



1267 Professional Parkway  
Gainesville, GA 30507

## NCPDP Version D.0 Commercial Payer Sheet

### GENERAL INFORMATION

|   |  |   |
|---|--|---|
| Payer Name: <b>ProCare PBM</b>  |  | Date: <b>06/29/2020</b>   |
| Plan Name/Group Name: <b>PIVOT HUB SERVICES dba Your Needs First</b>  |  | BIN: <b>020859</b>   PCN: <b>Blank fill</b>                               |
| Processor: <b>ProCare Rx</b>  |  |   |
| Effective as of: <b>09/21/2020</b>  |  | NCPDP Telecommunication Standard Version/Release #: <b>D.0</b>            |
| NCPDP Data Dictionary Version Date: <b>07/2007</b>  |  | NCPDP External Code List Version Date: <b>10/01/2018</b><br>emergency ECL |
| Contact/Information Source: <b>Provider Manuals available at <a href="https://Pharmacy.ProCareRx.com">https://Pharmacy.ProCareRx.com</a></b><br><b>General website <a href="http://www.procarerx.com">www.procarerx.com</a></b> |  |   |
| Certification: <b>Not Required</b>  |  |   |
| Provider Relations Help Desk Info: <b>800-699-3542</b>  |  |   |
| Other versions supported: <b>NONE</b>   |  |   |

### OTHER TRANSACTIONS SUPPORTED

| Transaction Code | Transaction Name      |
|------------------|-----------------------|
| <b>B1</b>        | <b>Claim Billing</b>  |
| <b>B2</b>        | <b>Claim Reversal</b> |

### FIELD LEGEND FOR COLUMNS

| Payer Usage Column    | Value     | Explanation  | Payer Situation Column |
|-----------------------|-----------|--|------------------------|
| MANDATORY             | <b>M</b>  | The Field is mandatory for the Segment in the designated Transaction.  | No                     |
| REQUIRED              | <b>R</b>  | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.    | No                     |
| QUALIFIED REQUIREMENT | <b>RW</b> | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | 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<br>If Situational, Payer Situation |
|--|----------|---|
| This Segment is always sent  | <b>X</b> |   |
| 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          | <b>X</b> |   |

| Transaction Header Segment |                               |                                  |             | Claim Billing/Claim Rebill |
|----------------------------|-------------------------------|----------------------------------|-------------|----------------------------|
| Field #                    | NCPDP Field Name              | Value                            | Payer Usage | Payer Situation            |
| 101-A1                     | BIN NUMBER                    | <b>020859</b>                    | M           | <b>BIN for Plan</b>        |
| 102-A2                     | VERSION/RELEASE NUMBER        | <b>D0</b>                        | M           |                            |
| 103-A3                     | TRANSACTION CODE              | <b>B1</b>                        | M           | <b>Claim Billing</b>       |
| 104-A4                     | PROCESSOR CONTROL NUMBER      | <b>Blank fill</b>                | M           | <b>Blank fill</b>          |
| 109-A9                     | TRANSACTION COUNT             | <b>01 - 04</b>                   | M           |                            |
| 202-B2                     | SERVICE PROVIDER ID QUALIFIER | <b>01 = National Provider ID</b> | M           |                            |
| 201-B1                     | SERVICE PROVIDER ID           | <b>NPI</b>                       | 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<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X     |   |

| Field # | Insurance Segment<br>Segment Identification (111-AM) = "04" | Value | Payer<br>Usage | Claim Billing/Claim Rebill<br>Payer Situation   |
|---------|---|-------|----------------|---|
| 302-C2  | CARDHOLDER ID   |       | M              | Member's ID as shown on card.   |
| 303-C3  | PERSON CODE   |       | RW             | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID.<br><br><i>Payer Requirement:</i> Required when provided on the ID card.  |
| 306-C6  | PATIENT RELATIONSHIP CODE                                   |       | RW             | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the Patient to the Cardholder.<br><br><i>Payer Requirement:</i> Required.   |
| 309-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. |
| 301-C1  | GROUP ID  |       | RW             | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.<br><br>Required if needed for pharmacy claim processing and payment<br><br><i>Payer Requirement:</i> Required.  |

