



**OnePoint**<sup>®</sup>  
PATIENT CARE



**ONEPOINT PATIENT CARE**  
PAYER SHEET



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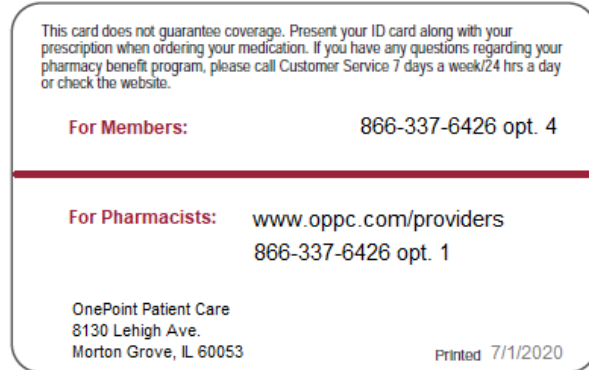
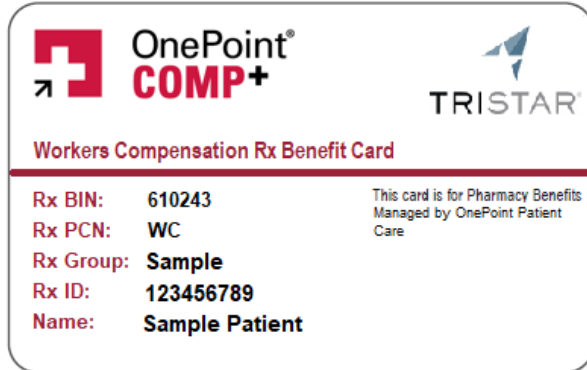
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## Sample Member Identification Cards

### Workers' Compensation

Injured workers will receive an individual Member ID card shortly after their Eligibility is confirmed by the Plan Sponsor. Pharmacy is responsible for validating the authenticity of the Member's identity via government issued photo identification, in alignment with state dispensing requirements.



For specific instructions related to interim/first fill Workers Compensation coverage please reference the Workers Compensation section of Provider Manual.

## General Information

Payer Name: <b>TRISTAR</b>	Date: <b>January 1, 2023</b>	
Plan Name/Group Name: <b>Varies</b>	BIN: <b>610243</b>	PCN: <b>WC</b>
Processor: <b>OnePoint Patient Care</b>		
Effective as of: <b>5/1/2020</b>	NCPDP Version #: <b>D.0</b>	
Contact/Information Source: <b>Provider-Services@oppc.com</b>		
Provider Relations Help Desk Info: <b>866-337-6426</b>		
Other versions supported: <b>None</b>		

## 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  
RW – Situational as defined by Plan

R – Required as defined by the Processor  
O – Optional

### Transaction Header Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN Number	610243	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1	M	Billing Transaction
104-A4	Processor Control Number	WC	M	Use value as printed on ID card
109-A9	Transaction Count	1-4	M	
202-B2	Service Provider ID Qualifier	01	M	01 = NPI
201-B1	Service Provider ID	10-digit NPI	M	NPI Only
147-U7	Pharmacy Service Type		R	01= Community/Retail Pharmacy Services 03= Home Infusion Therapy Services 05= Long Term Care Pharmacy Services
401-D1	Date of Service		M	Format CCYYMMDD
110-AK	Software Vendor/Certification ID	Blank Fill	O	

### Insurance Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	04	M	
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	May not be required; Varies by plan
303-C3	Person Code	000	R	Always '000'
306-C6	Patient Relationship Code	1	R	Cardholder Only

### Patient Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	01		
304-C4	Date of Birth		R	Format CCYYMMDD
305-C5	Patient Gender Code	1=male, 2=female, 0=not disclosed	R	
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	



## Claim Segment (Mandatory)

Up to 4/submission.

Partial fills not supported.

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø7	M	
455-EM	Rx/Service Reference # Qualifier	1=Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	Ø3=NDC	M	Must submit 00 if compound
4Ø7-D7	Product/Service ID	11-digit NDC or 0 for compound	M	Must submit 0 if compound
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1=not a compound 2=compound	R	Must submit 2 if compound
4Ø8-D8	Dispense as Written (DAW)	Ø-8	R	Values 0-8 supported
414-DE	Date Prescription Written		R	Format CCYYMMDD
415-DF	# of Refills Authorized		R	
442-E7	Quantity Dispensed		R	
354-NX	Submission Clarification Code	Maximum count of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	Submission Clarification Code	All values supported	RW	<i>Payer Requirement: Required when claim explanation is needed for overrides.</i>
46Ø-ET	Quantity Prescribed		RW	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).

## Prescriber Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø3	M	
466-EZ	Prescriber ID Qualifier	Ø1=NPI	M	NPI Requested
411-DB	Prescriber ID	NPI	M	NPI should be submitted whenever possible
427-DR	Prescriber Last Name		R	
498-PM	Prescriber Phone Number		O	

## COB/Other Payments Segment \*\*\*Not Utilized\*\*\*

## DUR/PPS Segment (Situational)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	24	M	
567-J6	DUR/PPS Response Code Counter	Max 9 Values	RW	
44Ø-E5	Professional Service Code		RW	Vaccine Administration Fee supported
474-8E	DUR/PPS Level of Effort		RW	May be used with the compound segment



### Pricing Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	11	M	
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
426-DQ	Usual and Customary Charge		R	
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when a percent sales tax is applicable
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when a 482-GE Percentage Sales Tax Amount submitted is applicable
484-JE	Percentage Sales Tax Basis Submitted	Ø2, Ø3	RW	Required when 483-HE Percentage Sales Tax Rate Submitted is applicable Ø2 – Ingredient Cost Ø3 – Ingredient Cost + Dispensing Fee
481-HA	Flat Sales Tax Amount	Applicable to claim	RW	Required when a flat sales tax amount is applicable

### Workers' Compensation Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø6	M	
434-DY	Date of Injury		M	Format CCYYMMDD
315-CF	Employer Name		RW	
435-DZ	Claim/Reference ID		RW	Include Claim Number if available
117-TR	Billing Entity Type Indicator	Ø	M	OnePoint only accepts Pharmacy transactions

### Compound Segment (Situational)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	1Ø	M	
45Ø-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	Valid values specific to members plan.
447-EC	Compound Ingredient Component Count		M	Maximum 25 ingredients
488-RE	Compound Product ID Qualifier	Ø3	M	Ø3- 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 for each ingredient
49Ø-UE	Compound Ingredient Basis of Cost Determination		R	



## Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

### Transaction Header Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN Number	610243	M	
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	Billing Transaction
104-A4	Processor Control Number	OP001	M	Use value as printed on ID card
109-A9	Transaction Count	1-4	M	
202-B2	Service Provider ID Qualifier	01	M	01 = NPI
201-B1	Service Provider ID	10-digit NPI	M	NPI Only
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vendor/Certification ID	Blank Fill	O	

### Insurance Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	04	M	
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	May not be required; Varies by plan

### Claim Segment (Mandatory)

Up to 4/submission.

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111-AM	Segment ID	01	M	
455-EM	Rx/Service Reference # Qualifier	1=Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Rx Number
436-E1	Product/Service ID Qualifier	03=NDC	M	Must submit 00 if compound
407-D7	Product/Service ID	11-digit NDC or 0 for compound	M	Must submit 0 if compound
403-D3	Fill Number		R	

