OnePoint®
PATIENT CARE

ONEPOINT PATIENT CARE

PAYER SHEET
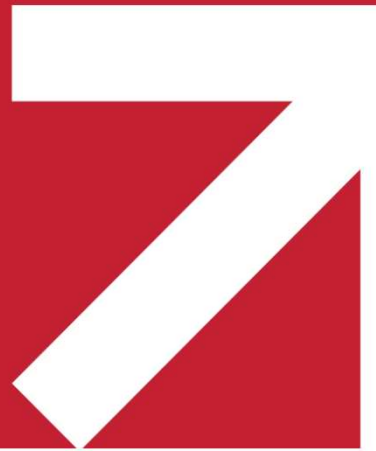
Table of Contents
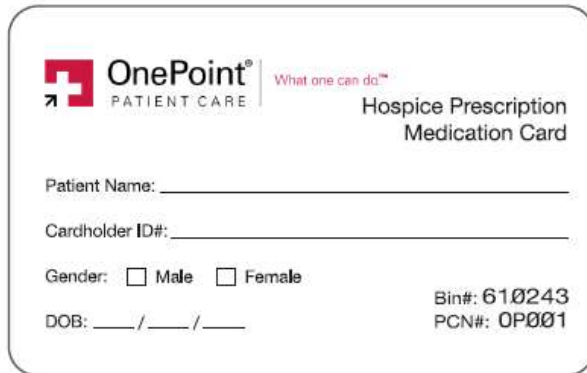
Sample Member Identification Cards

Hospice Patients

Hospice Patients often need medication urgently upon enrollment and will have a handwritten card provided by a hospice representative or patient caregiver. Relevant information can also be obtained from our web application and provided to Pharmacy verbally.

General Information

Payer Name: OnePoint Patient Care	Date: January 1, 2025	
Plan Name/Group Name: OnePoint Patient Care	BIN: 61Ø243	PCN: OPØØ1
Processor: OnePoint Patient Care		
Effective as of: 1/1/2012	NCPDP Version #: D.Ø	
Contact/Information Source: Provider-Services@oppc.com		
Provider Relations Help Desk Info: Variable; Refer to reject message		
Other versions supported: None		

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.Ø. The segment summaries included below list the mandatory data fields.

M – Mandatory as defined by NCPDP   R – Required as defined by the Processor
RW – Situational as defined by Plan   O – Optional

Transaction Header Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	61Ø243	M	
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1	M	Billing Transaction
1Ø4-A4	Processor Control Number	OPØØ1	M	Use value as printed on ID card
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 = NPI
2Ø1-B1	Service Provider ID	10-digit NPI	M	NPI Only
4Ø1-D1	Date of Service		M	CCYYMMDD
11Ø-AK	Software Vendor/Certification ID	Blank Fill	O	

Insurance Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø4	M	
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		RW	May not be required; Varies by plan
3Ø3-C3	Person Code	ØØØ	R	Always '000'
3Ø6-C6	Patient Relationship Code	1	R	Cardholder Only

Patient Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø1		
3Ø4-C4	Date of Birth		R	Format CCYYMMDD
3Ø5-C5	Patient Gender Code	1=male, 2=female, Ø=not disclosed	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	

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-9	R	All values supported
414-DE	Date Prescription Written		R	Format CCYYMMDD
415-DF	# of Refills Authorized		R	
442-E7	Quantity Dispensed		R	
429-DT	Unit Dose Indicator		O	
419-DJ	Prescription Origin Code	1=Written 2=Telephone 3=Electronic 4=Facsimile	O	
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	*Payer Requirement:* Required when claim explanation is needed for overrides.
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 ***Not Utilized***

Pricing Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	11	M	
4Ø9-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

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	
362-2G	Compound Ingredient Modifier Code Count		RW	Max. count of 1Ø. Required when Compound Ingredient Modifier Code (363-2H) is specified.
363-2H	Compound Ingredient Modifier Code		RW	Required when Compound Ingredient Modifier code Count (363-2G) is specified.

Claim Reversal Transaction

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

Transaction Header Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
1Ø1-A1	BIN Number	61Ø243	M	
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	Billing Transaction
1Ø4-A4	Processor Control Number	OPØØ1	M	Use value as printed on ID card
1Ø9-A9	Transaction Count	1-4	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1	M	Ø1 = NPI
2Ø1-B1	Service Provider ID	10-digit NPI	M	NPI Only
4Ø1-D1	Date of Service		M	CCYYMMDD
11Ø-AK	Software Vendor/Certification ID	Blank Fill	O	

Insurance Segment (Mandatory)

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø4	M	
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		RW	May not be required; Varies by plan

Claim Segment (Mandatory)

Up to 4/submission.   Partial fills not supported.

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment ID	Ø1	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	