

NetCard Systems / WellDyneRx
D.0 Payer Sheet

1. General Information

Payer Name: NetCard Systems	Date: 03/01/2020
Processor: OptumRx	NCPDP Telecommunication Version/Release #: D.0
NCPDP Data Dictionary Version: Oct 2017	NCPDP External Code List Version: Oct 2017
Contact Information:	
Network Contracting: 1-866-813-3743	
Provider Relations email: <i>RetailManager@netcardsystems.com</i>	
Pharmacy Help Desk: 1-888-886-5822	Website: netcardsystems.com
Plan Help Desk: 1-888-479-2000	WellDyneRx.com
Certified Testing Window: Not required	
Other versions supported: D.0 ONLY	

BIN/PCN for pharmacy processing:

Plan Name/Group Name	BIN	PCN
Commercial: WellDyneRx	008878	CB8, WDRX (varies by plan) Refer to ID card
UFCW	008878	UFCW or as appears on ID card
Triad Care	015723	Not required
Eagle Pharmacy	019173	Not required
ChicagoRx Card/WellCardRx	020586	WDN or as appears on ID card
Pharmastrategies	014856	Not required
Pharmastrategies	015383	Not required
Pharmastrategies	016359	Not required
RxMedSaver	018034	WDF or as appears on ID card
Connect Health Solutions	018794	Not required
Connect Health Solutions	018506	Not required
Palliative Drug Care	015962	Not required
GoodRx	008878	WDN or as appears on ID card
PWA LLC - PWA2	022287	8969

Payer Legend

M - Mandatory
R - Required
RW - Required when
O - Optional
S - Situational

2. Billing Transaction

Transaction Header Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
101-A1	BIN NUMBER	See above	M	
102-A2	VERSION/RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	See above	M	From ID card
109-A9	TRANSACTION COUNT	Up to 4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	NPI ONLY
201-B1	SERVICE PROVIDER ID	10 digit NPI	M	NPI ONLY
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERT ID		O	

Patient Segment - Required

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	01	M	Patient Segment
331-CY	PATIENT ID		O	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
305-C5	PATIENT GENDER CODE		R	
304-C4	DATE OF BIRTH		R	
322-CM	PATIENT STREET ADDRESS		O	
322-CN	PATIENT CITY ADDRESS		O	
324-CO	PATIENT STATE OR PROVINCE		O	
325-CP	PATIENT ZIP/POSTAL CODE		O	
326-CQ	PATIENT PHONE NUMBER		O	
307-C7	PLACE OF SERVICE		RW	
335-2C	PREGNANCY INDICATOR		RW	
384-4X	PATIENT RESIDENCE		O	

Insurance Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	04	M	Insurance Segment
302-C2	CARDHOLDER ID		M	
303-C3	PERSON CODE		RW	When provided on ID card
306-C6	PATIENT RELATIONSHIP CODE		R	1=Cardholder 2=Spouse 3=Child 4=Other
301-C1	GROUP ID		R	As appears on ID card
360-2B	MEDICAID INDICATOR		RW	When required by plan
115-N5	MEDICAID ID NUMBER		RW	When required by plan
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		RW	When required by plan
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	When required by plan

Claim Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	07	M	Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01	M	01 = Rx Billing
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	
405-D5	DAYS SUPPLY		R	
403-D3	FILL NUMBER		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW)		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
420-DK	SUBMISSION CLARIFICATION CODE		RW	8 - Process compound for approved Ingredients, 19 - Split Billing for LTC settings only
308-C8	OTHER COVERAGE CODE		RW	0=Not Specified, 1=No other coverage, 2=Other coverage exists pymt collected, 3=Other coverage, drug not covered, 4=Other coverage pymt not collected, 5=Managed Care plan denial, 6=Other Coverage Denied, 7=Other coverage not in effect, 8=Claim is billing for copay
600-28	UNIT OF MEASURE	EA,GM,ML	RW	
429-DT	SPECIAL PACKAGING INDICATOR		O	
357-NV	DELAY REASON CODE		O	
995-E2	ROUTE OF ADMINISTRATION		O	
996-G1	COMPOUND TYPE		O	
147-U7	PHARMACY SERVICE TYPE		O	
453-EJ	ORIG PRESCRIBED PRODUCT/ SERVICE ID QUALIFIER		RW	
445-EA	ORIGINALLY PRESCRIBED PRODUCT SERVICE CODE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		RW	

Prescriber Segment - Required

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	03	M	Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	01	M	01=NPI, 12=DEA
411-D8	PRESCRIBER ID		M	NPI PREFERRED
427-DR	PRESCRIBER LAST NAME		O	
498-PM	PRESCRIBER PHONE NUMBER		O	

Pricing Segment - Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	11	M	Pricing Segment
409-D9	INGREDIENT COST SUBMITTED		R	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
412-DC	PATIENT PAID AMOUNT SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when claiming sales tax
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when claiming sales tax
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when claiming sales tax
423-DN	BASIS OF COST DETERMINATION		RW	
478-H7	OTHER AMOUNT CLAIM SUBMITTED COUNT		RW	
479-H8	OTHER AMOUNT CLAIMS SUBMITTED QUALIFIER		RW	
480-H9	OTHER AMOUNT CLAIMS SUBMITTED		RW	

