



Catamaran
2441 Warrenville Rd. Suite 610
Lisle, IL 60532

PAYER SPECIFICATION SHEET

Medicare Part D

See section 3 for additional processing information
 (This payer sheet represents former InformedRx)

Plan Information

Payer Name: Catamaran	Date: 12/20/11	
Plan Name: Catamaran (This payer sheet represents former InformedRx)	BIN: 610593	PCN: PHPMEDD, PRSMEDD, SHPPARTD, HFHMAPD, HFHPDP
Plan Name: Catamaran	BIN: 610011	PCN: ECN, SC3, SC2, SC1, NC3, NC2, NC1, OPH, FRH, 98702, HAPMEDD, CCAMCARE, HTHSPRING, UE7316, COTROOP, NMHCPDP
Processor: Catamaran Rx. Inc.		
Effective as of: 12/20/2011	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP External Code List Version Date: October 2009		
Contact Information: Customer Service – 1-800-880-1188 Prior Authorization – 1-800-626-0072 Provider Relations – 1-877-633-4701 or ProviderRelations@catamaranrx.com Website – www.informedrx.com/pharmacies		

1. Segment And Field Requirements By Transaction Type

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

(M-Mandatory, R-Required, RW-Required When)

Transaction Header Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Transaction Header Segment		B1 & B3	B2	Segment is Required
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
1Ø1-A1	BIN	M	M	See above for BINs
1Ø2-A2	VERSION/RELEASE NUMBER	M	M	D.Ø
1Ø3-A3	TRANSACTION CODE	M	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	M	Required from ID card.
1Ø9-A9	TRANSACTION COUNT	M	M	1 – 4 (up to 4 transactions per B1 & B3 transmission) accepted.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	M	01 (National Provider ID)
2Ø1-B1	SERVICE PROVIDER ID	M	M	Value for the qualifier used in 202-B1 above
4Ø1-D1	DATE OF SERVICE	M	M	YYYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	M	Use value for Switch' s requirements. If submitting claim without a Switch, populate with blanks.

Insurance Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Insurance Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		04 – Submit ONLY if the segment is transmitted.
302-C2	CARDHOLDER ID	M	M	Required From ID Card
312-CC	CARDHOLDER FIRST NAME	RW		Varies by plan. See on-line response for details.
313-CD	CARDHOLDER LAST NAME	RW		Varies by plan. See on-line response for details.
314-CE	HOME PLAN	RW		Varies by plan. See on-line response for details.
524-FO	PLAN ID	RW		Varies by plan. See on-line response for details.
309-C9	ELIGIBILITY CLARIFICATION CODE	RW		Varies by plan. See on-line response for details.
301-C1	GROUP ID	M	M	Required From ID Card
303-C3	PERSON CODE	RW		Varies by plan. See on-line response for details.
306-C6	PATIENT RELATIONSHIP CODE	RW		Varies by plan. See on-line response for details.
359-2A	MEDIGAP ID	RW	RW	Varies by plan. See on-line response for details.
360-2B	MEDICAID INDICATOR	RW		Varies by plan. See on-line response for details.
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR	RW		Varies by plan. See on-line response for details.
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	RW		Varies by plan. See on-line response for details.
115-N5	MEDICAID ID NUMBER	RW		Varies by plan. See on-line response for details.

Patient Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Patient Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		01 – Submit ONLY if the segment is transmitted.
331-CX	PATIENT ID QUALIFIER	RW		Varies by plan. See on-line response for details.
332-CY	PATIENT ID	RW		Varies by plan. See on-line response for details.
304-C4	DATE OF BIRTH	R		Required
305-C5	PATIENT GENDER CODE	RW		Varies by plan. See on-line response for details.
310-CA	PATIENT FIRST NAME	R		Required
311-CB	PATIENT LAST NAME	R		Required
322-CM	PATIENT STREET ADDRESS	RW		Varies by plan. See on-line response for details.
323-CN	PATIENT CITY ADDRESS	RW		Varies by plan. See on-line response for details.
324-CO	PATIENT STATE / PROVINCE ADDRESS	RW		Varies by plan. See on-line response for details.
325-CP	PATIENT ZIP/POSTAL ZONE	RW		Varies by plan. See on-line response for details.
326-CQ	PATIENT PHONE NUMBER	RW		Varies by plan. See on-line response for details.
307-C7	PLACE OF SERVICE	RW		Varies by plan. See on-line response for details.
333-CZ	EMPLOYER ID	RW		Varies by plan. See on-line response for details.
335-2C	PREGNANCY INDICATOR	RW		Varies by plan. See on-line response for details.
350-HN	PATIENT E-MAIL ADDRESS	RW		Varies by plan. See on-line response for details.
384-4X	PATIENT RESIDENCE	RW		Varies by plan. See on-line response for details.

