

Prescriptive Health D.Ø Payer Sheet Commercial BIN 025953

GENERAL INFORMATION

| | | |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------|
| Payer name: Prescriptive Health | Date: 6/1/2023 | |
| Plan Name: Prescriptive Health | BIN: 025953 | PCN: PHX |
| Processor: Prescriptive Health | | |
| Effective as of: 6/1/2023 | | |
| | NCPDP Telecommunication Standard Version/Release #: D.Ø | |
| Contact/Information Source : pharmacyrelations@prescriptive.com | NCPDP External Code List Version Date : 1/1/2019 | |
| Pharmacy Help Desk: 512- 851-1853 | | |

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 |
| SITUATIONAL | S | The field is Situational and required only when other insurance processing is involved | Yes |
| QUALIFIED REQUIREMENT | RW | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | Yes |

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.

| | |
|-----------------|---------|
| Reversal Window | 30 Days |
|-----------------|---------|

| 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 | BIN: 025953 | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B2 | M | B1= Claim B2= Reversal |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | REFER TO MEMBER'S CARD | M | |
| 1Ø9-A9 | TRANSACTION COUNT | 1 | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | | M | |
| 4Ø1-D1 | DATE OF SERVICE | | M | YYMMDD |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | Specify how this field is used, if not blanks. | M | |

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

**Prescriptive Health D.0 Payer Sheet
Commercial BIN 025953**

| | Insurance Segment Segment Identification (111-AM) = "04" | | | Claim Billing/Claim Rebill |
|----------------|---------------------------------------------------------------------|-----------------|--------------------|------------------------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 302-C2 | CARDHOLDER ID | | M | |
| 312-CC | CARDHOLDER FIRST NAME | | R | |
| 313-CD | CARDHOLDER LAST NAME | | R | |
| 314-CE | HOME PLAN | | O | |
| 524-FO | PLAN ID | | O | |
| 309-C9 | ELIGIBILITY CLARIFICATION CODE | | O | |
| 301-C1 | GROUP ID | | R | |
| 303-C3 | PERSON CODE | | O | |
| 306-C6 | PATIENT RELATIONSHIP CODE | 01,02,03,04,05+ | R | 01= Self 02=Spouse 03+- Dependents |

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

| | Patient Segment Segment Identification (111-AM) = "01" | | | Claim Billing/Claim Rebill |
|--------------|-------------------------------------------------------------------|--------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>Field</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 331-CX | PATIENT ID QUALIFIER | | O | |
| 332-CY | PATIENT ID | | O | |
| 304-C4 | DATE OF BIRTH | | R | YYYYMMDD |
| 305-C5 | PATIENT GENDER CODE | 1 OR 2 | R | 1-MALE 2- FEMALE |
| 310-CA | PATIENT FIRST NAME | | R | |
| 311-CB | PATIENT LAST NAME | | R | |
| 322-CM | PATIENT STREET ADDRESS | | R | |
| 323-CN | PATIENT CITY ADDRESS | | R | |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS | | R | |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | R | ZIP CODE MUST BE A VALID 5 OR 9 DIGIT USPS ZIP CODE AND MUST NOT INCLUDE HYPHENS OR ALL ZERIOS IN POSITIONS 6 THROUGH 9 |
| 326-CQ | PATIENT PHONE NUMBER | | O | If present, must be 10 digit numeric |
| 307-C7 | PLACE OF SERVICE | | O | |
| 333-CZ | EMPLOYER ID | | O | |
| 335-2C | PREGNANCY INDICATOR | | R | |
| 350-HN | PATIENT E-MAIL ADDRESS | | O | |
| 384-4X | PATIENT RESIDENCE | | R | Home=1 Long term Care=3,4,6,9, or 11 |

