ARᵪCHIMEDES™

elixir
CRAFTED Rx SOLUTIONS

PAYER SHEET

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GENERAL INFORMATION

Payer Name: **Archimedes**	Date: **01/01/2022**
Plan Name/Group Name: **All**	NCPDP ECL Version: **Oct 2019**
Processor: **Elixir**	NCPDP ECL Emergency Version: **Jan 2019**
Effective as of: **01/01/2023**	NCPDP Telecommunication Standard Version/Release #: **D.0**
Pharmacy Help Desk- **888-504-5563, option 2**	

Claim Billing Transaction

The following table lists the segments available in a Billing Transaction. Pharmacies are required to submit upper case values on B1/B2 transactions. The table also lists values as defined under Version D.0. The segment summaries included below list the mandatory data fields.

- o **M –** Mandatory as defined by NCPDP
- o **R –** Required as defined by the Processor
- o **RW –** Situational as defined by Plan
- o **O –** Optional

Other Transaction Information

- **Maximum Number of Transactions –** 1
- **Reversal Window-** 90 days old, can vary by group
- Fields not used in the Claim Billing/Claim Reversal transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded.

BIN AND PCN VALUES

BIN	Process Control Number (PCN)
020040	AE7271
023491	AAAC
023491	AXAXL
023491	BGLT
023491	BNSF
023491	CHAR
023491	DUNN
023491	DUPO
023491	GOODYR
023491	HCS1
023491	HERC
023491	PARE
020040	ARCH
023491	PRDU
023491	SIGN
023491	WAFA
020040	WHRL
023491	NDLE
023491	EMPT
023491	UPST
023491	ECMS
023491	LINC
023491	NAHLTH
023491	HTLH
023491	ADEAN -OR- ADENA
023491	FRPL
023491	TGSS
023491	ZOTEC
023491	GNTVA
023491	ALPHA
023491	QALC
023491	INDO
023491	HEART
023491	MME
023491	LYLE

CLAIM BILLING TRANSACTION

Transaction Header Segment		Mandatory		
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
101-A1	BIN NUMBER	023491, 020040, 020594	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	NCPDP vD.0
103-A3	TRANSACTION CODE	B1	M	For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
104-A4	PROCESSOR CONTROL NUMBER		M	Use value as printed on ID card, as communicated by Archimedes or as stated in BIN/PCN table
109-A9	TRANSACTION COUNT	1= One occurrence	M	Maximum of 1 transaction per transmission
202-B2	SERVICE PROVIDER QUALIFIER	01= National Provider ID	M	Only value '01' (NPI) accepted
201-B1	SERVICE PROVIDER ID		M	National Provider ID Number assigned to the dispensing pharmacy
401-D1	DATE OF SERVICE		M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	Blank Fill

Insurance Segment		Mandatory		
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	04	M	Insurance Segment
301-C1	GROUP ID		R	As printed on the ID card or as communicated
302-C2	CARDHOLDER ID		M	Member's ID as shown on card.
303-C3	PERSON CODE		R	As printed on the ID card or as communicated
306-C6	PATIENT RELATIONSHIP CODE		R	
309-C9	ELIGIBILITY CLARIFICATION CODE		RW	Required when necessary for plan benefit administration
312-CC	CARDHOLDER FIRST NAME		R	Required when necessary for state/federal/regulatory agency programs
313-CD	CARDHOLDER LAST NAME		R	Required when necessary for state/federal/regulatory agency programs
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		RW	Required when necessary for state/federal/regulatory agency programs
524-FO	PLAN ID		O	Required when necessary for plan benefit administration

