SmithRx Payer Sheet

General Information

Payer Name: SmithRx	Date: 08/25/2025
Plan Name/Group Name: All	
Processor: SmithRx Laker	Switch: All
Effective as of: 10/01/2025	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: Oct 2019	NCPDP External Code List Version Date: July 2017
Contact/Information Source: Pharmacy Network (pharmacynetwork@smithrx.com)	
Provider Relations Help Desk Info: 844-512-3030	
Electronic Solutions Help Desk Info: 844-454-0123	
Other Versions Supported: N/A	

BIN/PCN

BIN	PCN
021882	201907
019025	8001002 5289
024368	3207 3208 3210 3211 3212 ***Varies by plan - refer to ID Card
023211	WMHRX
024789	WMHRX
028017	4001
028025	4002
028363	4003
028371	4004
028389	4005
028397	4006

Transactions Supported

Transaction Code	Transaction Name
B1	Claim Submission
B2	Claim Reversal
B3	Rebill

Field Legend for Columns

Payer Usage Column	Value	Explanation	Payer Situation Column
Mandatory	M	This field is mandatory for the segment in the designated transaction	Specific value usage may be indicated.
Required	R	This field has been designated with the situation of 'Required' for the Segment in the designated Transaction.	Specific value usage may be indicated.
Qualified Requirement	RW	Required when the situations designated have qualifications for usage.	Specific value usage may be indicated; field dependencies will be indicated.

Transaction Header Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	See BIN/PCN Table	M	
102-A2	Version/ Release Number	D0	M	
103-A3	Transaction Code		M	
104-A4	Processor Control Number	See BIN/PCN Table	M	
109-A9	Transaction Count	1,2,3,4	M	Value = # of occurrences
202-B2	Service Provider ID Qualifier	01	M	National Provider ID
201-B1	Service Provider ID		M	National Provider ID Number assigned to the dispensing pharmacy

Transaction Header Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
401-D1	Date of Service		M	CCYYMMDD
110-AK	Software Vendor Certification ID		M	This element is not used, but a value of spaces must be submitted as part of the header.

Insurance Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	As printed on ID Card
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	
303-C3	Person Code		R	Requires a 3-digit person code.
306-C6	Patient Relationship Code		R	
301-C1	Group Number		R	As printed on ID Card

Patient Segment: Required

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-C5	Patient Gender Code	1,2	R	1= Male; 2= Female
310-CA	Patient First Name		R	Requires Patient First Name information.
311-CB	Patient Last Name		R	Requires Patient Last Name Information.
322-CM	Patient Street Address		RW	Required when submitting Tax
323-CN	Patient City Address		RW	Required when submitting Tax
324-CO	Patient State/Province Address		RW	Required when submitting Tax
325-CP	Patient Zip/Postal Zone		RW	Required when submitting Tax
384-4X	Patient Residence	1,3, and 4	RW	1= Home; 3= Nursing Facility; 4= Assisted LivingFacility

Patient Segment: Required

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
307-C7	Place of Service	1	RW	Pharmacy

Claim Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	07	M	Claim Segment
455-EM	Rx/Service Ref Number Qualifier	01	M	Rx Billing
402-D2	Rx Number/Service Ref Number		M	
436-E1	Product/Service ID Qualifier	03	M	If billing for a multi-ingredient, Product/Service ID Qualifier (436-E1) is **00**= Compounds; **03**= NDC
407-D7	Product/Service ID		M	Zero (0) if Compound
442-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	
405-D5	Days Supply		R	
406-D6	Compound Code	1,2	RW	**1**= Not a compound; **2**= Compound
408-D8	Dispense As Written (DAW)/Product Selection Code	0 thru 5,7,8,9	R	
414-DE	Date Prescription Written		R	CCYYMMDD
415-DF	Number of Refills Authorized		RW	
419-DJ	Prescription Origin Code		R	
354-NX	Submission Clarification Code Count	Max of 3	RW	Required when Submission Clarification Code (420-DK) is used
420-DK	Submission Clarification Code		RW	Required when 20=340B or plan benefit administration.
460-ET	Quantity Prescribed		R	Required when the transmission is for a Schedule II drug OR when a compound contains a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020)

Claim Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
308-C8	Other Coverage Code	0,1,3,8	RW	**0**= Not specified by patient **1**= No other coverage indicated; **3**= Other coverage exists- claim rejected by other coverage; **8** = Copay Only Billing
418-DI	Level of Service		RW	
995-E2	Route of Administration		RW	Required when Compound Code = 2
996-G1	Compound Type		RW	Required when Compound Code **2**
147-U7	Pharmacy Service Type	1,3, and 5	RW	**1**= Community/Retail Pharmacy Services; **3**=Home Infusion Therapy Provider; **5**=Long Term Care Pharmacy

