



Pharmacy Network Management

Formerly NetCard Systems Pharmacy Network

Medicare Part D

[Table of Contents](#)

- Part 1 – General Information for Pharmacy Processing 1
- Part 2 – Claim Billing Transaction 2
- Part 3 – Claim Billing Response, Paid Transaction 8
- Part 4 – Claim Billing Response, Reject Transaction..... 12
- Part 5 – Claim Reversal Transaction 13
- Part 6 – Claim Reversal Transaction, Approved Response 14
- Part 7 – Claim Reversal Transaction, Reject Response..... 15

1. GENERAL INFORMATION

Payer Name: NetCard Systems	Effective Date: 1/1/2022
Processor: OptumRx	NCPDP Telecommunication Version/Release #: D.0
NCPDP Data Dictionary Version: Oct. 2019	NDPDP External Code List Version: Oct. 2019

CONTACT INFORMATION

Golden State Pharmacy Help Desk: 1-877-323-0220 **Golden State Member Help Desk:** 1-877-541-4111
Golden State Website: www.GSMHP.com
For additional resources and information, please visit our website or call our Help Desk below.
Website: www.WellDyne.com www.WellDyne.com/for-pharmacies
WellDyne Pharmacy Help Desk - Claim processing questions: 1-888-886-5822
Pharmacy Network Contracting: 1-866-813-3743
Pharmacy Network email: RetailManager@netcardsystems.com

BIN/PCN for pharmacy processing – WellDyne Medicare Part D

PLAN NAME / GROUP NAME	BIN	PCN	GROUP
Golden State Medicare Health Plan	024327	GSH2241	GSHMAPD

Payer Legend

M – Mandatory **RW** – Required When
R – Required **O** – Optional

2. BILLING TRANSACTION

Transaction Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
101-A1	BIN number	024327	M	Medicare Part D
102-A2	Version/Release number	D.0	M	
103-A3	Transaction code	B1	M	Billing Transaction
104-A4	Processor control number	GSH2241	M	As printed on ID card
109-A9	Transaction count	1	M	Only 1 transaction allowed for Medicare Part D claims
202-B2	Service provider ID qualifier	01	M	National Provider ID (NPI) only
201-B1	Service provider ID		M	National Provider ID (NPI)
401-D1	Date of service		M	
110-AK	Software vendor/cert ID		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	
309-C9	Eligibility Clarification Code	1-6	RW	Required when requested by processor to clarify the eligibility of an individual, which may affect coverage.
301-C1	Group ID		R	Always required for claim processing.
303-C3	Person code		RW	Required when needed to identify the beneficiary
306-C6	Patient relationship code	1=Cardholder 2=Spouse	RW	Required when needed to identify the relationship of the beneficiary to the Cardholder.
997-G2	CMS Part D defined qualified facility	Y/N	RW	Required for Medicare Part D claim submission to identify if facility meets CMS definition of a Long-Term Care facility

Patient Segment - Required

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	01	M	Patient Segment
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		RW	When submitting tax
323-CN	Patient city address		RW	When submitting tax
324-CO	Patient state or province		RW	When submitting tax
325-CP	Patient zip/postal code		RW	When submitting tax

Payer Sheet



307-C7 Place of Service RW Required for Medicare Part D Long Term Care claim submission

