Medicare
General Information

Payer Name: SelectHealth, Inc.	Effective for claims processing as of: 1/1/2Ø27		
Plan Name/Group Name:	**BIN:**	**PCN:**	**GROUP:**
Select Health Medicare	Ø28645	7463	U1ØØØØØ9 U1ØØØØ11
Select Health Medicare Prescription Payment Plan	Ø28645	MPPP	U1ØØØØØ9 U1ØØØØ11
BayCarePlus	Ø28728	BAYCARE	G1Ø32Ø79
BayCarePlus Medicare Prescription Payment Plan	Ø28728	MPPP	G1Ø32Ø79
NCPDP Telecommunication Standard Version/Release: D.Ø	ECL version: Oct 2Ø26		
Certification Testing Window: N/A			
Certification Contact Information: MedicareBA@imail.org			
Pharmacy Provider Relations Contact Information: SHPharmacyContracting@selecthealth.org			
Other Contact Information: Select Health Medicare Pharmacy Services Help Desk 855-442-9988 Medicare Assistance Available 24 hours a day / 7 days a week Scripius Medicare Pharmacy Services Help Desk 8ØØ-713-5Ø11 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)	Medicare	9Ø Days	
	If an exception is needed, please contact Select Health Pharmacy Services		

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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

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1Ø4-A4	Processor Control Number	M	See valid values on page 1
1Ø9-A9	Transaction Count	M	Ø1 – 1 occurrence
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	
3Ø6-C6	Patient Relationship Code	R	
3Ø1-C1	Group ID	R	See valid values on page 1

Claim 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	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	

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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	
4Ø8-D8	Dispense As Written (DAW)/Product Selection Code	R	0 – No Product Selection Indicated 1 – Substitution Not Allowed by Prescriber 2 – Substitution Allowed – Patient Requested Product Dispensed 3 – Substitution Allowed – Pharmacist Select Product Dispensed 4 – Substitution Allowed – Generic Drug or Interchangeable Biosimilar Not in Stock 5 – Substitution Allowed – Brand Drug or Reference Product Dispensed as a Generic or interchangeable biosimilar 6 – Override 7 – Substitution Not Allowed – Brand Drug or Reference Product Mandated by Law 8 – Substitution Allowed – Generic Drug or Interchangeable Biosimilar Not Available in Marketplace 9 – Substitution Allowed by Prescriber but Plan Requests Brand or Reference Product	
414-DE	Date Prescription Written	R	CCYYMMDD	
415-DF	Number of Refills Authorized	R		
419-DJ	Prescription Origin Code	R	1 – Written 2 – Telephone 3 -Electronic	4 – Facsimile 5 – Pharmacy 6 – No Associated Prescription
354-NX	Submission Clarification Code Count	RW	Required if value submitted in 42Ø-DK. Maximum count of 3	
42Ø-DK	Submission Clarification Code	RW	Required for 34ØB claims: 2Ø – 34ØB Required for compound claims: Ø8 – Process Compound for Approved Ingredients	

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42Ø-DK	Submission Clarification Code (continued)	RW	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	R	Required for all Medicare Part D claims
46Ø-ET	Quantity Prescribed	RW	Required for all Schedule II drugs
462-EV	Prior Authorization Number Submitted	RW	Required when indicated by Pharmacy Services

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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
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	R	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/Individuals with Intellectual Disabilities 11 – Hospice
3Ø7-C7	Place of Service	R	A valid NCPDP code is required. See page 22 for list of valid codes and descriptions of use https://www.cms.gov/Medicare/Coding/place-of-service-codes/index.html

