



# SXC

2441 Warrenville Road, Suite 610  
Lisle, IL 60532

## Payer Specification Sheet

Year 2009

Bin #: 610593

States:

Destination: SXC (ComCoTec) / RxClaim

Accepting: Claim Adjudication, Reversals

Format: NCPDP Version 5.1

### 1. Segment and Field Requirements By Transaction Type

#### Billing (B1), Reversal (B2), and Rebilling (B3) Transaction Data Elements (M-Mandatory, S-Situational, \*\*\*R-Repeat Field)

Transaction header segment - mandatory			Segment is Required
NCPDP Field	Field name	Mandatory or situational	Comments/Values
1Ø1-A1	Bin number	M	610593
1Ø2-A2	Version release number	M	5.1
1Ø3-A3	Transaction code	M	B1, B2 or B3 only
1Ø4-A4	Processor control number	M	OHBWC
1Ø9-A9	Transaction count	M	01 – 04 (up to 4 transactions per B1 & B3 transmission) accepted; Only 01 for a B2 transaction
2Ø2-B2	Service provider ID qualifiers	M	01 (National Provider ID)
2Ø1-B1	Service provider ID	M	Value for the qualifier used in 202-B1 above
4Ø1-D1	Date of service	M	CCYYMMDD
11Ø-AK	Software vendor/certification	M	Use value for switch's requirements. If submitting claim without a switch, populate with blanks.

Patient segment – situational			Client requires segment for B1, B2, and B3 transactions to locate correct member.
NCPDP field	Field name	Mandatory or situational	
111-AM	Segment identification	M	01 – transmit ONLY if the segment is transmitted.
331-CX	Patient ID qualifier	S	Captured if sent though not required
332-CY	Patient ID	S	Captured if sent though not required
3Ø4-C4	Date of birth	S	Captured if sent though not required
3Ø5-C5	Patient gender code	S	Captured if sent though not required
31Ø-CA	Patient first name	S	Captured if sent though not required
311-CB	Patient last name	S	Captured if sent though not required
322-CM	Patient street address	S	Captured if sent though not required

323-CN	Patient city address	S	Captured if sent though not required
324-CO	Patient state/province address	S	Captured if sent though not required
325-CP	Patient ZIP/Postal zone	S	Captured if sent though not required
326-CQ	Patient phone number	S	Captured if sent though not required
3Ø7-C7	Patient location	S	Captured if sent though not required
333-CZ	Employer ID	S	Captured if sent though not required
334-1C	Smoker/Non-smoker code	S	Captured if sent though not required
335-2C	Pregnancy indicator	S	Captured if sent though not required

Insurance segment – situational			Segment is Required for B1 and B3 transactions. Not required for B2 transaction.
NCPDP field	Field name	Mandatory or situational	
111-AM	Segment identification	M	04 – transmit ONLY if the segment is transmitted.
3Ø2-C2	Cardholder ID	M	See Comments Below*
312-CC	Cardholder first name	S	Captured if sent though not required
313-CD	Cardholder last name	S	Captured if sent though not required
314-CE	Home plan	S	Captured if sent though not required
524-FO	Plan ID	S	Captured if sent though not required
3Ø9-C9	Eligibility clarification code	S	Captured if sent though not required
336-8C	Facility ID	S	Captured if sent though not required
3Ø1-C1	Group ID	S	Captured if sent though not required
3Ø3-C3	Person code	S	Captured if sent though not required
3Ø6-C6	Patient relationship code	S	Captured if sent though not required

\*Field 302-C2: Cardholder ID = Social Security number (SSN) for BWC. BWC processes bills according to the inclusion of two of the following three data elements: SSN, date of injury (DOI), BWC claim number. SSN is required when either DOI or BWC claim number are **NOT** submitted on the bill. If the injured worker does not have a Social Security number, then this field must either be BLANK or zero-filled, i.e., "000000000".