384-4X	Patient residence	00 - Not specified 01 - Home 03 - Nursing Facility 04 - Assisted Living Facility 06 - Group Home 09 - Intermediate Care Facility/Individuals with Intellectual Disabilities	RW	Required for Medicare Part D Long Term Care. If correct values are not submitted, claims automatically process as retail claims. LTC pharmacies should follow CMS/NCPDP guidelines as this may impact benefit coverage and pricing
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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	Rx Number
436-E1	Product/service ID qualifier	03	M	03 = NDC Multi-ingredient prescription, Product/Service ID Qualifier is zero (00)
407-D7	Product/service ID		M	Multi-ingredient prescription Product/Service ID is zero (0)
442-E7	Quantity dispensed		R	
403-D3	Fill number		R	
405-D5	Days supply		R	
406-D6	Compound code	1 or 2	R	1 = Not a compound 2 = Compound
408-D8	Dispense as written (DAW)	0 to 9	R	
414-DE	Date prescription written		R	
415-DF	Number of refills authorized	0 - No refills authorized 1-99 Number of refills authorized	R	Required for plan proper benefit administration.
419-DJ	Prescription origin code	1 - Written 2 - Telephone 3 - Electronic 4 - Facsimile 5 - Pharmacy	R	
354-NX	Submission Clarification Code count	Maximum count of 3	RW	Maximum count of 3. Required when Submission Clarification Code (420-DK) is used
420-DK	Submission clarification code		RW	Required when submitting Medicare Part-D claims to clarify services that impact coverage and reimbursement
460-ET	Quantity prescribed		RW	Effective 9/21/20

Required when the claim is for or contains a Schedule II drug

308-C8	Other coverage code	0 - Not Specified 1 - No other coverage 2 - Other coverage exists payment collected 3 - Other coverage billed - drug not covered 4 - Other coverage exists - payment not collected	RW	Required for Coordination of Benefits
429-DT	Special Packaging Indicator		RW	Required when submitting Medicare Part-D claims to clarify services that impact coverage and reimbursement for LTC brand drug claims - max 14 days' supply
600-28	Unit of measure	EA,GM,ML	RW	
418-DI	Level of Service		RW	Required when needed to clarify service
461-EU	Prior Authorization Type Code		RW	Required when override needed for benefit coverage
462-EV	Prior authorization number submitted		RW	Required when different coverage, pricing or patient financial responsibility is to be applied
995-EV	Route of administration		RW	Required when requested by processor
996-G1	Compound Type		RW	Required when processing compound claims.
147-U7	Pharmacy service type	1 - Community/Retail Pharmacy Services. 2 - Compounding Pharmacy Services. 3 - Home Infusion Therapy Provider Services. 4 - Institutional Pharmacy Services. 5 - Long Term Care Pharmacy Services. 6 - Mail Order Pharmacy Services. 7 - Managed Care Organization Pharmacy Services. 8 - Specialty Care Pharmacy Services. 99 - Other	RW	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer

Payer Sheet



Pricing Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	11	M	Claim Segment
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
438-E3	Incentive Amount Submitted		RW	Required when submitting vaccine administration fee
478-H7	Other Amount Claimed Submitted Count		RW	
479-H8	Other Amount Claimed Submitted Qualifier		RW	
480-H9	Other Amount Claimed Submitted		RW	
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 if this field could result in different pricing.
426-DQ	Usual and Customary Charge		R	Required on claim submissions
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		RW	

Pharmacy Provider Segment – Required

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	02	M	Prescriber Segment
465-EY	Provider ID qualifier	01-NPI	M	
498-PM	Provider ID		M	Mandatory-same as Imp Guide

Prescriber Segment – Required

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	03	M	Prescriber Segment
466-EZ	Prescriber ID qualifier	01-NPI	M	
411-D8	Prescriber ID		M	Prescriber NPI required.
427-DR	Prescriber last name		O	
498-PM	Prescriber phone number		O	

COB Scenarios are accepted based on plan design

Scenario 1 – Other Payer Amount Paid Repetitions Only (OPAP)

Coordination of Benefits/Other Payments Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	05	M	COB/Other Payer Amount Paid
337-4C	Coordination of benefits/other payments count	1 to 9	M	Maximum count of 9. Number of payers submitted in the COB segment.
338-5C	Other payer coverage type		M	
339-6C	Other payer ID qualifier	03	RW	03 = BIN number
340-7C	Other payer ID		RW	Required to indicate what other coverage was billed.
443-E8	Other payer date		RW	
341-HB	Other payer amount paid count	Max of 9	RW	Required when Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	Other payer amount paid qualifier		RW	Required when Other Payer Amount Paid (431-DV) is used
431-DV	Other payer amount paid		RW	Required when other payer has approved payment for some/all of the billing
471-5E	Other payer reject count	Max of 5	RW	Required when Other Payer Reject Code (472-6E) is used.
472-6E	Other payer reject code		RW	Required when other payer has rejected the claim with Other Coverage Code 3 in field (308-C8)

