

**Anthem Prescription Management, LLC
Request Payer Sheet**

Payer Name: Anthem Prescription, LLC	Date: 12/12/05
Plan Name/Group Name: All	
Processor: Anthem Prescription, LLC	Switch: All
Effective as of: 01/01/2006	Version/Release #: 5.1
Contact/Information Source: Pharmacy Help Desk	
Certification Testing Window: Not Required	
Provider Relations Help Desk Info: 800-662-0210	
Other versions supported: None	

This payer sheet replaces all existing payer sheets for BIN 610575. Pharmacies will use this payer sheet to submit claims for all Anthem Prescription business, including primary and secondary Medicare Part D claims.

Key Changes:

- 1) Primary claims for Anthem Prescription members will be submitted with the standard BIN with no PCN required. If you are currently submitting a PCN, you can continue to do so.
- 2) COB Processing – COB Processing will not be available until 1/1/06. On-line COB will only be accepted via the COB segment. Other Coverage Code (308-C8) is a required field.
- 3) Eligibility verification (E1) transactions are recommended to validate Medicare Part D primary coverage.
- 4) PCNs for Medicare Part D TrOOP Facilitation – The Medicare Part D TrOOP (True Out-of-Pocket) Facilitation process requires a unique BIN/PCN combination to be submitted on claims that represent supplemental coverage to Medicare Part D. Claims for supplemental coverage to Medicare Part D must be submitted with the PCN returned in an Eligibility Response from the TrOOP Facilitator, in the Primary Payer's Paid Response, or as indicated on the member's ID card. Valid PCN values are:

TROOP00100	TROOP00106
TROOP00101	TROOP00107
TROOP00102	TROOP00108
TROOP00103	TROOP00109
TROOP00104	TROOP00110
TROOP00105	

All of the PCNs noted above will be accepted when submitted to BIN 610575 for a secondary, tertiary or quaternary transaction.

TrOOP Facilitation transactions must be sent through the pharmacy's switch to the TrOOP Facilitator. Do not use lines directly connected to APM for these claims.

- 5) Multi-claim Transactions – To support the on-line TrOOP Facilitation Process, multi-claim transactions are not supported for Medicare Part D claims or claims for coverage that is supplemental to Medicare Part D.
- 6) Patient Location Code – Patient Location Code must be submitted for Home Infusion Therapy (HIT) and Long-Term Care (LTC) situations.
- 7) Sales Tax Submission Requirements – On the Pricing Segment, you will notice that Sales Tax fields have been noted as "Required When" (RW). This in no way obligates Anthem Prescription to pay such charges. All sales tax requirements are reviewed by the PBM's legal counsel to determine the responsible entity.

Notes:

Claim transaction segments not depicted within this document may be accepted in the transmission of a claim. However, Anthem Prescription may not use the information submitted to adjudicate claims.

- Please avoid the use of the following printable characters in the data fields:

- * Asterisk
- | Vertical Bar
- ~ Tilde
- ^ Caret
- < Less Than Sign
- > Greater Than Sign
- :
- { Open Curly Bracket
- } Close Curly Bracket
- @ At Sign
- & Ampersand Sign
- % Percent Sign
- [Open Square Bracket
-] Close Square Bracket
- # Number Sign

If these printable characters are sent in certain fields in claim or reversal transactions, they will be included in corresponding fields in the X12N 835 Electronic Remittance Advice transaction. If you do not wish to receive these extended characters in the X12N 835 file, do not include them in the original claim transaction.

- Submission of invalid National Drug Codes (NDC) will result in a rejection.

Fields designated as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” ® will always be sent. Fields designated as “Required When” (RW) will be sent when indicated. “Optional” fields (O) that are indicated in the payer sheet are accepted, but are not used in the adjudication process.

