

ARCHIMEDES™

ARCHIMEDES 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: RxLogic Software	NCPDP ECL Emergency Version: Jan 2019
Effective as of: 01/01/2022	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.

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

<i>BIN</i>	<i>Process Control Number (PCN)</i>
020040	AE7271 ARCH WHRL
023491	AAAC AXAXL BGLT BNSF CHAR DUNN DUPO GOODYR HCS1 HERC ONEAM PARE PRDU SIGN WAFA UPST

CLAIM BILLING TRANSACTION

Transaction Header Segment		Mandatory		
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Req</i>	<i>Comment</i>
101-A1	BIN NUMBER	023120, 022139 024631, 022832	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 FIRST NAME		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/SERVICE 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 2- Other coverage exists- payment collected 3- Other Coverage Billed – claim not covered 8- Claim is billing for patient financial responsibility only
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)
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	

Coordination of Benefits / Other Payments Segment	Situational
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COB Scenario 1 and 2 are accepted based on plan design:

Scenario 1 - Other Payer Amount Paid Repetitions Only (OPAP)

Scenario 2 – Other Payer -Patient Responsibility Amount Repetitions (OPPR)

Scenario 1

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	05	M	Coordination of Benefits / Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Max count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	01= Primary 02= Secondary

				03= Tertiary
339-6C	OTHER PAYER ID QUALIFIER	03	R	Required if Other Payer ID (340-7C) is used
340-7C	OTHER PAYER ID		R	Other payer BIN
341-HB	OTHER PAYER AMOUNT PAID COUNT	Max count of 3	RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.
443-E8	OTHER PAYER DATE		R	CCYYMMDD
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		M	Required if other payer has approved payment for some/all of the billing.
471-5E	OTHER PAYER REJECT COUNT	Max count of 3	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 (308-C8) = 3 (Other Coverage Billed – claim not covered).

Coordination of Benefits / Other Payments Segment	Situational
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COB Scenario 1 and 2 are accepted based on plan design:

Scenario 1 - Other Payer Amount Paid Repetitions Only (OPAP)

Scenario 2 – Other Payer -Patient Responsibility Amount Repetitions (OPPR)

Scenario 2

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Req</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	05	M	Coordination of Benefits / Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Max count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	01= Primary 02= Secondary 03= Tertiary
339-6C	OTHER PAYER ID QUALIFIER	03	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		R	Required if identification of the Other Payer is necessary for claim/encounter adjudication
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Max count of 3	RW	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		M	Required if necessary for patient financial responsibility only billing. Not

				used if Other Payer Amount Paid (431-DV) is submitted along with other coverage code 02 or 03.
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DUR/PPS Segment	Situational
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Required when DUR/PPS codes are submitted

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Req</i>	<i>Comment</i>
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
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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	

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Req</i>	<i>Comment</i>
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, 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	023120, 022139 024631, 022832	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
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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
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Coordination of Benefits/ Other Payments Segment		Situational		
Field #	NCPDP Field Name	Value	Req	Comment
111-AM	SEGMENT IDENTIFICATION	05	M	Coordination of Benefits/ Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Max count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	01= Primary 02= Secondary 03= Tertiary

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			
<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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

<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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.

<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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			
<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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			
<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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
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Multi-Dose Vaccines- Final Dose

<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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			
<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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			
<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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 430-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 NDCs 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	<p>Level 2 (Low Complexity) = Service involves limited diagnosis or treatment options, limited amount or complexity of data considered, and low risk;</p> <p>AND/OR</p> <p>Requires 5 to 14 MINUTES of effort</p>	\$10.00
3	13	<p>Level 3 (Moderate Complexity) = Service involves moderate diagnosis or treatment options, moderate amount or complexity of data considered, and moderate risk;</p> <p>AND/OR</p> <p>Requires 15 to 29 MINUTES of effort</p>	\$15.00
4	14	<p>Level 4 (High Complexity) = Service involves multiple diagnosis or treatment options, extensive amount or complexity of data considered, and high risk;</p> <p>AND/OR</p> <p>Requires 30 to 59 MINUTES of effort.</p>	\$20.00
5	15	<p>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;</p> <p>AND/OR</p> <p>Requires equal to or greater than 60 MINUTES of effort</p>	\$50.00