Optum Rx®

OptumRx
NCPDP Version D.0 Payer Sheet

This Payer Sheet applies to BIN 610279 Only

Payer Name: OptumRx	Date: 01/01/2024	
United Healthcare Employer and Individual	BIN: 610279	PCN: 9999
United Healthcare Employer and Individual – Contraceptive Services Only	BIN: 610279	PCN: CONTRAC
UHC Exchange	BIN: 610279	PCN: 7777
Processor: OptumRx		
Effective as of: 01/01/2014	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October 2016	NCPDP External Code List Version Date: October 2016	

Contact/Information Source:

Independent Contracting Contact: independent.contracting@optum.com
Website: https://professionals.optumrx.com

Certification Testing Window: Certification not required

Pharmacy Help Desk Medicaid	888-306-3243	Pharmacy Help Desk Student Resources	888-290-5416
Pharmacy Help Desk Sierra	855-816-6617	Pharmacy Help Desk UHC River Valley	855-816-6616
Pharmacy Help Desk UHC Commercial	888-290-5416	Pharmacy Help Desk Oxford	855-816-6615
Pharmacy Help Desk OptumRx	800-788-7871		

Other versions supported: ONLY D.0

CLAIM BILLING/CLAIM REBILL TRANSACTION

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	(see above)	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See above	M	Required for All Claims
1Ø9-A9	TRANSACTION COUNT	Up to 4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	NPI ONLY
2Ø1-B1	SERVICE PROVIDER ID	10 digit NPI number	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		O	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		M	
313-CD	CARDHOLDER LAST NAME		M	
314-CE	HOME PLAN		O	
524-FO	PLAN ID		O	
3Ø1-C1	GROUP ID		M	Always required. Refer to Member ID Card.
3Ø3-C3	PERSON CODE		S	Varies by plan
3Ø6-C6	PATIENT RELATIONSHIP CODE		S	Varies by plan
359-2A	MEDIGAP ID		O	
36Ø-2B	MEDICAID INDICATOR		O	
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		O	
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		O	
115-N5	MEDICAID ID NUMBER		O	