

Pharmacy Network Management Formerly NetCard Systems Pharmacy Network

Commercial Business

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1. GENERAL INFORMATION

| | |
|---|---|
| Payer Name: NetCard Systems | Date: 5/1/2023 |
| Processor: OptumRx | NCPDP Telecommunication Version/Release #: D.0 |
| NCPDP Data Dictionary Version: Oct. 2017 | NDPDP External Code List Version: Oct. 2019 |

CONTACT INFORMATION

Resources and information, please visit our website below.

Website: www.WellDyne.com www.WellDyne.com/for-pharmacies

WellDyne Pharmacy Health Desk – Claim processing questions: **1-888-886-5822**

WellDyne Member Services, plan and general information: **1-888-479-2000**

**Member Services and Pharmacy Help Desk are available 24 hours a day, 7 days a week, 365 days a year*

Pharmacy Network Contracting: 1-866-813-3743

Pharmacy Network Administration email: RetailManager@netcardsystems.com or PharmacyInfo@welldyne.com

BIN/PCN for pharmacy processing - Commercial

| PLAN NAME / GROUP NAME | BIN | PCN |
|---------------------------------|--------|---|
| WellDyne – Various | 008878 | WDRX or as appears on ID card |
| UFCW | 008878 | UFCW or as appears on ID card |
| Triad Care | 015723 | TRIADCR or as appears on ID card |
| Eagle Pharmacy | 019173 | Not required |
| Palliative Drug Care Rx (PDCRx) | 015962 | PDC or as appears on ID card (888-901-2092) |
| PDCRxMX (Medalist Rx) | 024433 | As appears on ID card |
| PDCRx | 024441 | As appears on ID card |
| IndigoRx | 639857 | INGORX or as appears on ID card |
| IndigoRx | 639858 | BLUE or as appears on ID card |
| OrchestraRx | 025036 | ORX26 or as appears on ID card |

Payer Sheet



| | | |
|-----------------|--------|--------------------------------|
| WellDyne BESTRx | 025219 | WDBRx or as appears on ID card |
| WellDyne Select | 025359 | SELECT |

BIN/PCN for pharmacy processing – Discount card

| PLAN NAME / GROUP NAME | BIN | PCN |
|--|--------|--|
| WellDyne – Various | 023252 | WCH, WDN (BIN: 008878), CHRX |
| ChicagoRx Card / WellCardRx | 020586 | WDN or as appears on ID card |
| RXDC | 014856 | Not required |
| RxMedSaver | 018034 | WDF or as appears on ID card |
| Connect Health Solutions | 018794 | Not required |
| Connect Health Solutions | 018506 | Not required |
| CoastalRx (CRX, LLC - formerly PWA, LLC) | 022287 | WDN, 8969, or as appears on ID card |
| Teddy Rx LLC | 022591 | WDN or as appears on ID card |
| Fairway 360 LLC (Remedy One) | 022600 | WDN or as appears on ID card |
| Discount Rx Savings | 022725 | WDN |
| Financial Marketing Concepts, Inc | 021429 | FMC |
| Better Rx, Inc | 023070 | BRX or as appears on ID card |
| OrchestraRx | 018687 | ORCHESTRA, DCAE1 or as appears on ID card |
| OrchestraRx | 019934 | GDBUY01 or as appears on ID card |
| PirateRx | 023534 | PRX or as appears on ID card |
| AffordableMeds – Integrated Informatics, Inc. | 024334 | WDINT or as appears on ID card |
| RxNxt | 024301 | WDN or as appears on ID card |
| Crumdale Partners | 024319 | WDN or as appears on ID card |
| Waltz Health-Resonant Scripts, Guild Health, Low Cost Prescriptions | 611776 | INGO, GHRX, RSRX, LCRX or as listed on ID card |
| Savascript Value Services | 025367 | WDN or as appears on ID card |
| SelectRx | 025961 | SELECTRX |

Payer Legend

M – Mandatory
R – Required

RW – Required When
O – Optional

Version History

January 2021

- Added Submission Clarification Count (354-NX)
- Added DUR/PPS Segments
- Added missing Pricing Segment in Claim Billing Transaction
- Name change for plan PWA now CoastalRx
- Removed COB Scenarios 1 and 3 – not applicable with this payer sheet
- Added new BIN: 023252

