



1267 Professional Parkway  
Gainesville, GA 30507

## NCPDP Version D.0 Commercial Payer Sheet

### GENERAL INFORMATION

Payer Name: <b>MC-Rx (aka ProCare Rx)</b>		Date: <b>12/05/2022</b>
Plan Name/Group Name: <b>MaxCare Prescription Benefit Services</b>	BIN: <b>023971</b>	<b>PCN: MRX</b>
Plan Name/Group Name: <b>MaxCare Prescription Benefit Services</b>	BIN: <b>610170</b>	<b>PCN: MRX</b>
Plan Name/Group Name: <b>MaxCare Prescription Benefit Services</b>	BIN: <b>610170</b>	<b>PCN: ADV</b>
Plan Name/Group Name: <b>MaxCare Prescription Benefit Services</b>	BIN: <b>610170</b>	<b>PCN: MBO</b>
Processor: <b>ProCare Rx</b>		
Effective as of: <b>01/01/2023</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>10/01/2020</b>	
Contact/Information Source: <a href="https://www.mc-rx.com/pharmacy">https://www.mc-rx.com/pharmacy</a> For Provider Manuals		
Certification Testing Window: <b>Not Required</b>		
Certification Contact Information: <b>None</b>		
Provider Relations Help Desk Info: <b>800-699-3542</b> <a href="https://www.mc-rx.com/">https://www.mc-rx.com/</a>		
Other versions supported: <b>None</b>		

### OTHER TRANSACTIONS SUPPORTED

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

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

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

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	See above <b>GENERAL INFORMATION</b>	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See above <b>GENERAL INFORMATION</b>	M	
1Ø9-A9	TRANSACTION COUNT	01-04	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 Number	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	

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

Insurance Segment Identification (111-AM) = "04"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	Member's ID as shown on card
312-CC	CARDHOLDER FIRST NAME		M	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.
313-CD	CARDHOLDER LAST NAME		M	
301-C1	GROUP ID	Refer to members Prescription Card	M	
303-C3	PERSON CODE		RW	
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 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			<i>Imp Guide:</i> Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS			
323-CN	PATIENT CITY ADDRESS			
324-CO	PATIENT STATE / PROVINCE ADDRESS			
325-CP	PATIENT ZIP/POSTAL ZONE			
326-CQ	PATIENT PHONE NUMBER			
307-C7	PLACE OF SERVICE	13 = Assisted Living Facility 31 = Skilled Nursing Facility 32 = Nursing Facility		<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.

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		

	<b>Claim Segment Segment Identification (111-AM) = "07"</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>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01 = Rx Billing	M	<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		M	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	01 = Not a Compound 02 = Compound	R	Must submit 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	
419-DJ	PRESCRIPTION ORIGIN CODE		RW	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		
420-DK	SUBMISSION CLARIFICATION CODE	08 = Process Compounds for Approved Ingredients	RW	
460-ET	QUANTITY PRESCRIBED		RW	
308-C8	OTHER COVERAGE CODE		RW	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	
418-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	
995-E2	ROUTE OF ADMINISTRATION		RW	
996-G1	COMPOUND TYPE		RW	

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

	<b>Pricing Segment Segment Identification (111-AM) = "11"</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>
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	
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		RW	
430-DU	GROSS AMOUNT DUE		R	

	<b>Pricing Segment Segment Identification (111-AM) = "11"</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>
423-DN	BASIS OF COST DETERMINATION		RW	

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

	<b>Pharmacy Provider Segment Segment Identification (111-AM) = "02"</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>
465-EY	PROVIDER ID QUALIFIER		RW	
444-E9	PROVIDER ID		RW	

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

	<b>Prescriber Segment Segment Identification (111-AM) = "03"</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>
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider ID (NPI)	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	

<b>Coordination of Benefits/Other Payments Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill If Situational, Payer Situation</b>
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)		

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts. See section [Coordination of Benefits \(COB\) Processing](#) for more information.

	<b>Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"</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>
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 (340-7C) is used.
340-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
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.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing.
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.  Required if necessary for state/federal/regulatory agency programs.  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	

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

Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-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			
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.		
363-2H	COMPOUND INGREDIENT MODIFIER CODE			

# REQUEST CLAIM REVERSAL PAYER SHEET

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

## GENERAL INFORMATION

Payer Name: ProCare Rx	Date: 02/15/2023	
Plan Name/Group Name: Prescription Network	BIN: 025003	PCN: Not required
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	

## 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	025003	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	Check members card	M	
109-A9	TRANSACTION COUNT	1-4	M	
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	Blank fill	M	

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

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

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

	<b>Claim Segment 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		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			
147-U7	PHARMACY SERVICE TYPE			