COB Scenarios are accepted based on plan design:

SCENARIO 1 - OTHER PAYER AMOUNT PAID REPETITIONS ONLY

Coordination of Benefits/Other Payments Segment - Situational

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	05	M	COB/Other Payments
337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Max = 9	RW	Required if Segment used
338-5C	OTHER PAYER COVERAGE TYPE		RW	
339-6C	OTHER PAYER ID QUALIFIER	03	RW	03 = BIN number
340-7C	OTHER PAYER ID		R	Other payer BIN
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT		RW	# of occurrences
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing
471-5E	OTHER PAYER REJECT COUNT		RW	
472-6E	OTHER PAYER REJECT CODE		RW	Required when other payer has denied payment for the billing designated with Other Coverage Code 3, Other Coverage Billed - claim not covered

SCENARIO 2-OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT & BENEFIT STAGE REPITITIONS ONLY

Coordination of Benefits/Other Payments Segment - Situational

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	05	M	COB/Other Payments
337-4C	COORDINATION OF BENEFITS/ OTH		RW	
338-5C	OTHER PAYER COVERAGE TYPE		RW	
339-6C	OTHER PAYER ID QUALIFIER	03	R	03 = BIN number
340-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
471-5E	OTHER PAYER REJECT COUNT		RW	
472-6E	OTHER PAYER REJECT CODE		RW	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		RW	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	
392-MU	BENEFIT STAGE COUNT		RW	
393-MV	BENEFIT STAGE QUALIFIER		RW	
394-MW	BENEFIT STAGE AMOUNT		RW	

SCENARIO 3 - OTHER PAYER AMOUNT APID, OTHER APYER-PATIENT RESPONSIBILITY AMOUNT, & BENEFIT STAGE REPITITIONS PRESENT (GOVERNMENT PROGRAMS)

Coordination of Benefits/Other Payments Segment - Situational

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	05	M	COB/Other Payments
337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT		RW	
338-5C	OTHER PAYER COVERAGE TYPE		RW	
339-6C	OTHER PAYER ID QUALIFIER		RW	
340-7C	OTHER PAYER ID		RW	
443-E8	OTHER PAYER DATE		RW	
341-HB	OTHER PAYER AMOUNT PAID COUNT		RW	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	
431-DV	OTHER PAYER AMOUND PAID		RW	
471-5E	OTHER PAYER REJECT COUNT		RW	
472-6E	OTHER PAYER REJECT CODE		RW	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		RW	
352-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	
392-MU	BENEFIT STAGE COUNT		RW	
393-MV	BENEFIT STAGE QUALIFIER		RW	
394-MW	BENEFIT STAGE AMOUNT		RW	

DUR/PPS Segment - Situational

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	08	M	DUR/PPS
473-7E	DUR/PPS CODE COUNTER		RW	Maximum of 9 occurrences
439-E4	REASON FOR SERVICE CODE		RW	
440-ES	PROFESSIONAL SERVICE CODE		RW	MA - Medication Administered
441-E6	RESULT SERVICE CODE		RW	
474-8E	DUR/PPS LEVEL OF EFFORT		RW	
475-J9	DUR CO-AGENT ID QUALIFIER		RW	
476-H6	DUR CO-AGENT CODE		RW	

Compound Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	10	M	Compound
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		RW	Required if segment is used
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1=EACH, 2=GRAMS, 3=MLs	RW	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		RW	Maximum of 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 = NDC	RW	
489-TE	COMPOUND PRODUCT ID		RW	
448-ED	COMPOUND INGREDIENT QUANTITY		RW	At least 2 ingredients / 2 NDCs
449-EE	COMPOUND INGREDIENT DRUG COST		RW	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT		RW	
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	

Clinical Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	13	M	Clinical
491-VE	DIAGNOSIS CODE COUNT	Maximum 5	RW	<i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER		RW	<i>Imp Guide :</i> Required if Diagnosis Code (424-DO) is used
424-DO	DIAGNOSIS CODE		RW	

3. Billing Response - Paid Transaction

Response Header Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
102-A2	VERSION/RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same	M	Same as in request
501-FI	HEADER RESPONSE STATUS	A=Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same	M	Same as in request
201-B1	SERVICE PROVIDER ID	Same	M	Same as in request
401-D1	DATE OF SERVICE	Same	M	Same as in request

Response Message Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	20	M	Response Message
504-F4	MESSAGE		O	<i>Imp Guide:</i> Required if text is needed for clarification or detail.

Response Insurance Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	25	M	Response Insurance
301-C1	GROUP ID		RW	
524-FO	PLAN ID		S	
302-C2	CARDHOLDER ID		S	<i>Imp Guide:</i> Required if the identification to be used in future transactions is different than what was submitted on the request.

