

EnvisionRxOptions Comprehensive D.Ø Payer Sheet

General Information

Payer Name: ENVISION/RX OPTIONS		Revision Date: 3/12/2018	
Plan Name/Group Name: AmWINS – Commercial	BIN: Ø11289	PCN: N/A	
Plan Name/Group Name: AmWINS - Williamson County	BIN: Ø13492	PCN: N/A	
Plan Name/Group Name: AmWINS – QHP	BIN: Ø14848	PCN: MEDD	
Plan Name/Group Name: AmWINSRx	BIN: Ø15185	PCN: CMSPARTD	
Processor: ENVISION/RX OPTIONS			
Effective as of: 1/1/2017	NCPDP Telecommunication Version/Release #: D.Ø	Transaction Code: B1 & B2	
Contact/Information Source: www.envisionrx.com			
*Please contact AmWINS at 1-855-693-3921 for all questions pertaining to the AmWINS Plan Names/Groups Names.			

Payer Name: ENVISION/RX OPTIONS		Revision Date: 3/12/2018	
Plan Name/Group Name: Part D	BIN: Ø12312	PCN: PARTD	
Plan Name/Group Name: Commercial	BIN: ØØ9893	PCN: ROIRX	
Plan Name/Group Name: VDCRX	BIN: ØØ9893	PCN: ROIRX	
Plan Name/Group Name: Costco Employees	BIN: Ø15342	PCN: COSTEMP	
Plan Name/Group Name: NYPD	BIN: ØØ9893	PCN: AEØ2	
Plan Name/Group Name: Delta Care	BIN: Ø16473	PCN: N/A	
Plan Name/Group Name: Careington	BIN: 61Ø3Ø3	PCN: AEØ2	
Plan Name/Group Name: Cogent Works	BIN: Ø17134	PCN: ROIRX	
Plan Name/Group Name: Massachusetts Medicaid (MassHealth)	BIN: 61Ø342	PCN: BCAID	
Plan Name/Group Name: Total Health Care Medicaid and Healthy Michigan Plan	BIN: 61Ø342	PCN: ROIRX	
Plan Name/Group Name: Medicaid	BIN: 61Ø342	PCN: ROIRX	
Plan Name/Group Name: New Benefits	BIN: 61Ø346	PCN: N/A	
Plan Name/Group Name: OneRx	BIN: 637639	PCN: ROIRX/ AEØ2	
Plan Name/Group Name: MedTrak	BIN: Ø14244	PCN: DCAE2/ ROIRX	
Plan Name/Group Name: RXEZPAY	BIN: Ø18Ø75	PCN: RXEP	

Plan Name/Group Name: Envision Medical Solutions (EMS)	BIN: ØØ9893	PCN: DCAE1
Plan Name/Group Name: Medicare Card System (MCS)	BIN: Ø12312 *All B1 and B2 transactions need to be submitted with the Group Number.	PCN: PARTD
Plan Name/Group Name: Medicare Card System (MCS)	BIN: ØØ9893 *All B1 and B2 transactions need to be submitted with the Group Number.	PCN: ROIRX
Plan Name/Group Name: Envision Save	BIN: 61Ø288	PCN: DCAE1/ROIRX
Plan Name/Group Name: OrchestraRx	BIN: Ø18687	PCN: ORCHESTRA
Plan Name/Group Name: Rite Aid Rx Savings Program	BIN: Ø18852	PCN: RAD
Plan Name/Group Name: Ameritas	BIN: Ø17529	PCN: AMRX
Plan Name/Group Name: PopupRx	BIN: Ø198Ø2	PCN: DCAE1/ROIRX
Plan Name/Group Name: FetchMyMeds	BIN: Ø19926	PCN: DCEA1
Processor: ENVISION/RX OPTIONS		
Effective as of: 1/1/2015	NCPDP Telecommunication Version/Release #: D.Ø	Transaction Code: B1 & B2
Contact/Information Source: www.envisionrx.com Pharmacy Help Desk Phone: 1-800-361-4542		

Billing Transaction \ Segments and Fields

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields.

M=Mandatory - The Field is mandatory for the Segment in the designated transaction.

R=Required - The Field has been designated with the situation of "Required" for the segment in the designated Transaction.

O=Optional / S= Situational - The situations designated have qualifications for usage

Other Transaction Information

Maximum Number of Transactions Supported per transmission	4
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Reversal Window	180 days old Can vary by group
COB Processing	NCPDP Option 2 (OPRA) ** Indicates Government entity requiring NCPDP COB processing Option 3; See General Information, Plan and Group listing for applicable Group Number, BIN and PCN combinations

Certification Requirements

Certification is not required.

