

**GENERAL INFORMATION**

|                                                               |  |                                                         |          |
|---------------------------------------------------------------|--|---------------------------------------------------------|----------|
| Payer Name: Liviniti                                          |  | Date: 05/01/2023                                        |          |
| Plan Name/Group Name: Liviniti                                |  | BIN: 025945                                             | PCN: SSN |
| Processor: Solo                                               |  |                                                         |          |
| Effective as of: 02/01/2022                                   |  | NCPDP Telecommunication Standard Version/Release #: D.Ø |          |
| NCPDP Data Dictionary Version Date: 07/2007                   |  | NCPDP External Code List Version Date: 04/2012          |          |
| Contact/Information Source: Jeff Schmidt                      |  |                                                         |          |
| Certification Testing Window: N/A                             |  |                                                         |          |
| Certification Contact Information: Certification not required |  |                                                         |          |
| Provider Relations Help Desk Info: 844-714-2420               |  |                                                         |          |
| Other versions supported: N/A                                 |  |                                                         |          |

**TRANSACTIONS SUPPORTED**

**Payer:** Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

| Transaction Code | Transaction Name |
|------------------|------------------|
| B1               | Claim Billing    |
| B2               | Claim Reversal   |

**FIELD LEGEND FOR COLUMNS**

| Payer Usage Column    | Value     | Explanation                                                                                                   | Payer Situation Column |
|-----------------------|-----------|---------------------------------------------------------------------------------------------------------------|------------------------|
| MANDATORY             | <b>M</b>  | The Field is mandatory for the Segment in the designated Transaction.                                         |                        |
| REQUIRED              | <b>R</b>  | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction. |                        |
| QUALIFIED REQUIREMENT | <b>RW</b> | "Required when". The situations designated have qualifications for usage.                                     |                        |
| SITUATIONAL           | <b>S</b>  | The Field has been designated situational.                                                                    |                        |
| OPTIONAL              | <b>O</b>  | The Field has been designated as optional and is not required.                                                |                        |

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

**CLAIM BILLING TRANSACTION**

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

| Field # | Transaction Header Segment       | Value                     | Payer Usage | Claim Billing Payer Situation |
|---------|----------------------------------|---------------------------|-------------|-------------------------------|
| 1Ø1-A1  | BIN NUMBER                       | 025945                    | M           |                               |
| 1Ø2-A2  | VERSION/RELEASE NUMBER           | DØ                        | M           |                               |
| 1Ø3-A3  | TRANSACTION CODE                 | B1                        | M           |                               |
| 1Ø4-A4  | PROCESSOR CONTROL NUMBER         | SSN                       | M           |                               |
| 1Ø9-A9  | TRANSACTION COUNT                | 01 to 04                  | M           |                               |
| 2Ø2-B2  | SERVICE PROVIDER ID QUALIFIER    | 01 = National Provider ID | M           |                               |
| 2Ø1-B1  | SERVICE PROVIDER ID              |                           | M           |                               |
| 4Ø1-D1  | DATE OF SERVICE                  |                           | M           |                               |
| 11Ø-AK  | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill                | M           |                               |

| Field # | Insurance Segment              | Value | Payer Usage | Claim Billing Payer Situation |
|---------|--------------------------------|-------|-------------|-------------------------------|
| 111-AM  | SEGMENT IDENTIFICATION         | 04    | M           |                               |
| 3Ø2-C2  | CARDHOLDER ID                  |       | M           |                               |
| 3Ø9-C9  | ELIGIBILITY CLARIFICATION CODE |       | S           |                               |
| 301-C1  | GROUP ID                       |       | M           |                               |
| 303-C3  | PERSON CODE                    |       | R           |                               |
| 306-C6  | PATIENT RELATIONSHIP CODE      |       | O           |                               |

