



PDMI

Pharmacy Data Management, Inc.
8530 Crossroads Drive
Poland, OH 44514

**PHARMACY DATA MANAGEMENT
NCPDP VERSION D.0
Commerical COB Scenario 2 Payer Sheet**

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

GENERAL INFORMATION

| | | |
|--|--|---------------------------|
| Payer Name: Pharmacy Data Management, Inc. | | Date: January 2019 |
| Sponsor Name: EXPO DISCOUNT CARD | BIN: 006012 | PCN: EXPODC |
| | 006012 | PXXPDMI |
| | 006012 | PDMI |
| | 610020 | PDMI |
| | 610020 | PXXPDMI |
| | 014955 | PDMI |
| | 017274 | PDMI |
| UNIVERSAL RX | 610020 | URX001 |
| INSURANCE DESIGN ADMINISTRATOR | 610020 | PNPS |
| MHI 340B | 610020 | PDMI340B |
| | 610020 | CARERX |
| | 610020 | 142DC3B |
| WISE | 610325 | WSN |
| COMPDME | 021031 | CPBM |
| KETTERING HNPB | 610020 | KHP |
| SIPN LOYALTY | 019629 | LDC |
| SIPN COMMERCIAL | 019629 | CDP |
| GILEAD ADVANCING ACCESS | 610020 | ACCESS |
| LVHN—SCHUYLKILL | 610020 | SCH |
| HEALTH SPECTRUM PHARMACY | 610020 | LVHNHP |
| Processor: Pharmacy Data Management, Inc. | | |
| Effective as of: January 1, 2014 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: Oct 2012 | NCPDP External Code List Version Date: Oct 2012 | |
| Contact/Information Source: www.pdmi.com | | |
| Certification Testing Window: n/a | | |
| Certification Contact Information: ncpdp@pdmi.com | | |
| Provider Relations Help Desk Info: 1-800-800-PDMI (7364) | | |
| Other versions supported: | | |



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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 | Reversal |
| B3 | Re-Bill |

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 BILLING/CLAIM REBILL TRANSACTION

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

| Transaction HEADER Segment | Check | Claim Billing/Claim Rebill <i>If Situational, 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 | X | |

| Field # | Transaction HEADER Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill <i>Payer Situation</i> |
|---------|---|---------------------|-------------|--|
| 1Ø1-A1 | BIN NUMBER | Refer to List above | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | M | |



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| Transaction HEADER Segment | | | Claim Billing/Claim Rebill | |
|----------------------------|----------------------------------|-------------------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 104-A4 | PROCESSOR CONTROL NUMBER | | M | |
| 109-A9 | TRANSACTION COUNT | 1 | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFER | 01 – NPI | M | |
| 201-B1 | SERVICE PROVIDER ID | NPI | M | |
| 401-D1 | DATE OF SERVICE | Format = CCYYMMDD | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank | M | |

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

| Insurance Segment Segment Identification (111-AM) = "04" | | | Claim Billing/Claim Rebill | |
|--|---------------------------------------|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | M | |
| 301-C1 | GROUP ID | | R | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. <i>Payer Requirement:</i> Varies by Plan & Printed on Id Card |
| 303-C3 | PERSON CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID. |
| 306-C6 | PATIENT RELATIONSHIP CODE | 1,2,3 | R | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the Patient to the Cardholder. |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | | RW | <i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement:</i> May be submitted by Long Term Care Pharmacies |



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| Transaction PATIENT Segment | 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 | | R | |
| 31Ø-CA | PATIENT FIRST NAME | | RW | <i>Imp Guide:</i> Required when the patient has a first name. |
| 311-CB | PATIENT LAST NAME | | R | |
| 3Ø7-C7 | PLACE OF SERVICE | 1 | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. |
| 384-4X | PATIENT RESIDENCE | 1, 3, 4 | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract.</p> <p>Long Term Care Facility Field Combinations: Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147-U7 = "5" or "3" or "1"</p> <p>Assisted Living Facility Place of Service 307-C7 = "1" Patient Residence 384-4X = "4" Pharmacy Service Type 147-U7 = "5" or "1"</p> <p>Home Infusion Therapy Place of Service 307-C7 = "1" Patient Residence 384-4X = "1" or "4" Pharmacy Service Type 147-U7 = "3"</p> |