Response Patient Segment - Required

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	29	M	Response Patient
310-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
304-C4	DATE OF BIRTH		RW	

Response Status Segment - Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	21	M	Response Status
112-AN	TRANSACTION RESPONSE STATUS		M	P=Paid, D=Duplicate
504-F3	AUTHORIZATION NUMBER		R	
547-5F	APPROVED MESSAGE CODE COUNT		S	Maximum count of 5
548-6F	APPROVED MESSAGE CODE		S	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		S	Maximum count of 25
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		S	
526-FQ	ADDITIONAL MESSAGE INFORMATION		S	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		S	

Response Claim Segment - Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	22	M	Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	1 = Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Rx Number

Response Pricing Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	23	M	Response Pricing
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		R	
558-AW	FLAT SALE TAX AMOUNT PAID		S	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		S	
560-AY	PERCENTAGE SALES TAX RATE PAID		S	<i>Imp Guide:</i> required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
561-AZ	PERCENTAGE SALES TAX BASIS PAID		S	<i>Imp Guide:</i> required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
521-FL	INCENTIVE AMOUNT PAID		S	Required if Incentive Amount Submitted (438-E3) is greater than zero (0).
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3	S	Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER		S	Required if Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID		S	Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).
566-J5	OTHER PAYER AMOUNT RECOGNIZED		S	Required if Other Payer Amount Paid (431-DV) is greater than zero (0) and Coordination of Benefits/Other Payments Segment is supported.
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		S	Required if Basis of Cost Determination (432-DN) is submitted on billing.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		S	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay amount.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		S	
506-F6	REMAINING DEDUCTIBLE AMOUNT		S	
507-F7	REMAINING BENEFIT AMOUNT		S	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		S	
518-FI	AMOUNT OF COPAY		S	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		S	
572-4U	AMOUNT OF COINSURANCE		S	
577-G3	ESTIMATED GENERIC SAVINGS		S	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		S	

Response DUP/PPS Segment - Situational

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	24	M	Response DUR/PPS
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences	S	
439-E4	REASON FOR SERVICE CODE		S	
528-FS	CLINICAL SIGNIFICANCE CODE		S	
529-FT	OTHER PHARMACY INDICATOR		S	
530-FU	PREVIOUS DATE OF FILL		S	

4. Billing Response - Rejected Transaction

Response Header Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
102-A2	VERSION/RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same	M	Same as in request
501-FI	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same	M	Same as in request
201-B1	SERVICE PROVIDER ID	Same	M	Same as in request
401-D1	DATE OF SERVICE	Same	M	Same as in request

Response Message Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	20	M	Response Message
504-F4	MESSAGE		O	

Response Status Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	21	M	Response Status
112-AN	TRANSACTION RESPONSE STATUS		M	R = Reject
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT		R	Maximum count of 5
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURANCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	Maximum count of 25
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	

5. Claim Reversal Transaction

Transaction Header Segment - Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
101-A1	BIN NUMBER	See B1 info	M	
102-A2	VERSION/RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	See B1 info	M	From ID card
109-A9	TRANSACTION COUNT	1	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	NPI	M	
201-B1	SERVICE PROVIDER ID	01	M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATE ID		M	

Insurance Segment - Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	04	M	Insurance Segment
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID		S	

Claim Segment - Mandatory

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	07	M	Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01	M	01 = Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	
403-D3	FILL NUMBER		M	
308-C8	OTHER COVERAGE CODE		RW	

Coordination of Benefits/Other Payments Segment - Situational

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Comment</i>
111-AM	SEGMENT IDENTIFICATION	05	M	COB/Other Payments
337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

DUR/PPS Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	08	M	DUR/PPS
473-7E	DUR/PPS CODE COUNTER		M	Maximum of 9 occurrences
439-E4	REASON FOR SERVICE CODE		M	
440-ES	PROFESSIONAL SERVICE CODE		M	
441-E6	RESULT SERVICE CODE		M	
474-8E	DUR/PPS LEVEL OF EFFORT		RW	

6. Claim Reversal - Approved Response

Response Header Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
102-A2	VERSION/RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same	M	Same as in request
501-FI	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same	M	Same as in request
201-B1	SERVICE PROVIDER ID	Same	M	Same as in request
401-D1	DATE OF SERVICE	Same	M	Same as in request

Response Message Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	20	M	Response Message
504-F4	MESSAGE		R	Reversal Accepted

Response Status Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	21	M	Response Status
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		R	

Response Claim Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	22	M	Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	1 = Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

7. Claim Reversal - Rejected Response

Response Header Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
102-A2	VERSION/RELEASE NUMBER	D.0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same	M	Same as in request
501-FI	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same	M	Same as in request
201-B1	SERVICE PROVIDER ID	Same	M	Same as in request
401-D1	DATE OF SERVICE	Same	M	Same as in request

Response Message Segment - Situational

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	20	M	Response Message
504-F4	MESSAGE		R	Reversal Not Processed

Response Status Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	21	M	Response Status
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT		R	Maximum count of 5
511-FB	REJECT CODE		R	

Response Claim Segment - Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Comment
111-AM	SEGMENT IDENTIFICATION	22	M	Response Claim
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QULIFIER	1 = Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2" in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	