



NCPDP Version D.0 Commercial Payer Sheet

GENERAL INFORMATION

| | | |
|---|--|--|
| Payer Name: ProCare PBM | | Date: 07/01/2020 |
| Plan Name/Group Name: ALLEGIANCE RX | | BIN: 020826 PCN: Blank fill |
| Processor: ProCare Rx | | |
| Effective as of: 09/21/2020 | | NCPDP Telecommunication Standard Version/Release #: D.0 |
| NCPDP Data Dictionary Version Date: 07/2007 | | NCPDP External Code List Version Date: 10/01/2018 |
| Contact/Information Source: Provider Manuals available at https://Pharmacy.ProCareRx.com General website www.procarerx.com | | |
| Certification: Not Required | | |
| Provider Relations Help Desk Info: 800-213-5640 | | |
| Other versions supported: NONE | | |

OTHER TRANSACTIONS SUPPORTED

| 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. | No |
| REQUIRED | R | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction. | No |
| QUALIFIED REQUIREMENT | RW | "Required when". The situations designated have | Yes |

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

| Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|--|----------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill <i>Payer Situation</i> |
|---------|---|----------------------------------|-------------|--|
| 101-A1 | BIN NUMBER | 020826 | M | BIN for Plan |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1 | M | Claim Billing |
| 104-A4 | PROCESSOR CONTROL NUMBER | Blank fill | M | Blank fill |
| 109-A9 | TRANSACTION COUNT | 01 - 04 | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 = National Provider ID | M | |
| 201-B1 | SERVICE PROVIDER ID | NPI | M | |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill | M | Blank fill |

| Insurance Segment Questions | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|-----------------------------|----------|--|
| This Segment is always sent | X | |

| | Insurance Segment Segment Identification (111-AM) = "Ø4" | | | Claim Billing/Claim Rebill |
|----------------|---|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 3Ø2-C2 | CARDHOLDER ID | | M | Member's ID as shown on card. |
| 3Ø3-C3 | PERSON CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID. <i>Payer Requirement:</i> Required when provided on the ID card. |
| 3Ø6-C6 | PATIENT RELATIONSHIP CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the Patient to the Cardholder. <i>Payer Requirement:</i> Required. |
| 3Ø9-C9 | ELIGIBILITY CLARIFICATION CODE | | RW | <i>Imp Guide:</i> Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. |
| 3Ø1-C1 | GROUP ID | | RW | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment <i>Payer Requirement:</i> Required. |

| Patient Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|----------------------------------|--------------|--|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | Patient Segment Segment Identification (111-AM) = "Ø1" | | | Claim Billing/Claim Rebill |
|--------------|---|--|--------------------|--|
| <i>Field</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 3Ø4-C4 | DATE OF BIRTH | | R | |
| 3Ø5-C5 | PATIENT GENDER CODE | | R | |
| 31Ø-CA | PATIENT FIRST NAME | | RW | <i>Imp Guide:</i> Required when the patient has a first name. <i>Payer Requirement:</i> Required |
| 311-CB | PATIENT LAST NAME | | R | <i>Imp Guide:</i> Required. |
| 322-CM | PATIENT STREET ADDRESS | | RW | <i>Imp Guide:</i> Required. |
| 323-CN | PATIENT CITY ADDRESS | | RW | <i>Imp Guide:</i> Required. |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS | | RW | <i>Imp Guide:</i> Required. |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | RW | <i>Imp Guide:</i> Required. |
| 326-CQ | PATIENT PHONE NUMBER | | RW | <i>Imp Guide:</i> Optional. |
| 3Ø7-C7 | PLACE OF SERVICE | 13 = Assisted Living Facility 31 = Skilled Nursing Facility 32 = Nursing Facility | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required for values listed. |

| | Patient Segment Segment Identification (111-AM) = "Ø1" | | | Claim Billing/Claim Rebill |
|--------|--|---|-------------|--|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 35Ø-HN | PATIENT E-MAIL ADDRESS | | RW | <i>Imp Guide:</i> May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. |
| 384-4X | PATIENT RESIDENCE | 1(Home) 3(Nursing Facility) 4(Assisted Living Facility) | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. |

| Claim Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|--|-------|---|
| This Segment is always sent | X | |
| This payer does <i>not</i> support partial fills | X | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---------|--|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | Ø1 = Rx Billing | M | Claim Billing <i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing) |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø3 = National Drug Code (NDC) | 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 | Ø1 = Not a Compound Ø2 = Compound | R | See Compound Segment for support of multi-ingredient compounds |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW/PRODUCT SELECTION CODE) | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | RW | <i>Imp Guide:</i> Required |
| 419-DJ | PRESCRIPTION ORIGIN CODE | | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used. |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | 8=Process Compounds for Approval Ingredients | RW | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). <i>Payer Requirement:</i> Required when further explanation is needed for overrides. |

