTH NETWORK OF CONNECTICUT
CMHPMS	COMMUNITY HEALTH PLAN
CCMGMS	COMP CARE MGT
CTCRMS	CONNECTICARE
CTMDMS	CONNECTICARE - MEDICARE
CGRPMS	CONSOCIATE GROUP
CGICMS	CONTINENTAL GENERAL LIFE INSURANCE
CCHPMS	COOK CHILDREN'S HEALTH PLAN
CCSPMS	COOK CHILDREN'S STAR PLAN
CSILMS	CORESOURCE IL
CRSCMS	CORESOURCE LITTLE ROCK
COOHMS	CORESOURCE OF OHIO
CBSAMS	CORPORATE BENEFIT SERVICES OF AMERICA
CVLAMS	COVENTRY HEALTH LOUISIANA
CVGAMS	COVENTRY HEALTH PLANS GA
CVKSMS	COVENTRY HEALTH PLANS KS
CVHCMS	COVENTRY HEALTHCARE OF THE CAROLINAS
CTBSMS	CT BCBC ANTHEM
CTCBMS	CT BLUE CARE
CTMS	CT MEDICAID
FLUCT	CT PART B FLU SHOTS
CSHWMS	CTRL ST HLTH WE
FLUDC	DC PART B FLU SHOTS
FLUDE	DELAWARE PART B FLU SHOTS
DELTMS	DELTA HEALTH SYSTEMS
DMUTMS	DESERT MUTUAL
DCHPMS	DRISCOLL'S CHILDREN'S HEALTH PLAN
EBSLMS	EBS OF LA
EDSAMS	EDS ADMIN SERVICES
EDMPMS	EDUCATORS MUTUAL
EPFHMS	EL PASO 1ST HLTH NETWORK
ELHTMS	ELDER HEALTHCARE TEXAS
EMHNMS	EMERALD HEALTH NETWORK
EMBSMS	EMPIRE BLUE SHIELD NEW YORK
EBAMMS	EMPLOYEE BENEFIT ADMIN AND MGMT
EBPLMS	EMPLOYEE BENEFIT PLAN
EMBCMS	EMPLOYEE BENEFITS CONSUL
EPGPMS	EPOCH GROUP
ERISMS	ERISA
EHTHMS	ESSENCE HEALTHCARE
EVRCMS	EVERCARE
FALCMS	FALLON COMMUNITY HEALTH
FHHVMS	FAMILY HEALTH PARTNERS - HEALTHWAVE
FHMOMS	FAMILY HEALTH PARTNERS/MC MISSOURI
FARAMS	FARA
FCEBMS	FCEB BENEFIT ADMINISTRATORS
FDCRMS	FIDELIS CARE NY
FADMMS	FIRST ADMINISTRATORS
FCCRMS	FIRST CAROLINA CARE
FTCHMS	FIRST CHOICE
1STHMS	FIRST HEALTH
FPRHMS	FIRST PRIORITY HEALTH
1STRMS	FIRSTCARE STAR MEDICAID
FHKSMS	FISERV HEALTH - KANSAS
FLMS	FL MEDICAID
FLWVMS	FL MEDICAID WAIVER
FLDDMS	FL MEDICAID WAIVER - DEVELOPMENTAL

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Processor Control Number	Plan Name
	DISABILITY
FLBCMS	FLORIDA BLUE SHIELD
FHHSMS	FLORIDA HOSPITAL HEALTHCARE SYSTEMS
FMHCMS	FMH CORE SOURCE
FHLTMS	FREEDOM HEALTH
GABSMS	GA BLUE SHEILD
GAMS	GA MEDICAID
GWHP	GATEWAY HEALTH PLAN
GEHAMS	GEHA
GEISMS	GEISINGER HEALTH PLANS
FLUGA	GEORGIA PART B FLU SHOTS
GHNYMS	GHI – NEW YORK
GHIMMS	GHI HMO
GILSMS	GILSBAR
GRICMS	GOLDEN RULE INSURANCE CO
GLHPMS	GREAT LAKES HEALTH PLAN
GWSTMS	GREAT WEST
GPADMS	GROUP AND PENSION ADMINISTRATORS
GPAHMS	GROUP BENEFIT ADMINISTRATORS
GPHCMS	GROUP HEALTH COOP
GHCWMS	GROUP HEALTH COOPERATIVE – WEST (GHC OF PUGET SOUND)
GRHPMS	GROUP HEALTH PN
GISCMS	GROUP INSURANCE SERVICE CENTER, INC.
