General Information

Payer Name: SelectHealth, Inc.	Date: 10/20/2Ø25		
Plan Name/Group Name:	**BIN:**	**PCN:**	**GROUP:**
Scripius (PBM)	8ØØØØ8	Not required	Not required
Avera Health Plans Rx	Ø26952	AVERA	Not required
Scripius Healthy Mississippi	Ø28356	HMI	G1Ø3Ø857
Scripius Healthy Mississippi Medicare Prescription Payment Plan	Ø28356	MPPP	G1Ø3Ø857
Select Health Commercial	8ØØØØ8	Not required	Not required
Select Health Medicaid	8ØØØØ8	6Ø6	Not required
Select Health Medicare	Ø28645	7463	U1ØØØØØ9 U1ØØØØ11
Select Health Medicare Prescription Payment Plan	Ø28645	MPPP	U1ØØØØØ9 U1ØØØØ11
Select Health Worker's Compensation	Ø183Ø8	WCØØ1	Not required
Intermountain Rx Charity Program	Ø24Ø61	PA123	Not required
Effective for claims processing as of: 1/1/2Ø26	NCPDP Telecommunication Standard Version/Release: D.Ø ECL version: Oct 2Ø24		
Certification Testing Window: N/A			
Certification Contact Information: Rx_BA@imail.org			
Provider Relations Contact Information: SHPharmacyContracting@selecthealth.org			
Other Contact Information: Select Health Pharmacy Services 8ØØ-442-3129 M-F 7:ØØ AM – 9:ØØ PM (MST) Sat 9:ØØ AM – 3:ØØ PM (MST) Limited after-hours assistance available Select Health Medicare Pharmacy Services 855-442-9988 Medicare Assistance Available 24 hours a day / 7 days a week Scripius Pharmacy Services 888-999-3265 Scripius Assistance Available 24 hours a day / 7 days a week			
Maximum Number of Transactions Supported Per Transmission	1		
Submission and Reversal Window (days from date filled/dispensed to date submitted)	Commercial	9Ø Days	
	Medicaid	9Ø Days	
	Medicare	9Ø Days	

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	If an exception is needed, please contact Select Health Pharmacy Services

Supported Transactions

Transaction Code	Transaction Type
B1	Billing
B2	Reversal
E1	Eligibility Inquiry

Table Legend

Payer Usage	Value	Explanation	Payer Situation
Mandatory	M	Mandatory for the segment in the designated transaction in accordance with NCPDP Telecommunication Implementation Guide, Version DØ.	No
Required	R	Required as defined by the processor.	No
Qualified Requirement	RW	Required as defined by the situation.	Yes

Segment and Field Requirements

The following lists the segments and fields in a Billing transaction based on the NCPDP Telecommunication Standard Implementation Guide Version DØ.

Fields that are not used in the Claim Billing/Claim Rebill transaction, and those that do not have qualified requirements (e.g. not used) for this payer, are excluded.

Claim Billing/Claim Rebill Transaction

Transaction Header Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
1Ø1-A1	BIN Number	M	See valid values on page 1
1Ø2-A2	Version/Release Number	M	DØ
1Ø3-A3	Transaction Code	M	B1
1Ø4-A4	Processor Control Number	M	See valid values on page 1

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1Ø9-A9	Transaction Count	M	Ø1 – 1 occurrence (Required for Medicare) Ø2 – 2 occurrences Ø3 – 3 occurrences Ø4 – 4 occurrences
2Ø2-B2	Service Provider ID Qualifier	M	Ø1 – NPI
2Ø1-B1	Service Provider ID	M	1Ø digit NPI number
4Ø1-D1	Date of Service	M	CCYYMMDD
11Ø-AK	Software Vender/Certification ID	M	Use value for Switch's requirements or send spaces

Insurance Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø4 – Insurance Segment
3Ø2-C2	Cardholder ID	M	9-character ID beginning with 8Ø. Use Select Health Medicare Cardholder ID for Select Health Medicare Payment Plan.
312-CC	Cardholder First Name	R	
313-CD	Cardholder Last Name	R	
3Ø3-C3	Person Code	R	Not required unless patient is a twin, triplet, etc., covered under the same policy or if otherwise instructed by Pharmacy Services
3Ø6-C6	Patient Relationship Code	R	
36Ø-2B	Medicaid Indicator	RW	Submit when patient has Medicaid coverage
115-N5	Medicaid ID Number	RW	Required if known, when patient has Medicaid coverage
3Ø1-C1	Group ID	RW	See valid values on page 1. Required only if printed on card or otherwise communicated by SelectHealth for Workers' Compensation claims.