Claim segment – mandatory			Segment is required for B1, B2, B3 transactions.
NCPDP field	Field name	Mandatory or situational	
111-AM	Segment identification	M	07 – transmit ONLY if the segment is transmitted.
455-EM	Prescription /service reference number qualifier	M	Required. only value '1' is accepted.
4Ø2-D2	Prescription/service reference number	M	Required. only supports 7 digit Rx #.
436-E1	Product/service ID qualifier	M	03
4Ø7-D7	Product/service ID	M	NDC number
456-EN	Associated prescription/service #	S	Captured if sent though not required
457-EP	Associated prescription/service date	S	Captured if sent though not required
458-SE	Procedure modifier code count	S	Required ONLY if Procedure Modifier Code Submitted.
459-ER	Procedure modifier code	S***R***	Submit ONLY if instructed by Help Desk.
442-E7	Quantity dispensed	S	Required for B1 & B3 claims.
4Ø3-D3	Fill number	S	Required for B1 & B3 claims.
4Ø5-D5	Days supply	S	Required for B1 & B3 claims.
4Ø6-D6	Compound code	S	Compounds not accepted by BWC.
4Ø8-D8	Dispense as written (DAW)/product selection code	S	Required for B1 & B3 claims.
414-DE	Date prescription written	S	Required for B1 & B3 claims.
415-DF	Number of refills authorized	S	Captured if sent though not required
419-DJ	Prescription origin code	S	Captured if sent though not required
42Ø-DK	Submission clarification code	S	Required when pharmacies intend to override Edit 79 (Refill Too Soon). For use only with the following Codes: 04 = Lost Prescription 05 = Therapy Change 06 = IW just admitted/released from nursing home

460-ET	Quantity prescribed	S	Not required. Partial fills supported.
308-C8	Other coverage code	S	Only required if 01 - 08 applies.
429-DT	Unit dose indicator	S	Not required.
453-EJ	Originally prescribed product/service ID qualifier	S	Not required_partial fills supported.
445-EA	Originally prescribed product/service code	S	Not required_partial fills supported.
446-EB	Originally prescribed quantity	S	Not required_partial fills supported.
330-CW	Alternate ID	S	Not required.
454-EK	Scheduled prescription ID number	S	Not required.
600-28	Unit of measure	S	Not required.
418-DI	Level of service	S	See Comments Below*.
461-EU	Prior authorization type code	S	(01) Required for non-preferred NSAID override.
462-EV	Prior authorization number submitted	S	<b>999000000</b> - Required when pharmacy intends to accept assignment of a bill in a new BWC claim. <b>888000000</b> - required when pharmacy does not accept assignment and IW pays for medication
463-EW	Intermediary authorization type ID	S	Not required.
464-EX	Intermediary authorization ID	S	Not required.
343-HD	Dispensing status	S	Not required_partial fills supported.
344-HF	Quantity to be dispensed	S	Not required_partial fills supported.
345-HG	Days supply intended to be dispensed	S	Not required_partial fills supported.

<b>Pharmacy provider segment – situational</b>			Segment is not required.
<b>NCPDP Field</b>	<b>Field name</b>	<b>Mandatory or situational</b>	
111-AM	Segment identification	M	02 – transmit ONLY if the segment is transmitted.
465-EY	Provider ID qualifier	S	Captured if sent though not required
444-E9	Provider ID (NCPDP #)	S	Captured if sent though not required

\*Field 418-DI: Submission of a bill for BWC-approved antibiotics requires a Level of Service Code of 3 when 999000000 or 888000000 are entered on the claim when accepting assignment for an emergency antibiotic. Without a 3 in the Level of Service field or valid IDC-9 on the injured worker's file, the antibiotic claim will deny when eligibility is updated and the claim is processed.

<b>Prescriber segment – situational</b>			Segment is required for B1 and B3 transaction.
<b>NCPDP field</b>	<b>Field name</b>	<b>Mandatory or situational</b>	
111-AM	Segment identification	M	03 – transmit ONLY if the segment is transmitted.
466-EZ	Prescriber qualifier	S	Required
411-DB	Prescriber ID	S	Required
467-1E	Prescriber location code	S	Captured if sent though not required
427-DR	Prescriber last name	S	Captured if sent though not required
498-PM	Prescriber phone number	S	Captured if sent though not required
468-2E	Primary care provider ID qualifier	S	Captured if sent though not required
421-DL	Primary care provider ID	S	Captured if sent though not required
469-H5	Primary care provider location code	S	Captured if sent though not required
470-4E	Primary care provider last name	S	Captured if sent though not required

