



## NCPDP Version D.0 Commercial Payer Sheet

### GENERAL INFORMATION

|   |  |                         |
|---|--|-------------------------|
| Payer Name: <b>ProCare Rx PBM</b>   |  | Date: <b>08/01/2020</b> |
| Plan Name/Group Name: <b>INTELISYS Health</b>   | BIN: <b>022733</b>   | PCN: <b>POMS</b>        |
| Plan Name/Group Name: <b>INTELISYS Health</b>   | BIN: <b>022740</b>   | PCN: <b>AERX</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>10/2018</b>          |                         |
| Contact/Information Source: <b>Provider Manuals available at <a href="https://Pharmacy.ProCareRx.com">https://Pharmacy.ProCareRx.com</a><br/>General website <a href="http://www.procarerx.com">www.procarerx.com</a></b> |  |                         |
| Certification: <b>Not Required</b>  |  |                         |
| Provider Relations Help Desk Info 800-213-5640  |  |                         |
| 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   | 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><i>If Situational, Payer Situation</i> |
|--|----------|--|
| 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> |  |

| Field # | Transaction Header Segment<br><i>NCPDP Field Name</i> | Value                            | Payer Usage | Claim Billing/Claim Rebill<br><i>Payer Situation</i> |
|---------|---|----------------------------------|-------------|--|
| 101-A1  | BIN NUMBER  | <b>See top grid</b>              | M           |  |
| 102-A2  | VERSION/RELEASE NUMBER                                | <b>D0</b>                        | M           |  |
| 103-A3  | TRANSACTION CODE                                      | <b>B1</b>                        | M           | Claim Billing  |
| 104-A4  | PROCESSOR CONTROL NUMBER                              | <b>See top grid</b>              | RW          |  |
| 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                      | <b>Blank fill</b>                | M           | <b>Blank fill</b>                                    |

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

| Insurance Segment<br>Segment Identification (111-AM) = "Ø4" |                                |       |             | Claim Billing/Claim Rebill   |
|---|--------------------------------|-------|-------------|--|
| Field #   | NCPDP Field Name               | Value | Payer Usage | Payer Situation  |
| 3Ø2-C2  | CARDHOLDER ID                  |       | M           | Member's ID as shown on card.  |
| 3Ø3-C3  | PERSON CODE                    |       | RW          | Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID.  |
| 3Ø6-C6  | PATIENT RELATIONSHIP CODE      |       | M           | Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.  |
| 3Ø9-C9  | ELIGIBILITY CLARIFICATION CODE |       | RW          | Imp Guide: 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          | Imp Guide: Required if necessary for state/federal/regulatory agency programs.<br><br>Required if needed for pharmacy claim processing and payment.  |

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

| Patient Segment<br>Segment Identification (111-AM) = "Ø1" |                                  |       |             | Claim Billing/Claim Rebill                             |
|---|----------------------------------|-------|-------------|--|
| Field   | NCPDP Field Name                 | Value | Payer Usage | Payer Situation  |
| 3Ø4-C4  | DATE OF BIRTH                    |       | R           |  |
| 3Ø5-C5  | PATIENT GENDER CODE              |       | R           |  |
| 31Ø-CA  | PATIENT FIRST NAME               |       | RW          | Imp Guide: Required when the patient has a first name. |
| 311-CB  | PATIENT LAST NAME                |       | R           |  |
| 322-CM  | PATIENT STREET ADDRESS           |       | RW          |  |
| 323-CN  | PATIENT CITY ADDRESS             |       | RW          |  |
| 324-CO  | PATIENT STATE / PROVINCE ADDRESS |       | RW          |  |
| 325-CP  | PATIENT ZIP/POSTAL ZONE          |       | RW          |  |
| 326-CQ  | PATIENT PHONE NUMBER             |       | RW          |  |

| 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) = "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<br>Imp Guide: 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           |  |