| Claim Segment Segment Identification (111-AM) = "07" | | | | Claim Billing/Claim Rebill |
|---|--------------------------------------|-------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 460-ET | QUANTITY PRESCRIBED | | RW | <i>Imp Guide:</i> 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). <i>Payer Requirement: (any unique payer requirement(s))</i> |
| 308-C8 | OTHER COVERAGE CODE | | RW | <i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. <i>Payer Requirement: Only used in COB processing.</i> |
| 418-DI | LEVEL OF SERVICE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | 1 = Prior Authorization | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: Required when value 1 Prior Authorization Number Submitted field is used.</i> |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: Required when 1 in field 461-EU.</i> |
| 995-E2 | ROUTE OF ADMINISTRATION | | RW | <i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement: Required when Compound Code (406-D6) = 2 (compound).</i> |
| 147-U7 | PHARMACY SERVICE TYPE | | RW | <i>Imp Guide:</i> Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. |

| Pricing Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| Pricing Segment Segment Identification (111-AM) = "11" | | | | Claim Billing/Claim Rebill |
|---|---------------------------|-------|-------------|----------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |

| Pricing Segment Segment Identification (111-AM) = "11" | | | | Claim Billing/Claim Rebill |
|---|--|---------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted (48Ø-H9) is used. |
| 48Ø-H9 | OTHER AMOUNT CLAIMED SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | | RW | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | | RW | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | RW | <i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement: Required</i> |
| 43Ø-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | | RW | <i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication. |

| Pharmacy Provider Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| | Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2" | | | Claim Billing/Claim Rebill |
|---------|---|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 465-EY | PROVIDER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Provider ID (444-E9) is used. <i>Payer Requirement:</i> Required |
| 444-E9 | PROVIDER ID | | RW | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. <i>Payer Requirement:</i> Required |

| Prescriber Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|------------------------------|----------|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | Prescriber Segment Segment Identification (111-AM) = "Ø3" | | | Claim Billing/Claim Rebill |
|---------|--|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | Ø1 = NPI 12 = DEA | R | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Required |
| 411-DB | PRESCRIBER ID | | R | <i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Required |
| 427-DR | PRESCRIBER LAST NAME | | RW | <i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|--|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Required only for secondary, tertiary, etc claims. |
| Scenario 1 - Other Payer Amount Paid Repetitions Only | | |
| Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | X | |
| Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) | | |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill |
|---------|--|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 | | | Imp Guide: Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: (any unique payer requirement(s)) |
| 34Ø-7C | OTHER PAYER ID | | | Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication. Payer Requirement: (any unique payer requirement(s)) |
| 443-E8 | OTHER PAYER DATE | | | Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. Payer Requirement: (any unique payer requirement(s)) |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | | Imp Guide: Required if Other Payer Reject Code (472-6E) is used. Payer Requirement: (any unique payer requirement(s)) |
| 472-6E | OTHER PAYER REJECT CODE | | | Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). Payer Requirement: (any unique payer requirement(s)) |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | | Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. Payer Requirement: (any unique payer requirement(s)) |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | | | Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. Payer Requirement: (any unique payer requirement(s)) |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | | Imp Guide: Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill |
|---------|---|---------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. <i>Payer Requirement: (any unique payer requirement(s))</i> |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. <i>Payer Requirement: (any unique payer requirement(s))</i> |
| 393-MV | BENEFIT STAGE QUALIFIER | | | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. <i>Payer Requirement: (any unique payer requirement(s))</i> |
| 394-MW | BENEFIT STAGE AMOUNT | | | <i>Imp Guide:</i> Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: (any unique payer requirement(s))</i> |

| Workers' Compensation Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| | Workers' Compensation Segment Segment Identification (111-AM) = "Ø6" | | | Claim Billing/Claim Rebill |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 434-DY | DATE OF INJURY | | M | |
| 315-CF | EMPLOYER NAME | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 316-CG | EMPLOYER STREET ADDRESS | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 317-CH | EMPLOYER CITY ADDRESS | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 318-CI | EMPLOYER STATE/PROVINCE ADDRESS | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 319-CJ | EMPLOYER ZIP/POSTAL ZONE | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |

| Workers' Compensation Segment Segment Identification (111-AM) = "06" | | | Claim Billing/Claim Rebill | |
|---|-----------------------|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 320-CK | EMPLOYER PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 321-CL | EMPLOYER CONTACT NAME | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 327-CR | CARRIER ID | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |
| 435-DZ | CLAIM/REFERENCE ID | | RW | <i>Imp Guide:</i> Required if needed to process a claim/encounter for a work related injury or condition. |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required when Compound Code (406-D6) = 2 (compound). |

| Compound Segment Segment Identification (111-AM) = "10" | | | Claim Billing/Claim Rebill | |
|--|---|----------------------------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 450-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum of 25 ingredients. | M | <i>Payer Requirement:</i> Maximum of 10 ingredients. |
| 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 | | RW | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required for each ingredient. |

| Facility Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| Facility Segment Segment Identification (111-AM) = "15" | | | Claim Billing/Claim Rebill | |
|--|------------------|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 336-8C | FACILITY ID | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. |
| 385-3Q | FACILITY NAME | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. |

1.