DUR/PPS Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	08	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	1 to 9	R	Maximum of 9
439-E4	Reason for Service Code	DA: Drug Allergy DD: Drug-Drug Interaction MC: Drug Disease Reported DC: HD: High Does Alert TD: Therapeutic Duplication	RW	Required when this field affects payment for or documentation of professional pharmacy service.
440-E5	Professional Service Code	MA: Medication Administration	RW	Value MA required for Vaccine Administration billing transactions – MA value must be in the first occurrence of the DUR/PPS

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	2 to 25	RW	Minimum of 2 and maximum of 25 ingredients
488-RE	Compound product ID qualifier	03 = NDC	RW	
489-TE	Compound product ID qualifier		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	Max of 5	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis code qualifier	02 – ICD10	RW	Required if Diagnosis Code (424-DO) is used.
424-DO	Diagnosis code		RW	Required when instructed at POS

3. CLAIM BILLING RESPONSE – PAID (OR DUPLICATE 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, B3	M	
109-A9	Transaction count	Same	M	Same value as in request
501-F1	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		RW	Messaging is to provide additional information to pharmacy.

Response Insurance Segment – Situational

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		O	
302-C2	Cardholder ID		O	If the ID to be used in future transactions is different than what was submitted on the request.

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	P, D	M	P=Paid, D=Duplicate
503-F3	Authorization number		R	Easily identifies the claim
547-5F	Approved message code count		RW	Maximum count of 5
548-6F	Approved message code		RW	
130-UF	Additional message information count		RW	Maximum of 25
132-UH	Additional message information qualifier		RW	Required when Additional Message is used.
526-FQ	Additional message information		RW	Returned when additional text is needed for clarification or detail.
131-UG	Additional message information continuity		RW	Returned when additional text is needed for clarification or detail.

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	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	This data element will be returned on all paid claims.
506-F6	Ingredient cost paid		R	This data element will be returned on all paid claims.
507-F7	Dispensing fee paid		R	This data element will be returned on all paid claims.
558-AW	Flat sale tax amount paid		RW	Required when Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	Percentage sales tax amount paid		RW	Required when this value is used to arrive at the final reimbursement.
560-AY	Percentage sales tax rate paid		RW	<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		RW	<i>Imp Guide:</i> required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
521-FL	Incentive amount paid		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero (0).
563-J2	Other amount paid count	1 to 3	RW	Maximum count of 3 Required if Other Amount Paid (565-J4) is used.
564-J3	Other amount paid qualifier		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	Other amount paid		RW	Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).
566-J5	Other payer amount recognized		RW	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		RW	Required if Basis of Cost Determination (432-DN) is submitted on billing.

Payer Sheet



Imp Guide: 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.

523-FN	Amount attributed to sales tax	RW	
512-FC	Accumulated deductible amount	RW	Provided if known or applicable.
513-FD	Remaining deductible amount	RW	Provided if known or applicable.
514-FE	Remaining benefit amount	RW	Provided if known or applicable.
517-FH	Amount applied to periodic deductible	RW	Provided if known or applicable.
518-FI	Amount of copay	RW	Required when Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	Amount exceeding periodic benefit maximum	RW	Required when Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.
572-4U	Amount of coinsurance	RW	Required when Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
392-MU	Benefit stage count	RW	Maximum count of 4
393-MV	Benefit stage qualifier	RW	Provided if known or applicable
394-MW	Benefit stage amount	RW	Provided if known or applicable
128-UC	Spending account amount remaining	RW	Provided if known or applicable
129-UD	Health plan-funded assistance amount	RW	Provided if known or applicable
133-UJ	Amount attributed to provider network selection	RW	Provided if known or applicable
134-UK	Amount attributed to product selection/brand drug	RW	Provided if known or applicable
135-UM	Amount attributed to product selection/non-preferred formulary selection	RW	Provided if known or applicable
136-UN	Amount attributed to product selection/brand non-preferred formulary selection	RW	Provided if known or applicable
137-UP	Amount attributed to coverage gap	RW	Provided if known or applicable

