



GA Medicaid
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PAYER SPECIFICATION SHEET
REVISED JULY 27, 2009

Bin #: 001553
 States: All GA willing Providers
 Destination: SXC (ComCoTec) / RxClaim
 Accepting: Claim Adjudication, Reversals
 Format: NCPDP Version 5.1

1. Segment And Field Requirements By Transaction Type

BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS
 (M-Mandatory, S-Situational, ***R-Repeat Field)

Transaction Header Segment - Mandatory			Segment is Required
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
1Ø1-A1	BIN NUMBER	M	ØØ1553
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	B1, B2 or B3 only
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	GAM
1Ø9-A9	TRANSACTION COUNT	M	Ø1 – Ø4 (up to 4 transactions per B1 & B3 transmission) accepted; Only Ø1 for B2 transaction
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Ø1 National Provider ID (NPI)
2Ø1-B1	SERVICE PROVIDER ID	M	National Provider ID (NPI)
4Ø1-D1	DATE OF SERVICE	M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.

Patient Segment – Situational			Client REQUIRES Segment for B1, B2, and B3 transactions to locate correct member
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø1 – transmit ONLY if the segment is transmitted.
331-CX	PATIENT ID QUALIFIER	S	Not Required
332-CY	PATIENT ID	S	Not Required
3Ø4-C4	DATE OF BIRTH	M	Required
3Ø5-C5	PATIENT GENDER CODE	S	Captured if sent though not required
31Ø-CA	PATIENT FIRST NAME	S	Captured if sent though not required
311-CB	PATIENT LAST NAME	S	Captured if sent though not required
322-CM	PATIENT STREET ADDRESS	S	Captured if sent though not required
323-CN	PATIENT CITY ADDRESS	S	Captured if sent though not required
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Captured if sent though not required
325-CP	PATIENT ZIP/POSTAL ZONE	S	Captured if sent though not required
326-CQ	PATIENT PHONE NUMBER	S	Captured if sent though not required
3Ø7-C7	PATIENT LOCATION	S	Captured if sent though not required
333-CZ	EMPLOYER ID	S	Captured if sent though not required
334-1C	SMOKER / NON-SMOKER CODE	S	Captured if sent though not required
335-2C	PREGNANCY INDICATOR	S	Captured if sent though not required

Insurance Segment – Situational			Segment is Required for B1 and B3 transactions. Not required for B2 transaction
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø4 – transmit ONLY if the segment is transmitted.
3Ø2-C2	CARDHOLDER ID	M	Enter member's 12 digit ID from Medicaid ID card
312-CC	CARDHOLDER FIRST NAME	S	Captured if sent though not required
313-CD	CARDHOLDER LAST NAME	S	Captured if sent though not required
314-CE	HOME PLAN	S	Captured if sent though not required
524-FO	PLAN ID	S	Captured if sent though not required
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S	Captured if sent though not required
336-8C	FACILITY ID	S	Captured if sent though not required
3Ø1-C1	GROUP ID	S	Captured if sent though not required
3Ø3-C3	PERSON CODE	S	Not Required
3Ø6-C6	PATIENT RELATIONSHIP CODE	S	Not Required

Claim Segment – Mandatory			Segment is Required for B1, B2, B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø7 – transmit ONLY if the segment is transmitted.
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Required Only value '1' is accepted
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Required Only supports 7-digit Rx #
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Ø1 – UPC Ø2 – HRI Ø3 – NDC
4Ø7-D7	PRODUCT/SERVICE ID	M	12-digit UPC Code 10-digit HRI Number 11-digit NDC Number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	Required on partial or completion fills
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Required on partial or completion fills
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Not Required
459-ER	PROCEDURE MODIFIER CODE	S***R***	Not Required
442-E7	QUANTITY DISPENSED	S	Required for B1 & B3 claims
4Ø3-D3	FILL NUMBER	S	Required for B1 & B3 claims
4Ø5-D5	DAYS SUPPLY	S	Required for B1 & B3 claims
4Ø6-D6	COMPOUND CODE	S	Required for B1 & B3 claims. Use '2' if product is a compound.
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Required for B1 & B3 claims '1' only for limited products Do not use 2, 3, 4, 5, 6, 7, 8 or 9
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for B1 & B3 claims
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Captured if sent though not required
419-DJ	PRESCRIPTION ORIGIN CODE	S	Captured if sent though not required
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	Ø8=Process compound for Approved Ingredients
46Ø-ET	QUANTITY PRESCRIBED	S	Required on partial or completion fills
3Ø8-C8	OTHER COVERAGE CODE	S	Ø=Not Specified 1=No other coverage identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not Collected 5=Managed care plan denial 6=Other coverage denied-not a participating provider 7=Other coverage exists-not in effect at time of service 8=Claim is a billing for a co-pay * *Note: Submit the co-pay amount in the 480-H9 OTHER AMOUNT CLAIMED SUBMITTED Field.

