



PHARMACY PROCEDURES MANUAL

OCTOBER 2007

IdealScripts is committed to providing the best quality service possible. Please follow the information provided in this manual to ensure that submitted claims are processed in a timely manner.

IDEALSCRIPTS TOLL-FREE TELEPHONE NUMBER

Commercial 1-800-717-6614
Sterling PDP 1-800-313-7667

This number is your single contact for all Pharmacy Provider questions. This includes questions regarding:

Claim Status	NDC Information
Point-of-Sale Problems	Co-Payment Questions
Eligibility Questions	Pharmacy Enrollment Status
Benefit Coverages	

TABLE OF CONTENTS

IDEALSCRIPTS STANDARDS..... 4

SUBMISSION OF PRESCRIPTION CLAIMS..... 5

IDEALSCRIPTS IDENTIFICATION CARD 8

PRIOR AUTHORIZATIONS..... 9

COMPOUND PRESCRIPTIONS 10

CREDENTIALING 11

PHARMACY AUDIT REQUIREMENTS 13

COMPLAINT AND APPEALS PROCEDURE..... 15

WORKERS COMPENSATION..... 17

FREQUENTLY ASKED QUESTIONS..... 17

IDEALSCRIPTS PAYOR SHEET 19

IDEALSCRIPTS STANDARDS

- Telephone calls from Provider Pharmacies into IdealScripts Help Desk are answered with an average-speed-of-answer of 30 seconds or less.
- IdealScripts Pharmacy Services Help Desk will respond to 95% or greater Provider Pharmacy inquiries at the initial point of contact.
- Pharmacy Services Help Desk Representatives are available 90 hours a week to provide assistance to pharmacies through our toll-free number.
- In addition to a 4 week intense training program, IdealScripts hires Pharmacy Technicians to assist with provider related issues.
- For any willing provider, IdealScripts will allow immediate claim processing. A 60 day window is established, during which a pharmacy contract is forwarded to the provider for review and response. Pharmacy eligibility is finalized within 48 hours of completed contract receipt.
- Claims can be reversed up to 180 days from the date processed.

SUBMISSION OF PRESCRIPTION CLAIMS

Pharmacies must submit claims through an on-line point-of-sale adjudication system within 60 days of dispense date.

Pharmacy Vendor and Point-of-Sale Devices:

Point-of-sale claims must be submitted to IdealScripts through a pharmacy computer system or point-of-sale device. Please contact your pharmacy system or point-of-sale software vendor with any questions about how to submit point-of-sale claims.

Point-of-sale claims submitted to IdealScripts must be transmitted through a communication network. All claims must be submitted in NCPDP Version 3.2 (3A) format unless otherwise stipulated by IdealScripts.

A. IdealScripts will identify whether a claim has been accepted or rejected. If the claim is accepted, IdealScripts claim processing system will identify the amount paid and the co-pay to be collected. Our claim processing system will provide additional informative messages when possible (e.g., the quantity allowed is less than submitted). If the claim is rejected, IdealScripts claim processing system will identify the reason(s) for the rejection.

B. All claims received at IdealScripts by the last business day of the processing cycle will be processed in the current payment cycle. Checks will generally be disbursed within three weeks of processing and will be mailed to the pharmacy by IdealScripts.

C. PCN (Processor Control Number)

When submitting claims through point-of-sale, the pharmacy should use “00000000 for our Commercial Plans and “CMSPARTD” for the Sterling Retiree PDP.

D. BIN Number

When submitting claims through point-of-sale, the pharmacy is required to submit a BIN number (Bank Identification Number) to route the claim properly to the IdealScripts Claim Processing System. The BIN number for IdealScripts Commercial Plans is 011289 and is 012543 for the Sterling Retiree PDP. Your pharmacy service department or software vendor will need this number to properly submit claims to IdealScripts.