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| Transaction CLAIM Segment | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|---|-------|--|
| 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 |
|---------|--|---------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | | 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 | |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 4Ø3-D3 | FILL NUMBER | | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | | R | See Compound Segment for support of multi-ingredient compounds when compound = 2. |
| 408-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. |
| 419-DJ | PRESCRIPTION ORIGIN CODE | | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used. |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | 8,14,15,16,17,18,19 | RW | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). |
| 3Ø8-C8 | OTHER COVERAGE CODE | | RW | <i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. |



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| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---------|--|----------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Required for Coordination of Benefits. |
| 418-DI | LEVEL OF SERVICE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. |
| 147-U7 | PHARMACY SERVICE TYPE | 1, 3,5,6 | RW | <p><i>Imp Guide:</i> Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.</p> <p>Payer Requirement: Value 6 should be used when the Pharmacy is contracted as a Mail Order Pharmacy. Values 1, 3, or 5 required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract.</p> <p>Long Term Care Facility Field Combinations: Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147-U7 = "5" or "3" or "1"</p> <p>Assisted Living Facility Place of Service 307-C7 = "1" Patient Residence 384-4X = "4" Pharmacy Service Type 147-U7 = "5" or "1"</p> <p>Home Infusion Therapy Place of Service 307-C7 = "1" Patient Residence 384-4X = "1" or "4"</p> |



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| | 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> |
| | | | | Pharmacy Service Type 147-U7 = "3" |

| Transaction PHARMACY Segment | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | This segment is optional unless specific clients require the segment to be submitted. Both fields are required to be provided when the segment is sent. |

| | Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2" | | | 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 | 02 | RW | <i>Imp Guide:</i> Required if Provider ID (444-E9) is used. Payer Requirement: Values are supported but can be restricted based on client determination or state requirements |
| 444-E9 | PROVIDER ID | State License Number | RW | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. |

| Transaction PRESCRIBER Segment | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|--------------------------------|-------|--|
| This Segment is always sent | X | |
| This Segment is situational | | |



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| | Prescriber Segment Segment Identification (111-AM) = "Ø3" | | | 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 – NPI 12 - DEA | R | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. |
| 411-DB | PRESCRIBER ID | | R | <i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: NPI or DEA</i> |

| Transaction COB/OTHER PAYMENT Segment | 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 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | X | |

| | 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 | Maximum count of 5 | M | Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | 03 | R | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | OTHER PAYER ID | | R | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. |



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| | 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> |
| 443-E8 | OTHER PAYER DATE | | R | <i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. |
| 472-6E | OTHER PAYER REJECT CODE | | RW | <i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | 06 | RW | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Other Payer Patient Responsibility Amount Qualifier : 06 (Patient Pay as reported by Previous Payer)</i> |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | RW | <i>Imp Guide:</i> 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. |



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| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill | |
|---|-------------------------|---------------------|----------------------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | RW | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. |
| 393-MV | BENEFIT STAGE QUALIFIER | | RW | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. |
| 394-MW | BENEFIT STAGE AMOUNT | | RW | <i>Imp Guide:</i> 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 programs. |

| Transaction WORKERS' COMPENSATION Segment | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| Workers' Compensation Segment Segment Identification (111-AM) = "Ø6" | | | Claim Billing/Claim Rebill | |
|---|------------------|-------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 434-DY | DATE OF INJURY | | M | |



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| Transaction DUR/PPS Segment | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is always sent | X | Based on Pharmacy determination for clinical or vaccine processing |
| 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 | Maximum of 9 occurrences. | R | <i>Imp Guide:</i> Required if DUR/PPS Segment is used. |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement:</i> Value = MA (Medication Administered), is required when submitting a claim for vaccine administration |
| 441-E6 | RESULT OF SERVICE CODE | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. |



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| | DUR/PPS Segment Segment Identification (111-AM) = "08" | | | Claim Billing/Claim Rebill |
|----------------|---|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p><i>Payer Requirement:</i> Value of 11,12,13,14,15 is to be used in compound prescription claim processing for additional reimbursement for Level of Effort.</p> |

| Transaction PRICING Segment | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|------------------------------------|--------------|---|
| This Segment is always sent | X | |

| | Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill |
|----------------|---|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | RW | <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 | | RW | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482- |



