

# Hippo

## NCPDP Version D.Ø Payer Sheet

IMPORTANT NOTE: Hippo only accepts NCPDP Version D.Ø electronic transactions. This documentation is to be used for programming the fields and values Hippo will accept when processing these claims.

Claim transaction segments not depicted within this document may be accepted during the transmission of a claim. However, Hippo may not use the information submitted to adjudicate claims. All values submitted will be validated against the NCPDP External Code List version as indicated below.

This payer sheet includes processing information for all Hippo transactions.

**GENERAL INFORMATION:**

Payer name: Hippo	Date: August 4, 2Ø2Ø
Processor: Hippo	Switch:
Effective: August 4, 2Ø2Ø	Version/Release Number: D.Ø
NCPDP Data Dictionary Version Date: January 2Ø2Ø	NCPDP External Code List Version Date: January 2Ø2Ø
	NCPDP Emergency External Code List Version Date: July 2Ø16
Contact/Information Source: hellohippo.com/pharmacyhelp, or (855) 7Ø7-838Ø	
Testing Window: As determined by testing coordinator	
Pharmacy Help Desk Info: (855) 7Ø7-838Ø	
Other versions supported: N/A	

**Note: All fields requiring alphanumeric data must be submitted in UPPER CASE.**

**BIN/PCN Table**

Plan Name/Group Name	BIN	PCN
HIPPO	Ø19884	not required

**Section I: Claim Billing (In Bound)**

**Transaction Header Segment - Mandatory in all cases**

Field #	NCPDP Field Name	Value	Payer Usage
1Ø1-A1	BIN Number	See BIN/PCN table, above	M
1Ø2-A2	Version Release Number	DØ=Version D.Ø	M
1Ø3-A3	Transaction Code	B1=Billing	M
1Ø4-A4	Processor Control Number	As indicated above	M
1Ø9-A9	Transaction Count	1=One Occurrence	M
2Ø2-B2	Service Provider ID Qualifier	Ø1=NPI	M
2Ø1-B1	Service Provider ID	Pharmacy NPI	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor / Certification ID		O

**Insurance Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø4=Insurance	M
3Ø2-C2	Cardholder ID	ID assigned to the cardholder	M
312-CC	Cardholder First Name		O
313-CD	Cardholder Last Name		O
3Ø1-C1	Group ID	As appears on card.	RW (When member card includes Group ID)

**Patient Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø1=Patient	M
3Ø4-C4	Date of Birth		R

305-C5	Patient Gender Code	0=Not specified 1=Male 2=Female	R
310-CA	Patient First Name	Example: John	R
311-CB	Patient Last Name	Example: Smith	R
322-CM	Patient Street Address		O
323-CN	Patient City		O
324-CO	Patient State or Province		O
325-CP	Patient Zip/Postal Code		R
307-C7	Place of Service	01=Pharmacy	R
384-4X	Patient Residence		R

**Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	07=Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	03=National Drug Code	M
407-D7	Product/Service ID		M
442-E7	Quantity Dispensed		R
403-D3	Fill Number	0=Original Dispensing 1 to 99=Refill number	R
405-D5	Days Supply		R
406-D6	Compound Code	1=Not a Compound 2=Compound	R
408-D8	Dispense as Written (DAW)/Product Selection Code		R
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	00=No refills authorized 01 through 99, with 99 being as needed, refills unlimited	R
419-DJ	Prescription Origin Code	0=Not known 1=Written 2=Telephone 3=Electronic 4=Facsimile 5=Pharmacy	R
600-28	Unit of Measure	EA=Each GM=Grams ML=Milliliters	R
147-U7	Pharmacy Service Type	01=Community/Retail Pharmacy Services 03=Home Infusion Therapy Services 05=Long Term Care Pharmacy Services 06=Mail Order Pharmacy Services 07=Managed Care Organization Pharmacy Services 08=Specialty Care Pharmacy Services	R
460-ET	Quantity Prescribed		RW

**Pricing Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	11=Pricing	M
409-D9	Ingredient Cost Submitted		R
412-DC	Dispensing Fee Submitted		R
433-DX	Patient Paid Amount Submitted		O
438-E3	Incentive Amount Submitted		RW (Value has an effect on Gross Amount (430-DU) calculation. Use when submitting claim for vaccine drug and administrative fee together)
481-HA	Flat Sales Tax Amount Submitted		RW (Value has an effect on Gross Amount (430-DU) calculation.)

482-GE	Percentage Sales Tax Amount Submitted		RW (Value has an effect on Gross Amount (43Ø-DU) calculation.)
483-HE	Percentage Sales Tax Rate Submitted		RW (Percentage Sales Tax Amount Submitted (482-GE) and Percentage SAles Tax Basis Submitted (484-JE) are used or if needed to calculate Percentage Sales Tax Amount Paid (559-AX).)
484-JE	Percentage Sales Tax Basis Submitted		RW (Percentage Sales Tax submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used)
426-DQ	Usual and Customary Charge		R
43Ø-DU	Gross Amount Due		R
423-DN	Basis of Cost Determination		R

**Prescriber Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø3=Prescriber	M
466-EZ	Prescriber ID Qualifier	Ø1=NPI	R
411-DB	Prescriber ID	NPI	R
427-DR	Prescriber Last Name		R
367-2N	Prescriber State/Province Address		R

**Section II: Response Claim Billing (Out Bound)**

**Transaction Header Segment - Mandatory in all cases**

Field #	NCPDP Field Name	Value	Payer Usage
1Ø2-A2	Version Release Number	DØ=Version D.Ø	M
1Ø3-A3	Transaction Code	B1=Billing	M
1Ø9-A9	Transaction Count	Same value as in request	M
5Ø1-FI	Header Response Status	A=Accepted R=Rejected	M
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M
2Ø1-B1	Service Provider ID	Same value as in request	M
4Ø1-D1	Date of Service	Same value as in request	M