<b>COB/Other payments segment – situational</b>			Segment is required ONLY if COB applies to the claim. Not required for B2 transaction. Note: For Med D_ Pharmacy must submit the amount due amount from the primary claim response on the secondary claim for Field 337-4C
<b>NCPDP field</b>	<b>Field name</b>	<b>Mandatory or situational</b>	
111-AM	Segment identification	M	05 – transmit ONLY if the segment is transmitted.
337-4C	Coordination of benefits/other payments count	M	Required if segment is used. Maximum =

			3.
338-5C	Other payer coverage type	M***R***	Required if segment is used.
339-6C	Other payer ID qualifier	S***R***	Required if segment is used.
340-7C	Other payer ID	S***R***	Required if segment is used.
443-E8	Other payer date	S***R***	Not required.
341-HB	Other payer amount paid count	S	Required if segment is used.
342-HC	Other payer amount paid qualifier	S***R***	Required if segment is used.
431-DV	Other payer amount paid	S***R***	Required if segment is used.
471-5E	Other payer reject count	S	Not required.
472-6E	Other payer reject code	S***R***	Not required.

Workers' compensation segment – situational			Segment is Not Required. Not required for B2 transaction.
NCPDP field	Field name	Mandatory or situational	
111-AM	Segment identification	M	06 – transmit ONLY if the segment is transmitted.
434-DY	Date of injury	M	See comments below*
315-CF	Employer name	S	Not required.
316-CG	Employer street address	S	Not required.
317-CH	Employer city address	S	Not required.
318-CI	Employer state/province address	S	Not required.
319-CJ	Employer ZIP/postal zone	S	Not required.
320-CK	Employer phone number	S	Not required.
321-CL	Employer contact name	S	Not required.
327-CR	Carrier ID	S	Not required.
435-DZ	Claim/reference ID	S	See comments below**

\*Field 434-DY: BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number. DOI is required when either SSN or BWC claim number is NOT submitted on the bill and whenever an injured worker (IW) does not have a SSN.

\*\*Field 435-DZ: Claim/Reference ID = BWC claim number. BWC processes bills according to the inclusion of two of the following three data elements: SSN, DOI, BWC claim number. BWC claim number is required when either DOI OR SSN are NOT submitted on the claim OR whenever an injured does not have a SSN OR whenever an IW has more than one BWC claim number on the same date of injury.

DUR/PPS segment -- situational			Segment is not required. Use encouraged if applicable. Not required for B2 transaction.
NCPDP field	Field name	Mandatory or situational	
111-AM	Segment identification	M	08 – transmit ONLY if the segment is transmitted.
473-7E	DUR/PPS code counter	S***R***	Required if segment used. One to nine occurrences are supported.
439-E4	Reason for service code	S***R***	Required if segment used.
440-E5	Professional service code	S***R***	Required if segment used for vaccine and administration together (Value of "MA = Medication Administration") Note: If billing vaccine only, do not submit "MA." Bill as normal claim.
441-E6	Result of service code	S***R***	Required if segment used.
474-8E	DUR/PPS level of effort	S***R***	Required if segment used.
475-J9	DUR CO-Agent ID qualifier	S***R***	Required if 476-H6 used. Values 01, 02, 03, 20.
476-H6	DUR CO-AGENT ID	S***R***	Encouraged if code DC, DD, ID, MC, TD in 439-E4.

Pricing segment – mandatory			Segment is required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP field	Field name	Mandatory or situational	
111-AM	Segment identification	M	11 – transmit ONLY if the segment is transmitted.

409-D9	Ingredient cost submitted	S	Required
412-DC	Dispensing fee submitted	S	Required
477-BE	Professional service fee submitted	S	Not required.
433-DX	Patient paid amount submitted	S	Not required.
438-E3	Incentive amount submitted	S	Value of the administration (dollar amount)if billing of vaccine and the administration.
478-H7	Other amount claimed submitted count	S	Required if 480-H9 submitted.
479-H8	Other amount claimed submitted qualifier	S***R***	Required if 480-H9 submitted.
480-H9	Other amount claimed submitted	S***R***	Not required.
481-HA	Flat sales tax amount submitted	S	Required in applicable locations.
482-GE	Percentage sales tax amount submitted	S	Required in applicable locations.
483-HE	Percentage sales tax rate submitted	S	Required if 482-GE submitted.
484-JE	Percentage sales tax basis submitted	S	Required if 482-GE submitted.
426-DQ	Usual and customary charge	S	Required
430-DU	Gross amount due	S	Required
423-DN	Basis of cost determination	S	Not required.

