

**AR<sub>x</sub>CHIMEDES™**



**PAYER SHEET**

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## GENERAL INFORMATION

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

### 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

<b>BIN</b>	<b>Process Control Number (PCN)</b>
023491	AE7271
023491	AAAC
023491	AXAXL
023491	BGLT
023491	BNSF
023491	CHAR
023491	DUNN
023491	DUPO
023491	GOODYR
023491	HCS1
023491	HERC
023491	PARE
023491	ARCH
023491	PRDU
023491	SIGN
023491	WAFB
023491	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 ProviderID	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

<b>Claim Segment</b>	<b>Mandatory</b>
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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

<b>Compound Segment</b>	<b>Situational</b>
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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		
<b>Required when requested by plan</b>				
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		
<b>This payer does not support partial fills</b>				
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).

<b>Required Fields for Tax, on Mail Order / Specialty Claims</b>			
<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.*

<b>Required Fields for Tax, on Retail Claims</b>			
<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

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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 <b>MA – Medication/Test Administered</b>
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit a Code of <b>≥ \$0.01</b> 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 <b>MA – Medication/Test Administered</b>
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least <b>\$40.00</b> for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of <b>15 – Free Product or No Associated Cost</b>

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 <b>MA – Medication/Test Administered</b>
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least <b>\$40.00</b> for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of <b>15 – Free Product or No Associated Cost</b>

Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of <b>02 – Other Override</b>
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<b>Multi-Dose Vaccines- Final Dose</b>			
<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 <b>MA – Medication/Test Administered</b>
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least <b>\$40.00</b> for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of <b>15 – Free Product or No Associated Cost</b>
Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of <b>06 – Starter Dose</b>



<b>Additional Vaccine Dose</b>			
<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 <b>MA – Medication/Test Administered</b>
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least <b>\$40.00</b> for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of <b>15 – Free Product or No Associated Cost</b>
Claim Segment	420-DK	SUBMISSION CLARIFICATION CODE	Pharmacy must submit a Code of <b>07 – Medically Necessary</b>

<b>Booster Vaccine Dose</b>			
<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 <b>MA – Medication/Test Administered</b>
Pricing Segment	438-E3	INCENTIVE AMOUNT SUBMITTED	Pharmacy must submit at least <b>\$40.00</b> for the incentive amount
Pricing Segment	423-DN	BASIS OF COST DETERMINATION	Pharmacy must submit a Code of <b>15 – Free</b>

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

## 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 <b>02-Compound</b>
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 <b>2</b> for the count and maximum of <b>25</b>

Compound Segment	451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	Pharmacy must submit <b>1, 2 or 3</b>
Compound Segment	448-RE	COMPOUND PRODUCT ID QUALIFIER	Pharmacy must submit a Code of <b>03</b> - National Drug Code (NDC)
Compound Segment	489-TE	COMPOUND PRODUCT ID	Pharmacy must submit component <b>NDCs</b> of compound
Compound Segment	448-ED	COMPOUND INGREDIENT QUANTITY	Pharmacy must submit component NDCs <b>quantity</b> 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 <b>1 to 4 MINUTES</b> 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 <b>5 to 14 MINUTES</b> 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 <b>15 to 29 MINUTES</b> 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 <b>30 to 59 MINUTES</b> 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 <b>equal to or greater than 60 MINUTES</b> 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](mailto: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](mailto: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](mailto:MAC@elixirsolutions.com)

