



Payer Name: AscellaHealth		Date: 12/16/2025	
Plan Name/Group Name: AscellaHealth		BIN: 028851	PCN: AC
Processor: RxLogic			
Effective as of: 12/16/2025		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@ascellahealth.com General website https://ascellahealth.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: 877-389-9040			
Other versions supported: None			

GENERAL INFORMATION

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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	028851	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	AC	M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	



Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 = NPI
201-B1	SERVICE PROVIDER ID		M	10 Digit NPI
401-D1	DATE OF SERVICE		M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

Insurance Segment				Claim Billing/Claim Rebill
Segment Identification (111-AM) = "04"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID	Varies	R	
302-C2	CARDHOLDER ID	Varies	R	
303-C3	PERSON CODE	01-99	O	
306-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
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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				Claim Billing/Claim Rebill
Segment Identification (111-AM) = "Ø7"				
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



Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
354-NX	SUBMISSION CLARIFICATION CODE COUNT	1-3	RW	If present, must = total # of group occurrences. Must be present if 420-DK is used.
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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-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 SUBMITTED		O	



Compound Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent		Optional
This Segment is situational	X	Required when Compound Code (406-D6) = 2 (compound).

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	



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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	Ø1	R	Ø1-National Provider fier (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
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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