E. Reversals

If a claim previously accepted through point-of-sale must be resubmitted, the pharmacy must first submit a reversal. A reversal should also be submitted when a member fails to pick up a filled prescription. There is a 60 day timeframe from the date of adjudication for reversals.

F. Compounds

IdealScripts will be establishing enhanced guidelines for compounding. Until the credentialing requirements are in place, any store submitting a claim for compounds will be remunerated according to the following standards:

All claims for compounded prescriptions that contain a legend ingredient can be sent to IdealScripts through the on-line system. Use the NDC number of the most expensive legend drug when submitting a compounded prescription claim. Indicate through your software that the prescription is a compound through the use of the compound code. The NDC numbers, medication names and quantities of the individual ingredients in the prescription must be maintained in the pharmacy's records and the pharmacy may be subject to audit of these compounded prescriptions.

G. Prescription Log

The pharmacy shall have the member sign a prescription log for all IdealScripts prescriptions dispensed.

H. DEA Number

IdealScripts uses the DEA number as part of its drug utilization management programs. To provide the best quality service to our Clients, IdealScripts requires that pharmacies input the DEA number on all submitted claims. IdealScripts plans to utilize another standard physician identifier as soon as a new industry standard is available.

I. The pharmacy provider is expected to substitute generic drug products when appropriate and within the state laws and regulations.

J. The pharmacy provider is required to submit an accurate Dispense as Written (DAW) code.

K. The pharmacy provider is expected to display all Drug Utilization Review (DUR) alerts to the dispensing pharmacist.

L. The pharmacy provider is expected to facilitate member counseling regarding medication use, storage, and potential adverse effects.

M. The pharmacy provider is expected to notify IdealScripts within 48 hours of any change regarding the pharmacy or pharmacists license.

Troubleshooting

If the pharmacy system or point-of-sale software is unable to make a connection with the IdealScripts claims processing system, the pharmacy should contact the communication network vendor (or chain headquarters if the pharmacy chain has a direct line to IdealScripts). If no problem is found through the efforts of the communication network, please contact IdealScripts at 1-800-717-6614 for the Commercial Plans and 1-800-313-7667 for the Sterling Retiree PDP Plans.

If clarification is desired for reasons provided for a claim rejection, contact IdealScripts at the telephone numbers listed above. Please have your pharmacy's NABP number and prescription number available, as well as the member's ID number when calling. This telephone number should be used for any questions related to pharmacy, prescriber, or member eligibility.

Adjustments

Through internal quality control procedures, a pharmacy may discover it has been incorrectly paid for a prescription. The prescription may have been filled but not picked up by the member, or an inadvertent billing error may have been made. DO NOT send a refund check to IdealScripts. Please notify IdealScripts of the overpayment and an adjustment will be made to a future pharmacy check for the amount in question. IdealScripts will need the following information to make the adjustment:

- *Pharmacy NABP #
- *Member Name and Date
- *Dispense Date
- *RX number or NDC Number

In summary, when an overpayment is discovered by the pharmacy, contact IdealScripts at 800-717-6614 and ask for provider services.

IDEALSCRIPTS IDENTIFICATION CARD

IdealScripts has many clients and several different eligibility cards. Below is a sample Commercial and PDP card:

STERLING Retiree RxSM	
RxBIN: 012543 RxPCN: CMSPARTD RxGrp: ID: Name:	MedicareRx Prescription Drug Coverage X
CMS – S4802 801	

Submit Claims to:	
IdealScripts DMR Department 144 Metro Center Blvd. Warwick, RI 02886	IDEALSCRIPTS Important Numbers: Provider Line: (877) 747-2612 Customer Service: (800) 313-7667 TTY Line: (800) 313-7667

IDEALSCRIPTS
Group: YOUR COMPANY NAME Member: JOE SMITH Member ID: 123456789 Group No: YGROUP
For pharmacy information or to locate the nearest participating pharmacy call our Customer Care Center 1-800-717-6614
Bin: 011289

IDEALSCRIPTS
Group: YOUR COMPANY NAME Member: JOE SMITH Member ID: 123456789 Group No: YGROUP
For pharmacy information or to locate the nearest participating pharmacy call our Customer Care Center 1-800-717-6614
Bin: 011289

Members of most plans are provided with a Membership Identification card. Each family member may be listed on the card, each family member may be issued his or her own card, or only the cardholder's name may appear on the card.