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
101-A1	BIN Number		M	
102-A2	Version/Release Number	D.0	M	
103-A3	Transaction Code	B1 or B2	M	
104-A4	Processor Control Number		M	
109-A9	Transaction Count	1-4	M	Maximum of 4 transactions per transmission
202-B2	Service Provider ID Qualifier	01	M	
201-B1	Service Provider ID		M	NPI REQUIRED
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vendor/Certification ID		S	

Patient Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	01	M	
331-CX	Patient ID Qualifier		O	
332-CY	Patient ID		O	
304-C4	Date of Birth		R	CCYYMMDD
305-C5	Patient Gender Code		R	1- MALE 2- FEMALE
307-C7	Place of Service		O	
310-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	Must be valid two character alphabetic state code
325-CP	Patient Zip/Postal Zone		R	The ZIP code must be a valid 5 or 9 digit USPS ZIP code and must not include hyphens or all zeros in 6th through 9th positions.
326-CQ	Patient Phone No.		O	If present, must be 10 digit numeric
333-CZ	Employer ID		O	
335-2C	Pregnancy Indicator		O	If present, valid values = null, 1,2
350-HN	Patient Email Address		O	
384-4X	Patient Residence		R	Home : 1 Long Term Care : 3,4,6,9 and 11

Pharmacy Provider Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	02	M	
465-EY	Provider ID Qualifier		M	Valid value = 05
444-E9	Provider ID		M	Must be valid NPI

Prescriber Segment: Required

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	03	M	
466-EZ	Prescriber ID Qualifier	01	R	01 – National Provider Identifier (NPI)
411-DB	Prescriber ID		R	NPI (prescribing physician) must be 10 digits
427-DR	Prescriber Last Name		O	
498-PM	Prescriber Phone Number		O	If present, must be 10 digit numeric

468-2E	Primary Care Provider ID Qualifier	Ø1	O	If present, value must = Ø1
421-DL	Primary Care Provider ID		O	Must be valid NPI If 468-2E is present and =Ø1
47Ø-4E	Primary Care Provider Last Name		O	
364-2J	Prescriber First Name		O	
365-2K	Prescriber Street Address		O	
366-2M	Prescriber City Address		O	
367-2N	Prescriber State/Providence Address		O	If present, must be valid two character alphabetic state code
368-2P	Prescriber Zip/Postal Zone		O	If 368-2P is present, ZIP code must be a valid 5 or 9 digit USPS ZIP code, must not include hyphens or all zeros in 6th through 9th positions.

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	Ø4	M	
3Ø2-C2	Cardholder ID		M	
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	
314-CE	Home Plan		O	
524-FO	Plan ID		O	
3Ø9-C9	Eligibility Clarification Code		O	
336-8C	Facility ID		O	
3Ø1-C1	Group ID		R	
3Ø3-C3	Person Code	Ø1	R	ALL (with noted exceptions)
3Ø6-C6	Patient Relationship Code	1	R	All Medicare Part D are
36Ø-2B	Medicaid Indicator		O	Must be present with valid ST codes
361-2D	Provider Accept Assignment Indicator	Y, N	R	Must be present and = Y or N
997-G2	CMS Part D Defined Qualified Facility	Y, N	O	If present, must = Y or N

115-N5	Medicaid ID Number		R	
116-N6	Medicare Agency Number		R	

Claim Segment: Required

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	Ø7	M	
455-EM	Prescription/Service Ref No. Qualifier	1	M	Must = 1
4Ø2-D2	Prescription/Service Ref No.		M	Max 12 digits
436-E1	Product/Service ID Qualifier	ØØ,Ø3	M	ØØ if Compound Code in 4Ø6-D6 = 2
4Ø7-D7	Product/Service ID		M	NDC; If 436-E1 = ØØ, then must submit Ø
456-EN	Associated Prescription/Service Ref No.		S	Must be present if 343-HD = "C"
457-EP	Associated Prescription/Serv. Date		S	CCYYMMDD / Must be present if 343-HD = "C" and 456-EN is present
458-SE	Procedure Modifier Code Count	1-1Ø	S	If present, must = total # of group occurrences
459-ER	Procedure Modifier Code		S	Must be present if 459-ER
442-E7	Quantity Dispensed		M	Must be present and > Ø
4Ø3-D3	Fill Number	Ø,1-99	R	The values defined for this field are Ø = Original fill, 1-99 = refill
4Ø5-D5	Days Supply		M	Must be present and > Ø
4Ø6-D6	Compound Code	1,2	R	1=Not a Compound, 2=Compound, If 2 is submitted, then compound segment is required.
4Ø8-D8	DAW / Prod Selection Code	Ø-5,7,9	R	6,8 Not allowed
414-DE	Date Prescription Written		M	CCYYMMDD
415-DF	Number of Refills Authorized		O	If present, must = Ø,1- 99
419-DJ	Prescription Origin Code	1-5	M	1=Written, 2=Telephonic, 3=Electronic, 4=Facsimile, 5=Pharmacy