Patient Segment	Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	01	M	Patient Segment
331-CX	PATIENT ID QUALIFIER		RW	Required if Patient ID (332-CY) is used.
332-CY	PATIENT ID		RW	Required when necessary for state/federal/regulatory agency programs
304-C4	DATE OF BIRTH		R	CCYYMMDD
305-C5	PATIENT GENDER CODE	0 - Not Specified 1 – Male 2 - Female	R	
310-CA	PATIENT FIRSTNAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
323-CN	PATIENT CITY ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
324-CO	PATIENT STATE/ PROVIDENCE ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
325-CP	PATIENT ZIP/POSTAL ZONE		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
326-CQ	PATIENT PHONE NUMBER		O	

307-C7	PLACE OF SERVICE		RW	Required when necessary for plan benefit administration
335-2C	PREGNANCY INDICATOR		RW	Required when necessary for state/federal/regulatory agency programs
350-HN	PATIENT E-MAIL ADDRESS		O	
384-4X	PATIENT RESIDENCE		RW	Required when necessary for plan benefit administration

Claim Segment		Mandatory		
This payer does not support partial fills				
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	07	M	Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	Rx Number
436-E1	PRODUCT/SERIVCE ID QUALIFIER	03 = National Drug Code (NDC)	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (00)
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero (0)
403-D3	FILL NUMBER	0 = New - Original 1-99 =Refill number	R	
442-E7	QUANTITY DISPENSED		R	

405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 or 2	R	1 = Not a Compound 2 = Compound See Compound Segment for support of multi-ingredient prescription
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		RW	Required when necessary for plan benefit administration
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Max count of 3	RW	Required if Submission Clarification Code (420-DK) is used.
420-DK	SUBMISSION CLARIFICATION CODE		RW	Required for specific overrides or when requested by processor
460-ET	QUANTITY PRESCRIBED		R	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).
308-C8	OTHER COVERAGE CODE		R	0 – Not specified by patient 1 – No other coverage

600-28	UNIT OF MEASURE		RW	Required when necessary for state/federal/regulatory agency programs
418-DI	LEVEL OF SERVICE		RW	Required when requested by processor
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required when requested by processor
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 when requested by processor
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Required when requested by processor
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Required when requested by processor
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required for specific overrides or when requested by processor
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required for specific overrides or when requested by processor
995-E2	ROUTE OF ADMINISTRATION		R	Required when Compound Code (406-D6) = 2 (compound).
996-G1	COMPOUND TYPE		R	Required when Compound Code (406-D6) = 2 (compound).
147-U7	PHARMACY SERVICE TYPE		RW	Required when necessary for plan benefit administration or when Mail Order / Specialty is submitting sales tax

Pricing Segment		Mandatory		
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	11	M	Pricing Segment
409-D9	INGREDIENT COST SUBMITTED		M	
412-DC	DISPENSING FEE SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value effects the Gross Amount Due (430-DU) calculation.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Max count of 3	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Zero (0) is a valid value.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)

Field #	NCPDP Field Name	Value	Req	Comment
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	USUAL AND CUSTOMARY CHARGE		M	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

Pharmacy Provider Segment		Situational		
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	02	M	Pharmacy Provider Segment
465-EY	PROVIDER ID QUALIFIER		R	Required if Provider ID (444-E9) is used
444-E9	PROVIDER ID		RW	Required when necessary for state/federal/regulatory agency programs

Prescriber Segment		Required		
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	03	M	Prescriber Segment

466-EZ	PRESCRIBER ID QUALIFIER	01 – NPI	R	NPI required
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
364-2J	PRESCRIBER FIRST NAME		RW	Required when necessary for state/federal/regulatory agency programs
365-2K	PRESCRIBER STREET ADDRESS		RW	Required when necessary for state/federal/regulatory agency programs
366-2M	PRESCRIBER CITY ADDRESS		RW	Required when necessary for state/federal/regulatory agency programs
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Required when necessary for state/federal/regulatory agency programs
368-2P	PRESCRIBER ZIP/POSTAL ZONE		RW	Required when necessary for state/federal/regulatory agency programs
498-PM	PRESCRIBER PHONE NUMBER		R	

DUR/PPS Segment		Situational		
Required when DUR/PPS codes are submitted				
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	08	M	DUR/PPS Segment
473-7E	DUR/PPS CODE COUNTER	Max of 9 occurrences	R	Required if DUR/PPS Segment is used.