CLAIM BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

GENERAL INFORMATION

| | | |
|---|-------------------------|------------------------|
| Payer Name: ProCare PBM | Date: 07/01/2020 | |
| Plan Name/Group Name: See list above | BIN: 020826 | PCN: Blank fill |

CLAIM BILLING/CLAIM REBILL PAID (OR DUPLICATE OF PAID) RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|----------|---|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|-------------------------------------|--------------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1 | M | Claim Billing |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|----------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Provide general information when used for transmission-level messaging.</i> |

| | Response Message Segment Segment Identification (111-AM) = “2Ø” | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|---|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response Insurance Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|---|----------|---|
| This Segment is always sent | X | |

| | Response Insurance Segment Segment Identification (111-AM) = “25” | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|---|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 301-C1 | GROUP ID | | RW | <i>Imp Guide:</i> Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist. |
| 524-FO | PLAN ID | | RW | <i>Imp Guide:</i> Optional. |

| | | |
|--|--------------|--|
| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
| This Segment is always sent | X | |

| | Response Status Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|---|-------------------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid D=Duplicate of Paid | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |

| | | |
|---|--------------|--|
| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
| This Segment is always sent | X | |

| | Response Claim Segment Identification (111-AM) = "22" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|---------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1" or "B3", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| | | |
|---|--------------|--|
| Response Pricing Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
| This Segment is always sent | X | |

| | Response Pricing Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 505-F5 | PATIENT PAY AMOUNT | | R | |
| 506-F6 | INGREDIENT COST PAID | | R | |
| 507-F7 | DISPENSING FEE PAID | | RW | |
| 557-AV | TAX EXEMPT INDICATOR | | | <i>Imp Guide:</i> Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. |
| 558-AW | FLAT SALES TAX AMOUNT PAID | | | <i>Imp Guide:</i> Required 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. |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|--|--|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used. |
| 56Ø-AY | PERCENTAGE SALES TAX RATE PAID | | | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement: Will be returned when submission includes Other Amount Claimed Submitted.</i> |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement: Will be returned when submission includes Other Amount Claimed Submitted.</i> |
| 565-J4 | OTHER AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). <i>Payer Requirement: Will be returned when submission includes Other Amount Claimed Submitted.</i> |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. <i>Payer Requirement: Same as Imp Guide.</i> |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | 3 = Ingredient Cost Reduced to AWP Less X% Pricing 4 = Usual & Customary Paid as Submitted 6 = MAC Pricing Ingredient Cost Paid 15 =Patient Pay Amount | RW | <i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement: Same as Imp Guide.</i> |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | RW | <i>Imp Guide:</i> Required 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. |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes deductible |
| 518-FI | AMOUNT OF COPAY | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility. |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum. |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|--------------|--|
| This Segment is always sent | | |
| This Segment is situational | X | When DUR information applicable |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|----------------------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 530-FU | PREVIOUS DATE OF FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 532-FW | DATABASE INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |

2.

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Rejected Payer Situation |
|---------|-------------------------------|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1 | M | Claim Billing |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Provided when additional message text</i> |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|------------------|-------|-------------|--|
| 504-F4 | MESSAGE | | | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Rejected Payer Situation |
|---------|--|----------------------|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Billing/Claim Rebill – Accepted/Rejected |
|--|---|---------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1" or "B3", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | When DUR information applicable |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|--|-------------------------------|----------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. |
| 439-E4 | REASON FOR SERVICE CODE | | | <i>Imp Guide:</i> Required if utilization conflict is detected. |
| 529-FT | OTHER PHARMACY INDICATOR | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 530-FU | PREVIOUS DATE OF FILL | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. |
| 532-FW | DATABASE INDICATOR | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR FREE TEXT MESSAGE | | | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|--|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | When other payer information exists |

| | Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|---------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | Ø1 = Primary | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | Ø3 - BIN | | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | OTHER PAYER ID | | | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 356-NU | OTHER PAYER CARDHOLDER ID | | | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 992-MJ | OTHER PAYER GROUP ID | | | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 142-UV | OTHER PAYER PERSON CODE | | | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |

3.

