WithMe Health Payer Sheet

(rev. 202112)

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WithMe Health Payer Sheet

Part I: General Information

Payer Name: WithMe Health, LLC	**Date:** 12/1/2021
Plan/Group Name: WithMe Health, LLC	
Processor: WithMe Health, LLC	**Switch:** Change HealthCare (Emdeon) and Relay
Effective Date: 1/1/2022	**NCPDP Version/Release #:** D.0
Contact/Information Source: General website ***www.withmehealth.com***	
Pharmacy Network Contact Information: Name: Debbie Coates Email: debbie.coates@withmehealth.com Phone Number: 1-866-840-1877	
Pharmacy Network Contact Information: Name: Debbie Coates Email: debbie.coates@withmehealth.com Phone Number: 1-866-840-1877	
Other version supported: None	

Plan Name:	**BIN:**	**PCN:**
WithMe Health, LLC Groups	024789	WMHRX

Part II: Request Claim Billing/Claim Rebill Segments

The following table lists the segments available in a Billing Transaction. The table also lists values as defined under NCPDP Version **D.0** for your reference. Other fields are required as noted:

Payer Usage Column	Value	Explanation
MANDATORY	**M**	The Field is mandatory for the segment in the designated transaction.
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated transaction.
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").
Optional	**O**	The field is optional for the segment in the designated transaction.

WithMe Health Payer Sheet

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

Maximum Number of Transactions Supported per Transmission	1
What is the Submission Window? (Days from date filled/dispensed to date submitted)	Standard is 90 days, but can be plan specific.

Transaction Header Segment	Check	**Claim Billing/Claim Rebill** If Situational, Payer Situation
This Segment is always sent	X	

Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-AI	BIN Number	See Section **<Plan Name>** Above	M	
102-A2	Version/Release Number	D0	M	Version D.Ø
103-A3	Transaction Code	B1, B3	M	
104-A4	Processor Control Number	See Section **<Plan Name>** Above	M	
109-A9	Transaction Count	1	M	Max Number 1 transaction per transmission
202-B2	Service Provider ID Qualifier		M	01 = NPI
201-B1	Service Provider ID		M	Value for qualifier 202-B2
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vender/Certification ID		R	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.

Insurance Segment	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	Member's ID shown on card.
312-CC	Cardholder First Name		R	Required when necessary for state/federal/regulatory agency programs when the cardholder has a first name
313-CD	Cardholder Last Name		R	Required when necessary for state/federal/regulatory agency programs
303-C3	Person Code		R	Member Id person code within the family usually appears as two digits.
306-C6	Patient Relationship Code		R	Ø=Not Specified, 1=Cardholder, 2=Spouse, 3=Child, 4=Other
301-C1	Group ID		R	As Appears on Card

Patient Segment	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		R	CCYYMMDD
305-05	Patient Gender Code	1,2	R	1=Male, 2=Female
310-CA	Patient First Name		R	Member receiving the prescription name
311-CB	Patient Last Name		R	Member receiving the prescription last name.
307-C7	Place of Service		RW	Required when billing for patient in Long- Term Care setting: Ø=Not Specified, 1=Home, 2=Inter-Care, 3=Nursing Home, 4=Long Term/Extended Care, 5=Rest Home, 6=Boarding Home, 7=Skilled Care Facility, 8=Sub-Acute Care Facility, 9=Acute Care Facility, 1Ø=Outpatient, 11=Hospice

322-CM	Patient Street Address	0	O	Required for some federal programs or when submitting Tax.
323-CN	Patient City	0	O	Required for some federal programs or when submitting Tax.
324-CO	Patient State/Province	0	O	Required for some federal programs or when submitting Tax.
325-CP	Patient Zip/Postal Code	0	O	Required for some federal programs or when submitting Tax.
326-CQ	Patient Phone Number	0	O	Required for some federal programs or when submitting Tax.

Claim Segment	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	01	M	1=Rx Billing Code
402-D2	Prescription/Service Reference Number		M	Prescription number, Rx Number Assigned by the pharmacy software
436-E1	Product/Service ID Qualifier	03	M	03=NDC 00=COMPOUNDS
407-D7	Product/Service ID		R	NDC of the product being dispensed If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero (Ø)
422-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	0=Original Dispensing 1-99=Refill Number
405-D5	Days Supply		R	
406-D6	Compound Code		R	1=Not a Compound 2=Compound
408-D8	Dispense as Written (DAW)		R	
414-DE	Date Prescription Written		R	CCYYMMDD
354-NX	Submission Clarification Code Count	Max of 3	O	Required when Submission Clarification Code (42Ø-DK) is used
420-DK	Submission Clarification Code		RW	Required if clarification is needed and value submitted is greater than zero (Ø). A claim is identified as being for Section 34ØB drugs using the Submission Clarification Code The field can contain multiple repetitions to indicate a myriad of situations related to the specific claim being billed. To indicate that a claim is billing for Section 34ØB drugs, the value of 2Ø is used.
308-C8	Other Coverage Code		RW	Required when communicating summation of other coverage