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

| Field  | Patient Segment<br>Segment Identification (111-AM) = "01" | Value | Payer<br>Usage | Claim Billing/Claim Rebill<br>Payer Situation   |
|--------|---|-------|----------------|---|
| 304-C4 | DATE OF BIRTH   |       | R              |   |
| 305-C5 | PATIENT GENDER CODE                                       |       | R              |   |
| 310-CA | PATIENT FIRST NAME  |       | RW             | <i>Imp Guide:</i> Required when the patient has a first name.<br><br><i>Payer Requirement:</i> Required |
| 311-CB | PATIENT LAST NAME   |       | R              |   |
| 322-CM | PATIENT STREET ADDRESS                                    |       | RW             | <i>Imp Guide:</i> Optional.   |
| 323-CN | PATIENT CITY ADDRESS                                      |       | RW             | <i>Imp Guide:</i> Optional.   |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS                          |       | RW             | <i>Imp Guide:</i> Optional.   |
| 325-CP | PATIENT ZIP/POSTAL ZONE                                   |       | RW             | <i>Imp Guide:</i> Optional.   |

|        |                        |   |    |  |
|--------|------------------------|---|----|--|
| 326-CQ | PATIENT PHONE NUMBER   |   | RW | <i>Imp Guide:</i> Optional.  |
| 307-C7 | PLACE OF SERVICE       | 13 = Assisted Living Facility<br>31 = Skilled Nursing Facility<br>32 = Nursing Facility | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br><i>Payer Requirement:</i> Required for values listed.  |
| 350-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)<br>3(Nursing Facility)<br>4(Assisted Living Facility)                           | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br><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<br>If Situational, Payer Situation |
|--|-------|---|
| This Segment is always sent                      | X     |   |
| This payer does <i>not</i> support partial fills | X     |   |

|         | Claim Segment<br>Segment Identification (111-AM) = "07" |                                      |             | Claim Billing/Claim Rebill  |
|---------|---|--------------------------------------|-------------|---|
| Field # | NCPDP Field Name  | Value                                | Payer Usage | Payer Situation   |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER         | 01 = Rx Billing                      | M           | Claim Billing<br><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) |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE NUMBER                   |                                      | M           |   |
| 436-E1  | PRODUCT/SERVICE ID QUALIFIER                            | 03 = National Drug Code (NDC)        | M           |   |
| 407-D7  | PRODUCT/SERVICE ID                                      |                                      | M           |   |
| 442-E7  | QUANTITY DISPENSED                                      |                                      | R           |   |
| 403-D3  | FILL NUMBER   |                                      | R           |   |
| 405-D5  | DAYS SUPPLY   |                                      | R           |   |
| 406-D6  | COMPOUND CODE   | 01 = Not a Compound<br>02 = Compound | R           | See Compound Segment for support of multi-ingredient compounds  |
| 408-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 if necessary for plan benefit administration.  |
| 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 (420-DK) is used.   |

|        |                               |  |    |   |
|--------|-------------------------------|--|----|---|
| 420-DK | SUBMISSION CLARIFICATION CODE |  | RW | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø).<br><i>Payer Requirement:</i> Required when further explanation is needed for overrides. |
|--------|-------------------------------|--|----|---|