When filing a claim for services, it is important to see the ID card and the name of the member who will be using the prescription. The presentation of an ID card does not guarantee eligibility for a prescription benefit. Eligibility can only be determined through the on-line adjudication process or by approval from IdealScripts or IdealScripts representative.

For cards with multiple service logos and information, **please note the above logo to represent IdealScripts pharmacy services.**

These are some of the fields that generally appear on the card to help the pharmacist identify the plan and the member.

GROUP NUMBER: Up to a fifteen-digit number designated by the Plan Sponsor or IdealScripts **MUST** be submitted by the pharmacy.

CARDHOLDER ID NUMBER: (The subscriber identification number). The cardholder ID number may be followed by a two-digit suffix. This suffix should be included when submitting claim information.

CARDHOLDER NAME: The subscriber name associated with the cardholder ID number.

COPAY: Please refer to the Specific Plan Sponsor Information.

If unable to process the claim electronically, please call the Help Desk at 1-800-717-6614 for Commercial Plans and 800-313-7667 for the Sterling Retiree PDP to ascertain eligibility. Ensuring that the member receives their prescription efficiently is a primary concern of IdealScripts.

WORKER'S COMPENSATION PROGRAM: Please refer to the Worker's Compensation Section of this Manual

PRIOR AUTHORIZATIONS

At the request of some Sponsors, certain medications or classes of medications will require additional information to be obtained to determine if the benefit is covered.

Claim Message on Prior Authorization

The following components on the claim message indicate that a prior authorization is needed: "75" with message "Prior Authorization Required."

Please advise the member of the need for a Prior Authorization and facilitate the process by contacting the IdealScripts helpdesk at 1-800-717-6614 for Commercial Plans and 800-313-7667 for the Sterling Retiree PDP. If this is not possible, please refer the member to IdealScripts helpdesk at 1-800-717-6614 for Commercial Plans and 800-313-7667 for the Sterling Retiree PDP.

Final decisions will be communicated to the member. At the member's request and under specific arrangements, the pharmacy will be notified directly.

COMPOUND PRESCRIPTIONS

Definition of a Compounded Prescription

A compounded prescription is one which meets the following criteria: Two or more solid, semi solid or liquid ingredients, one of which is a “Prescription Legend Drug”, that is either weighed or measured then prepared according to the prescriber’s order and the Pharmacist’s art.

Procedures for Submitting Compound Prescription Claims:

1. Set the “Compound Flag” to positive in accordance with the Pharmacy Software.
2. Submit the NDC number for the highest priced Federal Legend Drug.
3. Enter the metric quantity as the total amount of the finished product.
4. Enter the total cost of all ingredients, the professional fee and your “usual and customary” price.
5. Enter patient and group information as you would any other claim.
6. Collect from the cardholder only the applicable Copayment/Coinsurance as indicated.

For Compounded Prescriptions or Bulk Chemicals where no NDC is available the following procedures are to apply:

Call the Pharmacy Services Help Desk 1-800-717-6614 for Commercial Plans and 800-313-7667 for the Sterling Retiree PDP

CREDENTIALING

Credentialing/Re-credentialing/Performance Standards

The credentialing standards and performance standards of belonging to IdealScripts network include, without limitation:

