

Part I: General Information

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|--|-------------------------------------|
| Payer Name: CerpassRx | Date: 7/1/2023 |
| Plan/Group Name: AngleRx | |
| Processor: CerpassRx | Switch: |
| Effective Date: 7/1/2023 | 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: |
|-------------------|-------------|-------------|
| AngleRx | 023401 | 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 |
|-------------------------|-------|---|
|-------------------------|-------|---|

| | | |
|---|---|--|
| 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 |
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| 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 | <i>Pharmacy Provider Segment</i> |
| 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 | |
|--------|--------------------------------------|--|---|--|

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 | |
|---|---|--|

| 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 |