GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

GA Medicaid FFS/PeachCare for Kids
SXC Health Solutions, Inc.
PO Box 3214
Lisle, IL 60532-8214

PAYER SPECIFICATION SHEET
REVISED NOVEMBER 15, 2011

Bin #:   001553
States: All GA willing Providers
Destination: SXC Health Solutions (ComCoTec) / RxClaim
Accepting: Claim Adjudication, Reversals
Format: NCPDP Version D.0
Effective: 1/1/2012

BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS

FIELD LEGEND FOR COLUMNS			
Payer Usage Column	**Value**	**Explanation**	**Payer Situation Column**
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

CLAIM BILLING/CLAIM REBILL TRANSACTION

Transaction Header Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1, B2 & B3 Transactions.

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

Insurance Segment	Check	Claim Billing/Claim Rebill
This Segment is situational	X	Required for B1 & B3 Transactions. Not required for B2

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	Enter member's 12 digit ID from Medicaid ID card	M	Payer Requirement: Required
312-CC	CARDHOLDER FIRST NAME		RW	Payer Requirement: Complete if present
313-CD	CARDHOLDER LAST NAME		RW	Payer Requirement: Complete if present
314-CE	HOME PLAN		RW	Payer Requirement: Complete if present
524-FO	PLAN ID		RW	Payer Requirement: Complete if present
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Payer Requirement: Complete if present
3Ø1-C1	GROUP ID		RW	Payer Requirement: Complete if present

Materials Reproduced With the Consent of
©National Council for Prescription Drug Programs, Inc.
2Ø1Ø NCPDP

Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø3-C3	PERSON CODE		RW	Payer Requirement: Complete if present
3Ø6-C6	PATIENT RELATIONSHIP CODE		RW	Payer Requirement: Complete if present

Patient Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1, B2 & B3 Transactions.

Patient Segment Segment Identification (111-AM) = "Ø1"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
331-CX	PATIENT ID QUALIFIER		RW	Payer Requirement: Complete if present
332-CY	PATIENT ID		RW	Payer Requirement: Complete if present
3Ø4-C4	DATE OF BIRTH		R	Payer Requirement: Required
3Ø5-C5	PATIENT GENDER CODE		RW	Payer Requirement: Complete if present
31Ø-CA	PATIENT FIRST NAME		RW	Payer Requirement: Complete if present
311-CB	PATIENT LAST NAME		RW	Payer Requirement: Complete if present
322-CM	PATIENT STREET ADDRESS		RW	Payer Requirement: Complete if present
323-CN	PATIENT CITY ADDRESS		RW	Payer Requirement: Complete if present
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	Payer Requirement: Complete if present
325-CP	PATIENT ZIP/POSTAL ZONE		RW	Payer Requirement: Complete if present
326-CQ	PATIENT PHONE NUMBER		RW	Payer Requirement: Complete if present
333-CZ	EMPLOYER ID		RW	Payer Requirement: Complete if present
335-2C	PREGNANCY INDICATOR		RW	Payer Requirement: Complete if present
384-4X	PATIENT RESIDENCE		RW	Payer Requirement: Complete if present

Claim Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 B2 & B3 Transactions.
This payer supports partial fills		

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	Payer Requirement: Only value of "1" is accepted
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Payer Requirement: Supports 12-digit Rx# Example: ØØØØØ1234567 (leading zeros)
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1 – UPC Ø2 – HRI Ø3 – NDC	M	Payer Requirement: Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID		M	Payer Requirement: 12-digit UPC Code 10-digit HRI Number 11-digit NDC Number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.