429-DT	UNIT DOSE INDICATOR	S	Not Required
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Not Required
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Not Required
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Not Required
33Ø-CW	ALTERNATE ID	S	Not Required
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required
6ØØ-28	UNIT OF MEASURE	S	Not Required
418-DI	LEVEL OF SERVICE	S	Not Required
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Ø4: Emergency Fill Indication* New Nursing Facility Members* Newly DX Pregnant Women* Ø8: Member is diagnosed with Breast or Cervical Cancer* *Note: 462-EV must be submitted with a following appropriate code
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	99888 Emergency Fill Indication 11111 New Nursing Home Indicator 22222 Newly DX pregnant woman ØØØØØ Breast or Cervical Cancer diagnosis
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required
464-EX	INTERMEDIARY AUTHORIZATION ID	S	Not Required
343-HD	DISPENSING STATUS	S	Blank=Not Specified P=Partial Fill C=Completion of Partial Fill
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Required on partial or completion fills
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Required on partial or completion fills

Pharmacy Provider Segment – Situational			Segment is Not Required
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø2 – transmit ONLY if the segment is transmitted.
465-EY	PROVIDER ID QUALIFIER	S	Captured if sent though not required
444-E9	PROVIDER ID (NPI #)	S	Captured if sent though not required

Prescriber Segment – Situational			Segment is Required for B1 and B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø3
466-EZ	PRESCRIBER ID QUALIFIER	S	Ø1 National Provider ID (NPI)
411-DB	PRESCRIBER ID	S	National Provider ID (NPI) – Required
467-1E	PRESCRIBER LOCATION CODE	S	Captured if sent though not required
427-DR	PRESCRIBER LAST NAME	S	Captured if sent though not required
498-PM	PRESCRIBER PHONE NUMBER	S	Captured if sent though not required

468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Captured if sent though not required
421-DL	PRIMARY CARE PROVIDER ID	S	Captured if sent though not required
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Captured if sent though not required
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Captured if sent though not required in adjudication

COB/Other Payments Segment – Situational			Segment is Required ONLY if COB or Coupons apply to the Claim. Not Required for B2 transaction
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø5 – transmit ONLY if the segment is transmitted.
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	Required if Segment is Used. Maximum = 3
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	Required if Segment is Used.
339-6C	OTHER PAYER ID QUALIFIER	S***R***	Required if Segment is Used.
340-7C	OTHER PAYER ID	S***R***	Required if Segment is Used.
443-E8	OTHER PAYER DATE	S***R***	Required
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	Required if Segment is Used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	Required if Segment is Used.
431-DV	OTHER PAYER AMOUNT PAID	S***R***	Required if Segment is Used.
471-5E	OTHER PAYER REJECT COUNT	S	Not Required
472-6E	OTHER PAYER REJECT CODE	S***R***	Not Required

Workers' Compensation Segment – Not used at this time	Not used at this time
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DUR/PPS Segment -- Situational			Segment is Not Required Use encouraged if applicable. Not required for B2 transaction
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	Ø8 – transmit ONLY if the segment is transmitted.
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used. One to 9 occurrences are supported.
439-E4	REASON FOR SERVICE CODE	S***R***	Required if Segment Used.
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required if Segment Used.
441-E6	RESULT OF SERVICE CODE	S***R***	Required if Segment Used.
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Not Required
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Required if 476-H6 used. Values Ø1, Ø2, Ø3, 2Ø.
476-H6	DUR CO-AGENT ID	S***R***	Encouraged if code DC, DD, ID, MC, TD in 439-E4

