

GENERAL INFORMATION

Payer Name: RealRx / Cooperative Benefits Group		Date: April 20, 2022																			
Plan Name/Group Name: ALL		<table border="1"> <thead> <tr> <th>BIN</th> <th>PCN</th> <th>Phone Number</th> </tr> </thead> <tbody> <tr> <td>610830</td> <td>REALRXHU</td> <td>855.856.5694</td> </tr> <tr> <td>610830</td> <td>RRXHCU</td> <td>855.864.1404</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		BIN	PCN	Phone Number	610830	REALRXHU	855.856.5694	610830	RRXHCU	855.864.1404									
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610830	REALRXHU	855.856.5694																			
610830	RRXHCU	855.864.1404																			
Processor: CoverMyMeds (formerly PHS/RelayHealth)																					
Effective as of April 1, 2020		NCPDP Telecommunication Standard Version/Release#: D.0																			
NCPDP Data Dictionary Version Date: July 2007		NCPDP External Code List Version Date: October 2010																			
Certification Testing Window: Estimated certification window for Health Choice Utah: 11/15/2021 – 12/31/2021																					
Certification Contact Information: Networks@coopbenefitsgroup.com																					
Provider Relations Help Desk Info:		<table border="1"> <thead> <tr> <th>BIN</th> <th>PCN</th> <th>Phone Number</th> </tr> </thead> <tbody> <tr> <td>610830</td> <td>REALRXHU</td> <td>855.856.5694</td> </tr> <tr> <td>610830</td> <td>RRXHCU</td> <td>855.864.1404</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		BIN	PCN	Phone Number	610830	REALRXHU	855.856.5694	610830	RRXHCU	855.864.1404									
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610830	REALRXHU	855.856.5694																			
610830	RRXHCU	855.864.1404																			
Other versions supported: None																					

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name		
B1, B2, B3	Claim Billing, Reversal, Rebill		
Partial fills	Not Supported	Maximum prescriptions per transaction:	Four
Days from date filled/dispensed to date submitted:	10 days		
Reversal Window:	30 days		
Test Claims, on or after:	November 15, 2021	Live Claims, on or after:	April 1, 2020

Pharmacy and Member Helpdesk	BIN	PCN	Phone Number
	610830	REALRXHU	855.856.5694
	610830	RRXHCU	855.864.1404

Test Data

	Healthy U	Health Choice Utah			
BIN	610830	610830			
PROCESSOR CONTROL NUMBER	REALRXHU	RRXHCU			
GROUP	Optional	Optional			
CARDHOLDERID	999991242	999991243			
PERSON CODE	001	001			
PATIENT FIRST and LAST NAME	Ben Geller	Frank Buffay			
RELATIONSHIP CODE	1 - Cardholder	1 - Cardholder			
DATE OF BIRTH	05/11/2005	10/25/1978			

LEGEND

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
OPTIONAL	O	<i>Optional</i> (conditional based on data content) but may be Required by the Payer	Yes
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

Transaction Header	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Transaction Header Segment	Value	Payer Usage	Payer Situation																		
1Ø1-A1	BIN NUMBER		M																			
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M																			
1Ø3-A3	TRANSACTION CODE	B1, B2, B3	M																			
1Ø4-A4	PROCESSOR CONTROL NUMBER		M																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #f4a460;">LOB</th> <th style="background-color: #f4a460;">BIN</th> <th style="background-color: #f4a460;">PCN</th> </tr> </thead> <tbody> <tr> <td>Healthy U</td> <td>610830</td> <td>REALRXHU</td> </tr> <tr> <td>Health Choice Utah</td> <td>610830</td> <td>RRXHCU</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	LOB	BIN	PCN	Healthy U	610830	REALRXHU	Health Choice Utah	610830	RRXHCU												
LOB	BIN	PCN																				
Healthy U	610830	REALRXHU																				
Health Choice Utah	610830	RRXHCU																				
1Ø9-A9	TRANSACTION COUNT	1-4	M																			
2Ø2-B2	SERVICE PROVIDERID QUALIFIER	01-NPI	M																			
2Ø1-B1	SERVICE PROVIDERID	10-Digit NPI	M																			
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M																			
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Spaces are okay																		