Pharmacies may contact us with MAC concerns at [MAC@elixirsolutions.com](mailto: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
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36991802650330	0.3122	73203060100310	0.05833	61400020107020	3.4289	49300010000305	0.21957
36991802650335	0.4244	25990002500305	0.46207	33100045120315	0.2213	88501525100120	1.01962
36993002050340	0.685	27200030007505	0.14891	82991503200305	0.4165	50200060008610	14.18344
36993002700320	2.5761	57200040100315	0.08193	36100035100310	0.5016	60250060000320	1.858
36993002700330	4.57803	88350065102050	0.09856	57100040002001	0.2124	33100040107035	0.52193
36993002700340	3.0248	73203060100330	0.06141	52800045200560	7.77722	93400020102010	11.64347
36993002700350	3.6601	25992002100310	0.39709	03500010007520	5.73233	15000002000320	24.81393
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21500010002040	2.1035	90550075303705	2.17446	54400025100310	0.979	58200060100115	0.15765
21550040102025	6.4241	60201040000310	1.12591	7600007500F310	6.896	65991702100375	0.45065
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21755050102120	79.2358	61400020100470	1.32415	65100025008626	62.324	86330070002025	49.63751
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33200022100320	0.354	04000020100630	5.61853	23200040000305	6.0771	79300020000510	0.07835
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43200010000320	0.0624	83101020102014	8.44976	86259902202060	2.16762	64991003300120	0.88908
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43991002607420	0.5431	36994002200350	1.90577	33200040100320	0.71009	61109902100310	0.32451
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50250065052024	0.2968	93100025000340	12.23303	82300010100320	0.02432	49103010100305	0.20763

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86802040102010	1.2839	34000010106910	2.25671	27250050007570	2.47232	36100030000305	0.03224
86802340102020	1.3658	49101030107220	0.19784	90550073103710	1.10417	36100020100303	0.152
86804030102005	0.7607	60204070000120	0.20857	62405525006540	5.53787	58200010100330	0.7802
86804030104205	3.3439	44505050103020	2.02755	26000040000120	0.35206	83200030200325	0.14791
86805010102010	1.9745	35300010100310	0.31866	36202005100320	0.10961	21300050100310	0.39643
90850060005920	2.6692	7260007500F340	22.00611	52500060000310	0.17008	12106060000320	1.22245
90850060103730	1.1264	38700030000130	1.1521	41400020100315	0.11217	36400020000310	0.19888
90900035004110	0.1522	38700030000150	3.34544	56852010107530	0.20217	21708220000120	55.88111
90971002103020	0.8708	90050013000125	30.19111	54100060207030	1.61424	21300005000320	0.58041
90971020004240	0.1128	12109902300308	46.61259	36150040200320	0.08042	44505050100520	0.12256
93000007002020	3.8725	59155015100710	12.27536	90550073104210	1.6925	86300035101830	38.23828
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
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99402020000140	7.264	02300060000120	11.34448	04000020100110	0.23937	88501560100320	0.65797
75100070000305	0.07717	90059902104010	1.36628	12408040000305	0.40264	54100060200330	0.63164
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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36991802550305	0.04551	59200015100315	2.2357	57200040100305	0.05957	57100010007505	0.1971
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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

7845000002008	0.2896	34000010117020	0.27662	66100007207530	1.30175	72600040007540	2.27038
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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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90250510000115	14.4749	22100025000303	0.1714	27280060000310	0.1832	49996002600120	1.53225
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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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83200030200315	0.1029	24000035008820	13.24611	40304090100340	14.53074	21532530000325	227.5787
90550060003705	0.7223	58180090107540	3.61555	88250020104410	5.72978	24000035000305	0.13621
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90550065003710	6.0956	41550024100350	0.29232	99404070002020	15.04168	36201010100310	0.04478
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90550082103710	0.29201	36100040100310	0.10104	59157060007220	0.79998	61400024000320	0.58918
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90736030000310	0.2578	39500045200130	0.21499	65991702102015	0.08431	09000075000120	11.42465
90738050102025	0.2383	59100010201305	0.26556	59153070100350	0.18197	11407060000620	23.43343
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90750030006140	0.735	30042065100635	28.35891	35400025000130	1.13479	86805035102015	9.57247
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90850060003720	1.0874	27280040000330	0.39983	68000030000330	1.05299	11407035000120	1.25373
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55104075004220	2.635	2515003510E620	50.97666	58180020207510	0.75317	54300010100330	0.3548
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56202030102020	0.0867	56202010200420	0.51031	90374035304020	0.43027	37990002300330	0.12989