GRDNMS	GUARDIAN
HHILMS	HARMONY HEALTH PLAN OF ILLINOIS
HBSIMS	HARRINGTON BENEFIT SERVICES
HPHPMS	HARVARD PILGRIM HEALTH PLAN
FLUHI	HAWAII PART B FLU SHOTS
HCHAMS	HCH ADMINISTRATION - PEORIA
HFRTMS	HEALTH FIRST
HFHPMS	HEALTH FIRST HEALTH PLANS
HPNYMS	HEALTH INSURANCE PLAN OF NEW YORK (HIP)
HLTNMS	HEALTH NET
HNPLMS	HEALTH NET PEARL
HPPAMS	HEALTH PARTNERS OF PHILADEPHIA
HPMIMS	HEALTH PLAN OF MICHIGAN
HCTPMS	HEALTHCARE TRASNACTION PROCESSING
HCUSMS	HEALTHCARE USA
HCAZMS	HEALTHCHOICE OF ARIZONA
HLCPMS	HEALTHCOMP, INC
HHMOMS	HEALTHLINK HMO
HPPOMS	HEALTHLINK PPO
HNNEMS	HEALTHNET OF THE NORTHEAST
HPJTMS	HEALTHPARTNERS JACKSON TN
HPMNMS	HEALTHPARTNERS MINNESOTA
HPMHMS	HEALTHPARTNERS MINNESOTA HEMOPHELIA
HPPHMS	HEALTHPLUS PHSP
HSBIMS	HEALTHSCOPE BENEFITS INC
HLTAMS	HEALTHSMART ACCEL
HSPCMS	HEALTHSMART PREFERRED CARE
HSOHMS	HEALTHSOURCE OHIO
HLSPMS	HEALTHSPRING HMO/HEALTHSPRING MEDICARE+CHOICE
HAMPMS	HLTH ALLC MED PLANS
HHNJMS	HORIZON HEALTHCARE OF NEW JERSERY
HHLPMS	HUDSON HEALTH PLAN
HUMAMS	HUMANA
HENCMS	HUMANA ENCOUNTERS ONLY
HHOHMS	HUMANA HEALTH PLANS OHIO
HMMOMS	HUMANA HMO

Processor Control Number	Plan Name
IAMS	IA MEDICAID
IDMS	ID MEDICAID
IDBSMS	IDAHO BLUE SHIELD
FLUID	IDAHO PART B FLU SHOTS
ILMS	IL MEDICAID
FLUIL	IL PART B FLU SHOTS
ILBSMS	ILLINOIS BLUE SHIELD
INMS	IN MEDICAID
INDHMS	INDEPENDENT HEALTH
INBSMS	INDIANA BLUE SHEILD
FLUIN	INDIANA PART B FLU SHOTS
INSTLMS	INSTIL HEALTH
IMTXMS	INSURANCE MANAGEMENT SERVICES OF TEXAS
IHCMS	INTERMOUNTAIN HEALTH CARE
FLUIA	IOWA PART B FLU SHOTS
JALIMS	JOHN ALDEN LIFE INSURANCE
KPNWMS	KAISER NW REGION
KPCAMS	KAISER PERMANENTE CALIFORNIA
KPSCMS	KAISER PERMANENTE SOUTHERN CALIFORNIA
BCKSMS	KANSAS BCBS
KSBSMS	KANSAS BCBS FREEDOM PLANS
FLUKS	KANSAS PART B FLU SHOTS
KBAAMS	KBA ASSURANT HEALTH
FLUKY	KENTUCKY PART B FLU SHOTS
KYSHMS	KENTUCKY SPIRIT HEALTH
KFHCMS	KERN FAMILY HEALTH
KEYFMS	KEY FAMILY - HIGHMARK
KEYEMS	KEYSTONE HEALTH PLAN EAST
KMHPMS	KEYSTONE MERCY HEALTH
KLCOMS	KLAIS AND COMPANY
KSMS	KS MEDICAID
KYMS	KY MEDICAID
LABS	LA BCBS
LAMS	LA MEDICAID
MABSMS	MA – BLUE SHIELD
MAMS	MA MEDICAID
FLUMA	MA PART BE FLU SHOTS
AMAGMS	MAERICAN ADMINISTRATIVE GROUP – AAG (FORMERLY GALLAGHER BENEFITS)
MAGHMS	MAGNOLIA HEALTH PLAN
MHINMS	MANAGED HEALTH SERVICES OF INDIANA / MAXICARE
MDBSMS	MARYLAND BLUE SHIELD
FLUMD	MARYLAND PART B FLU SHOTS