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| | Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill |
|----------------|---|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| | | | | GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | | RW | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | <i>Imp Guide:</i> Required if needed per trading partner agreement. |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | | R | <i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication. |

| Transaction Compound Segment | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-------------------------------------|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | This Segment is required when submitting a claim for Multi Ingredient Claim Transaction (Compound Code = 2) |



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| | 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 | | R | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. |

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET



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CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

**** Start of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****

GENERAL INFORMATION

| | | |
|--|----------------------|---|
| Payer Name: Pharmacy Data Management, Inc. | Date: September 2014 | |
| Plan Name/Group Name: | BIN: 006012 | PCN: MEDDPDM PCN: <i>Not required</i> |
| | BIN: 014955 | PCN: PDMI PCN: <i>Not required</i> |
| MarketPlace 2014 | BIN: 610020 | PCN: MRKTPDM |
| Spectrum Health Pharmacy | BIN: 610020 | PCN: CHOICEPLUS |
| True Scripts | BIN: 017274 | PCN: PDMI |
| Wisian LLC | BIN: 610325 | PCN: WSN |
| RxPreferred | BIN: 610020 | PCN: RXPREF |
| Processor: Pharmacy Data Management, Inc. | BIN: 610020 | PCN: UHMO PCN: PNPS PCN: PBD09 PCN: URX001 PCN: PDMI340B PCN: BFME PCN: PDMI PCN: CARERX PCN: <i>Not required</i> |

*******CLAIM BILLING/CLAIM REBILL PAID (OR DUPLICATE OF PAID) RESPONSE *******

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

| Response Transaction HEADER Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|-------------------------------------|-------|---|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|-------------------------------------|--------------------------|-------------|--|
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 5Ø1-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | Same value as in request | M | |



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| | Response Transaction Header Segment | | | 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> |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response MESSAGE Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | 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 | | R | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response STATUS Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | 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> |
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid D=Duplicate of Paid | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. |



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| | Response Status Segment Segment Identification (111-AM) = "21" | | | 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> |
| 548-6F | APPROVED MESSAGE CODE | | RW | <i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. |



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| Response CLAIM Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | 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> |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response PRICING Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | 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> |
| 505-F5 | PATIENT PAY AMOUNT | | R | |
| 506-F6 | INGREDIENT COST PAID | | R | |
| 507-F7 | DISPENSING FEE PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. |
| 557-AV | TAX EXEMPT INDICATOR | | RW | <i>Imp Guide:</i> Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. |
| 558-AW | FLAT SALES TAX AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. |



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| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | 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> |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | RW | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).</p> <p>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.</p> |
| 56Ø-AY | PERCENTAGE SALES TAX RATE PAID | | RW | <p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</p> |
| 561-AZ | PERCENTAGE SALES TAX BASIS PAID | | RW | <p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</p> |
| 521-FL | INCENTIVE AMOUNT PAID | | RW | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).</p> |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</p> |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |



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| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | 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> |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | RW | <i>Imp Guide:</i> Required if Ingredient Cost Paid (506-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. |
| 514-FE | REMAINING BENEFIT AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes deductible |
| 518-FI | AMOUNT OF COPAY | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility. |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum. |



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| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | 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> |
| 346-HH | BASIS OF CALCULATION— DISPENSING FEE | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). |
| 347-HJ | BASIS OF CALCULATION— COPAY | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). |
| 348-HK | BASIS OF CALCULATION—FLAT SALES TAX | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Flat Sales Tax Amount Paid (558-AW) is greater than zero (Ø). |
| 349-HM | BASIS OF CALCULATION— PERCENTAGE SALES TAX | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSOR FEE | | RW | <i>Imp Guide:</i> Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. |
| 575-EQ | PATIENT SALES TAX AMOUNT | | RW | <i>Imp Guide:</i> Used when necessary to identify the Patient's portion of the Sales Tax. |
| 574-2Y | PLAN SALES TAX AMOUNT | | RW | <i>Imp Guide:</i> Used when necessary to identify the Plan's portion of the Sales Tax. |