Pricing Segment – Mandatory			Segment is Required for B1 and B3 transactions. Not required for B2 transaction
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	11 – transmit ONLY if the segment is transmitted.
409-D9	INGREDIENT COST SUBMITTED	S	Required
412-DC	DISPENSING FEE SUBMITTED	S	Required
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Not Required
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Not Required
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Not Required
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	Required if 480-H9 submitted
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Required if 480-H9 submitted
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Required when submitting for Other Insurance Co-pay and Using Other Coverage Code 8
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Required if 482-GE submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	Required if 482-GE submitted.
426-DQ	USUAL AND CUSTOMARY CHARGE	S	Required
430-DU	GROSS AMOUNT DUE	S	Required
423-DN	BASIS OF COST DETERMINATION	S	Not Required

Compound Segment -- Situational			Segment is Not Required Use encouraged if applicable.
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M	10
450-EF	Compound Dosage Form Description Code	M	01=Capsule 02=Ointment 03=Cream 04=Suppository 05=Powder 06=Emulsion 07=Liquid 10=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge

			18=Enema
451-EG	Compound Dispensing Unit Form Indicator	M	1=Each 2=Grams 3=Milliliters
452-EH	Compound Route of Administration	M	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 10=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 20=Urethral 21=Vaginal 22=Enteral
447-EC	Compound Ingredient Component (Count)	M***R***	Count of compound product IDs (both active and inactive) in the compound mixture submitted.
488-RE	Compound Product ID Qualifier	M***R***	Ø3=National Drug Code (NDC)
489-TE	Compound Product ID	M***R***	
448-ED	Compound Ingredient Quantity	M***R***	
449-EE	Compound Ingredient Drug Cost	M***R***	
490-UE	Compound ingredient basis of Cost Determination	M***R***	Blank=Not specified Ø1=AWP Ø2=Local Wholesaler Ø3=Direct Ø4=EAC Ø5=Acquisition Ø6=MAC Ø7=Usual & Customary Ø9 =Other

Coupon Segment – Not Used at this time	Not used at this time
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Prior Authorization Segment – Not used at this time	Not used at this time
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Clinical Segment – Not used at this time	Not used at this time
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NOTE: A "Situational" data element means the NCPDP Standard does not require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The "Mandatory" and "Required" fields within a "Situational" segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted; however, not all segments are supported. Please contact the information number for more information regarding the support of claim segments.

ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT eligibility verification transactions.

PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT prior authorization transactions.
- The use of the Prior Authorization Segment is NOT SUPPORTED.

INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT informational transactions

CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS

- This client does NOT SUPPORT controlled substance reporting transactions

PARTIAL FILL TRANSACTION REPORTING

- *Partial Fill transactions are handled per NCPDP standard*

COORDINATION OF BENEFITS REPORTING

- *Use of COB Segment data elements is required when alternate insurance exists.*

COUPON REPORTING

- *USE OF THE COUPON SEGMENT DATA ELEMENTS is NOT SUPPORTED*
- *Submit value of coupon in COB Segment's Other Payer Amount field.*

DISPENSING FEE SUBMITTED

- Please include your dispensing fee in field 412-DC

DUPLICATE CLAIM

- Denial reason of 88 DUPRX will post for a duplicate prescription filled at a different pharmacy. Please call the Technical Help Desk if you need more information on the other script causing the conflict.

2. GENERAL INFORMATION

Live Date:	January 1, 2007	
Maximum prescriptions per transaction:	4	
Technical assistance, help desk:	(866) 525-5826	SXC Health Solutions, Inc.
Clinical Prior Authorization support:	(866) 525-5827	SXC Health Solutions, Inc.
Toll Free Prior Authorization Fax Number:	(888)-491-9742	SXC Health Solutions, Inc.
Vendor certification required:	Yes	
Pharmacy Registration with Payer Required:	Yes	
Switch Support:	NDC ENVOY ERx QS1	

3. OTHER INFORMATION

Prescriber ID – NPI is required entry for Prescriber ID.