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58200050200120	8.45223	04000020000105	0.21362	58160040000310	0.35255	82300010000332	0.02
47300020000300	0.3745	12352030000330	1.33707	59100010100315	0.46427	37600050000305	0.17804
47300020003000	1.908	36100030000310	0.03294	90550085104207	1.18087	86501030102015	4.01737
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49102030002013	8.29347	28100010100322	0.3363	33300007207030	6.38169	04000020100105	0.39356
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57100040000305	0.0202	22100030000320	1.90694	42200045101820	2.18337	44201060200310	2.75924
57100040000310	0.0184	79700030002095	0.71175	73200020100305	1.98165	34000003100320	0.02312
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59100010100320	0.40799	22100030000315	1.36426	57200005100340	0.17831	67406070100305	0.6237
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59100010100330	1.34455	36994002600340	1.41563	75100090100310	0.07665	58180025106720	0.16024
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40992502150360	4.1866	39400075000310	0.0369	34000020007530	0.2977	61109902100315	0.32855
40992502150365	4.8325	27500010000320	0.17537	46500010300110	0.02963	74503070000320	0.45283
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41400020100310	0.0524	36994002500345	0.37901	57200005100330	0.06885	3890004000D520	142.4631
49109904050320	6.9936	59200055005215	7.10236	72600057000135	0.10892	36100040100305	0.10573
49200010000320	0.9004	54100060200320	0.79415	28100010100345	0.53593	35400025000120	0.77742
49200020101210	0.02467	52300020100303	0.04313	27280040000320	0.36343	02300040001920	0.14369
49200030000310	0.1754	90550060004005	1.48255	52500030005240	3.9519	58160020100340	0.04984
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49200040000120	0.6288	89100010003720	0.53867	52500030007020	1.74022	90550035004105	1.52037
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59154020200115	0.6091	77202032000140	0.02285	85155516000320	0.12788	50300030000115	3.42783
59157060007230	1.7127	30908565107320	32.23727	54100060207020	1.68261	82992004340140	0.4333
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59200015100325	8.5841	56700060002010	0.00353	40304080000305	0.25455	66100037102030	1.2956
59200025100315	2.4985	64200010000315	0.01418	90550020103920	0.73067	43300010002005	0.39889
59200045000315	0.99552	75100040000320	7.72666	34000020007580	0.51354	73100070102005	0.08351
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59200055202005	6.9472	37500030000110	9.03879	66100030000105	0.13709	21755040102130	15.8
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33300007000320	0.02868	87991003101807	5.98499	65200010208230	5.11309	90050013000140	3.5923
36100040100340	0.11114	39450050000470	0.32314	28100020100305	0.42508	86109902602020	0.6556
36400010100310	0.04774	27250050007580	5.7551	36202005100330	0.15381	90210030302030	14.08704
36991502200140	0.14315	41400020105205	5.10158	02100020000110	0.15476	44209902012015	0.0802
37200030000310	0.04551	30201010132010	12.50628	73203060100320	0.06045	52400020002010	0.01494
37600050000303	0.15416	11407015000325	1.3508	65100080100310	0.9973	34000010107525	1.20956
41550020102010	0.02682	90550020004105	0.45694	30905030000110	0.36411	13000020100303	0.23717
49109902450110	1.334	25992002300320	0.19897	27200030007520	0.22461	13000020100310	0.40095
49200010000310	0.3301	50309902100620	3.45939	32100020000305	0.39077	86201000002000	0.36633
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57100010007530	0.64533	21402835000320	2.44909	90550025104520	0.96554	98401040002010	0.0372
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13000040000310	501.7363	33100045100315	0.14597	24000035008830	12.63568	37200010000310	0.1537
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		60400030100330	8.12628	01990002201915	0.07166	67406080007230	3.96724