Insurance Segment	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

<i>Field #</i>	Insurance Segment Identification (111-AM) = "Ø4"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDERID	i.e. 123456789	M	ID Number varies – refer to ID card
312-CC	CARDHOLDERFIRST NAME	i.e. John	R	
313-CD	CARDHOLDERLAST NAME	i.e. Smith	R	
3Ø1-C1	GROUP ID		O	
3Ø3-C3	PERSON CODE	i.e. 000 or 001	R	
3Ø6-C6	PATIENT RELATIONSHIP CODE	i.e. 1	R	1- Cardholder 5- Student 2- Spouse 6- Disabled Dependent 3- Child 7- Adult Dependent 4- Other 8- Significant Other

Patient Segment	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

<i>Field #</i>	Patient Segment Identification (111-AM) = "Ø1"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	1 or M = Male 2 or F = Female
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		O	
323-CN	PATIENT CITY ADDRESS		O	

<i>Field #</i>	Patient Segment Identification (111-AM) = "Ø1"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
324-CO	PATIENT STATE / PROVINCE ADDRESS		0	
325-CP	PATIENT ZIP/POSTAL ZONE		0	
326-CQ	PATIENT PHONE NUMBER		0	
3Ø7-C7	PLACE OF SERVICE		0	
333-CZ	EMPLOYERID		N/A	
335-2C	PREGNANCY INDICATOR		0	
35Ø-HN	PATIENT E-MAIL ADDRESS		0	
384-4X	PATIENT RESIDENCE		0	

Claim Segment	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills		

<i>Field #</i>	Claim Segment Identification (111-AM) = "Ø7"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	i.e.1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	i.e. Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	i.e. 03=NDC	M	For multi-ingredient Rx '00' (zeros)
4Ø7-D7	PRODUCT/SERVICE ID	i.e. 123456	M	For multi-ingredient Rx, this = 0 (zero)
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required on a partial fill

<i>Field #</i>	Claim Segment Identification (111-AM) = "Ø7"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required on a partial fill.
442-E7	QUANTITY DISPENSED	i.e. 30	R	
4Ø3-D3	FILL NUMBER	i.e. 2	R	
4Ø5-D5	DAYS SUPPLY	i.e. 30	R	
4Ø6-D6	COMPOUND CODE	i.e. 1 or 2	R	1 - Not a Compound 2- Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	i.e. 1	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required when necessary for specific overrides or when requested by processor
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	SCC 20 Required for 340B processing
46Ø-ET	QUANTITY PRESCRIBED		RW	
3Ø8-C8	OTHER COVERAGE CODE		RW	Required when submitting COB
429-DT	SPECIAL PACKAGING INDICATOR		O	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		O	
6ØØ-28	UNIT OF MEASURE		O	

<i>Field #</i>	<i>Claim Segment Identification (111-AM) = "Ø7"</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
418-DI	LEVEL OF SERVICE		RW	Required when requested by processor
461-EU	PRIOR AUTHORIZATION TYPE CODE		O	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		O	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		O	
464-EX	INTERMEDIARY AUTHORIZATION ID		O	
343-HD	DISPENSING STATUS		RW	
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	
357-NV	DELAY REASON CODE		RW	
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		O	
995-E2	ROUTE OF ADMINISTRATION		O	
996-G1	COMPOUND TYPE		R	
147-U7	PHARMACY SERVICE TYPE		O	

Pricing Segment	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

<i>Field #</i>	Pricing Segment Identification (111-AM) = "11"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	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 provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

Prescriber	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Field #	Prescriber Segment Identification (111-AM) = "Ø3"	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBERID QUALIFIER	01=NPI	R	
411-DB	PRESCRIBERID	10-Digit NPI	R	