|         | Claim Segment<br>Segment Identification (111-AM) = "Ø7" |  |             | Claim Billing/Claim Rebill  |
|---------|---|--|-------------|---|
| Field # | NCPDP Field Name  | Value  | Payer Usage | Payer Situation   |
| 4Ø3-D3  | FILL NUMBER   |  | R           |   |
| 4Ø5-D5  | DAYS SUPPLY   |  | R           |   |
| 4Ø6-D6  | COMPOUND CODE   | Ø1 = Not a Compound<br>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          | Imp Guide: Required if necessary for plan benefit administration.   |
| 419-DJ  | PRESCRIPTION ORIGIN CODE                                |  | RW          | Imp Guide: Required if necessary for plan benefit administration.   |
| 354-NX  | SUBMISSION CLARIFICATION CODE COUNT                     | Maximum count of 3.                          | RW          | Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.  |
| 42Ø-DK  | SUBMISSION CLARIFICATION CODE                           | 8=Process Compounds for Approval Ingredients | RW          | Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø).<br><br>Payer Requirement: Required when further explanation is needed for overrides.   |
| 460-ET  | QUANTITY PRESCRIBED                                     |  | RW          | Imp Guide: 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).<br><br>Payer Requirement: (any unique payer requirement(s)) |
| 3Ø8-C8  | OTHER COVERAGE CODE                                     |  | RW          | Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.<br><br>Required for Coordination of Benefits.  |
| 418-DI  | LEVEL OF SERVICE  |  | RW          | Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.   |
| 461-EU  | PRIOR AUTHORIZATION TYPE CODE                           | 1 = Prior Authorization                      | RW          | Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>Payer Requirement: Required when value 1 Prior Authorization Number Submitted field is used.                                   |
| 462-EV  | PRIOR AUTHORIZATION NUMBER SUBMITTED                    |  | RW          | Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>Payer Requirement: Required when 1 in field 461-EU.  |

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

| Field # | Pricing Segment<br>Segment Identification (111-AM) = "11"<br>NCPDP Field Name | Value               | Payer<br>Usage | Claim Billing/Claim Rebill<br>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 (430-DU) calculation.   |
| 412-DC  | DISPENSING FEE SUBMITTED  |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.   |
| 478-H7  | OTHER AMOUNT CLAIMED SUBMITTED<br>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<br>QUALIFIER                                   |                     | RW             | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used.  |
| 480-H9  | OTHER AMOUNT CLAIMED SUBMITTED  |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-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 (430-DU) calculation.   |
| 482-GE  | PERCENTAGE SALES TAX AMOUNT<br>SUBMITTED                                      |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.   |
| 483-HE  | PERCENTAGE SALES TAX RATE<br>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<br>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>   |
| 430-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, <i>Payer Situation</i> |
|-------------------------------------|-------|--|
| This Segment is always sent         |       |  |
| This Segment is situational         | X     |  |

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

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

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

| Coordination of Benefits/Other Payments Segment Questions  | Check | Claim Billing/Claim Rebill<br>If Situational, <i>Payer Situation</i> |
|--|-------|--|
| This Segment is always sent  |       |  |
| This Segment is situational  | X     |  |
| 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) |       |  |

|                | <b>Coordination of Benefits/Other Payments Segment<br/>Segment Identification (111-AM) = "Ø5"</b> |                      |                    | <b>Claim Billing/Claim Rebill</b>   |
|----------------|---|----------------------|--------------------|---|
|                |   |                      |                    | Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only  |
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>         | <i>Payer Usage</i> | <i>Payer Situation</i>  |
| 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  |                      | RW                 | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.  |
| 34Ø-7C         | OTHER PAYER ID  |                      | RW                 | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication.  |
| 443-E8         | OTHER PAYER DATE  |                      | RW                 | <i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.   |
| 471-5E         | OTHER PAYER REJECT COUNT  | Maximum count of 5.  | RW                 | <i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used.   |
| 472-6E         | OTHER PAYER REJECT CODE   |                      | RW                 | <i>Imp Guide:</i> 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).   |
| 353-NR         | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT   | Maximum count of 25. | RW                 | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.   |
| 351-NP         | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER   |                      | RW                 | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.   |
| 352-NQ         | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT   |                      | RW                 | <i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing.<br><br>Required if necessary for state/federal/regulatory agency programs.<br><br>Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.  |
| 392-MU         | BENEFIT STAGE COUNT   | Maximum count of 4.  | RW                 | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.  |
| 393-MV         | BENEFIT STAGE QUALIFIER   |                      | RW                 | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used.  |
| 394-MW         | BENEFIT STAGE AMOUNT  |                      | RW                 | <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.<br><br>Required if necessary for state/federal/regulatory agency programs. |

1.