| Claim Segment<br>Segment Identification (111-AM) = "07" |                                      |                         |             | Claim Billing/Claim Rebill  |
|---|--------------------------------------|-------------------------|-------------|---|
| Field #   | NCPDP Field Name                     | Value                   | Payer Usage | Payer Situation   |
| 460-ET  | QUANTITY PRESCRIBED                  |                         | RW          | <p><i>Imp Guide:</i></p> <p>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).</p> <p><i>Payer Requirement: (any unique payer requirement(s))</i></p> |
| 308-C8  | OTHER COVERAGE CODE                  | 8                       | RW          | <p><i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.</p> <p>Required for Coordination of Benefits.</p> <p><i>Payer Requirement: Only used in COB processing.</i></p>              |
| 418-DI  | LEVEL OF SERVICE                     |                         | RW          | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p>   |
| 461-EU  | PRIOR AUTHORIZATION TYPE CODE        | 1 = Prior Authorization | RW          | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement: Required when value 1 Prior Authorization Number Submitted field is used.</i></p>  |
| 462-EV  | PRIOR AUTHORIZATION NUMBER SUBMITTED |                         | RW          | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement: Required when 1 in field 461-EU.</i></p>   |
| 995-E2  | ROUTE OF ADMINISTRATION              |                         | RW          | <p><i>Imp Guide:</i> Required if specified in trading partner agreement.</p> <p><i>Payer Requirement: Required when Compound Code (406-D6) = 2 (compound).</i></p>  |
| 147-U7  | PHARMACY SERVICE TYPE                |                         | RW          | <p><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.</p>  |

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

| Pricing Segment<br>Segment Identification (111-AM) = "11" |                  |       |             | Claim Billing/Claim Rebill |
|---|------------------|-------|-------------|----------------------------|
| Field #   | NCPDP Field Name | Value | Payer Usage | Payer Situation            |

|        |  |                     |    |   |
|--------|--|---------------------|----|---|
| 409-D9 | INGREDIENT COST SUBMITTED                |                     | R  |   |
| 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.<br><br>Required if this field could result in different pricing.<br><br>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.<br><br>Required if this field could result in different pricing.<br><br>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.<br><br><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<br>If Situational, Payer Situation |
|-------------------------------------|-------|---|
| This Segment is always sent         |       |   |
| This Segment is situational         | X     |   |

| Field # | Pharmacy Provider Segment<br>Segment Identification (111-AM) = "Ø2" | Value | Payer Usage | Claim Billing/Claim Rebill<br>Payer Situation |
|---------|---|-------|-------------|---|
|         | NCPDP Field Name  |       |             |   |

|        |                       |  |    |  |
|--------|-----------------------|--|----|--|
| 465-EY | PROVIDER ID QUALIFIER |  | RW | <i>Imp Guide:</i> Required if Provider ID (444-E9) is used.<br><i>Payer Requirement:</i> <b>Required</b> |
|--------|-----------------------|--|----|--|

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

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

|         | Prescriber Segment<br>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<br>12 = DEA | R           | <p><i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used.</p> <p><i>Payer Requirement:</i> <b>Required</b></p>   |
| 411-DB  | PRESCRIBER ID  |                      | R           | <p><i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> <p><i>Payer Requirement:</i> <b>Required</b></p> |
| 427-DR  | PRESCRIBER LAST NAME   |                      | RW          | <p><i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known.</p> <p>Required if needed for Prescriber ID (411-DB) validation/clarification.</p>  |



| Coordination of Benefits/Other Payments Segment Questions  | Check | Claim Billing/Claim Rebill<br>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) |       |   |

| Field # | Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5" | NCPDP Field Name | Value                | Payer Usage | Claim Billing/Claim Rebill<br>Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only<br>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.<br>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.<br>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.<br>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.<br>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).<br>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.<br>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.<br>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.<br>Required if necessary for state/federal/regulatory agency   |

|        |   |                     |  |   |
|--------|---|---------------------|--|---|
|        |   |                     |  | <p>programs.</p> <p>Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.</p> <p>Payer Requirement: (any unique payer requirement(s))</p>   |
| 392-MU | <b>BENEFIT STAGE COUNT</b>  | Maximum count of 4. |  | <p>Imp Guide: Required if Benefit Stage Amount (394-MW) is used.</p> <p>Payer Requirement: (any unique payer requirement(s))</p>  |
| 393-MV | <b>BENEFIT STAGE QUALIFIER</b>  |                     |  | <p>Imp Guide: Required if Benefit Stage Amount (394-MW) is used.</p> <p>Payer Requirement: (any unique payer requirement(s))</p>  |
| 394-MW | <b>BENEFIT STAGE AMOUNT</b>   |                     |  | <p>Imp Guide: 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.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> <p>Payer Requirement: (any unique payer requirement(s))</p> |
|        | <b>Coordination of Benefits/Other Payments Segment</b><br><b>Segment Identification (111-AM) = "Ø5"</b> |                     |  | <p>Claim Billing/Claim Rebill</p> <p>Scenario 1 - Other Payer Amount Paid Repetitions Only</p>  |