Coordination of Benefits (COB) / Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	Used for Medicaid (PCNs REALRXHU and RRXHCU)
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	Value	Payer Usage	Payer Situation Scenario 1- Other Payer Amount Paid Repetitions Only
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3	M	

<i>Field #</i>	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	<i>Value</i>	<i>Payer Usage</i>	Payer Situation Scenario 1- Other Payer Amount Paid Repetitions Only
338-5C	OTHERPAYERCOVERAGE TYPE		M	Ø1= Primary Ø2= Secondary Ø3= Tertiary
339-6C	OTHERPAYERID QUALIFIER	03=BIN	R	
34Ø-7C	OTHERPAYERID	6-Digit BIN	R	
443-E8	OTHERPAYERDATE		R	
341-HB	OTHERPAYERAMOUNT PAID COUNT	Maximum count of 3.	R	
342-HC	OTHERPAYERAMOUNT PAID QUALIFIER		R	
431-DV	OTHERPAYERAMOUNT PAID		R	
471-5E	OTHERPAYERREJECT COUNT	Maximum count of 5.	R	
472-6E	OTHERPAYERREJECT CODE		R	

<i>Field #</i>	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	<i>Value</i>	<i>Payer Usage</i>	Payer Situation Scenario 2- Other Payer Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
337-4C	COORDINATION OF BENEFITS/OTHERPAYMENTS COUNT	Maximum count of 3	M	
338-5C	OTHERPAYERCOVERAGE TYPE		M	Ø1= Primary Ø2= Secondary Ø3= Tertiary
339-6C	OTHERPAYERID QUALIFIER	03=BIN	R	
34Ø-7C	OTHERPAYERID	6-Digit BIN	R	
443-E8	OTHERPAYERDATE		R	
471-5E	OTHERPAYERREJECT COUNT	Maximum count of 5	R	
472-6E	OTHERPAYERREJECT CODE		R	

<i>Field #</i>	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i> Scenario 2- Other Payer Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
353-NR	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	R	
351-NP	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	
352-NQ	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT		R	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	O	
393-MV	BENEFIT STAGE QUALIFIER		O	
394-MW	BENEFIT STAGE AMOUNT		O	

Compound Segment	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

<i>Field #</i>	Compound Segment Segment Identification (111-AM) = "1Ø"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1-3	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Maximum 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER	03=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	

<i>Field #</i>	Compound Segment Segment Identification (111-AM) = "1Ø"	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

CLAIM BILLING/CLAIM REBILL PAID (OR DUPLICATE OF PAID) RESPONSE

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	i.e. A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		<i>Provide general information when used for transmission-level messaging.</i>

	Response Message Segment Identification (111-AM) = "20"			Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	

Response Insurance Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Insurance Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
301-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORKREIMBURSEMENTID		RW	
568-J7	PAYERIDQUALIFIER		RW	
569-J8	PAYERID		RW	
302-C2	CARDHOLDERID		RW	

Response Patient Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Patient Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
310-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
304-C4	DATE OF BIRTH		RW	

Response Status Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	
547-5F	APPROVED MESSAGE CODE COUNT		RW	
548-6F	APPROVED MESSAGE CODE		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	

Response Claim Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

	Response Claim Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	i.e. 1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT		RW	
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	
553-AR	PREFERRED PRODUCT ID		RW	

	Response Claim Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
554-AS	PREFERRED PRODUCT INCENTIVE		RW	
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	

Response Pricing Segment	Check	Claim Billing/Claim Rebill Accepted/Paid(or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	
557-AV	TAX EXEMPT INDICATOR		RW	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	
521-FL	INCENTIVE AMOUNT PAID		RW	