- 1) Completion of the Participating Provider Application
- 2) Pharmacy shall fill prescriptions according to the Prescriber's directions.
- 3) Pharmacy will maintain patient profiles for prescription medication dispensed from Pharmacy.
- 4) Pharmacy will react promptly and appropriately to on-line edits, which may adversely affect the patient's medical status or coverage.
- 5) Pharmacy will provide instruction to the patient on use of medications including information provided via on-line drug messages prior to dispensing any prescription.
- 6) Pharmacy shall maintain established prescription error prevention measures and established process for handling prescription errors.
- 7) Pharmacy shall require each person requesting Covered Drug and Services to present an identification card and/or other forms of identification as specified from time to time by IdealScripts.
- 8) Pharmacy shall maintain a signature log at each Pharmacy location and require any Member who receives a Covered Service (or such Member's representative) to sign the log.
- 9) Pharmacy shall comply with the MAC List in dispensing a Covered Drug, unless Pharmacy is (a) otherwise directed by a Prescriber via a valid prescription order or refill; (b) prohibited from so complying by law; (c) otherwise directed by IdealScripts; (d) Professional judgment.

EXHIBIT A

**IdealScripts
PARTICIPATING PHARMACY PROVIDER APPLICATION**

This document must be completed for all store locations of your Pharmacy.

General

Company Name _____ Pharmacy Name _____
Street Address _____ City _____ State ____ Zip _____
Federal Tax ID # _____ NABP # _____
State Pharmacy Operating License # _____ Fax # _____
Pharmacy System _____ Telephone _____
System Distributors License _____ Contact Person at Pharmacy _____

Services

1. What are your pharmacy hours of operation?
Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____
2. Does your pharmacy offer a delivery service? Yes _____ No _____
3. Does your pharmacy offer 24-hour emergency service? Yes _____ No _____
4. Does your pharmacy provide compounding? Yes _____ No _____
5. Do your employees have multilingual capabilities? Yes _____ No _____
6. Does your pharmacy system support multilingual patient information needs? Yes _____ No _____
7. What other special service does your pharmacy offer?

License and Related Information

1. Does your pharmacy have a valid DEA registration Number? Yes____ No____
2. Has your DEA number ever been suspended or revoked? Yes____ No____
3. Has the Pharmacy, any pharmacist employed or its officers ever been convicted of a felony? Yes____ No____
4. Has any individual provider been suspended or terminated from Medicare or Medicaid programs in any state? Yes____ No____
5. Does any individual provider have any impairment due to chemical dependency/drug abuse? Yes____ No____
6. Does any individual provider have past or pending professional disciplinary actions, sanctions, or licensure limitations in the state in which the pharmacy operates? Yes____ No____
7. Has an out-of-court settlement or a judgment been paid concerning a professional liability claim on behalf of your pharmacy by any malpractice carrier? Yes____ No____
8. Please provide the following:
 - A copy of the Pharmacy’s valid State Pharmacy Operating License;
 - Proof of valid professional liability and general liability insurance in the amounts of \$1 million per occurrence and \$ 2 million aggregate coverage;
 - A copy of a valid DEA registration;
 - A copy of each Pharmacy’s NABP number;
 - A completed Participating Pharmacy Provider Application;
 - A copy of any pharmacist license which has restrictions;
 - A copy of the patient information leaflet you provide Members with each prescription.

Please explain “yes” answers to any of questions 2 – 7 on attached sheet.

Labeling

Place a sample label used when filling prescriptions here:

PHARMACY AUDIT REQUIREMENTS

As the prescription drug benefits manager for various customers, IdealScripts has an obligation to ensure all contracted services are being provided. Compliance with the Participating Pharmacy Agreement is critical. IdealScripts or its designates will perform pharmacy audit functions to ensure program integrity.