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

|                | <b>Workers' Compensation Segment</b><br><b>Segment Identification (111-AM) = "Ø6"</b> |              |                    | <b>Claim Billing/Claim Rebill</b>   |
|----------------|---|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i>  |
| 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. |
| 32Ø-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<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent |       |   |
| This Segment is situational | X     | Required when Compound Code (406-D6) = 2 (compound).          |

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

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

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

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

### GENERAL INFORMATION

|   |  |
|---|--|
| Payer Name: ProCare PBM                                       | Date: 06/29/2020   |
| Plan Name/Group Name: PIVOT HUB SERVICES dba Your Needs First | BIN: 020859 <span style="float: right;">PCN: Blank fill</span> |

### 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)<br><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) |
|---------|-------------------------------------|--------------------------|-------------|---|
| Field # | NCPDP Field Name                    | Value                    | Payer Usage | 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)<br><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)         |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation   |
| 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)<br><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)   |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation   |
| 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.<br><br>Required to identify the actual group that was used when multiple group coverages exist. |

|        |         |  |    |                             |
|--------|---------|--|----|-----------------------------|
| 524-FO | PLAN ID |  | RW | <i>Imp Guide: Optional.</i> |
|--------|---------|--|----|-----------------------------|

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

| Response Status Segment Segment Identification (111-AM) = "21" |                                |                               |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)                      |
|--|--------------------------------|-------------------------------|-------------|--|
| Field #  | NCPDP Field Name               | Value                         | Payer Usage | Payer Situation  |
| 112-AN   | TRANSACTION RESPONSE STATUS    | P=Paid<br>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)<br>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/Paid (or Duplicate of Paid)  |
|---|---|---------------|-------------|--|
| 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 Pricing Segment Questions |  | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br>If Situational, <i>Payer Situation</i> |  |
|------------------------------------|--|-------|---|--|
| This Segment is always sent        |  | X     |   |  |

| 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   |
| 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<br>Segment Identification (111-AM) = "23" |                     |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)   |
|---------|--|---------------------|----------------|---|
| Field # | NCPDP Field Name   | Value               | Payer<br>Usage | Payer Situation   |
| 559-AX  | PERCENTAGE SALES TAX AMOUNT<br>PAID                                |                     |                | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).</p> <p>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.</p> |
| 56Ø-AY  | PERCENTAGE SALES TAX RATE PAID                                     |                     |                | <p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</p>  |
| 563-J2  | OTHER AMOUNT PAID COUNT  | Maximum count of 3. | RW             | <p><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</p> <p><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.</p>   |
| 564-J3  | OTHER AMOUNT PAID QUALIFIER  |                     | RW             | <p><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</p> <p><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.</p>   |
| 565-J4  | OTHER AMOUNT PAID  |                     | RW             | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).</p> <p><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.</p>               |
| 566-J5  | OTHER PAYER AMOUNT RECOGNIZED                                      |                     | RW             | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.</p>            |
| 5Ø9-F9  | TOTAL AMOUNT PAID  |                     | R              |   |



|        |                                      |   |    |   |
|--------|--------------------------------------|---|----|---|
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | <p>3 = Ingredient Cost Reduced to AWP Less X% Pricing</p> <p>4 = Usual &amp; Customary Paid as Submitted</p> <p>6 = MAC Pricing Ingredient Cost Paid</p> <p>15 = Patient Pay Amount</p> | RW | <p><i>Imp Guide:</i> Required if Ingredient Cost Paid (506-F6) is greater than zero (Ø).</p> <p>Required if Basis of Cost Determination (432-DN) is submitted on billing.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.</p> |
|--------|--------------------------------------|---|----|---|

|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b> |              |                        | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of<br/>Paid)</b>   |
|----------------|--|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i> | <i>Payer<br/>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.  |

