

AR_xCHIMEDES™



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.

- **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

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
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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
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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

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 countof 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	

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/PPSCODE 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 ProviderID	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/SERVICE 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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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			
<i>NCPDP Segment</i>	<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>
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

<i>Level</i>	<i>Code</i>	<i>Description</i>	<i>Fee</i>
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; AND/OR 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; AND/OR 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; AND/OR 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; AND/OR Requires equal to or greater than 60 MINUTES of effort</p>	\$50.00

PHARMACY REIMBURSEMENT APPEALS PROCESS

In order to submit an appeal please use [this Excel form](#) and send to MAC@Elixirsolutions.com. Email Subject should include the name of the Pharmacy appealing as well as the date the appeal is being submitted, if only for one drug include the RX Number as well. All appeals must be filed within 90 Days of the Fill Date and contain all the information below, with cell type in parentheses, to be processed:

- RX Number (Text)
- Fill Date (MM/DD/YYYY)
- NDC (Text)
- NCPDP (Text)
- GroupID (Text)
- RXBin (Text)
- Quantity Dispensed (Number)
- Acquisition Price (Currency \$XX.XXXXX)
- Drug and Strength (Text)

Appeals will be processed in the order they are received and responded to within seven business days from MAC@ElixirSolutions.com with the result including a reason for approval/denial. If you disagree with an appeals decision you can file a second appeal by including the invoice and it will be handled on the same cadence as the original appeal.

An initial appeal process is available for all prescription drugs in applicable states such as Tennessee for which a pharmacy alleges that it did not receive its actual cost. You can initiate an initial appeal by using the appeals method described above.

MAC pricing is also available to pharmacies upon request by calling the Help Desk at 1-800-361-4542 or emailing MAC@elixirsolutions.com

Pharmacies may contact us with MAC concerns at MAC@elixirsolutions.com or through the Elixir Help Desk at 1-800-361-4542.

Archimedes MAC list

GPI	MAC Price	GPI	MAC Price	GPI	MAC Price	GPI	MAC Price
34000010100315	0.2587	61400020107554	4.86112	59200025302005	17.95265	36100060000340	0.21028
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34000010106920	3.5524	86805005102060	79.97477	75100090100320	0.07377	35200025100110	0.93116
34000010107020	0.4279	99200030000110	160.88223	4927004000H315	5.71838	59154020200110	0.36571
34000010107030	0.4315	02300040001930	0.15266	7250001010H120	0.34463	60100060000308	0.29235
34000010127530	1.7177	04000020000115	8.54117	57100010007520	0.33363	90784075004230	2.30846
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21708080000110	14.9322	64100075000310	0.48005	16000053000320	2.238	57100010000310	0.04583
21755050102120	79.2358	61400020100470	1.32415	65100025008626	62.324	86330070002025	49.63751
22100020000330	0.1869	65100095107560	1.76993	65100025008635	90.562	39450050000450	0.20428
33100045100330	0.4353	66100007100330	0.49345	73203060107555	13.13767	39200006006520	0.30343
33200021100320	1.2021	39200025000325	0.27074	57100010007210	1.3578	22100045000305	0.09447
33200022100320	0.354	04000020100630	5.61853	23200040000305	6.0771	79300020000510	0.07835
33200030100305	0.0204	90300060000920	0.18372	65991702500330	5.897	61353020107420	0.32435
33300007000310	0.0224	32100030002060	19.99675	86602010102010	12.628	90550055101712	0.29437
43102010000107	3.1714	32100020000315	0.33931	61400020100520	3.923	49200030000320	0.06111
43200010000320	0.0624	83101020102014	8.44976	86259902202060	2.16762	64991003300120	0.88908
43991002100317	0.1065	04000040107530	3.61005	33200040100340	0.63418	54100055200320	0.31583
43991002607420	0.5431	36994002200350	1.90577	33200040100320	0.71009	61109902100310	0.32451
43993002201005	0.0402	36994002200340	1.7769	33200040100310	0.60146	16000035000305	0.15278
43993002597520	0.5111	58200050200110	6.8714	33200040100330	0.64216	59155015100730	3.39773
43995702100320	0.1248	25990002400310	0.24566	36202040100115	0.22848	49270070100620	0.0752
43995803120930	0.0911	58200030100310	0.16371	75100050100304	1.3949	50250065007240	0.33767
49270070102120	4.8756	66100007200630	0.12637	86805020102010	22.5	30402020000320	2.7261
49993503300520	0.319	21104070000150	82.18978	21755040102160	18.62	38000083100330	0.38378
49996002603020	34.0344	6740607010D510	145.2542	46300030102958	0.03389	24000035008720	6.16392
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50200050000310	0.1148	79700030000205	0.25667	44150010102505	2.71917	28100050000320	1.18867
50200070100120	1.2449	36150080000340	0.34096	55104070005210	27.21	50280020000130	235.8383
50250035100310	4.1159	99750005002000	0.00357	36100033100320	0.8687	65100075100110	1.91
50250065052024	0.2968	93100025000340	12.23303	82300010100320	0.02432	49103010100305	0.20763