Audit Considerations:

1. Audits may encompass prescriptions processed up to 36 months prior unless otherwise legally required.
2. Hard copy prescriptions must be readily available upon request.
3. All prescriptions must contain complete documentation of items and quantities dispensed including insulin and syringes.
4. Hard copies must be updated yearly unless otherwise stipulated by state law.
5. A signature log must be maintained for all claims submitted. The patient or Authorized representative must sign the log for each prescription received.
6. Signature logs must be maintained for the same length of time required to maintain prescription hard copies. The logs must be readily available for audit.
7. If the plan authorizes the use of a Universal Claim Form, this form must have the cardholder's signature on the tissue copy.
8. The quantity to be dispensed must be entered exactly as written on the prescription. Adjustments to meet plan parameters or legal requirements are permitted.
9. The days supply must be entered exactly as written on the prescription, if the physician has included this information.
10. Subsequent changes to the prescription by the prescriber must be noted on the prescription.
11. Dispense as Written (DAW) codes must be used correctly. Follow-up documentation resulting from the Audit is not permitted.

COMPLAINT AND APPEALS PROCEDURE

IdealScripts maintains two separate procedures for resolving complaints and formal grievances. While IdealScripts prefers to resolve complaints in an informal fashion, it recognizes that occasionally a matter may not be resolved to the satisfaction of a member or Provider. If that happens, the following are the steps to take:

Complaints

A) Denial of Urgent Services - This procedure is to be used:

- 1) If a member has been denied needed, medically necessary and potentially covered services
- AND
- 2) You or the Member believes that serious medical consequences will arise in the near future (within 7 - 10 days) on the basis of that denial.

You (or the Member) should call Provider Relations and explain the problem. IdealScripts, or its agents, will collect the relevant information from you and any other providers. IdealScripts will then review the matter. You and the Member will be notified in writing of IdealScripts decision within five (5) business days of the receipt of all the information necessary to decide the issue, whichever is earliest.

B) Other Complaints

Every Member and every Provider may use this process to resolve other types of complaints that have not been resolved informally. For a Provider, this process is not appropriate for use in credentialing and re-credentialing matters. The procedure as described in this section is appropriate to use for the following types of problems (the following is not an exhaustive list):

- 1) The patient will not follow medical instructions, and the Provider wishes to terminate a relationship with the patient;
- 2) The Provider is unable to obtain records from another Provider necessary to perform services;
- 3) The Provider is not receiving the reimbursement he/she believes is required;
- 4) The Provider has experienced difficulties obtaining required information from IdealScripts or its agents;
- 5) IdealScripts has denied prior approval for what the Provider or patient believes to be an indicated, but not emergency, service or referral.

These complaints should be made by calling or writing the IdealScripts Provider Relations (or Member Services) Department. IdealScripts will investigate and a determination will be reached within five (5) business days. This decision will be communicated to you in writing within five (5) business days after that.

If you or the patient is not satisfied with the resolution of issues raised in this way, you may appeal using the formal appeals process.

Formal Appeals Procedure

This Appeals Procedure is to be used after efforts to resolve a problem informally, and then through the above procedures, have not been successful in resolving the concern to the satisfaction of the Member of the Provider. An appeal should be made within 120 days after the discovery of the problem leading to the complaint.

- A) An appeal must be requested in writing to IdealScripts, Attn.: Prescription Benefit Management, 900 Northrop Road, Suite E, Wallingford, CT 06492. The letter should contain a statement of the problem, an explanation of why the earlier efforts at resolution were not satisfactory, and a statement of and rationale for the outcome you are seeking.
- B) Your appeal will be presented to a Committee established by IdealScripts. If you wish to appear before the Committee in person, please include that request in the letter of appeal; IdealScripts will then notify you of the date and time during which the Committee will consider the appeal.
- C) If the appeal concerns a denial of urgent services, the Committee will decide your appeal within three (3) business days of the receipt of the appeal. IdealScripts will then notify you immediately in writing of its decision. Otherwise, the Committee will decide the appeal within fifteen (15) business days of the receipt by IdealScripts of the appeal. IdealScripts will notify you in writing of its decision, and the reasons for it, within five (5) business days of the decision. This letter will also describe further appeal rights.
- D) In all cases, unless otherwise determined by law, all final appeals will be held with IdealScripts client. This reflects IdealScripts client ultimately of establishing and interpreting plan rules.

WORKERS COMPENSATION

Workers Compensation claims are processed on-line as other claims.