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

|                | <b>Response DUR/PPS Segment<br/>Segment Identification (111-AM) = "24"</b> |                                  |                        | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of<br/>Paid)</b>   |
|----------------|--|----------------------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>                     | <i>Payer<br/>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.<br><br>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.<br><br>Required if Previous Date Of Fill (53Ø-FU) is used. |
|--------|---------------------------|--|----|--|

|                | <b>Response DUR/PPS Segment<br/>Segment Identification (111-AM) = "24"</b> |              |                        | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of<br/>Paid)</b>                    |
|----------------|--|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i> | <i>Payer<br/>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. |

## CLAIM BILLING ACCEPTED/REJECTED RESPONSE

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

|                | Response Transaction Header Segment |                          |                    | Claim Billing/Claim Rebill – Accepted/Rejected |
|----------------|-------------------------------------|--------------------------|--------------------|--|
| <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)<br>If Situational, <i>Payer Situation</i> |
|---|-------|---|
| This Segment is always sent               |       |   |
| This Segment is situational               | X     | <i>Provided when additional message text</i>  |

|                | Response Message Segment<br>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  |              |                    | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

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

|                | Response Status Segment<br>Segment Identification (111-AM) = “21” |                      |                    | Claim Billing/Claim Rebill – Accepted/Rejected   |
|----------------|---|----------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>         | <i>Payer Usage</i> | <i>Payer Situation</i>   |
| 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<br>If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent      | X     |   |

| Field # | Response Claim Segment Identification (111-AM) = "22"<br>NCPDP Field Name | Value         | Payer Usage | Claim Billing/Claim Rebill – Accepted/Rejected<br>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)<br>If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is always sent        |       |  |
| This Segment is situational        | X     | When DUR information applicable  |

| Field # | Response DUR/PPS Segment Identification (111-AM) = "24"<br>NCPDP Field Name | Value                            | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)<br>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.<br><br>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.<br><br>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, <i>Payer Situation</i> |
|--|-------|--|
| 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)  |
|---------|---|---------------------|-------------|--|
| Field # | NCPDP Field Name  | Value               | Payer Usage | Payer Situation  |
| 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. |

## CLAIM BILLING REJECTED/REJECTED RESPONSE

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

| Response Transaction Header Segment |                               |                          |             | Claim Billing/Claim Rebill – Rejected/Rejected |
|-------------------------------------|-------------------------------|--------------------------|-------------|--|
| Field #                             | NCPDP Field Name              | Value                    | Payer Usage | Payer Situation                                |
| 102-A2                              | VERSION/RELEASE NUMBER        | D0                       | 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)<br>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>                            |

| Response Message Segment Segment Identification (111-AM) = “20” |                  |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)         |
|---|------------------|-------|-------------|---|
| Field #   | NCPDP Field Name | Value | Payer Usage | 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<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent       | X     |  |

| Response Status Segment Segment Identification (111-AM) = “21” |  |                     |             | Claim Billing/Claim Rebill – Rejected/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                              |                     | 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)<br><i>If Situational, Payer Situation</i> |   |
|---|------------------|-------|---|---|
| This Segment is always sent                               |                  | X     |   |   |
| Response Insurance Segment Identification (111-AM) = "25" |                  |       |   | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)   |
| Field #   | NCPDP Field Name | Value | Payer Usage   | Payer Situation   |
| 524-FO  | PLAN ID          |       |   | <i>Imp Guide:</i> Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available.<br><br>Required to identify the actual plan ID that was used when multiple group coverages exist.<br><br>Required if needed to contain the actual plan ID if unknown to the receiver. |

