Prescryptive Health D.0 Payer Sheet
Commercial BIN 025953

GENERAL INFORMATION

Payer name: Prescryptive Health	Date: 11/1/2024	
Plan Name: Prescryptive Health	BIN: 025953	PCN: PHX
Processor: Prescryptive Health		
Effective as of: 11/1/2024		
	NCPDP Telecommunication Standard Version/Release #: D.Ø	
Contact/Information Source : pharmacyrelations@prescryptive.com	NCPDP External Code List Version Date : 1/1/2019	
Pharmacy Help Desk: 512- 851-1853		
11/1/2024 – Submission Clarification Code Required When 340B added, Basis of Cost Determination '08' required for 340B		

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		

	Transaction Header Segment			Claim Billing/Claim Rebill	
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*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	YYYMMDD	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Specify how this field is used, if not blanks.	M		

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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	
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		O	
3Ø6-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) = "Ø1"			Claim Billing/Claim Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	*ZIP CODE MUST BE A VALID 5 OR 9 DIGIT USPS ZIP CODE AND MUST NOT INCLUDE HYPHENS OR ALL ZERIOS IN POSITIONS 6 THROUH 9*
326-CQ	PATIENT PHONE NUMBER		O	*If present, must be 10 digit numeric*
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

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		

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	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	*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		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		R	*Imp Guide:* 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	*Imp Guide:* 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	*If present, must = total # of group occurrences*
459-ER	PROCEDURE MODIFIER CODE			*Imp Guide:* 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. *Payer Requirement:* (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	YYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		O	*If present, value must be Ø, 1-99*
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	2,4,20	RW	Code 20 must be present if claim is applicable to 340B
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	

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	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		O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		O	Required if necessary for state/federal/regulatory agency programs.
6ØØ-28	UNIT OF MEASURE		O	If present, must be EA, GM, ML, etc.
418-DI	LEVEL OF SERVICE		O	If present, must be Ø,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 > Ø if 343-HD = P or C
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		R	Must be present and > Ø 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: Ø1 Home Infusion: Ø3 Long Term Care: Ø5

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	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	
48Ø-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 (43Ø-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		O	Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		O	Required if this field could result in different pricing.

Field #	Pricing Segment Segment Identification (111-AM) = "11" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill 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	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	'08'	R	Code '08' required when drug submitted is applicable to 340B

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

Field #	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill 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			

Field #	Prescriber Segment Segment Identification (111-AM) = "Ø3" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill 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 = Ø1
47Ø-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

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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)		

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	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 = 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	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	*Must be present with 393-MV is used* 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. Required if necessary for state/federal/regulatory agency programs.

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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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, *Payer Situation*
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	*Must be present*
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	

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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, *Payer Situation*
This Segment is always sent	Y	
This Segment is situational		

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			

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	BIN:025953	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	
4Ø1-D1	DATE OF SERVICE		M	YYYMMDD
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		

	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	
3Ø1-C1	GROUP ID		R	

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	*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		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	*Retail: 01* *Home Infusion: 03* *Long Term Care: 05*

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Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*		
This Segment is situational	R	Required only for secondary, tertiary, etc. claims.		
	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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