354-NX	Submission Clarification Code Count	1-3	S	Must be present if 42Ø-DK is used If 384-4X = 3,4,6,9 or 11 then 42Ø-DK must be 16 or 21-36*Per CMS mandate effective 2/28/13. Code of 2Ø is populated if 34Øb
42Ø-DK	Submission Clarification Code		S	
	Left blank intentionally			

Claim Segment: Required (cont.)

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
3Ø8-C8	Other Coverage Code	ØØ, Ø1, Ø2, Ø3, Ø4, Ø8	R	If 3Ø8-C8 = Ø2, Ø3, Ø4, Ø8, COB segment** must be submitted
429-DT	Special Packaging Indicator		O	If present, values accepted are 'Ø-5'
453-EJ	Orig Prescribed Prod/Serv ID Qualifier	Ø3	O	Must be present if 455-EA is used
445-EA	Orig Prescribed Prod/Serv Code		O	Must be present if 453-EJ is used
446-EB	Originally Prescribed Quantity		O	
6ØØ-28	Unit of Measure		S	If present. Must be EA,GM.ML
418-DI	Level of Service		S	If present, must be Ø,1-6
461-EU	Prior Authorization Type Code		O	May be Required if Submitting Prior Auth
462-EV	Prior Authorization No. Submitted		O	May be Required if Submitting Prior Auth – not in either
463-EW	Intermediary Authorization Type ID		O	
464-EX	Intermediary Authorization ID		O	
343-HD	Dispensing Status	P, C	R	If present, P= Partial, C= Completion
344-HF	Quantity Intended to be Dispensed		S	Must be present and > Ø if 343-HD = P or C

345-HG	Days Supply Intended to be Dispensed		S	Must be present and > Ø if 343-HD = P or C
357-NV	Delay Reason Code		O	
391-MT	Patient Assignment Indicator	Y,N	R	Must be present and Y or N
995-E2	Route of Administration		S	
996-G1	Compound Type		O	
147-U7	Pharmacy Service Type		R	Retail: Ø1 Home Infusion: Ø3 Long Term Care : Ø5

Workers' Compensation Segment: Optional

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	Ø6	M	
434-DY	Date of Injury		M	CCYYMMDD
315-CF	Employer Name		O	
316-CG	Employer Street Address		O	
317-CH	Employer City Address		O	
318-CI	Employer State/Province Address		O	
319-CJ	Employer Zip/Postal Zone		O	The ZIP code must be a valid 5 or 9 digit USPS ZIP code and must not include hyphens or all zeros in 6 th through 9 th positions.
32Ø-CK	Employer Phone Number		O	
321-CL	Employer Contact Name		O	
327-CR	Carrier ID		O	
435-DZ	Claim Reference/ID		R	
117-TR	Billing Entity Type Indicator		R	
118-TS	Pay To Qualifier		R	
119-TT	Pay To ID		O	
12Ø-TU	Pay To Name		O	
121-TV	Pay To Street Address		O	
122-TW	Pay To City		O	
123-TX	Pay To State/Province Address		O	

124-TY	Pay To Zip/Postal Zone		O	
125-TZ	Generic Equivalent Product ID Qualifier		O	
126-UA	Generic Equivalent Product ID		O	

