NCPDP Version D.0 Commercial Payer Sheet

GENERAL INFORMATION

Payer Name: MC-Rx (aka ProCare Rx)	Date: 12/05/2022	
Plan Name/Group Name: MaxCare Prescription Benefit Services	BIN: 023971	**PCN: MRX**
Plan Name/Group Name: MaxCare Prescription Benefit Services	BIN: 610170	**PCN: MRX**
Plan Name/Group Name: MaxCare Prescription Benefit Services	BIN: 610170	**PCN: ADV**
Plan Name/Group Name: MaxCare Prescription Benefit Services	BIN: 610170	**PCN: MBO**
Processor: ProCare Rx		
Effective as of: 01/01/2023	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 Biling
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 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.Ø*.

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 (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 NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
1Ø1-A1	BIN NUMBER	See above GENERAL INFORMATION	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See above GENERAL INFORMATION	M	
1Ø9-A9	TRANSACTION COUNT	01-04	M	

	Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID.		M	
2Ø1-B1	SERVICE PROVIDER ID	Pharmacy NPI Number		M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD		M	
11Ø-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 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
312-CC	CARDHOLDER FIRST NAME			M	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.
313-CD	CARDHOLDER LAST NAME			M	
3Ø1-C1	GROUP ID	Refer to members Prescription Card		M	
3Ø3-C3	PERSON CODE			RW	
3Ø6-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) = "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				*Imp Guide:* 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				
3Ø7-C7	PLACE OF SERVICE	13 = Assisted Living Facility 31 = Skilled Nursing Facility 32 = Nursing Facility			*Imp Guide:* 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		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01 = 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).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		M	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	01 = Not a Compound 02 = Compound	R	Must submit 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	
419-DJ	PRESCRIPTION ORIGIN CODE		RW	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		
42Ø-DK	SUBMISSION CLARIFICATION CODE	08 = Process Compounds for Approved Ingredients	RW	
46Ø-ET	QUANTITY PRESCRIBED		RW	
3Ø8-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	

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

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
4Ø9-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	
48Ø-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	
43Ø-DU	GROSS AMOUNT DUE		R	

	Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
423-DN	BASIS OF COST DETERMINATION			RW	

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

	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER			RW	
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			

	Prescriber Segment Segment Identification (111-AM) = "Ø3"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider ID (NPI)		R	
411-DB	PRESCRIBER ID			R	
427-DR	PRESCRIBER LAST NAME			R	

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

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.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.		M	
338-5C	OTHER PAYER COVERAGE TYPE			M	
339-6C	OTHER PAYER ID QUALIFIER			RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID			RW	
443-E8	OTHER PAYER DATE			RW	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		RW	*Imp Guide:* 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 Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* 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	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* 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	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* 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

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		

	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		M		

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	*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		M		
407-D7	PRODUCT/SERVICE ID		M		
403-D3	FILL NUMBER		M		
308-C8	OTHER COVERAGE CODE				
147-U7	PHARMACY SERVICE TYPE				