Patient Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø1 – Patient Segment
331-CX	Patient ID Qualifier	M	Ø4 – Health Plan Assigned
332-CY	Patient ID	M	

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3Ø4-C4	Date of Birth	R	
3Ø5-C5	Patient Gender Code	R	1 – Male 2 – Female
31Ø-CA	Patient First Name	R	
311-CB	Patient Last Name	R	
384-4X	Patient Residence	RW	Required for all Medicare Part D claims: Ø – Not Specified 1 – Home 2 – Skilled Nursing Facility (Part B only with prior authorization) 3 – Nursing Facility (required for Part D Short-Cycle Dispensing claims) 4 – Assisted Living Facility 5 – Custodial Care Facility (Part B only with prior authorization) 6 – Group Home 9 – Intermediate Care Facility/Mentally Retarded 11 – Hospice
3Ø7-C7	Place of Service	RW	Required for all Medicare Part D claims

Claim Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		X	
This payer does not support partial fills		X	Pharmacies should reverse and reprocess initial claim when they have satisfied the requirements as written on the prescription
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø7 – Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number	M	
436-E1	Product/Service ID Qualifier	M	Ø3 – National Drug Code (NDC)
4Ø7-D7	Product/Service ID	M	NDC
442-E7	Quantity Dispensed	R	
4Ø3-D3	Fill Number	R	Ø – Original Dispensing 1-99 – Refill Number
4Ø5-D5	Days Supply	R	
4Ø6-D6	Compound Code	R	1 – Not a Compound 2 – Compound

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4Ø8-D8	Dispense As Written (DAW)/Product Selection Code	R	
414-DE	Date Prescription Written	R	CCYYMMDD
415-DF	Number of Refills Authorized	R	
419-DJ	Prescription Origin Code	R	
42Ø-DK	Submission Clarification Code	RW	Required for Medicaid 34ØB claims: 2Ø – 34ØB Required for Medicare Part D claims when Patient Residence = 3: 16 – LTC Emergency Box (Kit) or Automated Dispensing Machine 22 – LTC Dispensing: 7 days 23 – LTC Dispensing: 4 days 24 – LTC Dispensing: 3 days 25 – LTC Dispensing: 2 days 26 – LTC Dispensing: 1 day 27 – LTC Dispensing: 4-3 days 28 – LTC Dispensing: 2-2-3 days 29 – LTC Dispensing: Daily and 3-day weekend 3Ø – LTC Dispensing: Per shift dispensing 31 – LTC Dispensing: Per med pass dispensing 32 – LTC Dispensing: PRN on demand 33 – LTC Dispensing: 7 day or less cycle not otherwise represented 34 – LTC Dispensing: 14 days 35 – LTC Dispensing: 8-14 day dispensing method not listed above
3Ø8-C8	Other Coverage Code	RW	1 – No Other Coverage 2 – Other Coverage Exists – Payment Collected 3 – Other Coverage Billed – Claim Not Covered 4 – Other Coverage Exists – Payment Not Collected Required for Medicare Prescription Payment Plan: 8 – Claim is billing for patient financial responsibility only
453-EJ	Originally Prescribed Product/Service ID Qualifier	RW	Required when medication was changed from the original script
445-EA	Originally Prescribed Product/Service Code	RW	Required if submitting a claim that replaces an originally prescribed product/service
446-EB	Originally Prescribed Quantity	RW	Required if submitting a claim that replaces an originally prescribed product/service
147-U7	Pharmacy Service Type	RW	Required for all Medicare Part D claims

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429-DT	Special Packaging Indicator	RW	Required for Medicare Part D claims when Patient Residence Code = 3
46Ø-ET	Quantity Prescribed	RW	Required for all Schedule II drugs