| <b>Patient Segment</b> |                                |              |                    | <b>Claim Billing</b>   |
|------------------------|--------------------------------|--------------|--------------------|------------------------|
| <i>Field</i>           | <i>NCPDP Field Name</i>        | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 111-AM                 | SEGMENT IDENTIFICATION         | 01           | M                  |                        |
| 304-C4                 | DATE OF BIRTH                  |              | R                  |                        |
| 305-C5                 | PATIENT GENDER CODE            |              | R                  |                        |
| 310-CA                 | PATIENT FIRST NAME             |              | R                  |                        |
| 311-CB                 | PATIENT LAST NAME              |              | R                  |                        |
| 322-CM                 | PATIENT STREET ADDRESS         |              | O                  |                        |
| 323-CN                 | PATIENT CITY ADDRESS           |              | O                  |                        |
| 324-CO                 | PATIENT STATE/PROVINCE ADDRESS |              | O                  |                        |
| 325-CP                 | PATIENT ZIP/POSTAL ZONE        |              | O                  |                        |
| 326-CQ                 | PATIENT PHONE NUMBER           |              | O                  |                        |

| <b>Claim Segment</b> |                                                 |                |                    | <b>Claim Billing</b>   |
|----------------------|-------------------------------------------------|----------------|--------------------|------------------------|
| <i>Field #</i>       | <i>NCPDP Field Name</i>                         | <i>Value</i>   | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 111-AM               | SEGMENT IDENTIFICATION                          | 07             | M                  |                        |
| 455-EM               | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M                  |                        |
| 402-D2               | PRESCRIPTION/SERVICE REFERENCE NUMBER           |                | M                  |                        |
| 436-E1               | PRODUCT/SERVICE ID QUALIFIER                    |                | M                  |                        |
| 407-D7               | PRODUCT/SERVICE ID                              |                | M                  |                        |
| 442-E7               | QUANTITY DISPENSED                              |                | R                  |                        |
| 460-ET               | QUANTITY PRESCRIBED                             |                | M                  |                        |
| 403-D3               | FILL NUMBER                                     |                | R                  |                        |
| 405-D5               | DAYS SUPPLY                                     |                | R                  |                        |
| 406-D6               | COMPOUND CODE                                   |                | R                  |                        |
| 408-D8               | DISPENSE AS WRITTEN (DAW) CODE                  |                | R                  |                        |
| 414-DE               | DATE PRESCRIPTION WRITTEN                       |                | R                  |                        |
| 415-DF               | NUMBER OF REFILLS AUTHORIZED                    |                | R                  |                        |
| 419-DJ               | PRESCRIPTION ORIGIN CODE                        |                | R                  |                        |
| 354-NX               | SUBMISSION CLARIFICATION CODE COUNT             |                | R                  |                        |
| 420-DK               | SUBMISSION CLARIFICATION CODE                   |                | R                  |                        |
| 308-C8               | OTHER COVERAGE CODE                             |                | S                  |                        |
| 461-EU               | PRIOR AUTHORIZATION TYPE CODE                   |                | S                  |                        |
| 462-EV               | PRIOR AUTHORIZATION NUMBER                      |                | S                  |                        |
| 996-G1               | COMPOUND TYPE                                   |                | O                  |                        |

| <b>Pricing Segment</b> |                             |              |                    | <b>Claim Billing/Claim Rebill</b> |
|------------------------|-----------------------------|--------------|--------------------|-----------------------------------|
| <i>Field #</i>         | <i>NCPDP Field Name</i>     | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i>            |
| 111-AM                 | SEGMENT IDENTIFICATION      | 11           | M                  |                                   |
| 409-D9                 | INGREDIENT COST             |              | R                  |                                   |
| 412-DC                 | DISPENSING FEE              |              | R                  |                                   |
| 438-E3                 | INCENTIVE AMOUNT            |              | S                  |                                   |
| 481-HA                 | FLAT SALES TAX AMOUNT       |              | RW                 | If sales tax is required          |
| 482-GE                 | PERCENTAGE SALES TAX AMOUNT |              | RW                 | If sales tax is required          |
| 483-HE                 | PERCENTAGE SALES TAX RATE   |              | RW                 | If sales tax is required          |
| 484-JE                 | PERCENTAGE SALES TAX BASIS  |              | RW                 | If sales tax is required          |
| 426-DQ                 | USUAL AND CUSTOMARY CHARGE  |              | R                  |                                   |
| 430-DU                 | GROSS AMOUNT DUE            |              | R                  |                                   |
| 423-DN                 | BASIS OF COST DETERMINATION |              | O                  |                                   |