For new injuries, claimants with established claims will present a card. The prescription will have a sticker on the back. This is the compensation guarantee of payment and provides on-line billing information. For assistance, contact the Help Desk at 1-800-717-6614.

Coverage for Workers Compensation is determined by the outcome of the injury claim. Coverage may be indefinite or as short as a few weeks.

Each injury claim is assigned an appropriate drug class coverage. This may not always meet the Claimant's needs. Please contact IdealScripts at 1-800-717-6614 or refer the claimant to IdealScripts.

In the event that the claimant and the medical provider designate a drug as related to the nature of the injury, verbal approval, from sources other than IdealScripts, does not guarantee payment.

FREQUENTLY ASKED QUESTIONS

Question: What is IdealScripts BIN number?

Answer: The BIN number for IdealScripts Commercial Plans is 011289 and for our Sterling Retiree PDP 012543.

Question: What is IdealScripts’s processor control code?

Answer: IdealScripts processor control code for the Commercial Plans is “00000000” and for the Sterling Retiree PDP “CMSPARTD”.

Question: What is my pharmacy’s access code for IdealScripts to process claims electronically?

Answer: The IdealScripts HelpDesk Associates do have an abbreviated list of chain access codes. If you are contracted and do not know your pharmacy’s access code, you can contact the IdealScripts HelpDesk or your software vendor for assistance.

Question: Is my pharmacy a Contracted Pharmacy?

Answer: Many independent pharmacies are contracted with IdealScripts, but may not realize they are in our network. This may occur when that pharmacy is a member of an organization that is contracted with IdealScripts. For any non-participating pharmacy, upon contract, IdealScripts will facilitate an immediate 60 day processing opportunity. A contract will be forwarded the following business day. Each pharmacy that receives a newsletter has had claims processed through IdealScripts.

Question: What is the correct relationship code for this member?

Answer: Relationship code refers to the cardholder, spouse, and dependant. It is independent of the person code; e.g., all dependants may have the same relationship code.

Question: What is the correct person code for a family member?

Answer: Person Codes for family members usually follow a set pattern: Cardholder is always “01”; Spouse is always “02”; dependants are numbered “03” to “99”. Usually, the dependants are numbered according to the age of the dependant. The oldest dependant will start at “03”. The person codes assigned to the dependants within a specific family are not reassigned when an older child is no longer a dependant as defined by the plan parameters.

Question: What does “Invalid Date of Birth” message mean if the correct date of birth has been submitted?

Answer: Always check the relationship code submitted. A cardholder must be entered as such and submitted as a cardholder. Relationship coding is primary in checking appropriate eligibility. If a provider software has multiple linking requirements, oversight of the multiple links may lead to submission of incorrect data.

Payor Sheet

IdealScripts

Date: 10/01/2007
Bin #: 011289 Commercial Plans, 012543 Sterling Retiree PDP
States: National
Destination: HX Benefit
Accepting: Claim Adjudication, Claim Reversals, and DUR Format
 NCPDP Version 32 (Variable)(also accept 3A)