| 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 | | |

**Prescriptive Health D.Ø Payer Sheet
Commercial BIN 025953**

| | 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 | <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). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | | R | <i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | | R | <i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. |
| 458-SE | PROCEDURE MODIFIER CODE COUNT | 1- 1Ø. | O | <i>If present, must = total # of group occurrences</i> |
| 459-ER | PROCEDURE MODIFIER CODE | | | <i>Imp Guide:</i> Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> (any unique payer requirement(s)) |
| 442-E7 | QUANTITY DISPENSED | | R | Must be present and > Ø |
| 4Ø3-D3 | FILL NUMBER | Ø, 1-99 | R | The values defined for this field are Ø= Original fill, and 1-99 refill |
| 4Ø5-D5 | DAYS SUPPLY | | R | Must be present and > Ø |
| 4Ø6-D6 | COMPOUND CODE | 1 or 2 | R | 1= Not a compound 2=Compound, if 2 is submitted, then compound segment is required |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | Ø-9 | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | YYYYMMDD |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | O | <i>If present, value must be Ø, 1-99</i> |
| 419-DJ | PRESCRIPTION ORIGIN CODE | 1, 2, 3, 4 or 5 | M | 1= Written 2=Telephonic, 3=Electronic, 4=Facsimile, 5=Pharmacy |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | | |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | 2,4 | O | |
| 46Ø-ET | QUANTITY PRESCRIBED | | R | |
| 3Ø8-C8 | OTHER COVERAGE CODE | ØØ,Ø1,Ø2,Ø3,Ø4,Ø8 | R | |
| 429-DT | SPECIAL PACKAGING INDICATOR | | O | |
| 453-EJ | ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | | O | |
| 445-EA | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE | | O | |

**Prescriptive Health D.0 Payer Sheet
Commercial BIN 025953**

| Claim Segment Segment Identification (111-AM) = "07" | | | Claim Billing/Claim Rebill | |
|---------------------------------------------------------|----------------------------------------------------------------------|--------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 446-EB | ORIGINALLY PRESCRIBED QUANTITY | | O | |
| 454-EK | SCHEDULED PRESCRIPTION ID NUMBER | | O | Required if necessary for state/federal/regulatory agency programs. |
| 600-28 | UNIT OF MEASURE | | O | If present, must be EA, GM, ML, etc. |
| 418-DI | LEVEL OF SERVICE | | O | If present, must be 0,1-6 |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | R | Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | O | May be required if Submitting Prior Authorization |
| 463-EW | INTERMEDIARY AUTHORIZATION TYPE ID | | O | May be required if Submitting Prior Authorization |
| 464-EX | INTERMEDIARY AUTHORIZATION ID | | O | May be required if Submitting Prior Authorization |
| 343-HD | DISPENSING STATUS | P or C | R | P= Partial C=Completion |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | | R | Must be present and > 0 if 343-HD = P or C |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | | R | Must be present and > 0 if 343-HD = P or C |
| 357-NV | DELAY REASON CODE | | O | |
| 391-MT | PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR) | | O | |
| 995-E2 | ROUTE OF ADMINISTRATION | | M | |
| 996-G1 | COMPOUND TYPE | | O | |
| 147-U7 | PHARMACY SERVICE TYPE | | R | Retail: 01 Home Infusion: 03 Long Term Care: 05 |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill | |
|-----------------------------------------------------------|------------------------------------------|---------------------|----------------------------|----------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | Must be present |
| 412-DC | DISPENSING FEE SUBMITTED | | R | |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | R | |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | R | |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | Maximum count of 3. | R | |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | | R | |
| 480-H9 | OTHER AMOUNT CLAIMED SUBMITTED | | R | |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | O | Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | O | Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | | O | Required if this field could result in different pricing. |

**Prescriptive Health D.0 Payer Sheet
Commercial BIN 025953**

| Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill | |
|-----------------------------------------------------------|--------------------------------------|-------|----------------------------|----------------------------------------------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | | O | Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | | R | |

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

| Pharmacy Provider Segment Segment Identification (111-AM) = "02" | | | Claim Billing/Claim Rebill | |
|---------------------------------------------------------------------|-----------------------|-------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 465-EY | PROVIDER ID QUALIFIER | | R | |
| 444-E9 | PROVIDER ID | | R | NPI Required |

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

| Prescriber Segment Segment Identification (111-AM) = "03" | | | Claim Billing/Claim Rebill | |
|--------------------------------------------------------------|------------------------------------|-------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | 01 | R | 01- National Provider Identifier (NPI) submitted |
| 411-DB | PRESCRIBER ID | | R | NPI must be 10 digits |
| 427-DR | PRESCRIBER LAST NAME | | O | |
| 498-PM | PRESCRIBER PHONE NUMBER | | O | If present, must be 10-digit numeric |
| 468-2E | PRIMARY CARE PROVIDER ID QUALIFIER | | O | |
| 421-DL | PRIMARY CARE PROVIDER ID | 01 | O | If present, value must = 01 |
| 470-4E | PRIMARY CARE PROVIDER LAST NAME | | O | Imp Guide: Required if this field is used as an alternative for Primary Care Provider ID (421-DL) when ID is not known. Required if needed for Primary Care Provider ID (421-DL) validation/clarification. |
| 364-2J | PRESCRIBER FIRST NAME | | O | |
| 365-2K | PRESCRIBER STREET ADDRESS | | O | |
| 366-2M | PRESCRIBER CITY ADDRESS | | O | |
| 367-2N | PRESCRIBER STATE/PROVINCE ADDRESS | | O | Two-digit character state codes |
| 368-2P | PRESCRIBER ZIP/POSTAL ZONE | | O | If 368-2P is present, ZIP code must be a valid 5 or 9-digit USPS ZIP code, must not include hyphens or all zeros in position 6 through 9 |