439-E4	REASON FOR SERVICE CODE		RW	If populated, Professional Service Code (440-E5) must also be transmitted
440-E5	PROFESSIONAL SERVICE CODE		RW	Value of MA required for Vaccine Administration billing transactions. MA value must be in first occurrence of DUR/PPS segment
441-E6	RESULT OF SERVICE CODE		RW	Submitted when requested by processor
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required when submitting compound claims

Compound Segment		Situational		
Required when Multi Ingredient Compound is submitted				
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	10	M	Compound Segment
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Maximum of 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = National Drug Code (NDC)	M	03=NDC
489-TE	COMPOUND PRODUCT ID		M	Component NDCs of compound
448-ED	COMPOUND INGREDIENT QUANTITY		M	Metric Quantity

449-EE	COMPOUND INGREDIENT DRUG COST		R	Required when requested by processor
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	Required when requested by processor
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Max count of 10	R	Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		R	Required when Compound Ingredient Modifier Code Count (363-2G) is specified.

Clinical Segment		Situational		
Required when requested by plan				
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	13	M	Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	Max count of 5	R	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	02 – International Classification of Diseases (ICD10)	R	Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		R	Required when requested by processor

- **Excluded Segments-** ADDITIONAL DOCUMENTATION SEGMENT, COORDINATION OF BENEFITS/OTHER PAYMENTS SEGMENT, WORKERS' COMPENSATION SEGMENT, FACILITY SEGMENT, NARRATIVE SEGMENT and COUPON SEGMENT

CLAIM REVERSAL TRANSACTION

Transaction Header Segment		Mandatory		
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
101-A1	BIN NUMBER	023491, 020040, 020594	M	The same value in the request billing
102-A2	VERSION/RELEASE NUMBER	D0	M	NCPDP vD.0
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		M	
109-A9	TRANSACTION COUNT	1= One occurrence	M	Maximum of 1 transaction per transmission
202-B2	SERVICE PROVIDER QUALIFIER	01= National Provider ID	M	Only value '01'(NPI) accepted
201-B1	SERVICE PROVIDER ID		M	National Provider ID Number assigned to the dispensing pharmacy – the same value in the request billing
401-D1	DATE OF SERVICE		M	The same value in the request billing - CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	Blank Fill

Insurance Segment		Situational		
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	04	M	Insurance Segment
301-C1	GROUP ID		R	Required when segment is sent
302-C2	CARDHOLDER ID		R	Required when segment is sent
303-C3	PERSON CODE		R	Required when segment is sent

Claim Segment		Mandatory		
This payer does not support partial fills				
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	07	M	Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	Rx Number - Same value as in request billing
436-E1	PRODUCT/SERIVCE ID QUALIFIER	03 = National Drug Code (NDC)	M	Same value as in request billing
407-D7	PRODUCT/SERVICE ID		M	Same value as in request billing
308-C8	OTHER COVERAGE CODE		R	Same value as in request billing

403-D3	FILL NUMBER	0 = New - Original 1-99 =Refill number	R	Same value as in request billing

Prescriber Segment Question		**Required**		
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	03	M	Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	01 – NPI	R	NPI required
411-DB	PRESCRIBER ID		R	

Pharmacy Provider Segment		**Required**		
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	02	M	Pharmacy Provider Segment
465-EY	PROVIDER ID QUALIFIER		R	Required if Provider ID (444-E9) is used
444-E9	PROVIDER ID		RW	Required when necessary for state/federal/regulatory agency programs

Pricing Segment		**Required**		
Field #	*NCPDP Field Name*	*Value*	*Req*	*Comment*
111-AM	SEGMENT IDENTIFICATION	11	M	Pricing Segment
430-DU	GROSS AMOUNT DUE		R	

438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required when value has effect on Gross Amount Due (430-DU) calculation

APPENDIX A: *SALES TAX BILLING CLAIM SUBMISSION*

Mail / Specialty Pharmacies or Retail Pharmacies submitting claims, with Sales Tax, are required to submit the values detailed below.