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
563-J2	OTHERAMOUNT PAID COUNT	Maximum count of 3.		
564-J3	OTHERAMOUNT PAID QUALIFIER		RW	
565-J4	OTHERAMOUNT PAID		RW	
566-J5	OTHERPAYERAMOUNT RECOGNIZED		RW	
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	
514-FE	REMAINING BENEFIT AMOUNT		RW	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	
518-FI	AMOUNT OF COPAY		RW	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	
346-HH	BASIS OF CALCULATION— DISPENSING FEE		RW	
347-HJ	BASIS OF CALCULATION— COPAY		RW	
348-HK	BASIS OF CALCULATION—FLAT SALES TAX		RW	
349-HM	BASIS OF CALCULATION— PERCENTAGE SALES TAX		RW	

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	
575-EQ	PATIENT SALES TAX AMOUNT		RW	
574-2Y	PLAN SALES TAX AMOUNT		RW	
572-4U	AMOUNT OF COINSURANCE		RW	
573-4V	BASIS OF CALCULATION- COINSURANCE		RW	
392-MU	BENEFIT STAGE COUNT		RW	
393-MV	BENEFIT STAGE QUALIFIER		RW	
394-MW	BENEFIT STAGE AMOUNT		RW	
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON- PREFERRED FORMULARY SELECTION		RW	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Message Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
5Ø4-F4	MESSAGE		RW	

Response Insurance Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Insurance Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
301-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORKREIMBURSEMENTID		RW	
568-J7	PAYERID QUALIFIER		RW	
569-J8	PAYERID		RW	
302-C2	CARDHOLDERID		RW	

Response Patient Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Patient Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
310-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
304-C4	DATE OF BIRTH		RW	

Response Status Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
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	
987-MA	URL		RW	

Response Claim Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Claim Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT		RW	
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	
553-AR	PREFERRED PRODUCT ID		RW	
554-AS	PREFERRED PRODUCT INCENTIVE		RW	
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	

Response Prior Authorization Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Response Prior Authorization Segment Identification (111-AM) = "26"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED		RW	

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Response Message Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	

Response Status Segment	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
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	

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

Transaction Header Segment	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Transaction Header			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER		M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	Maximum of 4
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 - NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	10-Digit NPI	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Space Filled

Insurance Segment	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		

	Insurance Segment Identification (111-AM) = "Ø4"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDERID		M	
3Ø1-C1	GROUP ID			
359-2A	MEDIGAP ID			

Claim Segment	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Claim Segment Identification (111-AM) = "Ø7"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/ Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03=NDC	M	For multi-ingredient Rx '00' (zeros)
4Ø7-D7	PRODUCT/SERVICE ID		M	For multi-ingredient Rx, this = 0 (zero)
4Ø3-D3	FILL NUMBER			

	Claim Segment Identification (111-AM) = "Ø7"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø8-C8	OTHER COVERAGE CODE			
147-U7	PHARMACY SERVICE TYPE			

Pricing Segment	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	

	Pricing Segment Identification (111-AM) = "11"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
438-E3	INCENTIVE AMOUNT SUBMITTED			
43Ø-DU	GROSS AMOUNT DUE			

Coordination of Benefits/Other Payments Segment	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Primary Transactions Only

Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

DUR/PPS Segment	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

DUR/PPS Segment Identification (111-AM) = "Ø8"			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Required for vaccines
439-E4	REASON FOR SERVICE CODE		RW	Required for vaccines
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Required for vaccines
441-E6	RESULT OF SERVICE CODE		RW	Required for vaccines
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required for vaccines

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

Response Transaction Header Segment	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDERID QUALIFIER	Same as in request	M	
2Ø1-B1	SERVICE PROVIDERID	Same as in request	M	
4Ø1-D1	DATE OF SERVICE	Same as in request	M	

Response Message Segment	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

	Response Message Segment Identification (111-AM) = “2Ø”			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
5Ø4-F4	MESSAGE		RW	

Response Status Segment	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = “21”			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	
547-5F	APPROVED MESSAGE CODE COUNT		RW	
548-6F	APPROVED MESSAGE CODE		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
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	

Response Claim Segment	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Identification (111-AM) = "22"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Pricing Segment Identification (111-AM) = "23"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	INCENTIVE AMOUNT PAID		RW	
509-F9	TOTAL AMOUNT PAID		RW	