Claim Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		
This Payer supports partial fills		
This Payer does not support partial fills		

Claim Segment		B1 & B3	B2	COMMENTS/VALUES
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	M	07 – Submit ONLY if the segment is transmitted.
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	M	Required Only value '1' is accepted.
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	M	Required Up to 12 digits supported..
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	M	Mandatory
407-D7	PRODUCT/SERVICE ID	M	M	For multi-ingredient compounds, submit „00000 00 0000“
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	RW		Varies by plan. See on-line response for details.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	RW		Varies by plan. See on-line response for details.
458-SE	PROCEDURE MODIFIER CODE COUNT	RW		Varies by plan. See on-line response for details.
459-ER	PROCEDURE MODIFIER CODE	RW		Varies by plan. See on-line response for details.
442-E7	QUANTITY DISPENSED	R		Required
403-D3	FILL NUMBER	R		Required for B1 & B3 claims.
405-D5	DAYS SUPPLY	R		Required for B1 & B3 claims.
406-D6	COMPOUND CODE	R		Required for B1 & B3 claims. Use '2' if product is a compound. The Compound Segment is also required if a compound code of 2 is submitted.
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R		Required for B1 & B3 claims.
414-DE	DATE PRESCRIPTION WRITTEN	R		Required
415-DF	NUMBER OF REFILLS AUTHORIZED	RW		Varies by plan. See on-line response for details.
419-DJ	PRESCRIPTION ORIGIN CODE	R		Required. Values are: 1 = Written 3 = Electronic 2 = Telephone 4 = Facsimile
354-NX	SUBMISSION CLARIFICATION CODE COUNT	RW		Varies by plan. See on-line response for details.
420-DK	SUBMISSION CLARIFICATION CODE	RW		Use value "8" when accepting payment only for covered products in multi-ingredient compounds. Use value "19" when submitting an LTC Split Billing claim that is the balance of a claim first submitted to Medicare Part A.
460-ET	QUANTITY PRESCRIBED	RW		Varies by plan. See on-line response for details.
308-C8	OTHER COVERAGE CODE	RW		If other coverage exists, the applicable value must be submitted with required COB Segment qualifier(s).
429-DT	UNIT DOSE INDICATOR	RW		Varies by plan. See on-line response for details.
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	RW		Varies by plan. See on-line response for details.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	RW		Varies by plan. See on-line response for details.
446-EB	ORIGINALLY PRESCRIBED QUANTITY	RW		Varies by plan. See on-line response for details.
600-28	UNIT OF MEASURE	RW		Varies by plan. See on-line response for details.
418-DI	LEVEL OF SERVICE	RW		Varies by plan. See on-line response for details.
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW		Varies by plan. See on-line response for details.
462-EV	SUBMIT PRIOR AUTHORIZATION NUMBER	RW		Varies by plan. See on-line response for details.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	RW		Varies by plan. See on-line response for details.
464-EX	INTERMEDIARY AUTHORIZATION ID	RW		Varies by plan. See on-line response for details.
343-HD	DISPENSING STATUS	RW		Varies by plan. See on-line response for details.
344-HF	QUANTITY INTENDED TO BE DISPENSED	RW		Varies by plan. See on-line response for details.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	RW		Varies by plan. See on-line response for details.
357-NV	DELAY REASON CODE	RW		Varies by plan. See on-line response for details.
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)	RW		Varies by plan. See on-line response for details.
995-E2	ROUTE OF ADMINISTRATION	RW		Varies by plan. See on-line response for details.
996-G1	COMPOUND TYPE	RW		Varies by plan. See on-line response for details.
147-U7	PHARMACY SERVICE TYPE	RW		Varies by plan. See on-line response for details.