A submitted Pharmacy Service Type (147-U7) of 06 – Mail Order Pharmacy Services or 08 – Specialty Care Pharmacy Services, will indicate the order is being shipped to the Patient. The value submitted in Patient State/Province Address (324-CO) should be linked to actual destination address of the Patient (if destination address is not available, use Patient demographic address).

Required Fields for Tax, on Mail Order / Specialty Claims			
NCPDP Segment	*Field #*	*NCPDP Field Name*	*Value*
Patient Segment	322-CM	PATIENT STREET ADDRESS	
Patient Segment	323-CN	PATIENT CITY ADDRESS	
Patient Segment	324-CO	PATIENT STATE / PROVINCE ADDRESS	
Patient Segment	325-CP	PATIENT ZIP/POSTAL ZONE	
Pricing Segment	481-HA	FLAT SALES TAX AMOUNT SUBMITTED	
Pricing Segment	482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	
Pricing Segment	483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	

Pricing Segment	484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	
Claim Segment	147-U7	PHARMACY SERVICE TYPE	06 Mail 08 Specialty

Retail Specialty Pharmacies should either submit the Pharmacy Service Type Code as 01 (Community/Retail Pharmacy Services) or leave the field blank to be reimbursed Sales Tax properly.

Required Fields for Tax, on Retail Claims			
NCPDP Segment	*Field #*	*NCPDP Field Name*	*Value*
Patient Segment	322-CM	PATIENT STREET ADDRESS	
Patient Segment	323-CN	PATIENT CITY ADDRESS	
Patient Segment	324-CO	PATIENT STATE / PROVINCE ADDRESS	
Patient Segment	325-CP	PATIENT ZIP/POSTAL ZONE	
Pricing Segment	481-HA	FLAT SALES TAX AMOUNT SUBMITTED	
Pricing Segment	482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	
Pricing Segment	483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	
Pricing Segment	484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	

APPENDIX B: *COMMERCIAL VACCINE PROCESSING*

If Provider dispenses the vaccine medication and administers the vaccine to the enrollee, submit both drug cost and vaccine administration information on a single claim. When submitting administered vaccines claims to Archimedes utilize "MA code processing" utilizing NCPDP fields 440-E5 Professional Service Code and 438-E3 Incentive Amount Submitted.

NCPDP Segment	Field #	NCPDP Field Name	Value
DUR/PPS Segment	440-E5	PROFESSIONAL SERVICE CODE	Pharmacy must submit a Code of **MA – Medication/Test Administered**
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit a Code of **≥ $0.01** for the incentive amount

COVID-19 Vaccines

Single Dose Vaccines			
NCPDP Segment	*Field #*	*NCPDP Field Name*	*Value*
DUR/PPS Segment	440-E5	PROFESSIONAL SERVICE CODE	Pharmacy must submit a Code of **MA – Medication/Test Administered**
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least **$40.00** for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of **15 – Free Product or No Associated Cost**

Multi-Dose Vaccines- Initial Dose			
NCPDP Segment	*Field #*	*NCPDP Field Name*	*Value*
DUR/PPS Segment	440-E5	PROFESSIONAL SERVICE CODE	Pharmacy must submit a Code of **MA – Medication/Test Administered**
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least **$40.00** for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of **15 – Free Product or No Associated Cost**

Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of **02 – Other Override**

Multi-Dose Vaccines- Final Dose			
NCPDP Segment	*Field #*	*NCPDP Field Name*	*Value*
DUR/PPS Segment	440-E5	PROFESSIONAL SERVICE CODE	Pharmacy must submit a Code of **MA – Medication/Test Administered**
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least **$40.00** for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of **15 – Free Product or No Associated Cost**
Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of **06 – Starter Dose**