Pricing Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		R	Required when Basis of Cost Determination (423-DN) indicator of '08=340B' is used
412-DC	Dispensing Fee Submitted		R	
438-E3	Incentive Amount Submitted		RW	Required when value has effect on Gross Amount Due (430-DU) calculation
478-H7	Other Amt Claimed Submitted Count	Max Count of 3	RW	
479-H8	Other Amt Claimed Submitted Qualifier		RW	02= Shipping Cost
480-H9	Other Amount Claimed Submitted		RW	
481-HA	Flat Sales Tax Submitted		RW	When tax is required by state.
482-GE	Percentage Sales Tax Submitted		RW	When tax is required by state.
483-HE	Percentage Sales Tax Rate Submitted		RW	When tax is required by state.
484-JE	Percentage Sales Tax Basis Submitted		RW	When tax is required by state.
426-DQ	Usual and Customary Charge		R	

Pricing Segment: Mandatory

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		R	Use indicator (Ø8=34ØB) for 34ØB claims, with the amount being submitted in the Ingredient Cost Submitted (4Ø9-D9) field

Pharmacy Segment: Situational

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	02	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	05	R	National Provider ID (NPI)
444-E9	Provider ID		R	Pharmacist State License Number (the number of the pharmacist dispensing the medication)

Prescriber Segment: Required

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	03	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	01	R	National Provider ID (NPI)
411-DB	Prescriber ID		R	
427-DR	Prescriber Last Name		RW	
498-PM	Prescriber Telephone Number		RW	
368-2P	Prescriber ZIP/Postal Zone		R	

Workers' Compensation Segment: Situational

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Information	06	M	Workers' Compensation Segment
434-DY	Date of Injury		M	
315-CF	Employer Name		RW	

Workers' Compensation Segment: Situational

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
315-CG	Employer Street Address		RW	
317-CH	Employer City Address		RW	
318-CI	Employer State/Province Address		RW	
319-CJ	Employer ZIP/Postal Zone		RW	
320-CK	Employer Phone Number		RW	
327-CR	Carrier ID		RW	
435-DZ	Claim/Reference ID		R	
117-TR	Billing Entity Type Indicator		R	
118-TS	Pay To Qualifier		RW	
119-TT	Pay To ID		RW	
120-TU	Pay To Name		RW	
121-TV	Pay To Street Address		RW	
122-TW	Pay To City Address		RW	
123-TX	Pay To State/Province Address		RW	
124-TY	Pay To ZIP/Postal Zone		RW	

DUR/PPS Segment: Situational

Required when requested by plan

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Information	08	M	DUR/PPS Segment
439-E4	Reason For Service Code		RW	For Vaccine administration billing, Professional Service code (440-E5) must also be submitted
440-E5	Professional Service Code		RW	Value of MA required for Vaccine Administration billing.
441-E6	Result of Service Code		RW	
474-8E	DUR/PPS Level of Effort		RW	Required when submitting compound claims
473-7E	DUR/PPS Code Counter		R	

Compound Segment: Situational

Required when Compound Code 2 is submitted in field 406-D6

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Information	10	M	Compound Segment
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count		M	Must match the submitted number of repetitions..
488-RE	Compound Product ID Qualifier	03	M	NDC
489-TE	Compound Product ID		M	
448-ED	Compound Ingredients Quantity		M	
449-EE	Compound Ingredient Drug Cost		R	Sum of Compound Ingredient Cost must equal Submitted Ingredient Cost Field 409-D9.
490-UE	Compound Ingredient Basis of Cost Determination		R	
362-2G	Compound Ingredient Modifier Code Count		RW	
363-2H	Compound Ingredient Modifier Code		RW	

Clinical Segment:

Required when requested by plan

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Information	13	M	Clinical Segment
491-VE	Diagnosis Code Count		R	
492-WE	Diagnosis Code Qualifier		R	
424-DO	Diagnosis Code		R	

COB/Other Payer Segment: Situational

Scenario 2: Other Payer-Patient Responsibility Amount.

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Information	05	M	

COB/Other Payer Segment: Situational

Scenario 2: Other Payer-Patient Responsibility Amount.

Field#	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COB/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M	**02**= Secondary **03**= Tertiary
339-6C	Other Payer Qualifier	03	R	BIN
340-7C	Other Payer ID		R	BIN of the previous payer
443-E8	Other Payer Date		R	CCYYMMDD
342-HC	Other Payer Amount Paid Qualifier	07	RW	Drug Benefit
431-DV	Other Payer Amount Paid		RW	
341-HB	Other Payer Amount Paid Count		RW	
471-5E	Other Payer Reject Count	Max 5	RW	
472-6E	Other Payer Reject Code		RW	
353-NR	Other Payer-Patient Responsibility Amount Count	Max 25	R	
351-NP	Other Payer-Patient Responsibility Amount Qualifier		R	
352-NQ	Other Payer-Patient Responsibility Amount		R	Required if necessary for patient financial responsibility only billing.

Note: *Fields 342-HC and 431-DV are required in Scenario I but it may be situationally required in Scenario 2 if our adjudication rules necessitate them.*