| <b>Prescriber Segment</b> |                         |                           |                    | <b>Claim Billing</b>   |
|---------------------------|-------------------------|---------------------------|--------------------|------------------------|
| <i>Field #</i>            | <i>NCPDP Field Name</i> | <i>Value</i>              | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 111-AM                    | SEGMENT IDENTIFICATION  | 03                        | M                  |                        |
| 466-EZ                    | PRESCRIBER ID QUALIFIER | Ø1 = National Provider ID | R                  |                        |
| 411-DB                    | PRESCRIBER ID           |                           | R                  |                        |
| 427-DR                    | PRESCRIBER LAST NAME    |                           | R                  |                        |
| 364-2J                    | PRESCRIBER FIRST NAME   |                           | O                  |                        |

| <b>Coordination of Benefits Segment</b> |                                                     |                      |                    | <b>Claim Billing</b>   |
|-----------------------------------------|-----------------------------------------------------|----------------------|--------------------|------------------------|
| <i>Field #</i>                          | <i>NCPDP Field Name</i>                             | <i>Value</i>         | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 111-AM                                  | SEGMENT IDENTIFICATION                              | 05                   | M                  |                        |
| 337-4C                                  | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT       | Maximum count of 9.  | M                  |                        |
| 338-5C                                  | OTHER PAYER COVERAGE TYPE                           |                      | M                  |                        |
| 339-6C                                  | OTHER PAYER ID QUALIFIER                            |                      | M                  |                        |
| 34Ø-7C                                  | OTHER PAYER ID                                      |                      | M                  |                        |
| 443-E8                                  | OTHER PAYER DATE                                    |                      | M                  |                        |
| 471-5E                                  | OTHER PAYER REJECT COUNT                            | Maximum count of 5.  | M                  |                        |
| 472-6E                                  | OTHER PAYER REJECT CODE                             |                      | M                  |                        |
| 353-NR                                  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT     | Maximum count of 25. | M                  |                        |
| 351-NP                                  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER |                      | M                  |                        |
| 352-NQ                                  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT           |                      | M                  |                        |
| 392-MU                                  | BENEFIT STAGE COUNT                                 | Maximum count of 4.  | O                  |                        |
| 393-MV                                  | BENEFIT STAGE QUALIFIER                             |                      | O                  |                        |
| 394-MW                                  | BENEFIT STAGE AMOUNT                                |                      | O                  |                        |

| <b>DUR/PPS Segment</b> |                           |                           |                    | <b>Claim Billing</b>   |
|------------------------|---------------------------|---------------------------|--------------------|------------------------|
| <i>Field #</i>         | <i>NCPDP Field Name</i>   | <i>Value</i>              | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 111-AM                 | SEGMENT IDENTIFICATION    | 08                        | M                  |                        |
| 473-7E                 | DUR/PPS CODE COUNTER      | Maximum of 9 occurrences. | O                  |                        |
| 439-E4                 | REASON FOR SERVICE CODE   |                           | O                  |                        |
| 44Ø-E5                 | PROFESSIONAL SERVICE CODE |                           | O                  |                        |
| 441-E6                 | RESULT OF SERVICE CODE    |                           | O                  |                        |
| 474-8E                 | DUR/PPS LEVEL OF EFFORT   |                           | O                  |                        |
| 475-J9                 | DUR CO-AGENT ID QUALIFIER |                           | O                  |                        |
| 476-H6                 | DUR CO-AGENT ID           |                           | O                  |                        |

