1267 Professional Parkway
Gainesville, GA 30507

NCPDP Version D.0 Commercial Payer Sheet

GENERAL INFORMATION

Payer Name: **Employee Health Insurance Management (EHIM)**	Date: 02/23/2023	
Plan Name/Group Name: Various see member ID Card	BIN: 005285	PCN: ACB
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:
Processor: ProCare Rx		
Effective as of: February 15, 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: Customer Service: 800-311-3446; www.ehimrx.com		
Certification Testing Window: Not Required		
Certification Contact Information: None		
Provider Relations Help Desk Info:		
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		

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	If more than one BIN/PCN but all plans use the same segments and fields and situations, enter multiple BIN/PCNs under General Information above.	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		RW	PCN's are not required
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Specify value supported for this plan.	M	
2Ø1-B1	SERVICE PROVIDER ID	01 = National Provider ID	M	
4Ø1-D1	DATE OF SERVICE	Pharmacy NPI	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	Members ID as shown on the card
3Ø1-C1	GROUP ID		M	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment.
3Ø3-C3	PERSON CODE		RW	Required when provided on the card
3Ø6-C6	PATIENT RELATIONSHIP CODE	1 = Cardholder 2 = Spouse 3 = Child	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	0 – Not Specified 1 - Male 2 - Female	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		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	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID	11 digit NDC	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER			
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		M	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	01 = Not a Compound 02 = Compound	R	See 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		R	
419-DJ	PRESCRIPTION ORIGIN CODE	1-Written 2-Telephone 3-Electronic 4-Fascimile 5-Pharmacy	M	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	
46Ø-ET	QUANTITY PRESCRIBED		M	
3Ø8-C8	OTHER COVERAGE CODE		RW	Required for Coordination of Benefits.
418-DI	LEVEL OF SERVICE			
461-EU	PRIOR AUTHORIZATION TYPE CODE	1 – Prior Authorization	RW	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	
343-HD	DISPENSING STATUS			
344-HF	QUANTITY INTENDED TO BE DISPENSED			
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED			
357-NV	DELAY REASON CODE			
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)			
995-E2	ROUTE OF ADMINISTRATION		RW	Mandatory if Claim is a compound

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	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.		
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER			
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED			

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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		R	
43Ø-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) = "Ø2"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	01 = National Provider Identifier (NPI)		
444-E9	PROVIDER ID			

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
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 Identifier (NPI)	M	
411-DB	PRESCRIBER ID		M	
427-DR	PRESCRIBER LAST NAME		M	

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)		

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 f 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 cenario 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			*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID			*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE			*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE			*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.		*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER			*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT			*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.		*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER			*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT			*Imp Guide:* 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

	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*
				reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs.

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 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			*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed.
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.		*Imp Guide:* Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs.

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2. *CLAIM REVERSAL REQUEST*

GENERAL INFORMATION

Payer Name: Employee Health Insurance Management (EHIM)	Date: 02/23/2023	
Plan Name/Group Name: See list above	BIN: 005285	PCN: ACB

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	9Ø days

CLAIM REVERSAL TRANSACTION

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 (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	

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	022352	M	BIN for plan
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	Blank fill	M	Blank fill
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	

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*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	

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3. CLAIM REVERSAL REQUEST

GENERAL INFORMATION

Payer Name: REX Club, INC	Date: 02/23/2023	
Plan Name/Group Name: See list above	BIN: 005285	PCN: ACB

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	9Ø days

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 (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	

	Transaction Header Segment			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	005285	M	BIN for plan
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	Blank fill	M	Blank fill
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	

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

Insurance Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
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		RW	*Required when ProCare is the payer for both Primary and Secondary claims*