Pricing Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Pricing Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		11 – Submit ONLY if the segment is transmitted.
409-D9	INGREDIENT COST SUBMITTED	R		Required
412-DC	DISPENSING FEE SUBMITTED	RW		Varies by plan. See on-line response for details.
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	RW		Varies by plan. See on-line response for details.
433-DX	PATIENT PAID AMOUNT SUBMITTED	RW		Varies by plan. See on-line response for details.
438-E3	INCENTIVE AMOUNT SUBMITTED	RW	RW	Varies by plan. See on-line response for details.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	RW		Varies by plan. See on-line response for details.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	RW		Varies by plan. See on-line response for details.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	RW		Varies by plan. See on-line response for details.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	RW		Varies by plan. See on-line response for details.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	RW		Varies by plan. See on-line response for details.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	RW		Varies by plan. See on-line response for details.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	RW		Varies by plan. See on-line response for details.
426-DQ	USUAL AND CUSTOMARY CHARGE	R		Required
430-DU	GROSS AMOUNT DUE	R	R	Required
423-DN	BASIS OF COST DETERMINATION	RW		Varies by plan. See on-line response for details.

Pharmacy Provider Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Varies by Plan. Refer to on-line response for details.

Pharmacy Provider Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		02 – Submit ONLY if the segment is transmitted.
465-EY	PROVIDER ID QUALIFIER	R		Required if segment is used.
444-E9	PROVIDER ID	R		Required if segment is used.

Prescriber Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		03 – Submit ONLY if the segment is transmitted.
466-EZ	PRESCRIBER ID QUALIFIER	RW		Varies by plan. See on-line response for details.
411-DB	PRESCRIBER ID	RW		Varies by plan. See on-line response for details.
427-DR	PRESCRIBER LAST NAME	RW		Varies by plan. See on-line response for details.

498-PM	PRESCRIBER PHONE NUMBER	RW		Varies by plan. See on-line response for details.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	RW		Varies by plan. See on-line response for details.
421-DL	PRIMARY CARE PROVIDER ID	RW		Varies by plan. See on-line response for details.
470-4E	PRIMARY CARE PROVIDER LAST NAME	RW		Varies by plan. See on-line response for details.
364-2J	PRESCRIBER FIRST NAME	RW		Varies by plan. See on-line response for details.
365-2K	PRESCRIBER STREET ADDRESS	RW		Varies by plan. See on-line response for details.
366-2M	PRESCRIBER CITY ADDRESS	RW		Varies by plan. See on-line response for details.
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS	RW		Varies by plan. See on-line response for details.
368-2P	PRESCRIBER ZIP/POSTAL ZONE	RW		Varies by plan. See on-line response for details.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing / Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for secondary, tertiary, etc. claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

COB/Other Payments Segment – Scenario 1		B1 & B3	B2	Scenario 1 - Other Payer Amount Paid Repetitions Only
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		05 – Submit ONLY if the segment is transmitted.
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	RW	RW	Varies by plan. See on-line response for details. Maximum = 9.
338-5C	OTHER PAYER COVERAGE TYPE	RW	RW	Varies by plan. See on-line response for details.
339-6C	OTHER PAYER ID QUALIFIER	RW		Required if other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID	RW		Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE	RW		Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW		Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW		Required when Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID	RW		Required when other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352- NQ) is submitted.
471-5E	OTHER PAYER REJECT COUNT	RW		Required when Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE	RW		Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).

COB/Other Payments Segment – Scenario 2		B1 & B3	B2	Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		05 – transmit ONLY if the segment is transmitted.
337-4C	Coordination of Benefits/Other Payments Count	RW	RW	Varies by plan. See on-line response for details.
338-5C	Other Payer Coverage Type	RW	RW	Varies by plan. See on-line response for details.
339-6C	OTHER PAYER ID QUALIFIER	RW		Required when Other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID	RW		Required if identification of the Other Payer is necessary for claim/encounter adjudication.

