



1267 Professional Parkway
Gainesville, GA 30507

NCPDP Version D.0 Commercial Payer Sheet

GENERAL INFORMATION

Payer Name: MaxCare		Date: 10/13/2022
Plan Name/Group Name: FILL LOCAL RX		BIN: 024871 PCN: FLG
Processor: ProCare Rx		
Effective as of: 10/24/2022		NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: 07/2007		NCPDP External Code List Version Date: 10/01/2020
Certification Testing Window: Not Required		
Provider Relations Help Desk Info: 855-811-3710		
Other versions supported: None		

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields 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 If Situational, Payer Situation
This Segment is always sent	X	

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
101-A1	BIN NUMBER		M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
104-A4	PROCESSOR CONTROL NUMBER	FLG	M	
109-A9	TRANSACTION COUNT	4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	
201-B1	SERVICE PROVIDER ID	Coresponding NPI	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Use 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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	
3Ø1-C1	GROUP ID		M	
3Ø3-C3	PERSON CODE		RW	
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	

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
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		RW	
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			

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<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 = Rx Billing	M	
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	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	Ø1 = Not a Compound Ø2 = Compound	R	
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.	RW	
42Ø-DK	SUBMISSION CLARIFICATION CODE	8=Process Compounds for Approval Ingredients	RW	
46Ø-ET	QUANTITY PRESCRIBED		RW	
3Ø8-C8	OTHER COVERAGE CODE	PLAN DOES NOT PROCESS COB		

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	
418-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE	1 = Prior Authorization	RW	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	
995-E2	ROUTE OF ADMINISTRATION		RW	
996-G1	COMPOUND TYPE		RW	
147-U7	PHARMACY SERVICE TYPE		RW	

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

Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	
438-E3	INCENTIVE AMOUNT SUBMITTED		RWR	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	
426-DQ	USUAL AND CUSTOMARY CHARGE		M	
43Ø-DU	GROSS AMOUNT DUE		R	
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		
This Segment is situational	X	

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	Ø1 = NPI	R	
444-E9	PROVIDER ID		R	

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	Ø1 = NPI	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
498-PM	PRESCRIBER PHONE NUMBER			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP/POSTAL ZONE			

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	Ø3 = National Drug Code	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			Imp Guide: Required if necessary for state/federal/regulatory agency programs.

CLAIM REVERSAL REQUEST

GENERAL INFORMATION

Payer Name: MaxCare	Date: 04/01/2023	
Plan Name/Group Name: FILL LOCAL RX	BIN: 024871	PCN: FLG

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Billing
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

CLAIM REVERSAL TRANSACTION

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

Field #	Transaction Header Segment	Value	Payer Usage	Claim Reversal Payer Situation
1Ø1-A1	BIN NUMBER	See list above	M	BIN for plan
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	See list above	M	See list above
1Ø9-A9	TRANSACTION COUNT	Ø1 – Ø4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

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

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Reversal Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1 = 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).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1 = Universal Product Code (UPC) Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		M	

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE GENERAL INFORMATION

Payer Name: MaxCare	Date: 10/13/2022
Plan Name/Group Name: FILL LOCAL RX	BIN: 024871 PCN: FLG

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Billing
B2	Claim Reversal

Response Segment	Transaction Header			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	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) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<i>Provide general information when used for transmission-level messaging.</i>

Response Message Segment Segment Identification (111-AM) = "20"				Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	

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

Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A = Approved S = Duplicate of	M	
503-F3	AUTHORIZATION NUMBER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.1.1.1 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

	Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	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 Ø1 = 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 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 – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Reject Codes	R	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	

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

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.1.1.2 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

Transaction Header Segment				Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	Claim Reversal
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected 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 Segment Identification (111-AM) = "20"				Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Ø1 = Used for first line of free form text with no pre-defined structure. Ø2 = Used for second line of free form text with no pre-defined structure.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	