Pricing Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	11 – Pricing Segment
4Ø9-D9	Ingredient Cost Submitted	R	
412-DC	Dispensing Fee Submitted	R	
481-HA	Flat Sales Tax Amount Submitted	RW	Required when provider is claiming sales tax and its value has an effect on the Gross Amount Due (43Ø-DU) calculation
482-GE	Percentage Sales Tax Amount Submitted	RW	Required when provider is claiming sales tax and its value has an effect on the Gross Amount Due (43Ø-DU) calculation
483-HE	Percentage Sales Tax Rate Submitted	RW	Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)
484-JE	Percentage Sales Tax Basis Submitted	RW	Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)
426-DQ	Usual and Customary Charge	M	
43Ø-DU	Gross Amount Due	R	
423-DN	Basis of Cost Determination	R	Ø1 – AWP Ø7 – U&C 1Ø – ASP 12 – WAC

Prescriber Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø3 – Prescriber Segment
466-EZ	Prescriber ID Qualifier	R	Ø1 – NPI
411-DB	Prescriber ID	R	1Ø digit NPI number
427-DR	Prescriber Last Name	R	

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Coordination of Benefits/Other Payments Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational		X	Required for secondary, tertiary, etc. claims
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø5 – Coordination of Benefits/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	M	Maximum count of 9
338-5C	Other Payer Coverage Type	M	Ø1 – Primary Ø2 – Secondary Ø3 – Tertiary
339-6C	Other Payer ID Qualifier	R	Ø3 – BIN
34Ø-7C	Other Payer ID	R	BIN
443-E8	Other Payer Date	R	
341-HB	Other Payer Amount Paid Count	RW	Required when Other Payer Amount Paid (431-DV) is specified Maximum count of 9 Value should be greater than zero when OCC = 2 or 4; blank/null when OCC = 3
342-HC	Other Payer Amount Paid Qualifier	RW	Required when Other Payer Amount Paid (431-DV) is specified
431-DV	Other Payer Amount Paid	RW	Required when Other Payer Amount Paid Count (341-HB) is specified Value of the sum of all payers should be greater than zero when OCC = 2; zero when OCC = 4; blank/null when OCC = 3
471-5E	Other Payer Reject Count	RW	Required when claim has been rejected by previous payer(s) and the Other Payer Reject Code (472-6E) is specified Maximum count of 5 Value should be blank/null when OCC = 2 or 4; greater than zero when OCC = 3
472-6E	Other Payer Reject Code	RW	Required when Other Payer Reject Count (471-5E) is specified and Other Coverage Code (3Ø8-C8) = 3 Value should be other payer NCPDP Reject Code
353-NR	Other Payer-Patient Responsibility Amount Count	RW	Required when Other Payer-Patient Responsibility Amount (352-NQ) is specified

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			Maximum count of 25 Allowed if OCC = 2 or 4; not allowed if OCC = 3
351-NP	Other Payer-Patient Responsibility Amount Qualifier	RW	Required when Other Payer-Patient Responsibility Amount (352-NQ) is specified Components of Patient Pay are required for values Ø1 – Ø5 and Ø7 – 13 Usage of Ø6 "Patient Pay as Reported by Previous Payer" accepted as an exception and subject to audit
352-NQ	Other Payer-Patient Responsibility Amount	RW	Required when Other Payer-Patient Responsibility Amount Count (353-NR) is specified and when necessary for state/federal/regulatory agency programs Must be submitted for accurate pricing calculations on OCC 2 and 4, for all SelectHealth Commercial

The COB segment and all required fields must be sent if the Other Coverage Code (3Ø8-C8) = 2, 3, or 4.

Note: When Other Coverage Code (3Ø8-C8) = 2 (Other Coverage Exists – payment collected), fields 341-HB, 342-HC and 431-DV are required.