443-E8	OTHER PAYER DATE	RW		Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
471-5E	OTHER PAYER REJECT COUNT	RW		Required when Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE	RW		Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	RW		Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	RW		Required when Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	RW		Required when necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.
392-MU	BENEFIT STAGE COUNT	RW		Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER	RW		Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT	RW		Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs.

COB/Other Payments Segment – Scenario 3		<u>B1 & B3</u>	<u>B2</u>	Scenario 3- Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		05 – Submit ONLY if the segment is transmitted.
337-4C	Coordination of Benefits/Other Payments Count	RW	RW	Varies by plan. See on-line response for details.
338-5C	Other Payer Coverage Type	RW	RW	Varies by plan. See on-line response for details.
339-6C	OTHER PAYER ID QUALIFIER	RW		Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID	RW		Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE	RW		Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW		Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW		Required if Other Payer Amount Paid (431- DV) is used.
431-DV	OTHER PAYER AMOUNT PAID	RW		Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.
471-5E	OTHER PAYER REJECT COUNT	RW		Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE	RW		Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	RW		Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	RW		Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	RW		Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-government agency programs if Other Payer Amount Paid (431-DV) is submitted.
392-MU	BENEFIT STAGE COUNT	RW		Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER	RW		Required if Benefit Stage Amount (394-MW) is used.

394-MW	BENEFIT STAGE AMOUNT	RW		Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs.
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Workers' Compensation Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	This segment is not used at this time.

Workers' Compensation Segment		B1 & B3	B2	COMMENTS/VALUES
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M		06 – Submit ONLY if the segment is transmitted.
434-DY	DATE OF INJURY	R		Required if segment is used.
315-CF	EMPLOYER NAME	RW		Varies by plan. See on-line response for details.
316-CG	EMPLOYER STREET ADDRESS	RW		Varies by plan. See on-line response for details.
317-CH	EMPLOYER CITY ADDRESS	RW		Varies by plan. See on-line response for details.
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	RW		Varies by plan. See on-line response for details.
319-CJ	EMPLOYER ZIP/POSTAL ZONE	RW		Varies by plan. See on-line response for details.
320-CK	EMPLOYER PHONE NUMBER	RW		Varies by plan. See on-line response for details.
321-CL	EMPLOYER CONTACT NAME	RW		Varies by plan. See on-line response for details.
327-CR	CARRIER ID	RW		Varies by plan. See on-line response for details.
435-DZ	CLAIM/REFERENCE ID	R		Required if segment is used.
117-TR	BILLING ENTITY TYPE INDICATOR	RW		Varies by plan. See on-line response for details.
118-TS	PAY TO QUALIFIER	RW		Varies by plan. See on-line response for details.
119-TT	PAY TO ID	RW		Varies by plan. See on-line response for details.
120-TU	PAY TO NAME	RW		Varies by plan. See on-line response for details.
121-TV	PAY TO STREET ADDRESS	RW		Varies by plan. See on-line response for details.
122-TW	PAY TO CITY ADDRESS	RW		Varies by plan. See on-line response for details.
123-TX	PAY TO STATE/PROVINCE ADDRESS	RW		Varies by plan. See on-line response for details.
124-TY	PAY TO ZIP/POSTAL ZONE	RW		Varies by plan. See on-line response for details.
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER	RW		Varies by plan. See on-line response for details.
126-UA	GENERIC EQUIVALENT PRODUCT ID	RW		Varies by plan. See on-line response for details.

DUR/PPS Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Varies by Plan. Refer to on-line response for details.

DUR/PPS Segment		B1 & B3	B2	COMMENTS/VALUES
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M		08 – Submit ONLY if the segment is transmitted.
473-7E	DUR/PPS CODE COUNTER	R	R	Required if segment is used.
439-E4	REASON FOR SERVICE CODE	R	R	Required if segment is used.
440-E5	PROFESSIONAL SERVICE CODE	R	R	Required if segment used for vaccine and administration together (Value of "MA = Medication Administration") Note: If billing vaccine only, do not submit "MA." Bill as normal claim.
441-E6	RESULT OF SERVICE CODE	R	R	Required if segment is used.
474-8E	DUR/PPS LEVEL OF EFFORT	R	R	Required if segment is used.
475-J9	DUR CO-AGENT ID QUALIFIER	RW		Varies by plan. See on-line response for details.
476-H6	DUR CO-AGENT ID	RW		Varies by plan. See on-line response for details.