MAYOMS	MAYO MANAGEMENT SERVICES
MDMS	MD MEDICAID
MDCTMS	MEDCOST INC
MEDAMS	MEDICA
MEDHMS	MEDICA HEMOPHELIA
MHCPMS	MEDICA HLTH CARE
MTPPMS	MEDICAID TX PREMIER PLN
MBOHMS	MEDICAL BENEFITS COMPANY (NEWARD, OH)
MMOHMS	MEDICAL MUTUAL OF OHIO
MDRNMS	MEDICAL RESOURCE NETWORK
MVOHMS	MEDICAL VALUE PLAN - OHIO
001	MEDICARE DME
MCPBMS	MEDICARE PLUS BLUE / MEDICARE ADVANTAGE
MEDIMS	MEDIMPACT
MEGAMS	MEGA LIFE AND HEALTH
MHPLMS	MERCY HEALTH PLAN OF NEW JERSEY

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Processor Control Number	Plan Name
MCPLMS	MERCY HEALTH PN
MTROMS	METRO PLUS
MTHPMS	METROPOLITAN HEALTH PLAN
MIBCMS	MI BCBS
MIBDMS	MI BCBS DIMENSION
MIBNMS	MI BLUE CARE NETWORK
MIMS	MI MEDICAID
FLUMI	MICHIGAN PART B FLU SHOTS
MDCHMS	MIDLANDS CHOICE
MWSCMS	MIDWEST SECURITY
MSBSMS	MISSISSIPPI BLUE SHIELD
FLUMS	MISSISSIPPI PART B FLU SHOTS
FLUMO	MISSOURI PART B FLU SHOTS
MOMCMS	MISSOURI CARE
MNBCMS	MN BCBS
MNBHMS	MN BCBS HEMOPHELIA
MNMS	MN MEDICAID
FLUMN	MN PART B FLU SHOTS
MOMS	MO MEDICAID
MOLIMS	MOLINA HEALTHCARE
MOWAMS	MOLINA HEALTHCARE OF WA
MHUTMS	MOLINA HEALTHCARE OF UTAH
MOMIMS	MOLINA MICHIGAN
MOOHMS	MOLINA OHIO
FLUMT	MONTANA PART B FLU SHOTS
MGINMS	MONUMENTAL GENERAL INS
MSMS	MS MEDICAID
MPCNMS	MS PHYSICIANS CARE NET
MTMS	MT MEDICAID
MHBFMS	MUNICIPAL HEALTH BENEFITS FUND
MUASMS	MUTUAL ASSURANCE
MOOIMS	MUTUAL OF OMAHA
MVNY	MVP HEALTH PLAN OF NY
NAADMS	NAA (North America Admin., L.P.) Nashville, TN
NALCMS	NALC HEALTH BENEFITS
NLBFMS	NATIONAL BENEFIT FUND
NHINMS	NATIONAL HEALTH INSURANCE
NTCAMS	NATL TELECOMM COOP ASS
NCBSMS	NC BLUE SHIELD
NCMS	NC MEDICAID
NCAFMS	NCA – FAIRFAX, VA
NDMS	ND MEDICAID
NDWCMS	ND WC
NEMS	NE MEDICAID
FLUNE	NE PART B FLU SHOTS
NHPTMS	NEIGHBORHOOD HEALTH PARTNERSHIP
NHHPMS	NEIGHBORHOOD HEALTH PLAN
NWHLMS	NETWORK HEALTH
FLUNV	NEVADA PART B FLU SHOTS
NERAMS	NEW ERA
NJBSMS	NEW JERSEY BLUE SHIELD
FLUNJ	NEW JERSEY PART B FLU SHOTS
NMBSMS	NEW MEXICO BLUE SHIELD
FLUNM	NEW MEXICO PART B FLU SHOTS
FLUNN	NEW YORK PART B FLU SHOTS - DOWNSTATE
FLUNQ	NEW YORK PART B FLU SHOTS - QUEENS
FLUNU	NEW YORK PART B FLU SHOTS - UPSTATE
NYPCMS	NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN
NGASMS	NGS AMERICAN, INC
NHMS	NH MEDICAID
NJMS	NJ MEDICAID

Processor Control Number	Plan Name
FLUNC	NORTH CAROLINA PART B FLU SHOTS
NDBSMS	NORTH DAKOTA BLUE SHEILD
