Payer Name: Liviniti - formerly Southern Scripts	Date: 02/21/2013	
Plan Name/Group Name: Liviniti - formerly Southern Scripts	BIN: 015433	PCN: SSN
Processor: New Tech Computer Systems		
Effective as of: 02/21/2013	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	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.	
SITUATIONAL	S	The Field has been designated situational.	
OPTIONAL	O	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 BILLINGTRANSACTION

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

	Transaction Header Segment			Claim Billing	
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	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		

	Insurance Segment			Claim Billing	
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*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		
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	
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-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	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-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	
42Ø-DK	SUBMISSION CLARIFICATION CODE		R	
3Ø8-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	
4Ø9-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
484-JE	PERCENTAGE SALES TAX BASIS		RW	If sales tax is required
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-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	
34Ø-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	
44Ø-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	
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	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	