



**GENERAL INFORMATION**

Payer Name: Southern Scripts	Date: 07/01/2012
Plan Name/Group Name: Southern Scripts	BIN: 015433 PCN: SSN
Processor: New Tech Computer Systems	
Effective as of: 07/01/2012	NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP Data Dictionary Version Date: 07/2007	NCPDP External Code List Version Date: 04/2012
Contact/Information Source: Trent Jackson	
Certification Testing Window: N/A	
Certification Contact Information: Certification not required	
Provider Relations Help Desk Info: 800-710-9341	
Other versions supported: N/A	

**TRANSACTIONS SUPPORTED**

**Payer:** Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal

**FIELD LEGEND FOR COLUMNS**

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	
QUALIFIED REQUIREMENT	<b>RW</b>	"Required when". The situations designated have qualifications for usage.	
SITUATIONAL	<b>S</b>	The Field has been designated situational.	
OPTIONAL	<b>O</b>	The Field has been designated as optional and is not required.	

**Fields that are not used in the Claim Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.**

**CLAIM BILLING TRANSACTION**

The following lists the segments and fields in a Claim Billing Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Field #	Transaction Header Segment	Value	Payer Usage	Claim Billing Payer Situation
1Ø1-A1	BIN NUMBER	015433	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SSN	M	
1Ø9-A9	TRANSACTION COUNT	01 to 04	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	

Field #	Insurance Segment	Value	Payer Usage	Claim Billing Payer Situation
111-AM	SEGMENT IDENTIFICATION	04	M	
3Ø2-C2	CARDHOLDER ID		M	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		S	
301-C1	GROUP ID		M	
303-C3	PERSON CODE		R	



Insurance Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
306-C6	PATIENT RELATIONSHIP CODE		O	

Patient Segment				Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	01	M	
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		O	
323-CN	PATIENT CITY ADDRESS		O	
324-CO	PATIENT STATE/PROVINCE ADDRESS		O	
325-CP	PATIENT ZIP/POSTAL ZONE		O	
326-CQ	PATIENT PHONE NUMBER		O	

Claim Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	07	M	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW) CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		R	
420-DK	SUBMISSION CLARIFICATION CODE		R	
308-C8	OTHER COVERAGE CODE		S	
461-EU	PRIOR AUTHORIZATION TYPE CODE		S	
462-EV	PRIOR AUTHORIZATION NUMBER		S	
996-G1	COMPOUND TYPE		O	

Pricing Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	11	M	
409-D9	INGREDIENT COST		R	
412-DC	DISPENSING FEE		R	
438-E3	INCENTIVE AMOUNT		S	
481-HA	FLAT SALES TAX AMOUNT		RW	If sales tax is required
482-GE	PERCENTAGE SALES TAX AMOUNT		RW	If sales tax is required
483-HE	PERCENTAGE SALES TAX RATE		RW	If sales tax is required



Pricing Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
484-JE	PERCENTAGE SALES TAX BASIS		RW	If sales tax is required
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		O	

Prescriber Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	03	M	
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider ID	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
364-2J	PRESCRIBER FIRST NAME		O	

Coordination of Benefits Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	05	M	
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		M	
340-7C	OTHER PAYER ID		M	
443-E8	OTHER PAYER DATE		M	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	M	
472-6E	OTHER PAYER REJECT CODE		M	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	M	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		M	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		M	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	O	
393-MV	BENEFIT STAGE QUALIFIER		O	
394-MW	BENEFIT STAGE AMOUNT		O	

DUR/PPS Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	08	M	
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	O	
439-E4	REASON FOR SERVICE CODE		O	
440-E5	PROFESSIONAL SERVICE CODE		O	
441-E6	RESULT OF SERVICE CODE		O	
474-8E	DUR/PPS LEVEL OF EFFORT		O	
475-J9	DUR CO-AGENT ID QUALIFIER		O	
476-H6	DUR CO-AGENT ID		O	

Compound Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	10	M	



Compound Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = National Drug Code	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		O	

## CLAIM REVERSAL TRANSACTION

Transaction Header Segment				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	015433	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SSN	M	
1Ø9-A9	TRANSACTION COUNT	01 - 04	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	

Insurance Segment				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	04	M	
301-C1	GROUP ID		R	

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	07	M	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	