FLUND	NORTH DAKOTA PART B FLU SHOTS
NCSMMS	NORTHERN CALIFORNIA SHEET METAL WORKERS INSURANCE
NVMS	NV MEDICAID
NIPAMS	NW SUBURBAN IPA
NWPHMS	NWP ODS HEALTH PLAN
NYMS	NY MEDICAID
NYMIMS	NYMI OXFORD
OOGBMS	OFFICE OF GROUP BENEFITS
OHMS	OH MEDICAID
OHBSMS	OHIO BLUE SHIELD
OHCPMS	Ohio Health Choice PPO
FLUOH	OHIO PART B FLU SHOTS
OKMS	OK MEDICAID
OKBSMS	OKLAHOMA BLUE SHIELD
FLUOK	OKLAHOMA PART B FLU SHOTS
OCCVMS	OMNICARE, A CONVENTRY HEALTH PLAN
OCMGMS	OMNICARE MEDICAL GROUP
ORMS	OR MEDICAID
FLUOR	OR PART B FLU SHOT
ORBSMS	OREGON BLUE SHIELD
OXFDMS	OXFORD HEALTH
PABSMS	PA BCBS – INDEPENDENCE PERSONAL CHOICE
PAMS	PA MEDICAID
FLUPA	PA PART B FLU SHOTS
PACFMS	PACIFICARE
PPPOMS	PACIFICARE PPO
PAPRMS	PAPER CLAIM – HCFA 1500 FORM
PKLDMS	PARKLAND COMMUNITY HEALTH PLAN
PSHPMS	PART HEALTH
PNHPMS	Partners National Health Plan of NC
PPADMS	PASSPORT ADVANTAGE
PSADMS	PASSPORT ADVANTAGE
PPHPMS	PASSPORT HLTH PLAN
PCTXMS	PCA HEALTH PLANS OF TEXAS
PECHMS	PEACH STATE HEALTH PLAN
PEHPMS	PEHP UTAH
PABCMS	PENNSYLVANIA BCBS
PHNTMS	PEOPLES HEALTH NETWORK
PPCRMS	PERSONAL PHYSICIAN CARE
PHOEMS	PHOENIX HEALTHCARE
PHLPMS	PHYSICN HLTH PLAN PHP
PHCHMS	PHYSICIANS HEALTH CHOICE
PHMUMS	PHYSICIANS MUTUAL
PNCMMS	PINNACLE CLAIMS MANAGEMENT
PLADMS	PLANNED ADMINISTRATORS
POMCMS	POMCO
PPLCMS	PPO PLUS LLC
PPOMMS	PPOM
PFCPMS	PREFERRED CARE
PHSIMS	PREFERRED HEALTH
PRE1MS	PREFERRED ONE
PREHMS	PREFERRED ONE HEMOPHELIA
PLFEMS	PRINCIPAL LIFE INSURANCE
PRTYMS	PRIORITY HEALTH
PCMGMMS	PROFESSIONAL CLAIMS MANAGEMENT
PHPLMS	PROVIDENCE HEALTH PLAN
PRUDMS	PRUDENTIAL
QUALMS	QUALICARE INC

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Processor Control Number	Plan Name
QCARMS	QUALITY CHOICE OF ARKANSAS
RBSOMS	REGENCE BCBS OF OR
RBSWMS	REGENCY BLUESHIELD OF WA
RBIDMS	REGENCY BLUESHIELD OF ID
RESTMS	RESTAT
RIMS	RI MEDICAID
RMSCMS	RMSCO
ROBSMS	ROCHESTER NEW YORK BLUE SHIELD
RMHOMS	ROCKY MOUNTAIN HMO
SSHMS	S & S HEALTHCARE STRATEGIES
SMHNMS	SAGAMORE HEALTH NET
SCBCMS	SC BLUE SHIELD
SCMS	SC MEDICAID
SDMS	SD MEDICAID
FLUSD	SD PART B FLU SHOTS
SHPTMS	SECURE HEALTH PLAN TX
SHHMMS	SECURE HORIZONS HMO
SHLPMS	SECURITY HEALTH PLAN
SCREMS	SELECT CARE
SHSCMS	SELECT HEALTH SOUTH CAROLINA
SHMPMS	SENTRA HEALTH MANAGEMENT
SIRAMS	SIERRA HEALTH SYSTEMS
SMADMS	SMITH ADMINISTRATORS
FLUSD	SOUTH DAKOTA PART B FLU SHOTS
SHSIMS	SOUTHERN HEALTH SERVICES, INC.