Payer Sheet



Response DUP/PPS Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	24	M	Response DUR/PPS
567-J6	DUR/PPS response code counter		RW	Maximum of 9 occurrences
439-E4	Reason for service code		RW	
528-FS	Clinical significance code		RW	
529-FT	Other pharmacy indicator		RW	
530-FU	Previous date of fill		RW	
531-FV	Quantity of previous fill		RW	
532-FW	Database indicator		RW	
533-FX	Other prescriber indicator		RW	
544-FY	DUR free text message		RW	
570-NS	DUR additional text		RW	

Response Coordination of Benefits/Other Payers Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	28	S	COB/Other Payer Amount Paid
355-NT	Other payer ID count		M	Maximum of 3
338-5C	Other payer coverage type		M	
339-6C	Other payer qualifier		RW	
340-7C	Other payer ID		RW	
991-MH	Other payer processor control number		RW	
356-NU	Other payer cardholder ID		RW	
992-MJ	Other payer group ID		RW	
142-UV	Other payer person code		RW	
127-UB	Other payer help desk phone number		RW	
143-UW	Other payer patient relationship code		RW	
144-UX	Other payer benefit effective date		RW	
145-UY	Other payer benefit termination date		RW	

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, B3	M	
109-A9	Transaction count	Same	M	Same as in request
501-FI	Header response status	A	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		RW	

Response Insurance Segment – Situational

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		RW	

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	M	R = Reject
503-F3	Authorization number		RW	Required to identify the transaction
510-FA	Reject count		R	Maximum count of 5
511-FB	Reject code		R	
546-4F	Reject field occurrence indicator		RW	Required when repeating field is in error, to identify repeating field occurrence.
130-UF	Additional message information count		RW	Maximum count of 25
132-UH	Additional message information qualifier		RW	Returned when additional text is needed for clarification or detail.
526-FQ	Additional message information		RW	Returned when additional text is needed for clarification or detail.
131-UG	Additional message information continuity		RW	Returned when additional text is needed for clarification or detail.

5. CLAIM REVERSAL TRANSACTION

Claim reversal information must match original paid claim information. 90-day reversal window for Medicare Part-D claims. COB reversals must be reversed in the correct back out order where the last claim billed is the first claim reversed.

Transaction Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
101-A1	BIN number	See B1 info	M	Same value in the request billing
102-A2	Version/release number	D.0	M	
103-A3	Transaction code	B2	M	
104-A4	Processor control number		M	Same value in the request billing
109-A9	Transaction count	1	M	
202-B2	Service provider ID qualifier	01	M	01 – NPI
201-B1	Service provider ID	NPI	M	Same value in the request billing
401-D1	Date of service		M	Same value in the request billing
110-AK	Software vendor/certificate ID		M	

Insurance Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	Required when segment is sent

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	1	M	1 = Rx Billing
402-D2	Prescription/service reference number		M	Same value in the request billing
436-E1	Product/service ID qualifier		M	Same value in the request billing
407-D7	Product/service ID		M	Same value in the request billing
403-D3	Fill number		M	Same value in the request billing
308-C8	Other coverage code		RW	Same value in the request billing

Coordination of Benefits Other Payments Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	05	M	COB/Other Payer
337-4C	Coordination of Benefits/Other Payment Count		M	Maximum of 9
338-5C	Other payer coverage type		M	

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	Reversal Accepted/Approved
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	Reversal Accepted/Approved
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	
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	

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	Reversal Rejected
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	
546-4F	Reject field occurrence 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	
549-7F	Help Desk Phone Number Qualifier		RW	
550-8F	Help Desk Phone Number		RW	