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	

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477-BE	Professional Service Fee Submitted	RW	Required when provider is claiming an administrative fee for a compound or consultation service	
438-E3	Incentive Amount Submitted	RW	Required when provider is claiming a service fee for vaccine administration	
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 Ø6 – MAC Ø7 – U&C	Ø8 – 34ØB 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 Allowed if OTC benefit is offered by plan: 18 – No Prescriber ID, No Prescription Associated to the transaction
411-DB	Prescriber ID	R	1Ø digit NPI number When Prescriber ID qualifier is 18, then Prescriber ID must be Ø
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 when Other Coverage Code (3Ø8-C8) = 2, 3, or 4 (secondary, tertiary, etc. claims) Required when Other Coverage Code = 8 (Allowed only for Medicare Prescription Payment Plan billing)
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 Ø4 - Quaternary
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 When OCC = 2 or 4, value should be greater than zero When OCC = 3, value should be blank/null
342-HC	Other Payer Amount Paid Qualifier	RW	Required when Other Payer Amount Paid (431-DV) is specified Ø7 – Drug Benefit
431-DV	Other Payer Amount Paid	RW	Required when Other Payer Amount Paid Count (341-HB) is specified When OCC = 2, value should be greater than zero When OCC = 4, value should be zero When OCC = 3, value should be blank/null

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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 When OCC = 2 or 4, value should be blank/null When OCC = 3, value should be greater than zero
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 (511-FB)
353-NR	Other Payer-Patient Responsibility Amount Count	RW	Only used for Medicare Prescription Payment Plan claims Required when Other Payer-Patient Responsibility Amount (352-NQ) is specified and Other Coverage Code (3Ø8-C8) = 8 Maximum count of 25
351-NP	Other Payer-Patient Responsibility Amount Qualifier	RW	Only used for Medicare Prescription Payment Plan claims Required when Other Payer-Patient Responsibility Amount (352-NQ) is specified and Other Coverage Code (3Ø8-C8) = 8
352-NQ	Other Payer-Patient Responsibility Amount	RW	Only used for Medicare Prescription Payment Plan claims Required when Other Payer-Patient Responsibility Amount Count (353-NR) is specified and Other Coverage Code (3Ø8-C8) = 8

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.

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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	
49Ø-UE	Compound Ingredient Basis of Cost Determination	R	

Clinical Segment		Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is situational		X	Provide when notated on the prescription
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	

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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 and professional services. Required to document pharmacy actions for prescriber consultations for the appropriate use of controlled substances and to notify plans of validated exemptions. This segment is subject to audit.				
Field	**NCPDP Field Name**	**Payer Usage**	**Value/Comments**				
438-E3	Service Fee	R					
441-E6	Result of Service Code	R	Consultation Services:	3A 3B 3C	3D 3E 3F	3G 3H 3J	3K 3M 3N
			DUR Soft Reject Overrides & Exemptions:	1A 1B 1G 4B	4C 4D 4E	4F 4G 4H 4J	4K 4L 4R
439-E4	Reason for Service Code	R	A valid Reason for Service Code must be submitted				
			DUR Soft Reject Overrides & Exemptions:	DD EX ER HC		HD MX TD	
44Ø-E5	Professional Service Code	R	A valid Professional Service Code must be submitted. For Vaccine Administration, use MA.				
			DUR Soft Reject Overrides & Exemptions:	DE DP MØ		MR RØ	

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Claim Reversal Transaction

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 1 transaction
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

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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	Same value as Claim Billing transaction
3Ø8-C8	Other Coverage Code	RW	Same value as Claim Billing transaction

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

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Testing Information

Select Health is the primary insurer for this test patient	
Test BIN	Ø28645
Test PCN	7463
Test Group	U1ØØØØØ9
Cardholder ID	TEST69755
Person Code	ØØØ
Patient Name	James OConnor
Patient Date of Birth	7/8/1985
Relationship	1 – Cardholder
Gender	1 – Male

BayCarePlus is the primary insurer for this test patient	
Test BIN	Ø28728
Test PCN	BAYCARE
Test Group	G1Ø32Ø79
Cardholder ID	TESTØ2357
Person Code	ØØØ
Patient Name	Javier Delgado
Patient Date of Birth	9/22/1979
Relationship	1 – Cardholder
Gender	1 – Male

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