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52200020001810	0.1575	36150020100330	0.9316	36992002200310	0.9539	72600036000320	0.4514
58160034102020	0.2997	57100030100310	1.42074	44300040007440	1.3125	90059902034030	5.68696
58160045100310	0.2406	90150030002020	2.38735	90050013000110	6.65933	86300012001620	26.4554
58160045100320	0.2584	58160060000340	0.11303	99403030100120	0.19891	41400020102005	1.6632
58160045100330	0.3245	12504060200110	1.68014	64991002120310	1.02417	86250030102060	36.196
59250015007220	23.7249	21104070000147	59.48699	58120088100320	1.94978	90750030004005	5.701
59300020100105	0.8956	40992502150335	4.15411	86259902152020	18.38457	82300010002003	0.065
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59300020100115	1.8232	28100010100325	0.35389	58120088100310	1.92516	60204080100420	0.24133
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43997303302010	0.2151	24000035201715	33.28002	75990003200320	64.66	3017007010E520	28.64223
44201010100305	3.6213	36150070000340	0.3307	6240003010E540	414.195	3017007010E510	4.6905
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52500030206420	127.7192	90550025103920	0.75063	22100040202050	5.60253	28100050000305	0.5142
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93200040002025	1.017	38700030000140	2.24876	79700030000430	0.18165	90550025104110	0.93757
93200040002030	1.017	90050013000135	30.19111	72600057000145	0.12768	21406010200320	1.99581
73203070107540	2.6402	60201030000103	1.86431	58200010100315	0.22673	59250015000330	0.24202
73203070107550	4.72763	90550035004205	1.2182	33100010000310	0.39847	59157060007210	0.6788
73209902107210	0.7569	73300025200330	5.03299	90210030302025	0.1843	64991003100310	0.20208
73209902107220	0.8265	36202040100105	0.16379	32100030008510	0.55345	40143060100320	0.13442
73209902107230	0.9925	62053550100330	0.10505	30905225100320	1.7456	58160060007520	1.45776
73300025200320	10.6402	28100010100310	0.2388	99404080000110	0.55821	56852060000140	0.79645
73300030100120	1.3634	36991502200160	0.19965	30905225100330	3.17153	54300010100340	0.59253
73300030100320	1.3388	58160070101320	0.69349	73209902100310	0.13001	72400010002005	0.20109
75100050100303	0.0413	24000035008705	7.88063	27250050007560	2.27738	39400010100350	0.11969
87400010102010	1.3536	73203070107520	0.76324	34000020007550	0.55	72100007000320	0.78234
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89991002263720	0.9863	44201045102510	0.38938	72600020006920	1.31024	34000010117040	0.52666
95094515000130	0.3224	60100060000322	0.49668	36150080000320	0.25207	58160060007540	1.39556
95094515000150	0.2825	61100020107015	1.97349	27200027000340	0.06899	21300005000350	0.87243
98401010002000	0.09	72600020007420	1.13208	36100030000303	0.02939	12504060201910	0.50784
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99402020000110	1.712	11407015000330	0.83686	90059902194020	1.42849	24993002120310	1.64612
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75100070000310	0.0807	59100010302010	24.82623	61400020100220	1.36935	58300040107430	0.13526
75100080102005	6.95147	66100525000110	0.18194	52500030006530	1.48857	23100030004050	0.75585
75200010100110	1.1551	36994002500340	0.38556	61400020100260	1.8349	21404020100305	0.13062
75200010100115	1.303	90872010003720	1.01336	25992002300310	0.18237	58120080100325	2.0797
77103010000220	0.0989	43400010002530	0.07051	36100010000305	0.59112	27200027000320	0.06162
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90050003003710	3.438	90059902034020	1.34831	90550040004205	0.63947	60204035000320	0.21633
90050010000905	0.0648	37500020000310	0.14883	72600057000125	0.10513	59070070007230	1.27787
90050010004010	0.2244	04000060100110	1.19066	34000003100340	0.03182	52100040000325	0.86803
90050010004015	0.208	44505050100516	0.12307	65200010208250	8.6408	21532530000320	227.5657
90050030004005	3.0648	58030050007215	0.62557	04000060100105	1.02711	73100010100305	0.1003
90050030004010	2.9529	36100005100340	0.14533	02200065050310	0.52741	65200010100780	1.01841
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77202030002030	0.8347	72100010007215	0.70807	90550035003705	0.78639	65100025008610	9.1313
77204030002005	46.9404	32100030000715	0.37533	88100010001805	0.07028	21531835100340	5.39475
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78421000000500	0.345	01200010100105	0.05114	27200027000310	0.05553	33300010100305	0.16911
78441000002005	0.2938	90850060005930	2.26449	24000035008730	6.23668	76000050100305	0.29233
78441000002010	0.2299	22100025000305	0.27347	37200030000315	0.0766	73203070100337	0.07245