COB/Other Payments Segment: Situational
***Required when other insurance processing is involved**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	Ø5	M	
337-4C	Coordination of Benefits/Other Payments Count	1-9	M	Must = total # of group occurrences that follow
338-5C	Other Payer Coverage Type		M	Must be present with values = Ø1-Ø9
339-6C	Other Payer ID Qualifier		R	If 338-5C is populated then values = Ø1, Ø2, Ø3,Ø4, Ø5, 1C, 1D, 99
34Ø-7C	Other Payer ID		R	Must be populated with Other Payer ID
443-E8	Other Payer Date		S	CCYYMMDD
341-HB	Other Payer Amount Paid Count	1-9	S	If present, must be = total # of group occurrences, 342-HC and 431-DV
342-HC	Other Payer Amount Paid Qualifier		S	If present, must be values = Ø1-Ø7, Ø9, 1Ø when 341-HB is used
431-DV	Other Payer Amount Paid		S	**Must be present for Government COB Processing
471-5E	Other Payer Reject Count		S	Must be present when 472-6E is used
472-6E	Other Payer Reject Code		S	Values are = ECL Appendix 1; Must be present when 3Ø8-C8 = 3
993-A7	Internal Control Number		S	
353-NR	Other Payer- Patient Responsibility Amount Count	1-25	S	Required if 3Ø8-C8 = Ø2** or Ø8. Required if 351-NP is populated
351-NP	Other Payer- Patient Responsibility Amount Qualifier		S	Required if 3Ø8-C8 = Ø2** or Ø8. If present, must =, Ø1-13, must be present when 352-NQ is used.

352-NQ	Other Payer- Patient Responsibility Amount		S	Required if 308-C8 = 02** or 08. Required if 351-NP is
392-MU	Benefit Stage Count	1-4	S	If present, must = total # of group occurrences that follow, 393-MV, 394-MW, must be present when 394-MW is used
393-MV	Benefit Stage Qualifier	01, 02, 03, 04, 50, 61, 62, 70, 80, 90	S	Must be present when 394-MW is used
394-MW	Benefit Stage Amount		S	Must be present when 393-MV is used

DUR/PPS Segment: Required

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	08	M	
473-7E	DUR / PPS Code Counter	1-9	R	Submitted when requested by processor
439-E4	Reason for Service Code		R	Submitted when requested by processor
440-E5	Professional Service Code		R	Submit MA when provider billing Vaccine Admin Fees
441-E6	Result of Service Code		R	Submitted when requested by processor
474-8E	DUR/PPS Level of Effort		O	
475-J9	DUR Co-Agent ID Qualifier		O	
476-H6	DUR Co-Agent ID		O	

Compound Segment: Optional

***Required when submitting a compound formulation with multiple active ingredients**

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	10	M	If 406-D6 = 2, then segment is required

450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count		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		M	Must be present
490-UE	Compound Ingredient Basis of Cost Determination		R	Submit 08 to identify 340b acquisition cost
362-2G	Compound Ingredient Modifier Count		S	
363-2H	Compound Ingredient Modifier		S	

Coupon Segment: Optional

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	09	M	
485-KE	Coupon Type		O	
486-ME	Coupon Number		O	
487-NE	Coupon Value Amount		O	

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	11	M	
409-D9	Ingredient Cost Submitted		M	Must be present
412-DC	Dispensing Fee Submitted		R	

438-E3	Incentive Amount Submitted		S	Incentive Amount used when billing Vaccine Admin Fees. Enter Vaccine Admin Fee amount provider is billing. Field 44Ø-E5 MUST also be populated for claim to pay
478-H7	Other Amount Claimed Submitted Count		O	
479-H8	Other Amount Claimed Submitted Qualifier		O	
48Ø-H9	Other Amount Claimed Submitted		O	
481-HA	Flat Sales Tax Amount Submitted		O	
482-GE	Percentage Sales Tax Amount Submitted		O	
483-HE	Percentage Sales Tax Rate Submitted		O	
484-JE	Percentage Sales Tax Basis Submitted		O	
426-DQ	Usual and Customary Charge		M	
43Ø-DU	Gross Amount Due		O	
423-DN	Basis of Cost Determination		O	Submit Ø8 to identify 340b acquisition cost

Clinical Segment: Required

Field #	NCPDP Field Name	Value	Payer Usage	Requirements/Values
111-AM	Segment Identification	13	M	
491-VE	Diagnosis Code Count	1-9	O	
492-WE	Diagnosis Code Qualifier		O	
424-DO	Diagnosis Code		O	
493-XE	Clinical Information Counter		O	
494-ZE	Measurement Date		O	CCYYMMDD
495-H1	Measurement Time		O	HHMM
496-H2	Measurement Dimension		O	
497-H3	Measurement Unit		O	
499-H4	Measurement Value		O	

Additional Information:

Zip Codes:

If the zip code is 98765-4321, this field would reflect: 987654321.

If the zip code is 98765, this field would reflect: 98765 left justified