

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: Elixir | NCPDP ECL Emergency Version: Jan 2019 |
| Effective as of: 01/01/2025 | 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) *not required | BIN | Process Control Number (PCN) *not required |
|------------------------|---|--------|---|
| 020040 or 023491 | AE7271 | 023491 | INDU |
| 020040 or 023491 | ARCH | 023491 | MCKF |
| 020040 or 023491 | WHRL | 023491 | MME |
| 023491 | AAAC | 023491 | NEXH |
| 023491 | ADENA | 023491 | NBLS |
| 023491 | AXAXL | 023491 | ONE |
| 023491 | BNSF | 023491 | PSHH |
| 023491 | ECMS | 023491 | PGBL |
| 023491 | GOODYR | 023491 | WAFA |
| 023491 | PRDU | 023491 | SCAD |
| 023491 | SIGN | 023491 | SEL |
| 023491 | UPST | 023491 | SCBEBT |
| 023491 | ALPHA | 023491 | SYNV |
| 023491 | BSHS | 023491 | TGSS |
| 023491 | BROCK | 023491 | WTCL |
| 023491 | CLOD | 023491 | WAFA |
| 023491 | CCFI | 023491 | WRTH |
| 023491 | GDEG | 023491 | ZOTEC |
| 023491 | GNTVA | 023491 | STLU |

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 |
|-----------------|----------|
|-----------------|----------|

| 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 | Requiredwhennecessaryfor state/federal/regulatory agency programs |
| 304-C4 | DATE OFBIRTH | | 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 | PATIENTSTREET ADDRESS | | RW | Required for some federal programs, whensubmitting Sales Tax, or Emergency Override code |
| 323-CN | PATIENT CITY ADDRESS | | RW | Required for some federal programs, whensubmitting Sales Tax, or Emergency Override code |
| 324-CO | PATIENT STATE/ PROVIDENCE ADDRESS | | RW | Required for some federal programs, whensubmitting Sales Tax, or Emergency Override code |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | RW | Required for some federal programs, whensubmitting Sales Tax, or Emergency Override code |
| 326-CQ | PATIENT PHONE NUMBER | | O | |

| | | | | |
|--------|------------------------|--|----|---|
| 307-C7 | PLACE OF SERVICE | | RW | Requiredwhennecessaryfor plan benefit administration |
| 335-2C | PREGNANCY INDICATOR | | RW | Requiredwhennecessaryfor state/federal/regulatory agency programs |
| 350-HN | PATIENT E-MAIL ADDRESS | | O | |
| 384-4X | PATIENT RESIDENCE | | RW | Requiredwhennecessaryfor 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 IDQualifier (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 | Requiredwhenprovideris claiming sales tax |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | RW | Requiredwhensubmitting 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 ANDCUSTOMARY CHARGE | | M | |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | | R | |

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

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

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

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

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

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

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

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

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

CLAIM REVERSAL TRANSACTION

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

| Insurance Segment | | Situational | | |
|-------------------|------------------------|-------------|-----|----------------------------|
| Field # | NCPDP Field Name | Value | Req | Comment |
| 111-AM | SEGMENT IDENTIFICATION | 04 | M | Insurance Segment |
| 301-C1 | GROUP ID | | R | Requiredwhensegmentis sent |
| 302-C2 | CARDHOLDER ID | | R | Requiredwhensegmentis sent |
| 303-C3 | PERSON CODE | | R | Requiredwhensegmentis 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 | RxNumber-Samevalueas 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 |
|--------|-------------|---|---|----------------------------------|

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

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

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

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

APPENDIX A: SALES TAX BILLING CLAIM SUBMISSION

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

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

| Required Fields for Tax, on Mail Order / Specialty Claims | | | |
|--|----------------|---------------------------------------|--------------|
| <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 |
|---------------|--------|-------------------------------|---|

| 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 (NCPDPField442-E7) of entire product. |
| Pricing Segment | 430-DU | GROSS AMOUNTDUE | GROSSAMOUNTDUE (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;</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 |

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 |
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