

PHARMAVAIL BENEFIT MANAGEMENT

Pharmacy Payor Sheet

ANSI BIN Number 008019

Accepting Claim Adjudication and Reversals

Record Format: NCPDP Version Current Variable

<u>Field Name</u>	<u>Status</u>	<u>Value / Comment</u>
ANSI BIN Number	Required	008019
Version / Release Number	Required	3.2 or later
Transaction Code	Required	
Processor Control Number	Required	5T
Pharmacy Number	Required	NCPDP Provider ID (NABP #)
Group Number	Required	8 positions
Cardholder ID Number	Required	9-11 positions
Person Code	Required	
Date of Birth	Required	
Sex Code	Required	
Relationship Code	Required	
Date Filled	Required	
Patient First Name	Optional	
Patient Last Name	Optional	
Prescription Number	Required	
New / Refill Code	Required	
Metric Quantity	Required	
Days Supply	Required	
NDC Number	Required	
Dispense as Written	Optional	
Ingredient Cost	Required	
Prescriber ID	Required	Enter as Required by Plan
Usual & Customary Charge	Required	
Sales Tax	Required	If Applies to State
PA/MC Code & Number	Optional	
Gross Amount Due	Required	
DUR Conflict Code	Optional	If Applies to Rx
DUR Intervention Code	Optional	If Applies to Rx
DUR Outcome Code	Optional	If Applies to Rx
Metric Decimal Quantity	Optional	

GENERAL INFORMATION

(800) 460-8988 PharmAvail/USScript Rx Help Desk
(800) 933-3734 PharmAvail Network Administrative Office

PharmAvail Benefit Management
4469 Lemon Street
Acworth, Georgia 30101