Leadway Rx NCPDP D.0. Payer Sheet

GENERAL INFORMATION

Payer Name: Leadway Rx	Date: 11/1/2024		
Plan Name/Group Name: Leadway Rx	BIN: Ø27844	PCN:	GROUP: MW2401
Processor: RxLogic			
Effective as of: 11/1/2024	NCPDP Telecommunication Standard Version/Release #: D.Ø		
NCPDP Data Dictionary Version Date: 1Ø/2019	NCPDP External Code List Version Date: Ø1/2ØØ8		
Contact/Information Source: info@leadwayrx.com General website www.leadwayrx.com			
Certification Testing Window: Monday-Friday 8 am ET – 5 pm ET			
Certification Contact Information: 828-552-5351			
Provider Relations Help Desk Info: Pharmacy Help Desk: 888-878-7855			
Other versions supported: None			

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal
B3	Claim Rebill

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
OPTIONAL	**O**	The Field has been designated as optional usage	No

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø27844	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	M	Ø1 = NPI
2Ø1-B1	SERVICE PROVIDER ID		M	10 Digit NPI
4Ø1-D1	DATE OF SERVICE		M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

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	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		R	
3Ø2-C2	CARDHOLDER ID		R	
3Ø3-C3	PERSON CODE	Ø1-99	O	
3Ø6-C8	PATIENT RELATIONSHIP CODE	1-4	O	1= subscriber 2= spouse 3= dependent 4= other.

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

	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	CCYYMMDD
3Ø5-C5	PATIENT GENDER CODE		R	1=Male, 2=Female
31Ø-CA	PATIENT FIRST NAME		R	Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE/PROVINCE ADDRESS		RW	
325-CP	PATIENT ZIP/POSTAL ADDRESS		RW	Must be valid 5 or 9 digit USPS Zip Code.
326-CQ	PATIENT PHONE NUMBER		O	

Claim Segment Questions	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	1-12 Digit Rx Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ,Ø3	M	ØØ, if Compound Code 406-D6=2 Ø3, NDC Code
4Ø7-D7	PRODUCT/SERVICE ID		M	11 Digit NDC Ø if Compound For B3 (Rebill) Must contain the Product/Service ID (407-D7) value from original Billing
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø-99	R	
4Ø5-D5	DAYS SUPPLY		R	Must be present and > Ø
4Ø6-D6	COMPOUND CODE	1,2	R	1 = Not a Compound 2 = Compound
4Ø8-D8	DAW / PROD SELECTION CODE	Ø-9	O	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
343-HD	DISPENSING STATUS	P, C	R	If present, P= Partial, C= Completion
354-NX	SUBMISSION CLARIFICATION CODE COUNT	1-3	RW	If present, must = total # of group occurrences. Must be present if 420-DK is used.

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	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
420-DK	SUBMISSION CLARIFICATION CODE		O	If present, must = 05
460-ET	QUANTITY PRESCRIBED		R	Required when the transmission is for a Schedule II drug

DUR/PPS SEGMENT	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
111-AM	SEGMENT IDENTIFICATION		M	
473-7E	DUR/PPS CODE COUNTER		R	
440-E5	PROFESSIONAL SERVICE CODE	MA	Q	

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

	Pricing Segment Segment Identification (111-AM) = "11"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		O	
438-E3	INCENTIVE AMOUNT SUBMITTED		O	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
481-HA	FLAT SALES TAX AMOUNT		O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		O	
483-HE	PERCENTAGE SALES TAX RATE SUMBITTED		O	

Compound Segment Questions	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		Optional
This Segment is situational	X	Required when Compound Code (4Ø6-D6) = 2 (compound).

	Compound Segment Segment Identification (111-AM) = "1Ø"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	All values supported
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	All values supported
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Maximum of 25 ingredients.
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		M	Must be present

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	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
490-UE	COMPOUND INGREDIENT BASIS COST OF DETERMINATION		O	

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

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1	R	Ø1-National Provider Identifier (NPI)
411-DB	PRESCRIBER ID		R	1Ø -digit NPI

Coordination of Benefits Segment Questions	**Check**	**Claim Billing/Claim Rebill**
NCPDP Field Name	Value	Payer Situation
Other Coverage Code	x	Required only for secondary, tertiary, etc claims
Other Payer Amount Paid		
Other Payer Amount Paid Count		
Other Payer Amount Paid Qualifier		

	COB Segment 5			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
352-NQ	Other Payer-Patient Responsibility Amount			Dollar amount
	Lessor of U&C, 352_NQ Other Payer-Patient Resp Amt, and 430-DU (Gross Amount Due)			Dollar Amount