**Response Message Segment - Situational**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	2Ø=Response Message	M
5Ø4-F4	Message		O

**Response Insurance Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	25=Response Insurance	M
3Ø1-C1	Group ID		R
545-2F	Network Reimbursement ID	Network ID	R
3Ø2-C2	Cardholder ID		R

**Response Status Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid R=Reject	M
503-F3	Authorization Number		RW (Transaction Response Status = P)
547-5F	Approved Message Code Count	Maximum count of 5	RW (If Approved Message Code (548-6F) is used)
548-6F	Approved Message Code		RW (If Approved Message Code (547-5F) is used)
510-FA	Reject Count	Maximum count of 5	RW (Transaction Response Status = R)
511-FB	Reject Code		RW (Transaction Response Status = R)
130-UF	Additional Message Information Count	Maximum count of 9	RW (Additional Message (526-FQ) is used.)
132-UH	Additional Message Information Qualifier		RW (Additional Message (526-FQ) is used.)
526-FQ	Additional Message Information		RW (Additional Message (526-FQ) is used.)
549-7F	Help Desk Phone Number Qualifier		O
550-8F	Help Desk Phone Number		O
987-MA	URL		O

**Response Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M
551-9F	Preferred Product Count	Maximum count of 6	RW (Based on benefit and when preferred alternatives are available for the submitted product service ID)
552-AP	Preferred Product ID Qualifier		RW (If Preferred Product ID (553-AR) is used.)
553-AR	Preferred Product ID		RW (If a product preference exists that needs to be communicated to the receiver via an ID.)

556-AU	Preferred Product Description		RW (If a product preference exists that either cannot be communicated by the preferred product ID (553-AR) or to clarify the Preferred Product ID (553-AR).)
--------	-------------------------------	--	---

**Response Pricing Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	23=Response Pricing	M
505-F5	Patient Pay Amount		R
506-F6	Ingredient Cost Paid		R
507-F7	Dispensing Fee Paid		R
557-AV	Tax Exempt Indicator		RW (If sender and/or patient is tax exempt and exemption applies to this billing.)
558-AW	Flat Sales Tax Amount Paid		RW (If Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.)
559-AX	Percentage Sales Tax Amount Paid		RW (If Percentage Tax Amount Submitted (482-GE) is greater than zero (Ø) or Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.)
560-AY	Percentage Sales Tax Rate Paid		RW (If Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).)
561-AZ	Percentage Sales Tax Basis Paid		RW (If Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).)
521-FL	Incentive Amount Paid		RW (If Incentive Amount Submitted (438-E3) is greater than zero (Ø).)
563-J2	Other Amount Paid Count		O
564-J3	Other Amount Paid Qualifier		O
565-J4	Other Paid Amount		O
566-J5	Other Payer Amount Recognized		O
509-F9	Total Amount Paid		R
522-FM	Basis of Reimbursement Determination		R

523-FN	Amount Attributed to Sales Tax		RW (If Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.)
518-FI	Amount of Co-pay		RW (Patient Pay Amount (505-F5) includes co-pay as patient financial responsibility.)
575-EQ	Patient Sales Tax Amount		RW (Used when necessary to identify Patient's portion of the Sales Tax.)
574-2Y	Plan Sales Tax Amount		RW (Used when necessary to identify Plan's portion of Sales Tax.)

**Section III: Reversal Transaction (In Bound)**

**Transaction Header Segment - Mandatory in all cases**

Field #	NCPDP Field Name	Value	Payer Usage
101-A1	BIN Number	See BIN/PCN table, above	M
102-A2	Version Release Number	D0=Version D.0	M
103-A3	Transaction Code	B2=Reversal	M
104-A4	Processor Control Number	PCN used on original claim submission	M
109-A9	Transaction Count	1=One Occurrence	M
202-B2	Service Provider ID Qualifier	01=NPI	M
201-B1	Service Provider ID	Pharmacy NPI	M
401-D1	Date of Service		M
110-AK	Software Vendor/Certification ID		O

**Insurance Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	04=Insurance	M
302-C2	Cardholder ID	ID assigned to the cardholder	M

**Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	07=Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	Value used on original claim submission	R
407-D7	Product/Service ID		R
403-D3	Fill Number		R

**Section IV: Reversal Response Transaction (Out Bound)**

**Transaction Header Segment - Mandatory in all cases**

Field #	NCPDP Field Name	Value	Payer Usage
102-A2	Version Release Number	D0=Version D.0	M
103-A3	Transaction Code	B2=Reversal	M
109-A9	Transaction Count	1=One Occurrence, per B2 transmission	M

501-FI	Header Response Status	A=Accepted R=Rejected	M
202-B2	Service Provider ID Qualifier	01=NPI	M
201-B1	Service Provider ID	NPI	M
401-D1	Date of Service		M

**Response Message Segment - Situational**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	20=Response Message	M
504-F4	Message		O

**Response Status Segment - Situational**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	A=Approved R=Rejected	M
547-5F	Approved Message Code Count	Maximum count of 5	RW (Approved Message Code (548-6F) is used.)
548-6F	Approved Message Code		RW (Approved Message Code (547-5F) is used.)
510-FA	Reject Count	Maximum count of 5	RW (Transaction Response Status=R)
511-FB	Reject Code		RW (Transaction Response Status=R)
549-7F	Help Desk Phone Number Qualifier		O
550-8F	Help Desk Phone Number		O

**Response Claim Segment - Mandatory**

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
402-D2	Prescription/Service Reference Number		M