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79109902660333	0.0545	90059902654020	9.58224	78133000000330	0.17089	39400075000320	0.04407
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79400010402020	0.279	99406010000305	0.26448	65100075100310	0.11047	49270025106520	0.3513
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90159902153710	2.4735	44201045102530	0.34617	90051010104005	0.98697	49103010100105	0.12286
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90550005104210	1.01685	59153070107520	0.32644	21700030000105	0.31298	73203060100317	0.0766
90550020004205	2.0158	90059902194030	1.90999	28300010000310	0.12729	12109902200340	2.70166
90550020104205	0.6885	75100020000305	0.06818	16220020100110	0.15946	37200080000350	0.23689
90550040004005	4.2854	54100055200330	0.19557	39200006006540	0.45974	66100070000110	0.64633
82300010000630	0.1511	67406070100310	0.65409	61400016107055	3.03624	72600030000340	0.14224
82300050000110	0.1853	39200025100130	0.35237	58160020100320	0.04282	58200010100325	0.47473
82991503200325	0.238	36100030000315	0.04156	50200050000305	0.09147	90450030003710	0.09217
82991503200335	0.4914	67406070002010	42.53473	72600057000150	0.14348	27200040000315	0.14992
82992004300330	0.4987	59153070100330	0.10799	90159902253700	0.71004	64100075000305	0.29472
82992006500320	0.94613	25970002309020	108.63505	59157060000305	0.122	90550025104205	0.31355
83101020102020	15.0648	90250510000125	10.41192	25994002350320	1.29995	57200040200110	0.06721
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83103030102035	107.0723	33100040107030	0.38197	44209902708020	2.03352	01990002200310	2.04656
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90550060003705	0.7223	58180090107540	3.61555	88250020104410	5.72978	24000035000305	0.13621
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90550082103710	0.29201	36100040100310	0.10104	59157060007220	0.79998	61400024000320	0.58918
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90738050102025	0.2383	59100010201305	0.26556	59153070100350	0.18197	11407060000620	23.43343
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47300020000300	0.3745	12352030000330	1.33707	59100010100315	0.46427	37600050000305	0.17804
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59100010100320	0.40799	22100030000315	1.36426	57200005100340	0.17831	67406070100305	0.6237
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41400020100310	0.0524	36994002500345	0.37901	57200005100330	0.06885	3890004000D520	142.4631
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49200020101210	0.02467	52300020100303	0.04313	27280040000320	0.36343	02300040001920	0.14369
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59154020200115	0.6091	77202032000140	0.02285	85155516000320	0.12788	50300030000115	3.42783
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59200025100315	2.4985	64200010000315	0.01418	90550020103920	0.73067	43300010002005	0.39889
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59200055202005	6.9472	37500030000110	9.03879	66100030000105	0.13709	21755040102130	15.8
59200080100305	0.4486	22100020202005	0.92748	90150078003720	3.38736	61100030100305	17.5688
59200080100315	0.5241	60100060000315	0.16875	12109902300320	12.02854	97051050146331	0.573
59200080100320	0.7752	90550065004105	2.94356	90060010004020	1.87517	83100020302031	0.1259
59200080100325	0.8746	83100020302020	0.57688	61400010000330	0.99181	16992005200130	1.8369
59200085100305	0.6283	46500010305110	0.57182	56852060000120	0.89484	79109902640354	0.0166
59200085100310	0.9167	99404035000330	20.32236	33100040100315	0.16208	36100005100330	0.09279
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42101040100310	0.1511	22100045000335	0.32519	09000080000105	0.67646	68990002100310	0.94395

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05000034000320	0.19082	36994503200330	1.62729	33200020000305	0.04589	02300090102110	0.889
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57100010007530	0.64533	21402835000320	2.44909	90550025104520	0.96554	98401040002010	0.0372
62051030100320	0.69504	33100010000303	0.61168	75100010000310	0.15414	07000020102045	1.0514
13000040000310	501.7363	33100045100315	0.14597	24000035008830	12.63568	37200010000310	0.1537
21403530002024	158.2926	65200010100760	0.48623	49200010000315	0.62198	44300040007455	3.01765
50280035102130	96.03737	13990002050320	2.88684	27998002400340	0.77114	67600040103020	21.86667
61400020107527	3.95612	90159902053710	0.2667	49270076100620	0.29411	16000055000305	1.94903
		60400030100330	8.12628	01990002201915	0.07166	67406080007230	3.96724