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

### GENERAL INFORMATION

|  |                  |           |
|--|------------------|-----------|
| Payer Name: ProCare Rx PBM             | Date: 08/01/2020 |           |
| Plan Name/Group Name: INTELISYS Health | BIN: 022733      | PCN: POMS |
| Plan Name/Group Name: INTELISYS Health | BIN: 022740      | PCN: AERX |

### 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 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. |

| 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   |
| 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:</i> Optional.   |

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

| <b>Response Status Segment Segment Identification (111-AM) = "21"</b> |                                |                               |                    | <b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>               |
|---|--------------------------------|-------------------------------|--------------------|--|
| <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<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. |

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

| <b>Response Claim Segment Segment Identification (111-AM) = "22"</b> |   |               |                    | <b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</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 | 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                  |  |

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

| <b>Response Pricing Segment Segment Identification (111-AM) = "23"</b> |                            |                     |                    | <b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>  |
|--|----------------------------|---------------------|--------------------|---|
| <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                 |   |
| 558-AW   | FLAT SALES TAX AMOUNT PAID |                     | RW                 | <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. |
| 563-J2   | OTHER AMOUNT PAID COUNT    | Maximum count of 3. | RW                 | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.<br><br><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.            |



|         | 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  |
| 564-J3  | OTHER AMOUNT PAID QUALIFIER  |       | RW             | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.<br><br><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.   |
| 565-J4  | OTHER AMOUNT PAID  |       | RW             | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).<br><br><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted. |
| 566-J5  | OTHER PAYER AMOUNT RECOGNIZED                                      |       | RW             | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.  |
| 5Ø9-F9  | TOTAL AMOUNT PAID  |       | R              |  |
| 522-FM  | BASIS OF REIMBURSEMENT DETERMINATION                               |       | RW             | <i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).<br><br>Required if Basis of Cost Determination (432-DN) is submitted on billing.   |
| 523-FN  | AMOUNT ATTRIBUTED TO SALES TAX                                     |       | RW             | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-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 (5Ø5-F5) includes deductible  |
| 518-FI  | AMOUNT OF COPAY  |       | RW             | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility.  |
| 52Ø-FK  | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM                          |       | RW             | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.  |

| 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  |

|         | Response DUR/PPS 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. | 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 (530-FU) is used.     |
| 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<br>If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent                   | X     |   |

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

|         | Response Status Segment Identification (111-AM) = "21" |                      |             | Claim Billing/Claim Rebill – 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  |                      | 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, <i>Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent      | X     |  |

|         | Response Claim 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 Coordination of Benefits/Other Payers 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>When other payer information exists</i>  |

|                | <b>Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"</b> |                     |                    | <b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>   |
|----------------|--|---------------------|--------------------|--|
| <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            | RW                 | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.   |
| 34Ø-7C         | OTHER PAYER ID   |                     | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 991-MH         | OTHER PAYER PROCESSOR CONTROL NUMBER   |                     | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 356-NU         | OTHER PAYER CARDHOLDER ID  |                     | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 992-MJ         | OTHER PAYER GROUP ID   |                     | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 142-UV         | OTHER PAYER PERSON CODE  |                     | RW                 | <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<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              | 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)<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) = “2Ø” |       |             | 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>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)  |
|---------|---|-------|-------------|--|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation  |
| 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 Rx PBM             | Date: 03/22/2023 |           |
| Plan Name/Group Name: INTELISYS Health | BIN: 022733      | PCN: POMS |
| Plan Name/Group Name: INTELISYS Health | BIN: 022740      | PCN: AERX |

