

NWPS

Plan Name: NWPS

Date: 05/15/2007

Plan Name/Group Name: NWPS

Processor: Emdeon Business Services

Switch: Emdeon Business Services

Effective Date: 05/15/2007

Version/Release#: 5.1 Only

Certification Contact: 888-869-4369 ext. 1

NWPS Client Services: 800-998-2611

Provider Relations Help Desk Info: 800-998-2611

Version 5.1 Transactions

Transactions Supported	Transactions Not Supported
B1 – Billing Transaction	C1, C2, C3 – Controlled Substance Reporting
B2 – Reversal Transaction	N1, N2, N3 – Information Reporting
B3 – Re-Bill Transaction	P1, P2, P3, P4 – Prior Authorization Transaction
	E1 – Eligibility Transaction

Version 5.1 Segments

Mandatory / Optional	Segments Not Supported
Transaction Header and Response Header	Pharmacy Provider
Insurance and Response Insurance	Coupon
Patient	Prior Authorization
Claim and Response Claim	Workers Compensation
Prescriber	Compound
DUR / PPS and Response DUR / PPS	Clinical
Pricing and Response Pricing	

5.1 summary of changes

Functionality Changes

Partial Fills will be supported at a later date

Sales Tax will be paid using the new sales tax fields

Multiple reversals will be supported - up to 4 per transmission

Paid and Duplicate Reversal Responses

Multiple Transactions Supported - Up to 4 per Transmission

Effective April 20, 2007 the National Provider ID (NPI) or NCPDP ID will be accepted as the Service Provider ID.

Effective May 23, 2007 the submission of DEA or NPI will be allowed in the Prescriber ID field

Billing Transactions

Transaction Header Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
101-A1	BIN Number	006086	Mandatory
102-A2	Version / Release Number	NCPDP Version 5.1	Mandatory
103-A3	Transaction Code	B1 - Billing	Mandatory
104-A4	Processor Control Number	JP	Mandatory
109-A9	Transaction Count	1 - 4	Mandatory
202-B2	Service Provider ID Qualifier	01-NPI, National Provider ID 07-NCPDP ID	Mandatory
201-B1	Service Provider ID	NPI or NCPDP ID	Mandatory
401-D1	Date of Service		Mandatory
110-AK	Software Vendor / Certification ID	All Spaces	Mandatory

Patient Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	01-Patient Segment	Mandatory
304-C4	Date of Birth		Required
305-C5	Patient Gender Code		Required
310-CA	Patient First Name		Required
311-CB	Patient Last Name		Required

Insurance Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	04-Insurance Segment	Mandatory
302-C2	Cardholder ID	Enter ID as indicated on card	Mandatory
301-C1	Group ID	Use Plan Specific Group # for Les Schwab and FHS	Optional
303-C3	Person Code		Required

Claim Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	07-Claim Segment	Mandatory
455-EM	Prescription / Service Reference Number Qualifier	1 - Rx Billing	Mandatory
402-D2	Prescription / Service Reference Number		Mandatory
436-E1	Product / Service ID Qualifier	03 - NDC	Mandatory
407-D7	Product / Service ID	11 digit NDC	Mandatory
442-E7	Quantity Dispensed	Format 7(9)V999	Required
403-D3	Fill Number	New = 00 (zeros must be sent)	Required
405-D5	Days Supply		Required
406-D6	Compound Code	1 = Not a Compound, 2 = Compound	Required
408-D8	Dispense as Written (DAW) / Product Selection Code		Required
414-DE	Date Prescription Written		Required
415-DF	Number of Refills Authorized		Required
308-C8	Other Coverage Code	Values = 1,2,3, or 4	Required when COB Segment is sent
461-EU	Prior Authorization Type Code	1 = Prior Authorization, if applicable	Required
462-EV	Prior Authorization Number Submitted	If Applies to Rx	Required

Prescriber Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	03-Prescriber Segment	Mandatory
466-EZ	Prescriber ID Qualifier	12-DEA, Drug Enforcement Agency 01-NPI, National Provider ID	Required
411-DB	Prescriber ID	DEA or NPI (Effective May 23, 2007)	Required

COB / Other Payments Segment: Situational (*)