CLAIM BILLING REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Rejected/Rejected Payer Situation |
|---------|-------------------------------|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1 | M | Claim Billing |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | R = Rejected | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Provide general information when used for transmission-level messaging.</i> |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|------------------|-------|-------------|--|
| 504-F4 | MESSAGE | | | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Rejected/Rejected Payer Situation |
|---------|--|---------------------|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 9. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |

| Response Insurance Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | X | |

| | Response Insurance Segment Segment Identification (111-AM) = "25" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|----------------|--|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 524-FO | PLAN ID | | | <p><i>Imp Guide:</i> Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available.</p> <p>Required to identify the actual plan ID that was used when multiple group coverages exist.</p> <p>Required if needed to contain the actual plan ID if unknown to the receiver.</p> |

4.

CLAIM REVERSAL REQUEST

GENERAL INFORMATION

| | |
|---|---|
| Payer Name: ProCare PBM | Date: 04/01/2023 |
| Plan Name/Group Name: See list above | BIN: 020826 PCN: Blank fill |

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. | No |
| REQUIRED | R | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction. | No |
| QUALIFIED REQUIREMENT | RW | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | Yes |

| Question | Answer |
|--|----------------|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | 90 days |

CLAIM REVERSAL TRANSACTION

| Transaction Header Segment Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|--|----------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | X | |

| Transaction Header Segment | | | | Claim Reversal |
|----------------------------|----------------------------------|----------------------------------|-------------|---------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | 020826 | M | BIN for plan |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | Blank fill | M | Blank fill |
| 1Ø9-A9 | TRANSACTION COUNT | Ø1 – Ø4 | 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 | Blank fill |

| Claim Segment Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|-----------------------------|----------|--|
| This Segment is always sent | X | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Reversal |
|----------------|---|--|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | Ø1 = Rx Billing | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø1 = Universal Product Code (UPC) Ø3 = National Drug Code (NDC) | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| Ø3-D3 | FILL NUMBER | | M | |

5.

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

GENERAL INFORMATION

| | |
|--------------------------------------|-----------------------------|
| Payer Name: ProCare PBM | Date: 07/01/2020 |
| Plan Name/Group Name: See list above | BIN: 020826 PCN: Blank fill |

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Reversal – Accepted/Approved Payer Situation |
|---------|-------------------------------|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Provide general information when used for transmission-level messaging. |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|------------------|-------|-------------|--|
| 504-F4 | MESSAGE | | RW | Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: (any unique payer requirement(s)) |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Reversal – Accepted/Approved Payer Situation |
|---------|--------------------------------|---|-------------|--|
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved S = Duplicate of Approved | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | Imp Guide: Required if needed to identify the transaction. Payer Requirement: Will contain the trace back number of the reversal. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Will be returned. |

| Response Claim Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Approved |
|----------------|--|---------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455- EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

6.

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

| Transaction Header Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, Payer Situation |
|--------------------------------------|-------|---|
| This Segment is always sent | X | |

| | Transaction Header Segment | | | Claim Reversal – Accepted/Rejected |
|---------|-------------------------------|---|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request Ø1 = National Provider ID | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Will be returned on rejected claims when the error is at transmission-level. |

| | Response Message Segment Segment Identification (111-AM) = “2Ø” | | | Claim Reversal – Accepted/Rejected |
|---------|--|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Will be returned when text information needs to be sent. |

| Response Status Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = “21” | | | Claim Reversal – Accepted/Rejected |
|---------|---|---------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | NCPDP Reject Codes | R | |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Will be returned. |

| Response Claim Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Claim Segment Segment Identification (111-AM) = “22” | | | Claim Reversal – Accepted/Rejected |
|---------|--|---------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | Imp Guide: For Transaction Code of “B2”, in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is “1” (Rx Billing). |

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Rejected |
|----------------|--|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

7.

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

| Transaction Header Segment Questions | Check | Claim Reversal - Rejected/Rejected If Situational, Payer Situation |
|--------------------------------------|-------|---|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Reversal – Rejected/Rejected Payer Situation |
|---------|-------------------------------|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 501-F1 | HEADER RESPONSE STATUS | R = Rejected | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal – Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Will be returned on rejected claims when the error is at transmission-level. |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Reversal – Rejected/Rejected Payer Situation |
|---------|------------------|-------|-------------|---|
| 504-F4 | MESSAGE | | RW | Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Will be returned when text information needs to be sent. |

| Response Status Segment Questions | Check | Claim Reversal - Rejected/Rejected If Situational, Payer Situation |
|-----------------------------------|-------|---|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Reversal – Rejected/Rejected Payer Situation |
|---------|--|---|-------------|---|
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | NCPDP Reject Codes | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Maximum count of 2 will be returned. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | Ø1 = Used for first line of free form text with no pre-defined structure. Ø2 = Used for second line of free form text with no pre-defined structure. | RW | Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Only qualifier values cited will be returned. |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Rejected/Rejected |
|----------------|---|--------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement: Will be returned.</i> |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3 = Processor/PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement: Will be returned.</i> |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement: Will be returned.</i> |

Signature: _____