Prescriptive Health D.0 Payer Sheet Commercial BIN 025953

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------|
| This Segment is always sent | | |
| This Segment is situational | R | 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 | R | OPPRA – (Scenario 2) - OCC of 8 and 3 – Copay Only |
| 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) = "05" | | | Claim Billing/Claim Rebill |
|----------------|-------------------------------------------------------------------------------------------|-------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 | 1-9 | S | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | Must be present with Value = 01-09 |
| 339-6C | OTHER PAYER ID QUALIFIER | | R | If 338-5C is populated then values = 01, 02, 03, 04, 05, 1C, 1D, 99 |
| 340-7C | OTHER PAYER ID | | S | Must be populated with Other Payer ID |
| 443-E8 | OTHER PAYER DATE | | S | Must be populated with Other Payer ID |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | S | Must be present when 472-6E is populated |
| 472-6E | OTHER PAYER REJECT CODE | | S | |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | S | |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | | S | |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | S | |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | | |
| 393-MV | BENEFIT STAGE QUALIFIER | 01,02,03,04,05,61,62,70,80,90 | S | Must be present when 394-MW is use |
| 394-MW | BENEFIT STAGE AMOUNT | | S | <p><i>Must be present with 393-MV is used</i></p> <p>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.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> |

Prescriptive Health D.Ø Payer Sheet Commercial BIN 025953

| Workers' Compensation Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-----------------------------------------|-------|----------------------------------------------------------------------|
| This Segment is always sent | | |
| This Segment is situational | | |

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

| | DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | | Claim Billing/Claim Rebill |
|----------------|-----------------------------------------------------------|--------------|--------------------|-----------------------------------------------------------------------------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 473-7E | DUR/PPS CODE COUNTER | 1-9 | R | |
| 439-E4 | REASON FOR SERVICE CODE | | R | |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | R | Submit MA when provider billing Vaccine Admin Fees |
| 441-E6 | RESULT OF SERVICE CODE | | R | |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | O | |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | | R | |
| 476-H6 | DUR CO-AGENT ID | | R | Required if this field affects payment for or documentation of professional pharmacy service. |

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

| | Compound Segment Segment Identification (111-AM) = "1Ø" | | | Claim Billing/Claim Rebill |
|----------------|------------------------------------------------------------|------------------------|--------------------|----------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 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 | | M | <i>Must be present</i> |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | | M | |
| 362-2G | COMPOUND INGREDIENT MODIFIER CODE COUNT | Maximum count of 1Ø. | M | |
| 363-2H | COMPOUND INGREDIENT MODIFIER CODE | | M | |

**Prescriptive Health D.Ø Payer Sheet
Commercial BIN 025953**

CLAIM REVERSAL TRANSACTION

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

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

| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
|---------|-------------------------------------------------|----------------|-------------|-----------------|
| 1Ø1-A1 | BIN NUMBER | SEE ABOVE | R | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | R | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | R | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | SEE ABOVE | R | |
| 1Ø9-A9 | TRANSACTION COUNT | 1-4 | R | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1=NPI | R | |
| 2Ø1-B1 | SERVICE PROVIDER ID | | R | |
| 4Ø1-D1 | DATE OF SERVICE | | R | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | R | |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | R | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø3=NDC | R | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | NDC-11 DIGITS | R | |
| 4Ø3-D3 | FILL NUMBER | | R | |
| 3Ø8-C8 | OTHER COVERAGE CODE | | M | |
| 147-U7 | PHARMACY SERVICE type | | R | |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Max count of 9 | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 3Ø2-C2 | CARDHOLDER ID | | R | |
| 3Ø1-C1 | GROUP ID | | R | |