

Part I: General Information

Payer Name: CerpassRx	Date: 10/1/2022
Plan/Group Name: CerpassRx	
Processor: CerpassRx	Switch:
Effective Date: 10/1/2022	NCPDP Version/Release #: D.0
Contact/Information Source:	
Pharmacy Network Contact Information: Name: CerpassRx Provider Relations Email: Providerrelations@cerpassrx.com Phone Number: 844-636-7506	
Provider Relations/Help Desk Information: Name: CerpassRx Email: providerrelations@cerpassrx.com Phone Number: 844-636-7506	
Other version supported: None	

Plan Name:	BIN:	PCN:
CerpassRx	023385	CPT

Part II: Request Claim Billing/Claim Rebill Segments

The following table lists the segments available in a Billing Transaction. The table also lists values as defined under NCPDP Version D.0 for your reference. Other fields are required as noted:

- M Mandatory
- O Optional
- R Required as defined by the Processor
- RW Required when defined by situation

Fields listed as M-Mandatory are in accordance with NCPDP Telecommunication Implementation Guide, Version D.0. 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 payer sheet.

Maximum Number of Transactions Supported per Transmission	1
What is the Submission Window? (Days from date filled/dispensed to date submitted)	Standard is 90 days, but can be plan specific.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	See Part I Above	M	
102-A2	Version/Release Number	DO	M	Version D.0
103-A3	Transaction Code	B1	M	
104-A4	Processor Control Number	See Part I Above	M	

109-A9	Transaction Count	1	M	
202-B2	Service Provider ID Qualifier		M	01 = NPI 07= NCPDP NABP
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vender/Certification ID		R	Send spaces

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

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	
303-C3	Person Code		R	
306-C6	Patient Relationship Code		R	
301-C1	Group ID		O	As Appears on Card

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

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	01	M	Patient Segment
304-C4	Date of Birth		R	CCYYMMDD
305-05	Patient Gender Code	1,2	R	1=Male, 2=Female
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
307-C7	Place of Service	1,3,5	RW	Required when billing for patient in Long-Term Care setting: 3=Nursing Home 5=Rest Home Required when billing for HIT: 1=Home
322-CM	Patient Street Address	0	R	
323-CQ	Patient Phone Number	0	R	
324-CO	Patient State/Province	0	R	
325-CP	Patient Zip/Postal Code	0	R	
326-CQ	Patient Phone Number	0	R	

Claim Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
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This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	01	M	1=Rx Billing Code
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03	M	03=NDC 00=COMPOUNDS
407-D7	Product/Service ID		M	NDC
460-ET	Quantity Prescribed		RW	Required when Schedule II drug
422-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	0=Original Dispensing 1-99=Refill Number
405-D5	Days Supply		R	
406-D6	Compound Code		R	Null/1=Not a Compound 2=Compound
408-D8	Dispense as Written (DAW)		R	
414-DE	Date Prescription Written		R	CCYYMMDD
420-DK	Submission Clarification Code		RW	Required if clarification is needed and value submitted is greater than zero (Ø). A claim is identified as being for Section 34ØB drugs through the use of the Submission Clarification Code The field can contain multiple repetitions to indicate a myriad of situations related to the specific claim being billed. To indicate that a claim is billing for Section 34ØB drugs, the value of 2Ø is used.
308-C8	Other Coverage Code		RW	Required when communicating summation of other coverage information collected from other payers. See Customer Coverage below. 00 or 01= Not a COB claim 02=Other Coverage exists and payment has been collected 03=Other Coverage Billed-claim not covered 04=Other Coverage exists and no payment has been collected 08= Claim for collection of copayment from previous payer
995-E2	Route of Administration		R	
996-G1	Compound Type		RW	Required when Compound Code (406-D6)=2

COB Customer Coverage	OCC Allowance
All Groups	OCC 2 & 4

Pricing Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		M	
412-DC	Dispensing Fee Submitted		R	
426-DQ	Usual & Customary Charge		M	
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		R	
438-E3	Incentive Amount Submitted		RW	Required when value has effect on Gross Amount Due (430-DU) calculation
478-H7	Other Amount Claimed Submitted Count	Max count of 3	RW	Required when Other Amount Claimed Amount Qualifier (479-H8) is submitted
479-H8	Other Amount Claimed Submitted Qualifier		RW	Required when Other Amount Claimed (480-H9) is submitted
480-H9	Other Amount Claimed Submitted		RW	Required when value has effect on Gross Amount Due (430-DU) calculation
				Required when provider is claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when provider is claiming sales tax
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when provider is claiming sales tax Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when provider is claiming sales tax Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX)

Pharmacy Provider Segment Questions*	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational		

Field#	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill
111-AM	Segment Identification	02	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	07	R	Required if Provider ID (444-E9) is used.
444-E9	Provider ID	State license	R	Required if necessary for state/federal/regulatory agency programs.

*This segment is required for Florida Workers' Compensation claims only.