<b>Coupon segment – situational</b>	BWC does not accept Coupons
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<b>Compound segment – situational</b>	BWC does not accept Compounds
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<b>Prior authorization segment – situational</b>			This Segment is not used by Ohio BWC.
<b>NCPDP field</b>	<b>Field name</b>	<b>Mandatory or situational</b>	
111-AM	Segment identification	M	12 – transmit ONLY if the segment is transmitted.
498-PA	Request type	M	Values 1, 2, 3 accepted.
498-PB	Request period date-begin	M	Not used. Format must be correct, though.
498-PC	Request period date-end	M	Not used. Format must be correct, though.
498-PD	Basis of request	M	Values ME, PR, PL accepted.
498-PE	Authorized representative first name	S	Not required.
498-PF	Authorized representative last name	S	Not required.
498-PG	Authorized representative street address	S	Not required.
498-PH	Authorized representative city address	S	Not required.
498-PJ	Authorized representative state/province address	S	Not required.
498-PK	Authorized representative ZIP/postal zone	S	Not required.
498-PY	—Prior authorization number -- assigned	S	Not required.
503-F3	Authorization number	S	Not required.
498-PP	Prior authorization support documentation	S	Not required.

<b>Clinical segment – situational</b>			This segment is not used by Ohio BWC.
<b>NCPDP field</b>	<b>Field name</b>	<b>Mandatory or situational</b>	
111-AM	Segment identification	M	13 – transmit ONLY if the segment is transmitted.
491-VE	Diagnosis code count	S	Required if 424-DO populated.
492-WE	Diagnosis code qualifier	S***R***	Required if 424-DO populated.
424-DO	Diagnosis code	S***R***	Required for certain plan limitations.
493-XE	Clinical information counter	S***R***	Not required. Not supported.
494-ZE	Measurement date	S***R***	Not required. Not supported.
495-H1	Measurement time	S***R***	Not required. Not supported. Not Required. Not Supported.
496-H2	Measurement dimension	S***R***	Not required. Not supported. Not Required. Not Supported. Not Required. Not Supported.
497-H3	Measurement unit	S***R***	Not required. Not supported. Not Required. Not Supported.

499-H4	Measurement value	S***R***	Not required. Not supported.
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NOTE: A Situational data element means the NCPDP standard does not require data on all claims, but the plan sponsor reserves the possibility of use in specific claim situations. The Mandatory and Required fields within a Situational segment are only mandatory IF you are using the segment.

You can transmit situational segments; however, we do not support all segments. Please contact the information number for more information regarding the support of claim segments.

**Eligibility Verification (E1) Transaction Data Elements**

- BWC does not support eligibility verification transactions.

**Prior Authorization (P1, P2, P3) Transaction Data Elements**

- BWC does not support prior authorization transactions.
- The use of the Prior Authorization Segment is supported.

**Information (N1, N2, N3) Transaction Data Elements**

- BWC does not support informational transactions

**Controlled Substance Reporting (C1, C2, C3) Transaction Data Elements**

- BWC does not support controlled substance reporting transactions.

**Partial Fill Transaction Reporting**

- Use of partial file data elements is supported.

**Coordination of Benefits Reporting**

- Use of COB segment data elements is supported for Medicare Part D secondary processing and certain other client-specific situations. The plan member and/or claim messaging will notify you if online COB is required.

**Multiple ingredient compound claims submission**

- BWC does not accept compound submissions.

**2. General information**

Live date:	Nov. 1, 2009
Maximum prescriptions per transaction:	4
Plan specific information, customer service:	1-800-OHIOBWC
Pharmacy registration with payer required :	Yes
Switch support:	Relay Health      Emdeon      Other: <u>QS/1, eRx</u>

**3. Other information**

- Ohio BWC Web site: [ohiobwc.com](http://ohiobwc.com)
- Injured workers submitting NC17 forms for manual claims should use the following address:  
**SXC Health Solutions**  
**P.O. Box 5226**  
**Lisle, IL 60532-5226**