| <b>Compound Segment</b> |                                         |                         |                    | <b>Claim Billing</b>   |
|-------------------------|-----------------------------------------|-------------------------|--------------------|------------------------|
| <i>Field #</i>          | <i>NCPDP Field Name</i>                 | <i>Value</i>            | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 111-AM                  | SEGMENT IDENTIFICATION                  | 10                      | M                  |                        |
| 45Ø-EF                  | COMPOUND DOSAGE FORM DESCRIPTION CODE   |                         | M                  |                        |
| 451-EG                  | COMPOUND DISPENSING UNIT FORM INDICATOR |                         | M                  |                        |
| 452-EH                  | COMPOUND ROUTE OF ADMINISTRATION        |                         | M                  |                        |
| 447-EC                  | COMPOUND INGREDIENT COMPONENT COUNT     | Maximum 25 ingredients  | M                  |                        |
| 488-RE                  | COMPOUND PRODUCT ID QUALIFIER           | 03 = National Drug Code | M                  |                        |
| 489-TE                  | COMPOUND PRODUCT ID                     |                         | M                  |                        |
| 448-ED                  | COMPOUND INGREDIENT QUANTITY            |                         | M                  |                        |
| 449-EE                  | COMPOUND INGREDIENT DRUG COST           |                         | R                  |                        |

| Compound Segment |                                                 |       |             | Claim Billing   |
|------------------|-------------------------------------------------|-------|-------------|-----------------|
| Field #          | NCPDP Field Name                                | Value | Payer Usage | Payer Situation |
| 49Ø-UE           | COMPOUND INGREDIENT BASIS OF COST DETERMINATION |       | O           |                 |

## CLAIM REVERSAL TRANSACTION

| Transaction Header Segment |                                  |                           |             | Claim Reversal  |
|----------------------------|----------------------------------|---------------------------|-------------|-----------------|
| Field #                    | NCPDP Field Name                 | Value                     | Payer Usage | Payer Situation |
| 1Ø1-A1                     | BIN NUMBER                       | 025945                    | M           |                 |
| 1Ø2-A2                     | VERSION/RELEASE NUMBER           | DØ                        | M           |                 |
| 1Ø3-A3                     | TRANSACTION CODE                 | B2                        | M           |                 |
| 1Ø4-A4                     | PROCESSOR CONTROL NUMBER         | SSN                       | M           |                 |
| 1Ø9-A9                     | TRANSACTION COUNT                | 01                        | M           |                 |
| 2Ø2-B2                     | SERVICE PROVIDER ID QUALIFIER    | Ø1 = National Provider ID | M           |                 |
| 2Ø1-B1                     | SERVICE PROVIDER ID              |                           | M           |                 |
| 4Ø1-D1                     | DATE OF SERVICE                  |                           | M           |                 |
| 11Ø-AK                     | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill                | M           |                 |

| Insurance Segment |                        |       |             | Claim Billing   |
|-------------------|------------------------|-------|-------------|-----------------|
| Field #           | NCPDP Field Name       | Value | Payer Usage | Payer Situation |
| 111-AM            | SEGMENT IDENTIFICATION | 04    | M           |                 |
| 301-C1            | GROUP ID               |       | R           |                 |

| Claim Segment<br>Segment Identification (111-AM) = "Ø7" |                                                 |       |             | Claim Reversal  |
|---------------------------------------------------------|-------------------------------------------------|-------|-------------|-----------------|
| Field #                                                 | NCPDP Field Name                                | Value | Payer Usage | Payer Situation |
| 111-AM                                                  | SEGMENT IDENTIFICATION                          | 07    | M           |                 |
| 455-EM                                                  | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER |       | M           |                 |
| 4Ø2-D2                                                  | PRESCRIPTION/SERVICE REFERENCE NUMBER           |       | M           |                 |
| 436-E1                                                  | PRODUCT/SERVICE ID QUALIFIER                    |       | M           |                 |
| 4Ø7-D7                                                  | PRODUCT/SERVICE ID                              |       | M           |                 |
| 4Ø3-D3                                                  | FILL NUMBER                                     |       | R           |                 |