Materials Reproduced With the Consent of
©National Council for Prescription Drug Programs, Inc.
2Ø1Ø NCPDP

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Payer Requirement: Complete only if 459-ER PROCEDURE MODIFIER CODE is completed
459-ER	PROCEDURE MODIFIER CODE		RW	Payer Requirement: Complete if present
442-E7	QUANTITY DISPENSED		R	Payer Requirement: Required for B1 & B3 claims
4Ø3-D3	FILL NUMBER		R	Payer Requirement: Required for B1 & B3 claims
4Ø5-D5	DAYS SUPPLY		R	Payer Requirement: Required for B1 & B3 claims
4Ø6-D6	COMPOUND CODE		R	Payer Requirement: Required for B1 & B3 claims Use "1" if product not a compound or "2" if product is a compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	Payer Requirement: Required for B1 & B3 claims Use '1' only for limited products Do not use 2, 3, 4, 5, 6, 7, 8 or 9
414-DE	DATE PRESCRIPTION WRITTEN		R	Payer Requirement: Required for B1 & B3 claims
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Payer Requirement: Complete if present
419-DJ	PRESCRIPTION ORIGIN CODE	Ø – Not Known 1 – Written 2 – Telephone 3 – Electronic 4 – Facsimile	R	Payer Requirement: Required
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Payer Requirement: Complete only if 42Ø-DK SUBMISSION CLARIFICATION CODE is completed
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Payer Requirement: Ø8=Process compound for Approved Ingredients
3Ø8-C8	OTHER COVERAGE CODE	Ø – Not Specified 1 – No other coverage 2 – Other coverage exists-payment collected 3 – Other Coverage Billed – claim not covered 4 – Other coverage exists-payment not collected 8 – Claim billing for a co-pay	RW	Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits.
429-DT	SPECIAL PACKAGING INDICATOR		RW	Payer Requirement: Complete if present

GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Payer Requirement: Complete if present
6ØØ-28	UNIT OF MEASURE		RW	Payer Requirement: Complete if present
418-DI	LEVEL OF SERVICE		RW	Payer Requirement: Complete if present
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø4: Exemption from Co-Pay Ø8: Payer Defined Exemption	RW	Payer Requirement: Ø4 – Emergency Fill Indication* Ø4 – New Nursing Facility Members* Ø4 – 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		RW	Payer Requirement: 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		RW	Payer Requirement: Complete if present
464-EX	INTERMEDIARY AUTHORIZATION ID		RW	Payer Requirement: Complete if present
343-HD	DISPENSING STATUS		RW	Required for the partial fill or the completion fill of a prescription.

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
995-E2	ROUTE OF ADMINISTRATION		RW	Payer Requirement: Required If 406-D6 Compound Code is a "2"

Pricing Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	Required for B1 & B3 Transactions. Not required for B2

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	Payer Requirement: Required
412-DC	DISPENSING FEE SUBMITTED		R	Payer Requirement: Required
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Payer Requirement: Complete if present
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Payer Requirement: Complete if present
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	Payer Requirement: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Payer Requirement: Required if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Payer Requirement: Required when submitting for Other Insurance Co-pay and Using Other Coverage Code 8
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Payer Requirement: Required in applicable locations.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Payer Requirement: Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Payer Requirement: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Payer Requirement: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Payer Requirement: Required
43Ø-DU	GROSS AMOUNT DUE		R	Payer Requirement: Required
423-DN	BASIS OF COST DETERMINATION		RW	Payer Requirement: Complete if present
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		RW	Payer Requirement: Complete if present

Pharmacy Provider Segment	Check	Claim Billing/Claim Rebill
This Segment is situational – Not required	X	Required for B1 & B3 Transactions. Not required for B2

Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER		RW	Payer Requirement: Required if Provider ID (444-E9) is Submitted.
444-E9	PROVIDER ID		RW	Payer Requirement: Complete if present and segment is used

Prescriber Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		Required for B1 & B3 Transactions. Not required for B2

Prescriber Segment Segment Identification (111-AM) = "Ø3"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 – NPI	M	Payer Requirement: Required.- Use only Ø1 National Provider ID (NPI)
411-DB	PRESCRIBER ID		M	Payer Requirement: National Provider ID (NPI) – Required
427-DR	PRESCRIBER LAST NAME		RW	Payer Requirement: Complete if present
498-PM	PRESCRIBER PHONE NUMBER		RW	Payer Requirement: Complete if present
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	Payer Requirement: Complete if present