				information collected from other payers. See Customer Coverage below. **00** or **01**= Not a COB claim **02**= Other Coverage exists and payment has been collected **03**= Other Coverage Billed-claim not covered **04**=Other Coverage exists and no payment has been collected
995-E2	Route of Administration		R	
996-G1	Compound Type		RW	Required when Compound Code (406-D6)=2
460-ET	Quantity Prescribed		RW	Required when Product/Service ID (407-D7) is 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)*
418-DI	Level Of Service		RW	Required when requested by the processor
454-EK	Schedule Prescription Id Number		RW	Required when requested by the processor
461-EU	Prior Authorization Type Code		RW	Possible values to submit are from 1 to 7 according to NCPDP Guidelines.
462-EV	Prior Authorization Number Submitted		RW	
147-U7	Pharmacy Service Type		R	Required for plan benefit administration or when Mail Order / Specialty is submitting sales tax Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer

COB Customer Coverage	OCC Allowance
All Groups	OCC 2 & 4

Pricing Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	11	M	Pricing Segment
4O9-D9	Ingredient Cost Submitted		M	Ingredient cost submitted by the pharmacy software.
412-DC	Dispensing Fee Submitted		R	Dispensing fee cost submitted by the pharmacy software.
426-DQ	Usual & Customary Charge		M	Usual & customary charge calculated by the pharmacy software. This value usually is the amount charge by the pharmacy to the members at POS.
430-DU	Gross Amount Due		R	s
423-DN	Basis of Cost Determination		R	
438-E3	Incentive Amount Submitted		RW	Required when value has effect on Gross Amount Due (430-DU) calculation
478-H7	Other Amount Claimed Submitted Count	Max count of 3	RW	Required when Other Amount Claimed Amount Qualifier (479-H8) is submitted
479-H8	Other Amount Claimed Submitted Qualifier		RW	Required when Other Amount Claimed (480-H9) is submitted
480-H9	Other Amount Claimed Submitted		RW	Required when value has effect on Gross Amount Due (43O-DU) calculation
				Required when provider is claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)

Pharmacy Provider Segment *	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational		

Field#	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill
111-AM	Segment Identification	02	M	*Pharmacy Provider Segment*
465-EY	Provider ID Qualifier	02	R	Required if Provider ID (444-E9) is used.
444-E9	Provider ID	State license	R	Required if necessary for state/federal/regulatory agency programs.

*This segment is required for Florida Workers' Compensation claims only.

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This Segment is situational		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	01= NPI
411-DB	Prescriber ID		R	Value for qualifier 466-EZ
427-DR	Prescriber Last Name		R	
498-PM	Prescriber Phone Number		O	
468-2E	Primary Care Provider ID Qualifier		O	
421-DL	Primary Care Provider ID		O	
470-4E	Primary Care Provider Last Name		O	
364-2J	Prescriber First Name		O	
365-2K	Prescriber Street Address		O	
366-2M	Prescriber City Address		O	
368-2P	Prescriber Zip/Postal Zone		O	

Coordination of Benefits Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	OCC 2, 3 & 4
Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer- Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Up to 3 occurrences
338-5C	Other Payer Coverage Type		M	01= Primary 02= Secondary 03= Tertiary
339-6C	Other Payer ID Qualifier		R	03= BIN
340-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	CCYYMMDD
341-HB	Other Payer Amount Paid Count		RW	Required when Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	Other Payer Amount Paid Qualifier		RW	Required when Other Payer Amount Paid (431- DV) is used Not used when Other Payer Reject Count (471-5E) is submitted. 07= Drug Benefit 08= Sum of all Reimbursement 99= Other
431-DV	Other Payer Amount Paid		RW	Required when another payer has approved payment for some/all of the billing Not used for OCC 8 when Other Payer- Patient Responsibility Amount (352-NQ) is submitted.
471-5E	Other Payer Reject Count		RW	Required when Other Payer Reject Code (472- 6E) is used Not used when Other Payer Amount Paid Qualifier (342-HC) is submitted.

472-6E	Other Payer Reject Code		RW	Required when another payer has denied the payment for the billing, designated with Coverage Code (308-C8) = 3

Coordination of Benefits Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	OCC 2, 3 & 4
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario **3 -** Other Payer Amount Paid, Other Payer- Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Up to 3 occurrences
338-SC	Other Payer Coverage Type		M	01= Primary 02= Secondary 03= Tertiary
339-6C	Other Payer ID Qualifier		R	03= BIN
346-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	CCYYMMOD
353-NR	Other Payer-Patient Responsibility Amount Count		RW	Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer-Patient Responsibility Amount Qualifier		RW	Required if Other Payer-Patient Amount (352-NQ) is used.
352-NQ	Other Payer-Patient Responsibility Amount		RW	Required if necessary for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.