Additional Vaccine Dose

NCPDP Segment	Field #	NCPDP Field Name	Value
DUR/PPS Segment	440-E5	PROFESSIONAL SERVICE CODE	Pharmacy must submit a Code of **MA – Medication/Test Administered**
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least **$40.00** for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of **15 – Free Product or No Associated Cost**
Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of **07 – Medically Necessary**

Booster Vaccine Dose

NCPDP Segment	Field #	NCPDP Field Name	Value
DUR/PPS Segment	440-E5	PROFESSIONAL SERVICE CODE	Pharmacy must submit a Code of **MA – Medication/Test Administered**
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least **$40.00** for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of **15 – Free**

			Product or No Associated Cost
Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of **10 – Meets Plans Limitations**

APPENDIX C: *COMPOUND SUBMISSION*

Archimedes uses a combination of the submitted ingredient claims detail and Level of Effort (LOE) to fully adjudicate a Compound Prescription.

Required Fields for Compounds			
NCPDP Segment	*Field #*	*NCPDP Field Name*	*Value*
Claim Segment	406-D6	COMPOUND CODE	Pharmacy must submit a Code of **02-Compound**
Claim Segment	407-D7	PRODUCT/SERVICE ID	"0" PRODUCT CODE/NDC (NCPDP Field 407-D7) as "0" on the claim segment to identify the claim as a multi-ingredient compound.
Claim Segment	442-E7	QUANTITY DISPENSED	QUANTITY DISPENSED (NCPDP Field 442-E7) of entire product.
Pricing Segment	430-DU	GROSS AMOUNT DUE	GROSS AMOUNT DUE (NCPDP Field 43Ø-DU) for entire product.
Compound Segment	450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	
Compound Segment	447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Pharmacy must submit at least **2** for the count and maximum of **25**

Compound Segment	451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Pharmacy must submit **1, 2 or 3**
Compound Segment	448-RE	COMPOUND PRODUCT ID QUALIFIER	Pharmacy must submit a Code of **03** - National Drug Code (NDC)
Compound Segment	489-TE	COMPOUND PRODUCT ID	Pharmacy must submit component **NDC**s of compound
Compound Segment	448-ED	COMPOUND INGREDIENT QUANTITY	Pharmacy must submit component NDCs **quantity** of compound
Compound Segment	449-EE	COMPOUND INGREDIENT DRUG COST	
Claim Segment	995-E2	ROUTE OF ADMINISTRATION	
DUR/PPS Segment	474-8E	DUR/PPS LEVEL OF EFFORT	See below

474-8E DUR/PPS LEVEL OF EFFORT			
Level	*Code*	*Description*	*Fee*
0	0	Not Specified	$0.00
1	11	Level 1 (Lowest) = Straightforward: Service involves minimal diagnosis or treatment options, minimal amount or complexity of data considered, and minimal risk; AND/OR Requires **1 to 4 MINUTES** of effort	$5.00

2	12	Level 2 (Low Complexity) = Service involves limited diagnosis or treatment options, limited amount or complexity of data considered, and low risk; AND/OR Requires **5 to 14 MINUTES** of effort	$10.00
3	13	Level 3 (Moderate Complexity) = Service involves moderate diagnosis or treatment options, moderate amount or complexity of data considered, and moderate risk; AND/OR Requires **15 to 29 MINUTES** of effort	$15.00
4	14	Level 4 (High Complexity) = Service involves multiple diagnosis or treatment options, extensive amount or complexity of data considered, and high risk; AND/OR Requires **30 to 59 MINUTES** of effort.	$20.00
5	15	Level 5 (Highest) = Comprehensive = Service involves extensive diagnosis or treatment options, exceptional amount or complexity of data considered, counseling or coordination of care dominated the encounter, and very high risk; AND/OR Requires **equal to or greater than 60 MINUTES** of effort	$50.00