SXC-RxCLAIM provides on-line prospective DUR edits for all of their plans. Please contact the Help Desk for further information.

DUR/PPS Segment

The DUR/PPS Segment contains data pertinent to the professional service being billed or for a DUR conflict resolution.

The Reason for Service, Professional Service and Result of Service Code fields are repeating fields and allow for multiple occurrences to be submitted.

Field	Field Name	Status	Value
111-AM	Segment Identification	M	Ø8=DUR/PPS
439-E4	Reason for Service Code	RW	AD=Additional Drug Needed AN=Prescription Authentication AR=Adverse Drug Reaction AT=Additive Toxicity CD=Chronic Disease Management CH=Call Help Desk CS=Patient Complaint/Symptom DA=Drug-Allergy DC=Drug-Disease (Inferred) DD=Drug-Drug Interaction DF=Drug-Food interaction DI=Drug Incompatibility DL=Drug-Lab Conflict DM=Apparent Drug Misuse DS=Tobacco Use ED=Patient Education/Instruction ER=Overuse EX=Excessive Quantity HD=High Dose IC=Iatrogenic Condition ID=Ingredient Duplication LD=Low Dose LK=Lock In Recipient LR=Underuse MC=Drug-Disease (Reported) MN=Insufficient Duration MS=Missing Information/Clarification MX=Excessive Duration NA=Drug Not Available NC=Non-covered Drug Purchase ND=New Disease/Diagnosis NF=Non-Formulary Drug NN=Unnecessary Drug NP=New Patient Processing NR=Lactation/Nursing Interaction NS=Insufficient Quantity OH=Alcohol Conflict PA=Drug-Age PC=Patient Question/Concern

Field	Field Name	Status	Value
			PG=Drug-Pregnancy PH=Preventive Health Care PN=Prescriber Consultation PP=Plan Protocol PR=Prior Adverse Reaction PS=Product Selection Opportunity RE=Suspected Environmental Risk RF=Health Provider Referral SC=Suboptimal Compliance SD=Suboptimal Drug/Indication SE=Side Effect SF=Suboptimal Dosage Form SR=Suboptimal Regimen SX=Drug-Gender TD=Therapeutic TN=Laboratory Test Needed TP=Payer/Processor Question
44Ø-E5	Professional Service Code	RW	ØØ=No intervention AS=Patient assessment CC=Coordination of care DE=Dosing evaluation/determination FE=Formulary enforcement GP=Generic product selection MA=Medication administration MØ=Prescriber consulted MR=Medication review PE=Patient education/instruction PH=Patient medication history PM=Patient monitoring PØ=Patient consulted PT=Perform laboratory test RØ=Pharmacist consulted other source RT=Recommend laboratory test SC=Self-care consultation SW=Literature search/review TC=Payer/processor consulted TH=Therapeutic product interchange

Field	Field Name	Status	Value
441-E6	Result of Service Code	RW	ØØ=Not Specified 1A=Filled As Is, False Positive 1B=Filled Prescription As Is 1C=Filled, With Different Dose 1D=Filled, With Different Directions 1E=Filled, With Different Drug 1F=Filled, With Different Quantity 1G=Filled, With Prescriber Approval 1H=Brand-to-Generic Change 1J=Rx-to-OTC Change 1K=Filled with Different Dosage Form 2A=Prescription Not Filled 2B=Not Filled, Directions Clarified 3A=Recommendation Accepted 3B=Recommendation Not Accepted 3C=Discontinued Drug 3D=Regimen Changed 3E=Therapy Changed 3F=Therapy Changed-cost increased acknowledged 3G=Drug Therapy Unchanged 3H=Follow-Up/Report 3J=Patient Referral 3K=Instructions Understood 3M=Compliance Aid Provided 3N=Medication Administered