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| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | 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> |
| 572-4U | AMOUNT OF COINSURANCE | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility. |
| 573-4V | BASIS OF CALCULATION- COINSURANCE | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | RW | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. |
| 393-MV | BENEFIT STAGE QUALIFIER | | RW | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. |
| 394-MW | BENEFIT STAGE AMOUNT | | RW | <i>Imp Guide:</i> Required when a Medicare Part D payer applies financial amounts 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. |
| 577-G3 | ESTIMATED GENERIC SAVINGS | | RW | <i>Imp Guide:</i> This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic. |



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| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | 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> |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug. |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product. |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | | RW | <i>Imp Guide:</i> Required when the patient's financial responsibility is due to the coverage gap. |

| Response DUR/PPS Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|---------------------------------|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |



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| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | 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> |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 530-FU | PREVIOUS DATE OF FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. |
| 532-FW | DATABASE INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |



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| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | 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> |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 57Ø-NS | DUR ADDITIONAL TEXT | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |

| Response COB/OTHER PAYERS Segment | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| | Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | | 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> |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |



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| | Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28" | | | 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> |
| 992-MJ | OTHER PAYER GROUP ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 142-UV | OTHER PAYER PERSON CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB | OTHER PAYER HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver. |
| 143-UW | OTHER PAYER PATIENT RELATIONSHIP CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. |
| 144-UX | OTHER PAYER BENEFIT EFFECTIVE DATE | | RW | <i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted. |
| 145-UY | OTHER PAYER BENEFIT TERMINATION DATE | | RW | <i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted. |

*****CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE*****

| Response TRANSACTION HEADER Segment | Check | Claim Billing/Claim Rebill Accepted/Rejected <i>If Situational, Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |



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| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|-------------------------------------|--------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 103-A3 | TRANSACTION CODE | B1, B3 | M | |
| 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 Segment | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response STATUS Segment | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|--|---------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |



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| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Accepted/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 | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 5 | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. |

| Response CLAIM Segment | Check | Claim Billing/Claim Rebill Accepted/Rejected <i>If Situational, Payer Situation</i> |
|-------------------------------|--------------|---|
| This Segment is always sent | X | |



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| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|---------------|------------------------|--|
| <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 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

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

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|-------------------------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 530-FU | PREVIOUS DATE OF FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. |



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| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|--------|--|--|----|--|
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. |
| 532-FW | DATABASE INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |
| 57Ø-NS | DUR ADDITIONAL TEXT | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. |

| Response COB/OTHER PAYERS Segment | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|--|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| | Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|---------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. |



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| | Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|--------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 34Ø-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 992-MJ | OTHER PAYER GROUP ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. |
| 142-UV | OTHER PAYER PERSON CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB | OTHER PAYER HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver. |

1.1.1 CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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



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| Response Transaction Header Segment | | | | Claim Billing/Claim Rebill Rejected/Rejected |
|-------------------------------------|-------------------------------|--------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | M | |
| 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 Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | |

| Response Message Segment Identification (111-AM) = "20" | | | | Claim Billing/Claim Rebill Rejected/Rejected |
|---|------------------|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | R | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

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

| Response Status Segment Identification (111-AM) = "21" | | | | Claim Billing/Claim Rebill Rejected/Rejected |
|--|-----------------------------------|---------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |



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| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Rejected/Rejected |
|----------------|---|---------------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. |

**** End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****



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2. NCPDP VERSION D CLAIM REVERSAL TEMPLATE

2.1 REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE

**** Start of Request Claim Reversal (B2) Payer Sheet Template****

GENERAL INFORMATION

| | | |
|--|----------------------|--|
| Payer Name: Pharmacy Data Management, Inc. | Date: September 2014 | |
| Plan Name/Group Name: | BIN: 006012 | PCN: MEDDPDM PCN: <i>Not required</i> |
| | BIN: 014955 | PCN: PDMI PCN: <i>Not required</i> |
| MarketPlace 2014 | BIN: 610020 | PCN: MRKTPDM |
| Spectrum Health Pharmacy | BIN: 610020 | PCN: CHOICEPLUS |
| True Scripts | BIN: 017274 | PCN: PDMI |
| Wisian LLC | BIN: 610325 | PCN: WSN |
| RxPreferred | BIN: 610020 | PCN: RXPREF |
| Processor: Pharmacy Data Management, Inc. | BIN: 610020 | PCN: UHMO PCN: PNPS PCN: PBD09 PCN: URX001 PCN: PDMI340B PCN: BFMEE PCN: PDMI PCN: CARERX PCN: <i>Not required</i> |

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 |
| NOT USED | NA | The Field is not used for the Segment in the designated Transaction. | No |

| Question | Answer |
|--|----------|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | 120 DAYS |

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*.