Compound Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational		X	Only required for submission of a compound claim (Field 4Ø6-D6 = 2)
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	1Ø – Compound Segment
45Ø-EF	Compound Dosage Form Description Code	M	
451-EG	Compound Dispensing Unit Form Indicator	M	
447-EC	Compound Ingredient Component Count	M	Count must match the submitted number of repetitions Maximum 25 ingredients
488-RE	Compound Product ID Qualifier	M	Ø3 - NDC
489-TE	Compound Product ID	M	Component NDC(s) of compound
448-ED	Compound Ingredient Quantity	M	Amount expressed in metric decimal units
449-EE	Compound Ingredient Drug Cost	R	

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49Ø-UE	Compound Ingredient Basis Of Cost Determination	R	
362-2G	Compound Ingredient Modifier Code Count	R	Maximum count of 1Ø
363-2H	Compound Ingredient Modifier Code	R	

Note: The sum of all Compound Ingredient Drug Costs (449-EE) must equal Ingredient Cost Submitted (4Ø9-D9).

Clinical Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational		X	Only required for a few select groups and only on select drug classes
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	13 - Clinical Segment
491-VE	Diagnosis Code Count	R	Maximum count of 5
492-WE	Diagnosis Code Qualifier	R	
424-DO	Diagnosis Code	R	

DUR/PPS Segment		**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*				
This Segment is situational		X	Required to receive a service fee on certain vaccines				
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**				
438-E3	Service Fee	R					
441-E6	Result of Service Code	R	Vaccine Administration:	1A 1B 1C	1D 1E 1F	1G 1H 1I	1J 1K 3N
			Consultation Services:	3A 3B 3C	3D 3E 3F	3G 3H 3J	3K 3M 3N
439-E4	Reason for Service Code	R	A valid Reason for Service Code must be submitted				
44Ø-E5	Professional Service Code	R	A valid Professional Service Code must be submitted. For Consultation Services, use PØ. For Vaccine Administration, use MA.				

Claim Reversal Transaction

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Transaction Header Segment		**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
1Ø1-A1	BIN Number	M	Same value as Claim Billing transaction
1Ø2-A2	Version/Release Number	M	DØ
1Ø3-A3	Transaction Code	M	B2
1Ø4-A4	Processor Control Number		Same value as Claim Billing transaction
1Ø9-A9	Transaction Count	M	Maximum of 4 transactions
2Ø2-B2	Service Provider ID Qualifier	M	Same value as Claim Billing transaction
2Ø1-B1	Service Provider ID	M	Same value as Claim Billing transaction
4Ø1-D1	Date of Service	M	Same value as Claim Billing transaction
11Ø-AK	Software Vendor/Certification ID	M	Use value for Switch's requirements or send spaces
Insurance Segment		**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø4 – Insurance Segment
3Ø2-C2	Cardholder Id	M	Same value as Claim Billing transaction
Claim Segment		**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø7 – Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number	M	Same value as Claim Billing transaction
436-E1	Product/Service ID Qualifier	M	Same value as Claim Billing transaction
4Ø7-D7	Product/Service ID	M	Same value as Claim Billing transaction
4Ø3-D3	Fill Number	RW	Required when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day
3Ø8-C8	Other Coverage Code	RW	Same value as Claim Billing transaction

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Pricing Segment		**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is always sent		X	
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	11 – Pricing Segment
43Ø-DU	Gross Amount Due	R	Same value as Claim Billing transaction

Coordination of Benefits/Other Payments Segment		**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is situational		X	Required only for secondary, tertiary, etc. claims
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**
111-AM	Segment Identification	M	Ø5 – Coordination of Benefits/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	M	Maximum count of 9
338-5C	Other Payer Coverage Type	M	Same value as Claim Billing transaction

Testing Information

Test BIN	8ØØØØ8
Test PCN	DØTEST
SelectHealth is the primary insurer for this test patient	
Cardholder ID	8ØØØØØØØØ
Person Code	ØØØ
Patient Name	Fred Select
Patient Date of Birth	11/15/1958
Relationship	1 – Cardholder
Gender	1 – Male
SelectHealth is the secondary insurer for this test patient	
Cardholder ID	8ØØØØØØØØ
Person Code	ØØ1
Patient Name	Sally Select
Patient Date of Birth	Ø3/Ø8/196Ø
Relationship	2 – Spouse
Gender	2 – Female

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