#### 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>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          | X     |   |

| Field # | Transaction Header Segment<br>NCPDP Field Name | Value                     | Payer Usage | Claim Reversal<br>Payer Situation |
|---------|--|---------------------------|-------------|-----------------------------------|
| 101-A1  | BIN NUMBER                                     | See top grid              | M           |                                   |
| 102-A2  | VERSION/RELEASE NUMBER                         | D0                        | M           |                                   |
| 103-A3  | TRANSACTION CODE                               | B2                        | M           | Claim Reversal                    |
| 104-A4  | PROCESSOR CONTROL NUMBER                       | See top grid              | RW          |                                   |
| 109-A9  | TRANSACTION COUNT                              | 01 – 04                   | M           |                                   |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER                  | 01 = National Provider ID | M           |                                   |
| 201-B1  | SERVICE PROVIDER ID                            |                           | M           |                                   |

| Transaction Header Segment |                                  |            |             | Claim Reversal  |
|----------------------------|----------------------------------|------------|-------------|-----------------|
| Field #                    | NCPDP Field Name                 | Value      | Payer Usage | Payer Situation |
| 401-D1                     | DATE OF SERVICE                  |            | M           |                 |
| 110-AK                     | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill | M           | Blank fill      |

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

| Claim Segment Identification (111-AM) = "07" |   |  |             | Claim Reversal   |
|--|---|--|-------------|--|
| Field #                                      | NCPDP Field Name                                | Value  | Payer Usage | Payer Situation  |
| 455-EM                                       | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 01 = Rx Billing  | M           | Imp Guide: 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           | MATCH ORIGINAL   |

## 5.

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

### GENERAL INFORMATION

|  |                  |           |
|--|------------------|-----------|
| Payer Name: ProCare Rx PBM             | Date: 08/01/2020 |           |
| Plan Name/Group Name: INTELISYS Health | BIN: 022733      | PCN: POMS |
| Plan Name/Group Name: INTELISYS Health | BIN: 022740      | PCN: AERX |

### CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved<br>If Situational, Payer Situation |
|---|-------|---|
| 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>If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent               |       |  |
| This Segment is situational               | X     | Provide general information when used for transmission-level messaging.                            |

| Response Message Segment<br>Segment Identification (111-AM) = "20" |                  |       |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)  |
|--|------------------|-------|----------------|--|
| 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> (any unique payer requirement(s)) |

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

| Response Status Segment<br>Segment Identification (111-AM) = "21" |                                |   |                | Claim Reversal –<br>Accepted/Approved  |
|---|--------------------------------|---|----------------|--|
| Field #   | NCPDP Field Name               | Value                                     | Payer<br>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<br>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              |  |

## 6. 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<br>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, <i>Payer Situation</i>        |
|------------------------------------|-------|---|
| 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<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 - 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 Reversal –<br>Accepted/Rejected   |
|---------|---|---------------------------|----------------|---|
| Field # | NCPDP Field Name  | Value                     | Payer<br>Usage | Payer Situation   |
| 112-AN  | TRANSACTION RESPONSE STATUS                                       | R = Reject                | M              |   |
| 510-FA  | REJECT COUNT  | Maximum count of 5.       | R              |   |
| 511-FB  | REJECT CODE   | <i>NCPDP Reject Codes</i> | 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, <i>Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent      | X     |  |

|         | Response Claim Segment<br>Segment Identification (111-AM) = "22" |               |                | Claim Reversal –<br>Accepted/Rejected  |
|---------|--|---------------|----------------|--|
| Field # | NCPDP Field Name   | Value         | Payer<br>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              |  |

## 7.

## CLAIM REVERSAL REJECTED/REJECTED RESPONSE

### CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

|         | Transaction Header Segment |                          |                | Claim Reversal –<br>Rejected/Rejected |
|---------|----------------------------|--------------------------|----------------|---------------------------------------|
| Field # | NCPDP Field Name           | Value                    | Payer<br>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              |                                       |

| Transaction Header Segment |                               |                          |             | Claim Reversal – Rejected/Rejected |
|----------------------------|-------------------------------|--------------------------|-------------|------------------------------------|
| Field #                    | NCPDP Field Name              | Value                    | Payer Usage | Payer Situation                    |
| 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        | X     | Will be returned on rejected claims when the error is at transmission-level. |

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

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

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