OHIO MEDICAID NCPDP VERSION D.Ø PAYER SHEET
COVID-19 POINT-OF-CARE TESTING

GENERAL INFORMATION

Payer Name: Ohio Department of Medicaid               Date: November 6th 2020
Plan Name/Group Name: Ohio Medicaid                       BI: Ø15863    PCN: OHPOP
Processor: Goold Health Systems (GHS)
Effective as of November 6th 2020  NCPDP Telecommunication Standard Version/Release #: D.Ø
Contact/Information Source:
Certification Testing Window:
Certification Contact Information: 1-877-553-8455 POS Tech Support
Provider Relations Help Desk Info: 1-877-518-1545

OTHER TRANSACTIONS SUPPORTED

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

<table>
<thead>
<tr>
<th>Transaction Code</th>
<th>Transaction Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Billing</td>
</tr>
<tr>
<td>B3</td>
<td>Rebilling</td>
</tr>
</tbody>
</table>

FIELD LEGEND FOR COLUMNS

<table>
<thead>
<tr>
<th>Payer Usage Column</th>
<th>Value</th>
<th>Explanation</th>
<th>Payer Situation Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANDATORY</td>
<td>M</td>
<td>The Field is mandatory for the Segment in the designated Transaction.</td>
<td>No</td>
</tr>
<tr>
<td>REQUIRED</td>
<td>R</td>
<td>The Field has been designated with the situation of “Required” for the Segment in the designated Transaction.</td>
<td>No</td>
</tr>
<tr>
<td>QUALIFIED REQUIREMENT</td>
<td>RW</td>
<td>“Required when”. The situations designated have qualifications for usage (“Required if x”, “Not required if y”).</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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.

<table>
<thead>
<tr>
<th>Transaction Header Segment Questions</th>
<th>Check</th>
<th>Claim Billing/Claim Rebill</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Segment is always sent</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transaction Header Segment</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>101-A1 BIN NUMBER</td>
<td>Ø15863</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>102-A2 VERSION/RELEASE NUMBER</td>
<td>D0</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>103-A3 TRANSACTION CODE</td>
<td>B1, B3</td>
<td>M</td>
<td>B1 – Claim billing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>B3 – Claim rebill</td>
</tr>
<tr>
<td>104-A4 PROCESSOR CONTROL NUMBER</td>
<td>OHPOP</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>109-A9 TRANSACTION COUNT</td>
<td>1 = One Occurrence</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>202-B2 SERVICE PROVIDER ID QUALIFIER</td>
<td>Ø1 = National Provider Identifier (NPI)</td>
<td>M</td>
<td>Only the National Provider ID (NPI) is supported</td>
</tr>
<tr>
<td>201-B1 SERVICE PROVIDER ID</td>
<td>NPI Number</td>
<td>M</td>
<td>NPI of the submitting pharmacy</td>
</tr>
<tr>
<td>401-D1 DATE OF SERVICE</td>
<td>-</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>
### Transaction Header Segment

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>110-AK</td>
<td>SOFTWARE VENDOR/CERTIFICATION ID</td>
<td>Blank fill</td>
<td>M</td>
<td>No other values required</td>
</tr>
</tbody>
</table>

### Claim Billing/Claim Rebill

#### Insurance Segment Questions

This Segment is always sent  
If Situational, Payer Situation

#### Insurance Segment Identification (111-AM) = “Ø4”

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
</table>
| 302-C2  | CARDHOLDER ID                         | -           | M           | Member ID as issued to the Medicaid beneficiary  
12 byte numeric ODM recipient number for all transactions. |

#### Patient Segment Questions

This Segment is always sent  
This Segment is situational

#### Patient Segment Identification (111-AM) = “Ø1”

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>304-C4</td>
<td>DATE OF BIRTH</td>
<td>-</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>305-C5</td>
<td>PATIENT GENDER CODE</td>
<td>-</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>310-CA</td>
<td>PATIENT FIRST NAME</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>311-CB</td>
<td>PATIENT LAST NAME</td>
<td>R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>335-2C</td>
<td>PREGNANCY INDICATOR</td>
<td>2=Pregnant</td>
<td>RW</td>
<td>Required if needed to override copayment on a claim for a pregnant member</td>
</tr>
</tbody>
</table>
| 384-4X  | PATIENT RESIDENCE                     | 3=Nursing Facility  
9=Intermediate Care Facility/Mentally Retarded  
11=Hospice | RW      | Required if needed to override copayment for a patient in a long-term care facility or hospice program |

### Claim Segment Questions

This Segment is always sent  
If Situational, Payer Situation

#### Claim Segment Identification (111-AM) = “Ø7”

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>455-EM</td>
<td>PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER</td>
<td>1 = Rx Billing</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>402-D2</td>
<td>PRESCRIPTION/SERVICE REFERENCE NUMBER</td>
<td>Rx Number assigned by the pharmacy</td>
<td>M</td>
<td></td>
</tr>
<tr>
<td>436-E1</td>
<td>PRODUCT/SERVICE ID QUALIFIER</td>
<td>Ø3 = National Drug Code</td>
<td>M</td>
<td></td>
</tr>
</tbody>
</table>
| 407-D7  | PRODUCT/SERVICE ID                     | National Drug Code (NDC) | M           | NDCs:  
11877001126  
14613033908  
11877001129 |
| 442-E7  | QUANTITY DISPENSED                    | 1           | R           | One Kit         |
| 403-D3  | FILL NUMBER                           | Ø = Original Dispensing | R           |                 |
| 405-D5  | DAYS SUPPLY                           | 1           | R           | One Day’s supply |
| 406-D6  | COMPOUND CODE                         | 1 = Not a compound | R           | Compound code 2 is not allowed |
| 408-D8  | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | Ø = No Product Selection Indicated | R           |                 |
### Claim Segment

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>414-DE</td>
<td>DATE PRESCRIPTION WRITTEN</td>
<td>-</td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

### Pricing Segment Questions

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>409-D9</td>
<td>INGREDIENT COST SUBMITTED</td>
<td></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>412-DC</td>
<td>DISPENSING FEE SUBMITTED</td>
<td></td>
<td>RW</td>
<td>$28.46 will be paid</td>
</tr>
<tr>
<td>426-DQ</td>
<td>USUAL AND CUSTOMARY CHARGE</td>
<td></td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>430-DU</td>
<td>GROSS AMOUNT DUE</td>
<td></td>
<td>R</td>
<td></td>
</tr>
</tbody>
</table>

### Prescriber Segment Questions

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>466-EZ</td>
<td>PRESCRIBER ID QUALIFIER</td>
<td>Ø1=National Provider Identifier (NPI)</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td>411-DB</td>
<td>PRESCRIBER ID</td>
<td>PHARMACY NPI number</td>
<td>R</td>
<td>Submit pharmacy NPI Pharmacy must maintain record of NPI of pharmacist responsible for testing.</td>
</tr>
<tr>
<td>427-DR</td>
<td>PRESCRIBER LAST NAME</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DUR/PPS Segment Questions

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>473-7E</td>
<td>DUR/PPS CODE COUNTER</td>
<td>1</td>
<td>R</td>
<td>Required – 1st DUR activity</td>
</tr>
<tr>
<td>440-E5</td>
<td>PROFESSIONAL SERVICE CODE</td>
<td>PT</td>
<td>R</td>
<td>Perform Laboratory Test (test to be analyzed in pharmacy)</td>
</tr>
</tbody>
</table>

### Special Instructions:

- To get paid appropriately when using Professional Service Code PT, make sure to strictly follow the instructions related to the pricing segment.
  - Enter **$28.46** in 412-DC

**End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template**