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This Segment is situational		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier		R	01= NPI
411-DB	Prescriber ID		R	
427-DR	Prescriber Last Name		R	

Coordination of Benefits Segment Questions	Check	Claim Billing/Claim Rebill
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	X	OCC 2, 3 & 4 Billing
Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Up to 3 occurrences
338-5C	Other Payer Coverage Type		M	01= Primary 02= Secondary 03= Tertiary
339-6C	Other Payer ID Qualifier		R	03= BIN
340-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	CCYYMMDD
341-HB	Other Payer Amount Paid Count		RW	Required when Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	Other Payer Amount Paid Qualifier		RW	Required when Other Payer Amount Paid (431- DV) is used Not used when Other Payer Reject Count (471-5E) is submitted. 07= Drug Benefit 08= Sum of all Reimbursement 99= Other
431-DV	Other Payer Amount Paid		RW	Required when another payer has approved payment for some/all of the billing Not used for OCC 8 when Other Payer-Patient Responsibility Amount (352-NQ) is submitted.
471-5E	Other Payer Reject Count		RW	Required when Other Payer Reject Code (472- 6E) is used Not used when Other Payer Amount Paid Qualifier (342-HC) is submitted.
472-6E	Other Payer Reject Code		RW	Required when another payer has denied the payment for the billing, designated with Coverage Code (308-C8) = 3

Coordination of Benefits Segment Questions	Check	Claim Billing/Claim Rebill
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	X	OCC 2, 3, & 4
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Up to 3 occurrences
338-SC	Other Payer Coverage Type		M	01= Primary 02= Secondary 03= Tertiary
339-6C	Other Payer ID Qualifier		R	03= BIN
346-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	CCYYMMOD
353-NR	Other Payer-Patient Responsibility Amount Count		RW	Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer-Patient Responsibility Amount Qualifier		RW	Required if Other Payer-Patient Amount (352-NQ) is used.
352-NQ	Other Payer-Patient Responsibility Amount		RW	Required if necessary for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.

Compound Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Only required for submission of Compound claims (field 406-D6 = 2)

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	10	M	Compound Segment
450-EF	Compound Dosage Form Description		M	Requires two (2) characters ranging from 01-18 or six (6) characters beginning with "c" followed by five (5) digits
451-EG	Compound Dispensing Unit Form Indicator	1, 2, 3	M	
447-EC	Compound Ingredient Component Count		M	This count must match the submitted number of repetitions.
488-RE	Compound Product ID Qualifier	03	M	03= NDC
489-TE	Compound Product ID		M	Component NDC(s) of compound mixture
448-ED	Compound Ingredient Quantity		M	Amount expressed in metric decimal units
449-EE	Compound Ingredient Cost		R	
490-UE	Compound Ingredient Basis of Cost Determination		R	
362-2G	Compound Ingredient Modifier Code Count		R	

363-2H	Compound Ingredient Modifier Code		R	
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Part III: Reversal Transaction Segments

The following table lists the segments available in a Reversal Transaction. The table also lists values as defined under NCPDP Version D.0 for your reference. Other fields are required as noted:

- M Mandatory
- O Optional
- R Required as defined by the Processor
- RW Required When defined by situation

Fields listed as M-Mandatory are in accordance with NCPDP Telecommunication Implementation Guide, Version D.O.

Fields that are not used in the Claim Reversal Transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the payer sheet.

Maximum Number of Transactions Supported per Transmission	1
What is the Reversal Window? (If transaction is billed today, what is the timeframe for reversals to be allowed?)	Standard is 90 days, but can be plan specific.

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	See Part I Above	M	
102-A2	Version/Release Number	D0	M	Version D.0
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number	See Part I Above	M	
109-A9	Transaction Count	1	M	
202-B2	Service Provider ID Qualifier		M	01 = NPI 07= NCPDP NABP
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vender/Certification ID		M	Send spaces

Insurance Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
303-C3	Person Code		R	

Claim Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This payer supports partial fills		

This payer does not support partial fills	X	
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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	01	M	1= Rx Billing Code
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03	M	03= NDC
407-D7	Product/Service ID		M	NDC
403-D3	Fill Number		R	0 = Original Dispensing 1-99= Refill Number
308-C8	Other Coverage Code		RW	Required when communicating summation of other coverage information collected from other payers. See Customer Coverage below. 00 or 01= Not a COB claim 02=Other Coverage exists and payment has been collected 03=Other Coverage Billed-claim not covered 04=Other Coverage exists and no payment has been collected 08= Claim for collection of copayment from previous payer

Pricing Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	11	M	Pricing Segment
430-DU	Gross Amount Due		R	
438-E3	Incentive Amount Submitted		RW	Required when value has effect on Gross Amount Due (430-DU) calculation

Coordination of Benefits Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	05	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	Up to 3 occurrences
338-5C	Other Payer Coverage Type		M	01= Primary 02= Secondary 03= Tertiary