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	05 – COB / Other Payments Segment	Mandatory
337-4C	Coordination of Benefits / Other Payments Count		Mandatory
338-5C	Other Payer Coverage Type		Mandatory
443-E8	Other Payer Date		Required
341-HB	Other Payer Amount Paid Count		Required
342-HC	Other Payer Amount Paid Qualifier		Required
431-DV	Other Amount Paid		Required

*** Plans with COB Coverage**

Chehalis Tribe	Jamestown S'Klallam Tribe
Kootenai Tribe	Lower Elwha Klallam Tribe
Lummi Tribe	Nooksack Tribe
Puyallup Tribe	Quileute Tribe
Quinault Tribe	Samish Tribe
Shoalwater Bay Tribe	Skokomish Tribe
Snoqualmie Tribe	Suquamish Tribe
Swinomish Tribe	Yakama Tribal Employees

DUR / PPS Segment: Optional

**Segment is required to override DUR / PPS rejections

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	08-DUR / PPS Segment	Mandatory
473-7E	DUR / PPS Code Counter	If Applies to Rx	Required for Override, Repeating Field
439-E4	Reason for Service Code	If Applies to Rx	Required for Override, Repeating Field
440-E5	Professional Service Code	If Applies to Rx	Required for Override, Repeating Field
441-E6	Result of Service Code	If Applies to Rx	Required for Override, Repeating Field
474-8E	DUR / PPS Level of Effort	If Applies to Rx	Required for Override, Repeating Field
475-J9	DUR Co-Agent ID Qualifier	If Applies to Rx	Required for Override, Repeating Field
476-H6	DUR Co-Agent ID	If Applies to Rx	Required for Override, Repeating Field

Pricing Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	11-Pricing Segment	Mandatory
409-D9	Ingredient Cost Submitted		Required
412-DC	Dispensing Fee Submitted		Required
481-HA	Flat Sales Tax Amount Submitted	If Sales Tax applies to State	Required
482-GE	Percentage Sales Tax Amount Submitted	If Sales Tax applies to State	Required
483-HE	Percentage Sales Tax Rate Submitted	If Sales Tax applies to State	Required
484-JE	Percentage Sales Tax Basis Submitted	If Sales Tax applies to State	Required
426-DQ	Usual & Customary Charge		Required
430-DU	Gross Amount Due		Required

Reversal Transaction**Transaction Header Segment: Mandatory**

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
101-A1	BIN Number	006086	Mandatory
102-A2	Version / Release Number	51	Mandatory
103-A3	Transaction Code	B2	Mandatory
104-A4	Processor Control Number	JP	Mandatory
109-A9	Transaction Count	1-4	Mandatory
202-B2	Service Provider ID Qualifier	01-NPI, National Provider ID 01-NCPDP ID	Mandatory
201-B1	Service Provider ID	NPI or NCPDP ID	Mandatory
401-D1	Date of Service		Mandatory
101-AK	Software / Vendor Certification ID	All Spaces	Mandatory

Claim Segment: Mandatory

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	07 – Claim Segment	Mandatory
455-EM	Prescription / Service Reference ID Qualifier	1 – Rx Billing	Mandatory
402-D2	Prescription / Service Reference Number		Mandatory
436-E1	Product / Service ID Qualifier	03 - NDC	Mandatory
407-D7	Product / Service ID	11 digit NDC	Mandatory
403-D3	Fill Number	New = 00, zeros must be sent	Mandatory

DUR / PPS Segment: Optional

**Segment is Required when reversal occurs in response to DUR / PPS warnings

NCPDP Field ID	NCPDP Field Name	Values Supported	M/R/RW
111-AM	Segment Identification	08-DUR / PPS Segment	Mandatory
473-7E	DUR / PPS Code Counter	If Applies to Rx	Required
439-E4	Reason for Service Code	If Applies to Rx	Required for Override, Repeating Field
440-E5	Professional Service Code	If Applies to Rx	Required for Override, Repeating Field
441-E6	Result of Service Code	If Applies to Rx	Required for Override, Repeating Field
474-8E	DUR / PPS Level of Effort	If Applies to Rx	Optional for Override, Repeating Field