M = Mandatory
R = Required
RW = Required When
O = Optional

BILLING TRANSACTION:

Transaction Header Segment: Mandatory in all cases

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
1Ø1-A1	BIN Number	61Ø575	M	
1Ø2-A2	Version/Release Number	51	M	Version 5.1
1Ø3-A3	Transaction Code	B1, B3	M	Billing Transaction
1Ø4-A4	Processor Control Number		M	Assigned by Anthem Prescription for use on secondary Medicare Part D transactions. (See "Key Changes" on page 1 for valid values)
1Ø9-A9	Transaction Count	1, 2, 3, 4	M	Multiple claim transactions should not be submitted for Medicare Part D claims, or for online COB claims where coverage is supplemental to Medicare Part D.
2Ø2-B2	Service Provider ID Qualifier	Ø7	M	
2Ø1-B1	Service Provider ID	NCPDP Provider ID	M	Previously known as NABP Number
4Ø1-D1	Date of Service		M	Format CCYYMMDD
11Ø-AK	Software Vendor/Certification ID		M	Send Spaces

Patient Segment: Required

<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø1	M	Patient Segment
3Ø4-C4	Date of Birth		R	Format CCYYMMDD
3Ø5-C5	Patient Gender Code	1, 2	RW	Required to distinguish twins, triplets, etc.
31Ø-CA	Patient First Name		RW	Required to distinguish twins, triplets, etc.
311-CB	Patient Last Name		RW	Required to distinguish twins, triplets, etc.
3Ø7-C7	Patient Location	1, 3, 5	RW	Required When Billing for Patient in a Long-Term Care Setting: 3 – Nursing Home 5 – Rest Home Required When Billing for HIT: 1- Home

Insurance Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	ID assigned to cardholder
3Ø3-C3	Person Code		RW	Required when supplied on patient ID card
3Ø6-C6	Patient Relationship Code		RW	Required to distinguish twins, triplets, etc.

Claim Segment: Mandatory

Anthem Prescription does not support partial fill billing, partial fill reversal or re-transmit with partial/full quantity at this time.

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx billing
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3	M	
4Ø7-D7	Product/Service ID		M	Submit 11-byte NDC without Dashes. If compound, submit all 9's or all Ø's if the compound segment is used.
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)		R	
414-DE	Date Prescription Written		R	Format CCYYMMDD
3Ø8-C8	Other Coverage Code	Ø, 1, 3, 5, 6, 7, 8	R	COB Segment is required for all values, including Other Coverage Code = 8. Codes of 2 and 4 will be implemented at a future date.

Pharmacy Provider Segment: Not Used**Prescriber Segment: Required**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	12	R	Other values may be used in the future
411-DB	Prescriber ID		R	If Prescriber ID Qualifier (466-EZ) is '12' then this field must be populated with the DEA number.

COB/Other Payments Segment: Required When

Does payer/processor support COB? Yes

Which method will you support? Currently APM supports "Copay Only" billing, but will be implementing "Bill Other Payer Amount" billing at a future date.

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	1, 2, 3	M	
338-5C	Other Payer Coverage Type	Ø1, Ø2, Ø3	M (Repeating)	
339-6C	Other Payer ID Qualifier	Ø3	R (Repeating)	
34Ø-7C	Other Payer ID	BIN Number	R (Repeating)	BIN number of Other Payer.
443-E8	Other Payer Date		R (Repeating)	Format CCYYMMDD
341-HB	Other Payer Amount Paid Count	Up to 5 occurrences per payer	RW	Required when the Other Payer did not reject the claim. The value populated in this field must equal the number of values reported in the Other Payer Amount Paid Qualifier (342-HC).
342-HC	Other Payer Amount Paid Qualifier	Ø7, Ø8	RW (Repeating)	Required when the Other Payer Amount Paid Count (342-HC) is populated. The number of qualifiers reported in this field must match the value reported in Other Payer Amount Paid Count (341-HB).
431-DV	Other Payer Amount Paid		RW (Repeating)	Required when Other Payer Amount Paid Qualifier (342-HC) is sent. An Other Payer Amount Paid must be reported for each occurrence in Other Payer Amount Paid Qualifier (342-HC) field.
471-5E	Other Payer Reject Count		RW	Required when the Other Payer rejected the claim. This value corresponds to the number of reject codes being reported in Other Payer Reject Code (471-5E).

