



1. NCPDP VERSION D CLAIM BILLING/CLAIM REBILL

1.1 REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****

GENERAL INFORMATION

Payer Name: ProCare Rx	Date: 02/23/2023	
Plan Name/Group Name: Save A Script	BIN: 022501	PCN:
Plan Name/Group Name: CareRx	BIN: 024847	PCN:
Processor: ProCare Rx		
Effective as of: 03/03/2023	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 07/2007	NCPDP External Code List Version Date: 10/01/2020	
Contact/Information Source: https://www.mc-rx.com/pharmacy For Provider Manuals		
Certification Testing Window: Not Required		
Certification Contact Information: None		
Provider Relations Help Desk Info: 800-699-3542 https://www.mc-rx.com/		
Other versions supported: None		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields and pertinent information on each transaction.

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 qualifications for usage ("Required if x", "Not required if y").	Yes

Fields 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

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
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		

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
101-A1	BIN NUMBER	See Above	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B2	M	
104-A4	PROCESSOR CONTROL NUMBER	Not required	M	
109-A9	TRANSACTION COUNT	1-4	M	



Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	SERVICE PROVIDER ID QUALIFIER	01 – National Provider ID	M	
201-B1	SERVICE PROVIDER ID	Pharmacy NPI	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not Required	M	

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

Insurance Segment Segment Identification (111-AM) = "04"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		M	
313-CD	CARDHOLDER LAST NAME		M	
301-C1	GROUP ID		M	
303-C3	PERSON CODE		R	
306-C6	PATIENT RELATIONSHIP CODE		M	

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

Patient Segment Segment Identification (111-AM) = "01"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Claim Segment 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	1 = Rx Billing	M	Imp Guide: 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	Ø3 = 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	Ø1 = Not a Compound Ø2 = Compound	R	See Compound Segment for support of multi-ingredient compounds



Claim Segment Segment Identification (111-AM) = "07"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	
420-DK	SUBMISSION CLARIFICATION CODE	08 – OVERRIDE COMPOUND	RW	
460-ET	QUANTITY PRESCRIBED		RW	
308-C8	OTHER COVERAGE CODE		RW	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	
600-28	UNIT OF MEASURE		RW	
418-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE	01 = PRIOR AUTHORIZATION	RW	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	

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	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	
426-DQ	USUAL AND CUSTOMARY CHARGE		M	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

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) = "02"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER		RW	
444-E9	PROVIDER ID		RW	



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

Field #	Prescriber Segment Segment Identification (111-AM) = "03"	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 – NATIONAL PROVIDER ID (NPI)	R	
411-DB	PRESCRIBER ID	PHYSICIAN'S NPI NUMBER	R	
427-DR	PRESCRIBER LAST NAME		R	

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

Field #	Compound Segment Segment Identification (111-AM) = "10"	Value	Payer Usage	Claim Billing/Claim Rebill 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 10 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST			<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> (any unique payer requirement(s))
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		M	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> (any unique payer requirement(s))

** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template**

1.2 RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

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



2. NCPDP VERSION D CLAIM REVERSAL

2.1 REQUEST CLAIM REVERSAL PAYER SHEET

**** Start of Request Claim Reversal (B2) Payer Sheet Template****

GENERAL INFORMATION

Payer Name: ProCareRx	Date: 03/03/2023	
Plan Name/Group Name: same as above	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:

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
NOT USED	NA	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) Specify timeframe	Varies by plan

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
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		

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
101-A1	BIN NUMBER		M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	Not required	M	
109-A9	TRANSACTION COUNT	1-4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in the request	M	
201-B1	SERVICE PROVIDER ID	Same value as in the request	M	
401-D1	DATE OF SERVICE	Same value as in the request	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Not required	M	



Insurance Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID		RW	

Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

	Claim Segment Segment Identification (111-AM) = "07"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		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		M	
407-D7	PRODUCT/SERVICE ID		M	
403-D3	FILL NUMBER		M	
308-C8	OTHER COVERAGE CODE		M	
147-U7	PHARMACY SERVICE TYPE			