STVNMS	ST VINCENT'S CATHOLIC MEDICAL CENTER
STARMS	STAR HRG
STFMMS	STATE FARM
STL1MS	STERLING OPTION 1
STIDMS	STUDENT INSURANCE DIVISION
SCHPMS	SUMMARCARE HEALTH PLAN
SHPCMS	SUPERIOR CHIPS
SHPTMS	SUPERIOR HEALTH PLAN TEXAS
TBTPMS	TBT
FLUTN	TENNESSEE PART B FLU SHOTS
TNBSMS	TENNESSEE BLUE SHIELD
TXBSMS	TEXAS BLUE SHIELD
TCHPMS	TEXAS CHLDRN HLTH
FLUTX	TEXAS PART B FLU SHOTS
TXTCMS	TEXAS TRUE CHOICE
LOOMMS	THE LOOMIS CO
TOPRMS	TODAY'S OPTION PYRAMID
TLINMS	TOWER LINE INSURANCE
TALIMS	TRANAMERICA LIFE INSURANCE
TCLFMS	TRICARE FOR LIFE
TCNSMS	TRI-CARE NO AND SO
TRCNMS	TRICARE NORTH
TRCSMS	TRICARE SOUTH
TRCWMS	TRICARE WEST
THLPMS	TUFTS HEALTH PLAN
TXCCMS	TX COMM CARE

Processor Control Number	Plan Name
THMOMS	TX HMO BLUE SHIELD
TXMS	TX MEDICAID
UCREMS	UCARE
UFCWMS	UFCW – CENTRAL OHIO
UMWAMS	UMWA HEALTH AND RETIREMENT FUND
UCOJMS	UNICARE – OLD JOHN HANCOCK
UMPHMS	UNIFORM MEDICAL PLAN / HARRINGTON BENEFIT SERVICES
UNHPMS	UNISON HEALTH PLAN
UNHCMS	UNITED HEALTHCARE
UHRVMS	UNITED HEALTHCARE OF RIVER VALLEY
UNMRMS	UNITED MEDICAL RESOURCES
UNVRMS	UNIVERA HEALTHCARE
UVHCMS	UNIVERSAL HEALTH CARE
USAAMS	USAA LIFE/ US AUTO ASSOC
FLUUT	UTAH PART B FLU SHOTS
UHCOMS	UTD HLTHCR OVAT
VAMS	VA MEDICAID
VAPHMS	VA PREMIER HEALTH PLAN
VNTGMS	VANTAGE HEALTH PLAN
VTBSMS	VERMONT BCBS
VTMS	VERMONT MEDICAID
FLUVA	VIRGINIA PART B FLU SHOTS
VIVAMS	VIVA HEALTH PLAN
VNCMMS	VNS CHOICE MEDICARE
WAMS	WA MEDICAID
FLUWA	WASHINGTON PART B FLU SHOTS
WSBA	WATERSTONE BENEFIT ADMNDTRS
WSBIMS	WAUSAU BENEFITS INC
WEATMS	WEA TUST
WTPAMS	WEB TPA
WELLMS	WELLCARE / UNICARE
WLPFMS	WELLCARE PFFS
WLPFMS	WELLCARE PFFS
WLMDMS	WELLMED CLAIMS
WNYBMS	WESTERN NY BCBS
WSFGMS	WESTERN SOUTHERN FINANCIAL GROUP
WIMS	WI MEDICAID
FLUWI	WI PART B FLU SHOTS
WHCNMS	WINDSOR HM CR NET
WIMEMS	WINDSOR MEDICARE EXTRA
WIBCMS	WISCONSIN BLUE CROSS
WIMS	WISCONSIN MEDICAID
WRLDMS	WORLD INSURANCE CO
WYMS	WY MEDICAID
WYBSMS	WYOMING BLUE CROSS
FLUWY	WYOMING PART B FLU SHOTS

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