Materials Reproduced With the Consent of
©National Council for Prescription Drug Programs, Inc.
2Ø1Ø NCPDP

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
421-DL	PRIMARY CARE PROVIDER ID		RW	Payer Requirement: Complete if present
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	Payer Requirement: Complete if present

Coordination of Benefits/Other Payments Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		Required only for secondary, tertiary, etc. claims.
		Required for B1 B2 & B3 Transactions.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	01 if other payer was Primary, 02 if other payer was Secondary, 03 if other payer was Tertiary
339-6C	OTHER PAYER ID QUALIFIER		RW	Payer Requirement: Required if segment is used
34Ø-7C	OTHER PAYER ID		RW	Payer Requirement: Required if segment is used
443-E8	OTHER PAYER DATE		RW	Payer Requirement: Date of Service of other payer claim
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Payer Requirement: If Other Coverage Code is 2; # of claims paid
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Payer Requirement: Required if Other Coverage Code is 2
431-DV	OTHER PAYER AMOUNT PAID		RW	Payer Requirement: Required if Other Coverage Code is 2; COB Amount- Do Not leave this field Blank
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Payer Requirement: Required if Other Coverage Code is 3. # of claims rejected by other payer

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
472-6E	OTHER PAYER REJECT CODE		RW	Payer Requirement: Required if Other Coverage Code is 3. NCPDP Reject Code received from other payer

DUR/PPS Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Payer Requirement: Required if segment used. Up to 9 occurrences are supported.
439-E4	REASON FOR SERVICE CODE		RW	Payer Requirement: Required if segment used.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Payer Requirement: Required if segment used.
441-E6	RESULT OF SERVICE CODE		RW	Payer Requirement: Required if segment used.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Payer Requirement: Complete if present
475-J9	DUR CO-AGENT ID QUALIFIER		RW	Payer Requirement: Required if 476-H6 used. Values Ø1, Ø2, Ø3, 2Ø.
476-H6	DUR CO-AGENT ID		RW	Payer Requirement: Complete if present. Encouraged if code DC, DD, ID, MC, TD in 439-E4

Compound Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		Compound code is 02
		Required for B1 & B3 Transactions. Not required for B2

Compound Segment Segment Identification (111-AM) = "1Ø"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	Payer Requirement: Ø3 – NDC Required
489-TE	COMPOUND PRODUCT ID		M	Payer Requirement: NDC of each ingredient
448-ED	COMPOUND INGREDIENT QUANTITY		M	Payer Requirement: Quantity of each ingredient
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Payer Requirement: Complete if present
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Payer Requirement: Complete if present
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Payer Requirement: Complete if present
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Payer Requirement: Complete if present

Clinical Segment	Check	Claim Billing/Claim Rebill
This Segment is situational		Submitted Only for B1 or B3 Transactions if required for specific claim.

Clinical Segment Segment Identification (111-AM) = "13"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	Payer Requirement: Complete if present
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1=International Classification of Diseases (ICD9)	RW	Payer Requirement: Complete if present
424-DO	DIAGNOSIS CODE		RW	Payer Requirement: Complete if present. Effective 10/01/11, submit the ICD-9 code of 299.0 for pediatric members ages 5-16 using risperidone for irritability associated with autism.

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) are excluded from the payer sheet.

Materials Reproduced With the Consent of
©National Council for Prescription Drug Programs, Inc.
2Ø1Ø NCPDP

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.

MULTIPLE-INGREDIENT COMPOUND CLAIMS SUBMISSION
- The COMPOUND SEGMENT for multi-ingredient compound claims is supported
- Single-ingredient compound claims are not accepted by this client.

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.

GENERAL INFORMATION

Live Date:	January 1, 2007 (Payer Sheet revisions 11/15/11)
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 Health Emdeon/WebMD, eRx, ENVOY, QS1