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
472-6E	Other Payer Reject Code		RW (Repeating)	Required when Other Payer Reject Count (471-5E) is populated. This value must correspond to the number of occurrences reported in Other Payer Reject Count (471-5E).

Workers' Compensation Segment: Not Used

DUR/PPS Segment: Not Used

Pricing Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		O	May be used when submitting a claim for Coordination of Benefits (COB). Submit the total patient liability to the previous payer, including co-payments and deductible amounts.
481-HA	Flat Sales Tax Amount Submitted		RW	Required when a flat sales tax amount is applicable
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when a percentage sales tax is applicable
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when 482-GE Percentage Sales Tax Amount Submitted is applicable
484-JE	Percentage Sales Tax Basis Submitted	Ø2, Ø3	RW	Required when 483-HE Percentage Sales Tax Rate Submitted is applicable Ø2 – Ingredient Cost Ø3 – Ingredient Cost + Dispensing Fee
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		RW	Required when submitting a claim for Coordination of Benefits (COB). Submit the total patient liability to the previous payer, including co-payments and deductible amounts.

Coupon Segment: Optional

Does payer/processor support coupons? Anthem Prescription does not support use of the coupon segment at this time.

Compound Segment: Optional

Does payer/processor support compounds online? Yes

If yes, please include the following information:

Which compound billing method do you support? Using the Claim and Compound Segments

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code	Blank, Ø1 through 18	M	All dosage form codes are supported.
451-EG	Compound Dispensing Unit Form Indicator	1, 2, 3	M	Dosage form of the complete compound mixture
452-EH	Compound Route of Administration	Ø through 22	M	Code for the route of administration of the complete compound mixture
447-EC	Compound Ingredient Component (Count)		M	Count of compound product IDs (both active and inactive) in the compound mixture submitted
488-RE	Compound Product ID Qualifier	Ø3	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	Submit 11-byte NDC without dashes for each compound component
448-ED	Compound Ingredient Quantity		M (Repeating)	Metric decimal quantity for each Compound Product ID (489-TE) reported.
449-EE	Compound Ingredient Drug Cost		R (Repeating)	Ingredient cost for the metric decimal quantity reported in Compound Ingredient Quantity (448-ED).
49Ø-UE	Compound Ingredient Basis of Cost Determination	Blank, 01 through 07, 09	R (Repeating)	Basis of cost for each amount reported in Compound Ingredient Drug Cost (449-EE).

Prior Authorization Segment: Not Used

Clinical Segment: Not Used

**** OTHER TRANSACTION INFORMATION ****

Reversals

Maximum Number of Transactions Supported per transmission	4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Determined by contracted Health Plan. Average timeframe is 12 months.

REVERSAL TRANSACTION:**Transaction Header Segment: Mandatory**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Field</i>	<i>Comment</i>
101-A1	BIN Number	610575	M	
102-A2	Version/Release Number	51	M	Version 5.1
103-A3	Transaction Code	B2	M	Reversal
104-A4	Processor Control Number		M	
109-A9	Transaction Count	1, 2, 3, 4	M	
202-B2	Service Provider ID Qualifier	07	M	
201-B1	Service Provider ID	NCPDP Provider ID	M	Previously this was called NABP Number
401-D1	Date of Service		M	Format CCYYMMDD
110-AK	Software Vendor/Certification ID		M	Send spaces

Claim Segment: Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Field</i>	<i>Comment</i>
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1	M	Rx Billing
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03	R	
407-D7	Product/Service ID		R	
403-D3	Fill Number		R	

**** Certification Requirements ****

Certification is not required.