## CLAIM REVERSAL REQUEST

### GENERAL INFORMATION

|   |                  |                 |
|---|------------------|-----------------|
| Payer Name: ProCare PBM                                       | Date: 03/22/2023 |                 |
| Plan Name/Group Name: PIVOT HUB SERVICES dba Your Needs First | BIN: 020859      | 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<br><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     |  |  |

| Transaction Header Segment |                  |        |             | Claim Reversal  |
|----------------------------|------------------|--------|-------------|-----------------|
| Field #                    | NCPDP Field Name | Value  | Payer Usage | Payer Situation |
| 101-A1                     | BIN NUMBER       | 020859 | M           | BIN for plan    |

|        |                                  |                           |   |                |
|--------|----------------------------------|---------------------------|---|----------------|
| 102-A2 | VERSION/RELEASE NUMBER           | D0                        | M |                |
| 103-A3 | TRANSACTION CODE                 | B2                        | M | Claim Reversal |
| 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              |                           | M |                |
| 401-D1 | DATE OF SERVICE                  |                           | M |                |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill                | M | Blank fill     |

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

|                | <b>Claim Segment<br/>Segment Identification (111-AM) = "07"</b> |  |                    | <b>Claim Reversal</b>   |
|----------------|---|--|--------------------|---|
| <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                 | 01 = 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). |
| 402-D2         | PRESCRIPTION/SERVICE REFERENCE NUMBER                           |  | M                  |   |
| 436-E1         | PRODUCT/SERVICE ID QUALIFIER                                    | 01 = Universal Product Code (UPC)<br>03 = National Drug Code (NDC) | M                  |   |
| 407-D7         | PRODUCT/SERVICE ID  |  | M                  |   |
| 03-D3          | FILL NUMBER   |  | M                  | ATCH ORIGINAL   |

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

### GENERAL INFORMATION

|   |                             |
|---|-----------------------------|
| Payer Name: ProCare PBM                                       | Date: 06/29/2020            |
| Plan Name/Group Name: PIVOT HUB SERVICES dba Your Needs First | BIN: 020859 PCN: Blank fill |

### CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

|         | Response Transaction Header Segment |                          |             | Claim Reversal – Accepted/Approved |
|---------|-------------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name                    | Value                    | Payer Usage | Payer Situation                    |
| 102-A2  | VERSION/RELEASE NUMBER              | D0                       | 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)<br><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) = “20” |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)  |
|---------|---|-------|-------------|--|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation  |
| 504-F4  | MESSAGE   |       | RW          | <i>Imp Guide:</i> Required if text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> (any unique payer requirement(s)) |

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

|         | Response Status Segment Segment Identification (111-AM) = “21” |   |             | Claim Reversal – Accepted/Approved   |
|---------|--|---|-------------|--|
| Field # | NCPDP Field Name   | Value                                     | Payer Usage | Payer Situation  |
| 112-AN  | TRANSACTION RESPONSE STATUS                                    | A = Approved<br>S = Duplicate of Approved | M           |  |
| 503-F3  | AUTHORIZATION NUMBER   |   | RW          | <i>Imp Guide:</i> Required if needed to identify the transaction.<br><br><i>Payer Requirement:</i> Will contain the trace back number of the reversal. |

|        |                                |  |    |   |
|--------|--------------------------------|--|----|---|
| 526-FQ | ADDITIONAL MESSAGE INFORMATION |  | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned. |
|--------|--------------------------------|--|----|---|

| Response Claim Segment Questions                                 |   | Check         | Claim Reversal – Accepted/Approved<br>If Situational, Payer Situation |  |
|--|---|---------------|---|--|
| This Segment is always sent                                      |   | X             |   |  |
| Response Claim Segment<br>Segment Identification (111-AM) = "22" |   |               |   | Claim Reversal –<br>Accepted/Approved  |
| 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 "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   |  |

## CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

### CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

| Transaction Header Segment |                               |   |             | Claim Reversal –<br>Accepted/Rejected |
|----------------------------|-------------------------------|---|-------------|---------------------------------------|
| Field #                    | NCPDP Field Name              | Value   | Payer Usage | Payer Situation                       |
| 102-A2                     | VERSION/RELEASE NUMBER        | D0  | 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<br>01 = 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<br>If Situational, Payer Situation               |  |
|------------------------------------|--|-------|---|--|
| This Segment is always sent        |  |       |   |  |
| This Segment is situational        |  | X     | <i>Will be returned on rejected claims when the error is at transmission-level.</i> |  |

| Response Message Segment<br>Segment Identification (111-AM) = "20" |                  |       |             | Claim Reversal –<br>Accepted/Rejected   |
|--|------------------|-------|-------------|---|
| Field #  | NCPDP Field Name | Value | Payer Usage | Payer Situation   |
| 504-F4   | MESSAGE          |       | RW          | <i>Imp Guide:</i> Required if text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

| Response Status Segment Questions |  | Check | Claim Reversal - Accepted/Rejected<br>If Situational, Payer Situation |  |
|-----------------------------------|--|-------|---|--|
|                                   |  |       |   |  |

|                             |          |  |
|-----------------------------|----------|--|
| This Segment is always sent | <b>X</b> |  |
|-----------------------------|----------|--|

| Response Status Segment<br>Segment Identification (111-AM) = "21" |                                |                     |             | Claim Reversal –<br>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          | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned. |

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

| Response Claim Segment<br>Segment Identification (111-AM) = "22" |   |               |             | Claim Reversal –<br>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 "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| Field #  | NCPDP Field Name                                | Value         | Payer Usage | Claim Reversal –<br>Accepted/Rejected<br>Payer Situation   |
| 402-D2   | PRESCRIPTION/SERVICE REFERENCE NUMBER           |               | M           |  |

## CLAIM REVERSAL REJECTED/REJECTED RESPONSE

### CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

| Transaction Header Segment |                               |                          |             | Claim Reversal –<br>Rejected/Rejected |
|----------------------------|-------------------------------|--------------------------|-------------|---------------------------------------|
| Field #                    | NCPDP Field Name              | Value                    | Payer Usage | Payer Situation                       |
| 102-A2                     | VERSION/RELEASE NUMBER        | D0                       | 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<br>If Situational, Payer Situation               |
|------------------------------------|----------|---|
| This Segment is always sent        |          |   |
| This Segment is situational        | <b>X</b> | <i>Will be returned on rejected claims when the error is at transmission-level.</i> |

|         | Response Message Segment<br>Segment Identification (111-AM) = "20" |       |                | Claim Reversal –<br>Rejected/Rejected   |
|---------|--|-------|----------------|---|
| Field # | NCPDP Field Name   | Value | Payer<br>Usage | Payer Situation   |
| 504-F4  | MESSAGE  |       | RW             | <i>Imp Guide:</i> Required if text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

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

|         | Response Status Segment<br>Segment Identification (111-AM) = "21" |   |                | Claim Reversal –<br>Rejected/Rejected   |
|---------|---|---|----------------|---|
| Field # | NCPDP Field Name  | Value   | Payer<br>Usage | 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<br>INDICATOR                              |   | RW             | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.<br><br><i>Payer Requirement:</i> Same as Imp Guide.      |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION<br>COUNT                           | Maximum count of 25.  | RW             | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.<br><br><i>Payer Requirement:</i> Maximum count of 2 will be returned.          |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION<br>QUALIFIER                       | Ø1 = Used for first line of free form text with no pre-defined structure.<br>Ø2 = Used for second line of free form text with no pre-defined structure. | RW             | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.<br><br><i>Payer Requirement:</i> Only qualifier values cited will be returned. |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                                    |   | RW             | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned.                     |
| 549-7F  | HELP DESK PHONE NUMBER<br>QUALIFIER                               | Ø3 = Processor/PBM  | RW             | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.<br><br><i>Payer Requirement:</i> Will be returned.                                     |
| 550-8F  | HELP DESK PHONE NUMBER  |   | RW             | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.<br><br><i>Payer Requirement:</i> Will be returned.                |