February 2021

- Added OrchestraRx cash BINs 018687 and 019934

July 2021

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- Added BINs 023534 and 024334

September 2021

- Added BINs 024433 and 024441 – Help Desk 855-633-2579
- Added BIN 015962 Help Desk 888-901-2092
- Remove BINs 015383 and 016359
- Added BINs 024301 and 024319

January 2022

- Added CareRx, LLC BIN 024847
- Added IndigoRx BINs 611776, 639857, 639858

February 2022

- Added IndigoRx PCNs GHRX, RSRX, LCRX for BIN 611776

July 2022

- BIN 024301 update to RxNxt
- BIN 022725 name change from Fort Miro to DiscountRx Savings
- BIN 611776 name change from IndigoRx to Waltz Health
- Added OrchestraRx Commercial BIN 025036

September 2022

- Added PCN ORX26 for OrchestraRx BIN 025036

October 2022

- Removed BIN 024847 and 022501 (transferred to different processor)
- Added BIN 025219
- Added BIN 025359

November 2022

- Added BIN 025367

February 2023

- Added field 433-DX

April 2023

- Added BIN 025961 SelectRx

2. BILLING TRANSACTION

Transaction Header Segment – Mandatory

| FIELD # | NCPDP FIELD NAME | VALUE | PAYER USAGE | COMMENT |
|---------|-------------------------------|-----------|-------------|---|
| 101-A1 | BIN number | See above | M | Pages 1 and 2 for BIN/PCN |
| 102-A2 | Version/Release number | D.0 | M | |
| 103-A3 | Transaction code | B1, B3 | M | |
| 104-A4 | Processor control number | | M | Refer to above list or what is printed on ID card |
| 109-A9 | Transaction count | 1 to 4 | M | Up to 4 |
| 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 | |
| 303-C3 | Person code | | RW | When provided on ID card |
| 306-C6 | Patient relationship code | 1,2,3,4 | R | 1=Cardholder 2=Spouse 3=Child 4=Other |
| 301-C1 | Group ID | | R | As appears on ID card |
| 997-G2 | CMS Part D defined qualified facility | | RW | When required by plan |

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 | | R | |
| 326-CQ | Patient phone number | | RW | When used as ID number |
| 307-C7 | Place of service | | RW | When needed for plan benefit |
| 335-2C | Pregnancy indicator | | RW | When needed for plan benefit |
| 384-4X | Patient residence | | RW | When needed for plan benefit |

Payer Sheet



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 | |
| 405-D5 | Days supply | | R | |
| 403-D3 | Fill number | | 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 | | R | |
| 419-DJ | Prescription origin code | | RW | Required when necessary for plan administration. |
| 354-NX | Submission Clarification Code count | 1 to 3 | RW | Maximum count of 3. Required when Submission Clarification Code (420-DK) is used |
| 420-DK | Submission clarification code | | RW | Required when submission requires clarification for proper 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 | | 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, 8=Claim is billing for copay |
| 453-EJ | Original prescribed product/ service ID qualifier | | RW | |
| 445-EA | Originally prescribed product service code | | RW | |
| 446-EB | Originally prescribed quantity | | RW | |
| 454-EK | Scheduled prescription ID number | | RW | |
| 600-28 | Unit of measure | EA,GM,ML | RW | |
| 418-DI | Level of service | | RW | |
| 461-EU | Prior authorization type code | 1 | RW | 1 = Prior Authorization |
| 462-EV | Prior authorization number submitted | | RW | |
| 995-EV | Route of administration | | O | |
| 996-G1 | Compound Type | | O | |
| 147-U7 | Pharmacy service type | | O | |

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 | |
| 433-DX | Patient Paid Amount Submitted | | O | Optional field if known upon submission |
| 438-E3 | Incentive Amount Submitted | | RW | Required when submitting vaccine and administration fee |
| 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 |
| 426-DQ | Usual and Customary Charge | | R | |
| 430-DU | Gross Amount Due | | R | |
| 423-DN | Basis of Cost Determination | | R | |