Compound Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Only required for submission of Compound claims (field 406-D6 = 2)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	10	M	Compound Segment
450-EF	Compound Dosage Form Description		M	Requires two (2) characters ranging from 01-18 or six (6) characters beginning with “c” followed by five (5) digits
451-EG	Compound Dispensing Unit Form Indicator	1, 2, 3	M	
447-EC	Compound Ingredient Component Count		M	This count must match the submitted number of repetitions.
488-RE	Compound Product ID Qualifier	03	M	03= NDC
489-TE	Compound Product ID		M	Component NDC(s) of compound mixture
448-ED	Compound Ingredient Quantity		M	Amount expressed in metric decimal units
449-EE	Compound Ingredient Cost		R	
490-UE	Compound Ingredient Basis of Cost Determination		R	
362-2G	Compound Ingredient Modifier Code Count		R	
363-2H	Compound Ingredient Modifier Code		R	

Workers' Compensation Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	

Field #	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"	Value	Payer Usage	Claim Billing/Claim Rebill
434-DY	Date Of Injury		R	
315-CF	Employer Name		O	
316-CG	Employer Street Address		O	
317-CH	Employer City Address		O	
318-CI	Employer State/Province Address		O	
319-CJ	Employer Zip/Postal Zone		O	
32Ø-CK	Employer Phone Number		O	
321-CL	Employer Contact Name		O	
327-CR	Carrier Id		O	
435-DV	Claim/Reference ID		O	
117-TR	Billing Entity Type Indicator		O	
118-TS	Pay To Qualifier		O	
119-TT	Pay To ID		O	
120-TU	Pay To Name		O	
121-TV	Pay To Street Name		O	
122-TW	Pay To City Address		O	
123-TX	Pay To State/Provence Address		O	
124-TY	Pay To Zip/Postal Zone		O	
125-TZ	Generic Equivalent Product ID Qualifier		O	
126-UA	Generic Equivalent Product ID		O	

Processing Notes

Provider must follow all applicable regulations and processes established by the FDA, CDC, and the Health Department, among others; details will be part of future pharmacy audits.

General Processing

1. Claim submissions must contain one (1) occurrence of claim data.

Billing Compounds

1. In the CLAIM segment enter a "0" as NDC (automatic in most pharmacy point of sale systems)

DUR

Claims may reject with Reject Code 88 for DUR edits such as Drug-Drug Interaction, Ingredient Duplication, Therapeutic Duplication, Drug Age Precaution, Drug-Allergy Interaction, and High or Low Dose Alerts. These soft edits can be overridden with the entry of the appropriate following NCPDP service codes:

- Reason for Service Code (Conflict)
- Professional Service Code (Intervention)
- Result of Service Code (Outcome)

Pharmacies must use the appropriate override code for the action taken, and action must be documented for auditing purposes.

Part III: Reversal Transaction Segments

The following table lists the segments available in a Billing Transaction. The table also lists values as defined under NCPDP Version **D.0** for your reference. Other fields are required as noted:

Payer Usage Column	Value	Explanation
MANDATORY	**M**	The Field is mandatory for the segment in the designated transaction.
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated transaction.
QUALIFIED REQUIREMENT	**RW**	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").
Optional	**O**	The field is optional for the segment in the designated transaction.

Fields listed as M-Mandatory are in accordance with NCPDP Telecommunication Implementation Guide, Version D.O.

Fields that are not used in the Claim Reversal Transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the payer sheet.

Maximum Number of Transactions Supported per Transmission	1
What is the Reversal Window? (If transaction is billed today, what is the timeframe for reversals to be allowed?)	Standard is 90 days but can be plan specific.

Transaction Header	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	**<Plan Name>:** Bin Number	M	**See <Plan Name> Section**
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number	**<Plan Name>**: PCN	M	**See <Plan Name> Section**
109-A9	Transaction Count	1	M	Max Number 1 transaction per transmission
202-B2	Service Provider ID Qualifier		M	01 = NPI 07= NCPDP NABP

201-B1	Service Provider ID		M	
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vender/Certification ID		M	Send spaces

Insurance Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
303-C3	Person Code		R	

Claim Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	01	M	1= Rx Billing Code
402-D2	Prescription/Service Reference Number		M	
436-EI	Product/Service ID Qualifier	03	M	03= NDC
407-D7	Product/Service ID		R	NDC
403-D3	Fill Number		R	0 = Original Dispensing 1-99= Refill Number
308-C8	Other Coverage Code		RW	Required when communicating summation of other coverage information collected from other payers. See Customer Coverage below. 00 or 01= Not a COB claim 02= Other Coverage exists, and payment has been collected 03= Other Coverage Billed-claim not covered 04=Other Coverage exists, and no payment has been collected

Pricing Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

	NCPDP Field Name	Value	Payer Usage	Payer Situation
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

Coordination of Benefits Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Up to 3 occurrences
338-5C	Other Payer Coverage Type		M	01= Primary 02= Secondary 03= Tertiary

Part IV: Revisions

Date of changes	Changes	Revisions
2021/11/17	Bin Number changed	Rev.202112
2021/09/01	+ Added more documentation to field situations and descriptions + Added some style to the document + Added Revision Number +Added History track change	Rev. 2021010
2020/09/25	Document Creation	Rev. 20200925