Coupon Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Varies by Plan. Refer to on-line response for details.

Coupon Segment		B1 & B3	B2	COMMENTS/VALUES
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M		09 – Submit ONLY if the segment is transmitted.
485-KE	COUPON TYPE	R		Required if segment is used.
486-ME	COUPON NUMBER	R		Required if segment is used.
487-NE	COUPON VALUE AMOUNT	RW		Varies by plan. See on-line response for details.

Compound Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	This segment is required for submission of all compound claims in D.Ø. Submission of the most expensive ingredient is no longer supported.

Compound Segment		B1 & B3	B2	COMMENTS/VALUES
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M		10 – Submit ONLY if the segment is transmitted.
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	RW		Varies by plan. See on-line response for details.
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	RW		Varies by plan. See on-line response for details.
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	R		Required if segment is used.
488-RE	COMPOUND PRODUCT ID QUALIFIER	R		Required if segment is used.
489-TE	COMPOUND PRODUCT ID	R		Required if segment is used.
448-ED	COMPOUND INGREDIENT QUANTITY	R		Required if segment is used.
449-EE	COMPOUND INGREDIENT DRUG COST	R		Required if segment is used.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	R		Required if segment is used.
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	RW		Varies by plan. See on-line response for details.
363-2H	COMPOUND INGREDIENT MODIFIER CODE	RW		Varies by plan. See on-line response for details.

Clinical Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Varies by Plan. Refer to on-line response for details.

Clinical Segment		B1 & B3	B2	COMMENTS/VALUES
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M		13 – Submit ONLY if the segment is transmitted.
491-VE	DIAGNOSIS CODE COUNT	RW		Varies by plan. See on-line response for details.
492-WE	DIAGNOSIS CODE QUALIFIER	RW		Varies by plan. See on-line response for details.
424-DO	DIAGNOSIS CODE	RW		Varies by plan. See on-line response for details.
493-XE	CLINICAL INFORMATION COUNTER	RW		Varies by plan. See on-line response for details.
494-ZE	MEASUREMENT DATE	RW		Varies by plan. See on-line response for details.
495-H1	MEASUREMENT TIME	RW		Varies by plan. See on-line response for details.
496-H2	MEASUREMENT DIMENSION	RW		Varies by plan. See on-line response for details.
497-H3	MEASUREMENT UNIT	RW		Varies by plan. See on-line response for details.
499-H4	MEASUREMENT VALUE	RW		Varies by plan. See on-line response for details.

Additional Documentation Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational		This segment is not used at this time.

Additional Documentation Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		14 – Submit ONLY if the segment is transmitted.
369-2Q	Additional Documentation Type ID	RW		Not Required at this time.
374-2V	REQUEST PERIOD BEGIN DATE	RW		Not Required at this time.
375-2W	REQUEST PERIOD RECERT/REVISED DATE	RW		Not Required at this time.
373-2U	REQUEST STATUS	RW		Not Required at this time.
371-2S	LENGTH OF NEED QUALIFIER	RW		Not Required at this time.
370-2R	LENGTH OF NEED	RW		Not Required at this time.
372-2T	PRESCRIBER/SUPPLIER DATE SIGNED	RW		Not Required at this time.
376-2X	SUPPORTING DOCUMENTATION	RW		Not Required at this time.
377-2Z	QUESTION NUMBER/LETTER COUNT	RW		Not Required at this time.
378-4B	QUESTION NUMBER/LETTER	RW		Not Required at this time.
379-4D	QUESTION PERCENT RESPONSE	RW		Not Required at this time.
380-4G	QUESTION DATE RESPONSE	RW		Not Required at this time.
381-4H	QUESTION DOLLAR AMOUNT RESPONSE	RW		Not Required at this time.
382-4J	QUESTION NUMERIC RESPONSE	RW		Not Required at this time.
383-4K	QUESTION ALPHANUMERIC RESPONSE	RW		Not Required at this time.