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 | M | 01=NPI |
| 411-D8 | Prescriber ID | | M | NPI PREFERRED |
| 427-DR | Prescriber last name | | O | |
| 498-PM | Prescriber phone number | | O | |

COB Scenarios are accepted based on plan design

Scenario 2 – other payer-patient responsibility amount & benefit stage repetitions only

Coordination of Benefits/Other Payments Segment – Situational

| FIELD # | NCPDP FIELD NAME | VALUE | PAYER USAGE | COMMENT |
|---------|---|---------|-------------|--|
| 111-AM | Segment identification | 05 | M | COB/Other Payments |
| 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 | <i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used. <i>Payer Requirement:</i> 03 = BIN number |
| 340-7C | Other payer ID | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim adjudication. <i>Payer Requirement:</i> Required to indicate what other coverage was billed. |
| 443-E8 | Other payer date | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim adjudication. |
| 471-5E | Other payer reject count | | RW | <i>Imp Guide:</i> Required when Other Payer reject Code (472-6E) is used. |
| 472-6E | Other payer reject code | | RW | <i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed - claim not covered). |
| 353-NR | Other payer-patient responsibility amount count | 1 to 25 | RW | Maximum count of 25. <i>Imp Guide:</i> Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP | Other payer-patient responsibility amount qualifier | | RW | <i>Imp Guide:</i> Required when Other Payer-Patient Responsibility Amount (352-NQ) is used. |
| 352-NQ | Other payer-patient responsibility amount | | RW | <i>Imp Guide:</i> Required when necessary for patient financial responsibility only |

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 | | RW | Required when this field affects payment for or documentation of professional pharmacy service. |
| 440-E5 | Professional Service Code | | 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 | 1 to 5 | RW | Maximum 5 <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. 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 | <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 | |
| 302-C2 | Cardholder ID | | O | <i>Imp Guide:</i> Required if the identification 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 | Required to identify the transaction |
| 547-5F | Approved message code count | 1 to 5 | RW | Maximum count of 5 |
| 548-6F | Approved message code | | RW | |
| 130-UF | Additional message information count | Max of 25 | RW | Maximum count of 25 <i>Imp Guide:</i> Required when Additional Message Information (526-FQ) is used. |
| 132-UH | Additional message information qualifier | | RW | <i>Imp Guide:</i> Required when Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional message information | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | Additional message information continuity | | RW | Required if repetition of Additional Message information (526-FQ) follows it, and the text of the following message is a continuation of the current. |

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. |
| 523-FN | Amount attributed to sales tax | | RW | <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 | | 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. |
| 134-UK | Amount attributed to product selection/brand drug | | RW | Required when Patient Pay Amount (505-F5) includes an amount that is due to a patient's selection of a Brand drug. |

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 9 occurrences <i>Imp Guide:</i> Required if Reason for Service Code (439-E4) is used. |
| 439-E4 | Reason for service code | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. |
| 528-FS | Clinical significance code | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 529-FT | Other pharmacy indicator | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 530-FU | Previous date of fill | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 531-FV | Quantity of previous fill | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 544-FY | DUR free text message | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 570-NS | DUR additional text | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |

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 | | R | |

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 | <i>Imp Guide:</i> Required when Additional Message Information (526-FQ) is used. |
| 526-FQ | Additional message information | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |
| 131-UG | Additional message information continuity | | RW | Required if repetition of Additional Message information (526-FQ) follows it, and the text of the following message is a continuation of the current. |

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 9 occurrences <i>Imp Guide:</i> Required if Reason for Service Code (439-E4) is used. |
| 439-E4 | Reason for service code | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. |
| 528-FS | Clinical significance code | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 529-FT | Other pharmacy indicator | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 530-FU | Previous date of fill | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 531-FV | Quantity of previous fill | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 544-FY | DUR free text message | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |
| 570-NS | DUR additional text | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for utilization conflict. |

5. CLAIM REVERSAL TRANSACTION

*NOTE REVERSAL WINDOWS: COMMERCIAL – 30 DAYS / DISCOUNT CARD – 15 DAYS

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 |

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-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 | | 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-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 | | 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 qualifier | 1 = Billing | M | Imp Guide: 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 | |