Leadway Rx NCPDP D.0. Payer Sheet

GENERAL INFORMATION

Payer Name: Leadway Rx	Date: 1/1/2025		
Plan Name/Group Name: Leadway Rx	BIN: 009951	PCN: HT	GROUP:
Processor: RxLogic			
Effective as of: 1/1/2025	NCPDP Telecommunication Standard Version/Release #: D.Ø		
NCPDP Data Dictionary Version Date: 1Ø/2019	NCPDP External Code List Version Date: Ø1/2ØØ8		
Contact/Information Source: info@leadwayrx.com General website www.leadwayrx.com			
Certification Testing Window: Monday-Friday 8 am ET – 5 pm ET			
Certification Contact Information: 828-552-5351			
Provider Relations Help Desk Info: Pharmacy Help Desk: 888-878-7855			
Other versions supported: None			

OTHER TRANSACTIONS SUPPORTED

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B3	Claim Rebill

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
OPTIONAL	**O**	The Field has been designated as optional usage	No

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	009951	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	M	Ø1 = NPI
2Ø1-B1	SERVICE PROVIDER ID		M	10 Digit NPI
4Ø1-D1	DATE OF SERVICE		M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

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	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		R	
3Ø2-C2	CARDHOLDER ID		R	
3Ø3-C3	PERSON CODE	Ø1-99	O	
3Ø6-C8	PATIENT RELATIONSHIP CODE	1-4	O	1= subscriber 2= spouse 3= dependent 4= other.

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

	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	CCYYMMDD
3Ø5-C5	PATIENT GENDER CODE		R	1=Male, 2=Female
31Ø-CA	PATIENT FIRST NAME		R	Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE/PROVINCE ADDRESS		RW	
325-CP	PATIENT ZIP/POSTAL ADDRESS		RW	Must be valid 5 or 9 digit USPS Zip Code.
326-CQ	PATIENT PHONE NUMBER		O	

Claim Segment Questions	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	1-12 Digit Rx Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ,Ø3	M	ØØ, if Compound Code 406-D6=2 Ø3, NDC Code
4Ø7-D7	PRODUCT/SERVICE ID		M	11 Digit NDC Ø if Compound For B3 (Rebill) Must contain the Product/Service ID (407-D7) value from original Billing
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø-99	R	
4Ø5-D5	DAYS SUPPLY		R	Must be present and > Ø
4Ø6-D6	COMPOUND CODE	1,2	R	1 = Not a Compound 2 = Compound
4Ø8-D8	DAW / PROD SELECTION CODE	Ø-9	O	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
343-HD	DISPENSING STATUS	P, C	R	If present, P= Partial, C= Completion
354-NX	SUBMISSION CLARIFICATION CODE COUNT	1-3	RW	If present, must = total # of group occurrences. Must be present if 420-DK is used.

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	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
420-DK	SUBMISSION CLARIFICATION CODE		O	If present, must = 05

DUR/PPS SEGMENT	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
111-AM	SEGMENT IDENTIFICATION		M	
473-7E	DUR/PPS CODE COUNTER		R	
440-E5	PROFESSIONAL SERVICE CODE	MA	Q	

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		O	
438-E3	INCENTIVE AMOUNT SUBMITTED		O	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
481-HA	FLAT SALES TAX AMOUNT		O	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		O	
483-HE	PERCENTAGE SALES TAX RATE SUMBITTED		O	

Compound Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		Optional
This Segment is situational	X	Required when Compound Code (4Ø6-D6) = 2 (compound).

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	All values supported
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	All values supported
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Maximum of 25 ingredients.
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		M	Must be present
490-UE	COMPOUND INGREDIENT BASIS COST OF DETERMINATION		O	

Leadway Rx NCPDP D.0. Payer Sheet

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

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1	R	Ø1-National Provider Identifier (NPI)
411-DB	PRESCRIBER ID		R	1Ø -digit NPI

Coordination of Benefits Segment Questions		Check	Claim Billing/Claim Rebill
	NCPDP Field Name	Value	Payer Situation
308-C8	Other Coverage Code	x	Required only for secondary, tertiary, etc claims
431-DV	Other Payer Amount Paid		
341-HB	Other Payer Amount Paid Count		
342-HC	Other Payer Amount Paid Qualifier		

	COB Segment 5			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
352-NQ	Other Payer-Patient Responsibility Amount			Dollar amount
	Lessor of U&C, 352_NQ Other Payer-Patient Resp Amt, and 430-DU (Gross Amount Due)			Dollar Amount