Facility Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Varies by Plan. Refer to on-line response for details.

Facility Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		15 – Submit ONLY if the segment is transmitted.
336-8C	FACILITY ID	RW		Varies by plan. See on-line response for details.
385-3Q	FACILITY NAME	RW		Varies by plan. See on-line response for details.
386-3U	FACILITY STREET ADDRESS	RW		Varies by plan. See on-line response for details.
388-5J	FACILITY CITY ADDRESS	RW		Varies by plan. See on-line response for details.
387-3V	FACILITY STATE/PROVINCE ADDRESS	RW		Varies by plan. See on-line response for details.
389-6D	FACILITY ZIP/POSTAL ZONE	RW		Varies by plan. See on-line response for details.

Narrative Segment Questions	Check	Claim Billing / Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational		This segment is not used at this time.

Narrative Segment		B1 & B3	B2	
NCPDP Field	Field Name	Mandatory or Situational	Mandatory or Situational	COMMENTS/VALUES
111-AM	SEGMENT IDENTIFICATION	M		16 – Submit ONLY if the segment is transmitted.
390-BM	NARRATIVE MESSAGE	RW		Not Required 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.

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

- **THE USE OF THIS SEGMENT IS NOT SUPPORTED.**

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

- **THE USE OF THIS SEGMENT IS NOT SUPPORTED.**

PARTIAL FILL TRANSACTION REPORTING

- **USE OF PARTIAL FILE DATA ELEMENTS is SUPPORTED**

2. GENERAL INFORMATION

Live Date: N/A
 Maximum prescriptions per transaction: 4
 Vendor certification required: Yes
 Pharmacy Registration with Payer Required : Yes
 Switch Support: RelayHealth, Emdeon, QS1

3. OTHER INFORMATION

NOTE: The data elements listed in the SPECIFICATION SHEET are presented to encompass all Catamaran-RxCLAIM subscriber plans. However, specific requirements may vary from plan to plan. The Catamaran-RxCLAIM Plan specific information and Customer Service number can also be called for technical assistance regarding specific Plans.

CATAMARAN-RxCLAIM provides on-line prospective DUR edits for all of their plans. Please contact Customer Service for further information.

Catamaran Medicare Part D Plans – BIN/PCN combinations – Effective 1/1/12

Plan Name	Plan Type	BIN	PCN
Catamaran/NMHC "EGWP"	Medicare Part D	610011	NMHCPCDP
C&O Employee Hospital Association	Medicare Part D	610011	COTROOP
Union Pacific Railroad Employee Health Plan	Medicare Part D	610011	UE7316
Healthspring / Bravo	Medicare Part D	610011	HTHSPRING
CCA	Medicare Part D	610011	CCAMCARE
Health Alliance Plan	Medicare Part D	610011	HAPMEDD
Health Plus of Michigan	Medicare Part D	610011	98702
Presbyterian Health Plan	Medicare Part D	610593	PHPMEDD
PharmaStar	Medicare Part D	610593	PRSMEDD
Security Health Plan	Medicare Part D	610593	SHPPARTD
Health First Health Plans – CMS #H1099	Medicare Part D	610593	HFHMAPD
Health First Health Plans – CMS #S0223	Medicare Part D	610593	HFHPDP
Spectral Solutions – Contract# H5427	Medicare Part D	610011	FRH
Spectral Solutions – CMS# H5594	Medicare Part D	610011	OPH
Spectral Solutions – CMS# H0979	Medicare Part D	610011	NC1
Spectral Solutions – CMS# H6881	Medicare Part D	610011	NC2
Spectral Solutions – CMS# H4268	Medicare Part D	610011	NC3
Spectral Solutions – CMS# H9720	Medicare Part D	610011	SC1
Spectral Solutions – CMS# H4738	Medicare Part D	610011	SC2
Spectral Solutions – CMS# H3421	Medicare Part D	610011	SC3
Spectral Solutions – CMS# H9285	Medicare Part D	610011	ECN