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| Transaction Header Segment Questions | Check | Claim Reversal <i>If Situational, 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 | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal <i>Payer Situation</i> |
|---------|---|--|-------------|--|
| 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 | B2 | M | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | | M | |
| 1Ø9-A9 | TRANSACTION COUNT | 1 | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | NPI | M | |
| 4Ø1-D1 | DATE OF SERVICE | | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | | M | |

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



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| 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 | | M | <i>Imp Guide:</i> 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 | | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| 4Ø3-D3 | FILL NUMBER | | RW | <i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. |
| 3Ø8-C8 | OTHER COVERAGE CODE | | RW | <i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed. |

| Transaction COB/OTHER PAYMENT Segment | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|---------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required 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 | Maximum count of 5 | M | Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |

**** End of Request Claim Reversal (B2) Payer Sheet Template****



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2.2 RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE
2.2.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

**** Start of Claim Reversal Response (B2) Payer Sheet Template ****

GENERAL INFORMATION

| | | |
|--|----------------------|---|
| Payer Name: Pharmacy Data Management, Inc. | Date: September 2014 | |
| Plan Name/Group Name: | BIN: 006012 | PCN: MEDDPDM PCN: <i>Not required</i> |
| | BIN: 014955 | PCN: PDMI PCN: <i>Not required</i> |
| MarketPlace 2014 | BIN: 610020 | PCN: MRKTPDM |
| Spectrum Health Pharmacy | BIN: 610020 | PCN: CHOICEPLUS |
| True Scripts | BIN: 017274 | PCN: PDMI |
| Wisian LLC | BIN: 610325 | PCN: WSN |
| RxPreferred | BIN: 610020 | PCN: RXPREF |
| Processor: Pharmacy Data Management, Inc. | BIN: 610020 | PCN: UHMO PCN: PNPS PCN: PBD09 PCN: URX001 PCN: PDMI340B PCN: BFME PCN: PDMI PCN: CARERX PCN: <i>Not required</i> |

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment | Value | Payer Usage | Claim Reversal – Accepted/Approved <i>Payer Situation</i> |
|---------|-------------------------------------|--------------------------|-------------|--|
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 5Ø1-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 4Ø1-D1 | DATE OF SERVICE | Same value as in request | M | |



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| Response Message Header Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Reversal – Accepted/Approved |
|---------|---|-------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | R | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

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

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Approved |
|---------|--|---------------------|----------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. |
| 548-6F | APPROVED MESSAGE CODE | | RW | <i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 5 | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |



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| | 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> |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. |

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

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Approved |
|----------------|--|---------------|------------------------|--|
| <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 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

2.2.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE



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CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

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

| | Response Message Segment Identification (111-AM) = “2Ø” | | | Claim Reversal – Accepted/Rejected |
|---------|---|-------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | R | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

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

| | Response Status 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 | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |



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| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Rejected |
|----------------|---|---------------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. |

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



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| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Rejected |
|----------------|--|---------------|------------------------|---|
| <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 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455- EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

2.2.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

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

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Reversal – Rejected/Rejected |
|----------------|--|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 504-F4 | MESSAGE | | R | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

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



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| | 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> |
| 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 | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. |

**** End of Claim Reversal (B2) Response Payer Sheet Template ****



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APPENDIX A. HISTORY OF IMPLEMENTATION GUIDE CHANGES

1.1 VERSION 1.0

Added in New PCN for Market Place plans for 1/1/2014.

Added in New PCN for Spectrum Health Pharmacy for 1/1/2014.

1.2 VERSION 1.0

Added in New BIN for True Scripts for 2/10/2014.

1.3 VERSION 1.0

Added in New BIN and PCN for Wisian LLC for 4/01/2014.

1.4 VERSION 1.0

Added in New PCN for RxPreferred for 8/01/2014.