1. NCPDP Data Elements Version 32 Variable

Fld #	Data Element	Format	Description
Required Header Information			
101-A1	Bin #	NCPDP	Required
102-A2	Version #	NCPDP	Required
103-A3	Transaction Code	NCPDP	Required
104-A4	Processor Control #	NCPDP	00000000 Commercial, CMSPARTD PDP
201-B1	Pharmacy #	NCPDP	Require
301-C1	Group #	NCPDP	Required
302-C2	Cardholder ID #	NCPDP	Required
303-C3	Person Code	NCPDP	Optional
304-C4	Date of Birth	NCPDP	Required
305-C5	Sex Code	NCPDP	Required
306-C6	Relationship Code	NCPDP	Required
308-C8	Other Coverage Code applicable to claim)	NCPDP	Optional (required if
401-D1	Date Filled	NCPDP	Required
Optional Header Information			
307-C7	Customer Location	NCPDP	Optional
309-C9	Elig Clarif. Code	NCPDP	Optional
310-CA	Patient First Name	NCPDP	Required
311-CB	Patient Last Name	NCPDP	Required
314-CE	Home Plan	NCPDP	Optional
315-CF	Employer Name	NCPDP	Optional
316-CG	Employer Street Address	NCPDP	N/A
317-CH	Employer City Address	NCPDP	N/A
318-CI	Employer State	NCPDP	Optional
319-CJ	Employer Zip Code	NCPDP	Optional
320-CK	Employer Phone #	NCPDP	Optional
322-CM	Patient Street Address	NCPDP	Optional
323-CN	Patient City Address	NCPDP	Optional
324-CO	Patient State Address	NCPDP	Optional
325-CP	Patient Zip Code	NCPDP	Optional
327-CR	Carrier Id#	NCPDP	Optional
329-CT	Patient SSN	NCPDP	Optional
Required Claim Information			
402-D2	RX #	NCPDP	Required
403-D3	New/Refill Code	NCPDP	Required
404-D4	Metric Quantity	NCPDP	Required
405-D5	Days Supply	NCPDP	Required
406-D6	Compound Code	NCPDP	Required
407-D7	NDC #	NCPDP	Required
408-D8	Disp. as Written applicable to claim)	NCPDP	Optional (required if

409-D9 Ingredient Cost	NCPDP	Required
411-DB Prescriber ID	NCPDP	Required
414-DE Date Written	NCPDP	Required
415-DF # Refills Auth.	NCPDP	Required
419-DJ Prescr. Origin Code	NCPDP	Optional
420-DK Prescr. Denial Clar.	NCPDP	Optional
426-DQ Usual & Cust. Charge	NCPDP	Required
Optional Claim Information		
410-DA Sales Tax applicable to claim)	NCPDP	Required (required if
412-DC Disp. Fee Submitted	NCPDP	Required
416-DG PA/MC Code & Number applicable to claim)	NCPDP	Optional (required if
418-DI Level of Service	NCPDP	Required
421-DL Primary Prescriber	NCPDP	Optional
422-DM Clinic ID	NCPDP	Optional
423-DN Basis of Cost Deter.	NCPDP	Required
424-DO Diagnosis Code	NCPDP	Optional
427-DR Prescriber Last Name	NCPDP	Optional
428-DS Postage Amt. Claimed	NCPDP	Optional
429-DT Unit Dose Indicator	NCPDP	Optional
430-DU Gross Amount Due	NCPDP	Required
431-DV Other Payor Amount applicable to claim)	NCPDP	Optional (required if
432-DW Basis of Days Supply Deter.	NCPDP	Required
433-DX Patient Paid Amount	NCPDP	Optional
434-DY Date of Injury	NCPDP	Optional
435-DZ Claim/Ref. ID#	NCPDP	Optional
436-E1 Alt. Product Type	NCPDP	Optional
437-E2 Alt. Product Code	NCPDP	Optional
438-E3 Incentive Amt. Subm.	NCPDP	Optional
439-E4 DUR Conflict Code	NCPDP	Optional
440-E5 DUR Intervention Code	NCPDP	Optional
441-E6 DUR Outcome Code	NCPDP	Optional
442-E7 Metric Decimal Qty.	NCPDP	Required
443-E8 Prim. Payor Denial Date	NCPDP	Optional

An "optional" element means the user should be prompted for the field but does not have to enter a value, unless that field is required for special processing. For example, if you are submitting COB information as the secondary claim, Other Payor Amount and Other Coverage Code would be required.

2. General Information

Live Claims, on or after:	October 1, 2007
Maximum prescriptions per transaction:	3
Payor/Plan Help#:	1-800-717-6614 Commercial
	1-800-313-7667 PDP
Vendor Re-Certification Required:	No
Pharmacy Reg. with Payor Required:	Yes