

**NCPDP VERSION 5.1 PAYER SHEET
LINCS Rx**

**** General Information ****

Payer Name: Blue Cross Blue Shield of Oklahoma	Date: 06-06-03 Updated: 05/10/07
Plan Name: Blue Cross Blue Shield of Oklahoma	
Processor: LINCS Rx	Switch: NDCHealth, Web-MD
Effective as of : 10-16-03	Version/Release #: 5.1
Contact: Alvin Hindman (918) 560-3353	Web Site: www.bcbsok.com/pharmacyInformation.html
Certification Testing : 09-16-03 through 10-15-03	
Provider Relations Help Desk: (918) 560-3388	
Other Versions Supported: v3.2 until 10-15-03	

BILLING TRANSACITON:

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610435	M	Lincs Rx - BCBSOK
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1,B2,E1,P2,P3,P4	M	
104-A4	Processor Control Number	1215 = Blue Cross 1400 = CGS 3607 = BlueLincs HMO	M	
109-A9	Transaction Count	B1 = 1 - 4 B2 = 1 E1 = 1 P2 = 1 P3 = 1 P4 = 1	M	
202-B2	Service/Provider ID Qualifier	07 = NCPDP Provider ID 01 = NPI	M	NAPB Number accepted until 05-23-08 NPI accepted after 05-23-07
201-B1	Service/Provider ID		M	NPI accepted after 05-23-07
401-D1	Date of Service		M	
110-AK	Software Vendor/Cert ID	Blanks	M	

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
301-C1	Group ID		R	
303-C3	Person Code		R	
306-C6	Patient Relationship	1 = Cardholder 2 = Spouse 3 = Child 4 = Other	R	

Patient Segment: Required

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		R	YYYYMMDD
305-C5	Patient Gender Code		R	
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Nbr Qualifier	1	M	Pharmacy RX Number
4Ø2-D2	Prescription Reference Nbr		M	
436-E1	Product/Service ID Qualifier	03 = NDC	M	
4Ø7-D7	Product/Service ID		M	NDC number
442-E7	Quantity Dispensed		M	
4Ø5-D5	Days Supply		M	
4Ø3-D3	Fill Number		M	
4Ø6-D6	Compound code	Ø = Not specified 1 = Not a compound 2 = Compound	M	When Compound NDC should equal 99999-9999-99
4Ø8-D8	DAW		RW	When circumstance dictates
414-DE	Date Prescription Written		M	YYYYMMDD
415-DF	Number of Refills Authorized		R	
42Ø-DK	Submission Clarification Code	Ø = Not Specified 1 = No Override 3 = Vacation Supply 4 = Lost Prescription 5 = Therapy Change	RW	To override "Too soon Refill" reject.
462-EV	Prior Authorization Number Submitted	11 Digit numeric number as assigned by BCBSOK.	RW	For product that require Prior Authorization.
3Ø8-C8	Other Coverage Code	Ø = Not Specified 1 = No other coverage identified 8 = Claim is a billing for copay	RW	COB – Billing for copay amount using Other Amount Claimed Submitted.

Prescriber Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Claim Segment
466-EZ	Prescriber ID Qualifier	12 = DEA 01 = NPI	M	DEA Number
411-DB	Prescriber ID	NPI or DEA	M	
427-DR	Prescriber Last Name		RW	Pre-Certification
498-PM	Prescriber Phone Number		RW	Pre-Certification

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
526-DQ	Usual and Customary Charge		M	
481-HA	Flat Sales Tax Submitted		RW	Not used in adjudication.
482-GE	Percentage Sales Tax Amount Submitted		RW	Not used in adjudication.
483-HE	Percentage Sales Tax Rate Submitted		RW	Not used in adjudication.
484-JE	Percentage Sales Tax Basis Submitted		RW	Not used in adjudication.
478-H7	Other Amount Claimed Submitted Count		RW	COB – Billing for Copay

779-H8	Other Amount Claimed Submitted	99	RW	COB – Billing for Copay
48Ø-H9	Other Amount Submitted		RW	COB – Billing for Copay

Clinical Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	M	Clinical Segment
491-VE	Diagnosis Code Count	Ø through 5	RW	
492-WE	Diagnosis Code Qualifier	Ø1	RW	ICD9
424-DO	Diagnosis Code		RW (Repeating)	When available.

COB/Other Payments Segment: Optional

Does payer/processor support COB? Yes
Which method will you support? Bill Other Payer Amount.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/ Other payments count	1 or 2	M	Support up to Tertiary COB processing.
338-5C	Other Payer Coverage Type	1 = Primary 2 = Secondary	M	
339-6C	Other Payer ID Qualifier	Ø3 = BIN	S	
34Ø-7C	Other Payer ID		S	Bank Information Number
443-E8	Other Payer Date		S	YYYYMMDD
341-HB	Other Payer Count			
342-HC	Other Payer Amount Paid Qualifier	07 = Drug Benefit	RW	Required when other payer has processed claim as primary or secondary.
431-DV	Other Payer Amount Paid		RW	Amt paid by other payer

Compound Segment: Not Used

Does payer/processor support compounds online? Yes
Use the Claim Segment and billing codes. Requires Prior Authorization. Please provide compound information in the comments area with explanation of compounding.

Prior Authorization Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12	M	Prior Authorization Segment
498-PA	Request Type		M	
498-PB	Request Period Date-Begin		M	YYYYMMDD
498-PC	Request Period Date - End		M	YYYYMMDD
498-PD	Basis or Request		M	

Reversals

Maximum Number of Transaction Supported per transmission.	1
Reversal window?	1 year

Partial Fills

Does payer/processor support partial fills? No
If not then how should they be processed? Submit the partial prescription. When the provider is ready to fill the remainder of the prescription, reverse the original partial prescription, and then resubmit the claim with the full amount.

**** Certification Requirements ****

Does payer/processor require software certification? No