

# Prescriptive Health D.Ø Payer Sheet

## Prescriptive Pricing

### GENERAL INFORMATION

Payer Name: Prescriptive Health	Date: 1/1/2022	
Plan Name: Prescriptive Pricing	BIN: 61Ø749	PCN: XØ1
Processor: Prescriptive Health	GROUP: 2ØØP32F	
Effective as of: 7/1/2022	NCPDP Telecommunication Standard Version/Release #: D.Ø	
	NCPDP External Code List Version Date: 1/1/2019	
Contact/Information Source : <a href="mailto:pharmacyrelations@prescriptive.com">pharmacyrelations@prescriptive.com</a>		
Pharmacy Help Desk: 512-851-1853		

### 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
SITUATIONAL	<b>S</b>	The field is Situational and required only when other insurance processing is involved	Yes
QUALIFIED REQUIREMENT	<b>RW</b>	"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

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Reversal Window	3Ø Days
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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: 61Ø749	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B2, or E1	M	E1-Eligibility B1= Claim B2= Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	XØ1	M	
1Ø9-A9	TRANSACTION COUNT	1-4	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		M	

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Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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	<i>If no member ID, 1Ø-digit phone number</i>
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
314-CE	HOME PLAN		O	
524-FO	PLAN ID		O	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		O	
3Ø1-C1	GROUP ID		R	
3Ø3-C3	PERSON CODE	ØØ-Ø1,Ø2,Ø3,Ø4,Ø5	R	ØØ= Self Ø1=Spouse Ø2+- Dependents
3Ø6-C6	PATIENT RELATIONSHIP CODE	1	R	

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
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>
331-CX	PATIENT ID QUALIFIER		O	
332-CY	PATIENT ID		O	
3Ø4-C4	DATE OF BIRTH		R	YYYYMMDD
3Ø5-C5	PATIENT GENDER CODE	1 OR 2	R	1-MALE 2- FEMALE
31Ø-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	<i>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</i>
326-CQ	PATIENT PHONE NUMBER		M	<i>must be 1Ø digit numeric</i>
3Ø7-C7	PLACE OF SERVICE		O	
333-CZ	EMPLOYER ID		O	
335-2C	PREGNANCY INDICATOR		R	
35Ø-HN	PATIENT E-MAIL ADDRESS		O	
384-4X	PATIENT RESIDENCE		R	Home=1 Long term Care=3,4,6,9, or 11

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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				
	Claim Segment 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	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	YYMMDD
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		O	
46Ø-ET	QUANTITY PRESCRIBED		R	
3Ø8-C8	OTHER COVERAGE CODE	ØØ,Ø1	R	

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429-DT	SPECIAL PACKAGING INDICATOR		O	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		O	
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	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement:</i>
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		
Field #	Pricing Segment Segment Identification (111-AM) = "11" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill 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	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		O	<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 SUBMITTED		O	Required if this field could result in different pricing.  Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).

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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, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		

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

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

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill
<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	R	01- National Provider Identifier (NPI) submitted
411-DB	PRESCRIBER ID		R	<i>NPI must be 10 digits</i>
427-DR	PRESCRIBER LAST NAME		O	
498-PM	PRESCRIBER PHONE NUMBER		O	<i>If present, must be 10-digit numeric</i>
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		O	
421-DL	PRIMARY CARE PROVIDER ID	01	O	<i>If present, value must = 01</i>
470-4E	PRIMARY CARE PROVIDER LAST NAME		O	<i>Imp Guide:</i> 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	<i>Two-digit character state codes</i>
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

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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		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)				
Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = “Ø5”				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 = Ø1-Ø9
339-6C	OTHER PAYER ID QUALIFIER		R	If 338-5C is populated then values = Ø1, Ø2, Ø3,Ø4, Ø5, 1C, 1D, 99
34Ø-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	Ø1,Ø2,Ø3,Ø4,Ø5,61,62,7Ø,8Ø,9Ø	S	Must be present when 394-MW is use
394-MW	BENEFIT STAGE AMOUNT		S	<p>Must be present with 393-MV is used</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>

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

DUR/PPS Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
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

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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
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 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	

### 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				

Transaction Header Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>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				
Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	BIN: 610749	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	B2= Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	SEE ABOVE	M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
2Ø1-B1	SERVICE PROVIDER ID		M	

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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, <i>Payer Situation</i>	
This Segment is always sent		X		
	<b>Insurance Segment Segment Identification (111-AM) = "Ø4"</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>
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		R	

Claim Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>	
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) = "Ø7"</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	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	
4Ø3-D3	FILL NUMBER	0, 1-99	R	The values defined for this field are 0= Original fill, and 1-99 refill
3Ø8-C8	OTHER COVERAGE CODE	00,01,02,03,04,08	R	
147-U7	PHARMACY SERVICE TYPE		R	<i>Retail: 01 Home Infusion: 03 Long Term Care: 05</i>

Coordination of Benefits/Other Payments Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>	
This Segment is situational		R	Required only for secondary, tertiary, etc. claims.	
	<b>Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"</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	1-9	S	
338-5C	OTHER PAYER COVERAGE TYPE		M	Must be present with Value = 01-09