

## EnvisionRxOptions First Steps Fertility D.Ø Payer Sheet

### General Information

|  |  |                              |            |
|--|--|------------------------------|------------|
| Payer Name: ENVISION/RX OPTIONS              |  | Revision Date: 4/4/2016      |            |
| Plan Name/Group Name: FSD001, FSD002, FSD003 |  | BIN: ØØ9893                  | PCN: ROIRX |
| Processor: ENVISION/RX OPTIONS               |  |                              |            |
| Effective as of: 11/1/2013                   | NCPDP<br>Telecommunication<br>Version/Release #: D.Ø   | Transaction Code:<br>B1 & B2 |            |
| Contact/Information Source:                  | <a href="http://www.envisionrx.com">www.envisionrx.com</a><br>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   |
| Reversal Window   | 9Ø days old   |
| COB Processing  | NCPDP Option 2 (OPPRA)<br>** 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                        |
|---------|----------------------------------|----------|-------------|--|
| 1Ø1-A1  | BIN Number                       | ØØ9893   | M           |  |
|         |                                  |          |             |  |
|         |                                  |          |             |  |
| 1Ø2-A2  | Version/Release Number           | D.Ø      | M           |  |
| 1Ø3-A3  | Transaction Code                 | B1 or B2 | M           |  |
| 1Ø4-A4  | Processor Control Number         | ROIRX    | M           |  |
|         |                                  |          |             |  |
|         |                                  |          |             |  |
| 1Ø9-A9  | Transaction Count                | 1-4      | M           | Maximum of 4 transactions per transmission |
| 2Ø2-B2  | Service Provider ID Qualifier    | Ø1       | M           |  |
| 2Ø1-B1  | Service Provider ID              |          | M           | NPI REQUIRED                               |
| 4Ø1-D1  | Date of Service                  |          | M           | CCYYMMDD                                   |
| 11Ø-AK  | Software Vendor/Certification ID |          | S           |  |

**Patient Segment: Mandatory**

| Field # | NCPDP Field Name               | Value | Payer Usage | Requirements/Values   |
|---------|--------------------------------|-------|-------------|---|
| 111-AM  | Segment Identification         | Ø1    | M           |   |
| 331-CX  | Patient ID Qualifier           |       | O           |   |
| 332-CY  | Patient ID                     |       | O           |   |
| 3Ø4-C4  | Date of Birth                  |       | R           | CCYYMMDD  |
| 3Ø5-C5  | Patient Gender Code            |       | R           | 1- MALE 2- FEMALE   |
| 3Ø7-C7  | Place of Service               |       | O           |   |
| 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           | 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 |                                      |

**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            | 01    | O           | If present, value must = 01  |
| 421-DL  | Primary Care Provider ID            |       | O           | Must be valid NPI If 468-2E is present and =01   |
| 470-4E  | Primary Care Provider Last          |       | 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                           |       | R           | ALL (with noted exceptions)         |
| 3Ø6-C6  | Patient Relationship Code             |       | R           | All Medicare Part D are Cardholders |
| 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      |
|         |   |       |             | NDC; If 436-E1 = ØØ then must submit Ø |
|         |   |       |             | NDC                                    |
|         |   |       |             | NDC                                    |
| 4Ø7-D7  | Product/Service ID                      |       | M           | NDC                                    |
| 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  |
| 42Ø-DK | Submission Clarification Code       |         | S | 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 |
|        | Left blank intentionally            |         |   |   |
|        | Left blank intentionally            |         |   |   |
|        | 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 |  |
| 600-28 | Unit of Measure                      |      | S | If present. Must be EA,GM.ML                             |
| 418-DI | Level of Service                     |      | S | If present, must be 0,1-6                                |
| 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 > 0 if 343-HD = P or C               |
| 345-HG | Days Supply Intended to be Dispensed |      | S | Must be present and > 0 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                |      | S |  |

**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                        | 05    | 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 = 01- 09                               |
| 339-6C  | Other Payer ID Qualifier                      |       | R           | If 338-5C is populated then values = 01, 02, 03,04, 05, 1C, 1D, 99 |
| 340-7C  | 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 = 01-07, 09, 10 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 308-C8 = 3   |
| 993-A7 | Internal Control Number                              |  | S |  |
| 353-NR | Other Payer- Patient Responsibility Amount Count     | 1-25                                   | S | Required if 308-C8 = 02** or 08. Required is 351-NP is populated   |
| 351-NP | Other Payer- Patient Responsibility Amount Qualifier |  | S | Required if 308-C8 = 02** or 08. If present, must =, 01-13, must be  |
| 352-NQ | Other Payer- Patient Responsibility Amount           |  | S | Required if 308-C8 = 02** or 08. Required if 351-NP is populated   |
| 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 |  |

**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 440-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           |   |
| 480-H9  | Other Amount Claimed Submitted           |       | O           |   |
| 481-HA  | Flat Sales Tax Amount Submitted          |       | O           |   |



|        |                                       |  |   |  |
|--------|---------------------------------------|--|---|--|
| 482-GE | Percentage Sales Tax Amount Submitted |  | 0 |  |
| 483-HE | Percentage Sales Tax Rate Submitted   |  | 0 |  |
| 484-JE | Percentage Sales Tax Basis Submitted  |  | 0 |  |
| 426-DQ | Usual and Customary Charge            |  | M |  |
| 430-DU | Gross Amount Due                      |  | 0 |  |
| 423-DN | Basis of Cost Determination           |  | 0 |  |

**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   | 0           |                     |
| 492-WE  | Diagnosis Code Qualifier     |       | 0           |                     |
| 424-DO  | Diagnosis Code               |       | 0           |                     |
| 493-XE  | Clinical Information Counter |       | 0           |                     |
| 494-ZE  | Measurement Date             |       | 0           | CCYYMMDD            |
| 495-H1  | Measurement Time             |       | 0           | HHMM                |
| 496-H2  | Measurement Dimension        |       | 0           |                     |
| 497-H3  | Measurement Unit             |       | 0           |                     |
| 499-H4  | Measurement Value            |       | 0           |                     |

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