

## **UPDATE**

**EFFECTIVE 7/1/2025**

Please see the attached payer sheet for the following updates:

- New Payer Sheet –
  - New BIN 028181/PCN REALRX

## GENERAL INFORMATION

Payer Name: RealRx / Cooperative Benefits Group	Date: July 1, 2025						
Plan Name/Group Name: ALL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">BIN</th> <th style="text-align: left;">PCN</th> <th style="text-align: left;">Phone Number</th> </tr> <tr> <td>028181</td> <td>REALRX</td> <td>8552122110</td> </tr> </table>	BIN	PCN	Phone Number	028181	REALRX	8552122110
BIN	PCN	Phone Number					
028181	REALRX	8552122110					
Processor: CoverMyMeds (formerly PHS/RelayHealth)							
Effective as of July 1 2025	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: 6/15/2025 – 6/30/2025							
Certification Contact Information: <a href="mailto:Networks@coopbenefitsgroup.com">Networks@coopbenefitsgroup.com</a>							
Provider Relations Help Desk Info: <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <th style="text-align: left;">BIN</th> <th style="text-align: left;">PCN</th> <th style="text-align: left;">Phone Number</th> </tr> <tr> <td>028181</td> <td>REALRX</td> <td>8552122110</td> </tr> </table>		BIN	PCN	Phone Number	028181	REALRX	8552122110
BIN	PCN	Phone Number					
028181	REALRX	8552122110					
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:	July 1, 2025						
Pharmacy and Member Helpdesk		<table><tr><td><b>BIN</b></td><td><b>PCN</b></td><td><b>Phone Number</b></td></tr><tr><td>028181</td><td>REALRX</td><td>8552122110</td></tr></table>		<b>BIN</b>	<b>PCN</b>	<b>Phone Number</b>	028181	REALRX	8552122110
		<b>BIN</b>	<b>PCN</b>	<b>Phone Number</b>					
028181	REALRX	8552122110							

## Test Data

	REALRX
BIN	028181
PROCESSOR CONTROL NUMBER	REALRX
GROUP	Optional
CARDHOLDER ID	9999991240
PERSON CODE	001
PATIENT FIRST and LAST NAME	Janice Litman
RELATIONSHIP CODE	1 - Cardholder
DATE OF BIRTH	03/19/1955

## LEGEND

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
OPTIONAL	<b>O</b>	<i>Optional</i> (conditional based on data content) but may be Required by the Payer	Yes
QUALIFIED REQUIREMENT	<b>RW</b>	"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	
	LOB	BIN	PCN		
	REALRX	028181	REALRX		
1Ø9-A9	TRANSACTION COUNT	1-4		M	
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	Spaces are okay

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

Field #	Insurance Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	i.e. 123456789	M	ID Number varies – refer to ID card
312-CC	CARDHOLDER FIRST NAME	i.e. John	R	
313-CD	CARDHOLDER LAST 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		

Field #	Patient Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Payer Situation
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>	<b>Patient Segment Identification (111-AM) = "Ø1"</b>	<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	EMPLOYER ID		N/A	
335-2C	PREGNANCY INDICATOR		0	
35Ø-HN	PATIENT E-MAIL ADDRESS		0	
384-4X	PATIENT RESIDENCE		0	

<b>Claim Segment</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill</b> 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>	<b>Claim Segment Identification (111-AM) = "Ø7"</b>	<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>	<b>Claim Segment Identification (111-AM) = "Ø7"</b>	<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	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F
3Ø8-C8	OTHER COVERAGE CODE		RW	Required when submitting COB
429-DT	SPECIAL PACKAGING INDICATOR		0	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		0	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		0	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		0	

<i>Field #</i>	<b>Claim Segment Identification (111-AM) = "Ø7"</b>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		0	
6ØØ-28	UNIT OF MEASURE		0	
418-DI	LEVEL OF SERVICE		RW	Required when requested by processor
461-EU	PRIOR AUTHORIZATION TYPE CODE		0	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		0	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		0	
464-EX	INTERMEDIARY AUTHORIZATION ID		0	
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)		0	
995-E2	ROUTE OF ADMINISTRATION		0	
996-G1	COMPOUND TYPE		R	
147-U7	PHARMACY SERVICE TYPE		0	



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

<i>Field #</i>	<b>Pricing Segment Identification (111-AM) = "11"</b>	<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	PRESCRIBER ID QUALIFIER	01=NPI	R	
411-DB	PRESCRIBER ID	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	X	Used for PCNs – REALRX
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
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>	<b>Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"</b>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i> Scenario 1- Other Payer Amount Paid Repetitions Only
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1= Primary Ø2= Secondary Ø3= Tertiary
339-6C	OTHER PAYER ID QUALIFIER	03=BIN	R	
34Ø-7C	OTHER PAYER ID	6-Digit BIN	R	
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 3.	R	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		R	
431-DV	OTHER PAYER AMOUNT PAID		R	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	R	
472-6E	OTHER PAYER REJECT CODE		R	

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

<i>Field #</i>	<b>Compound Segment Segment Identification (111-AM) = "1Ø"</b>	<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

<i>Field #</i>	<b>Compound Segment Segment Identification (111-AM) = "1Ø"</b>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
488-RE	COMPOUND PRODUCT ID QUALIFIER	03=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

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

<i>Field #</i>	<b>DUR/PPS Segment Identification (111-AM) = "Ø8"</b>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used. 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

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

Field #	DUR/PPS Segment Identification (111-AM) = "Ø8"	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	DD	RW	Override rejection for opioids and benzodiazepines being filled concurrently.
44Ø-E5	PROFESSIONAL SERVICE CODE	CC, M0, MB, MP, P0, PE	RW	Override rejection for opioids and benzodiazepines being filled concurrently.
441-E6	RESULT OF SERVICE CODE	1B, 1G, 3A, 3K, 4A, 4B, 4C, 4E,	RW	Override rejection for opioids and benzodiazepines being filled concurrently.

## 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.Ø*.

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	DØ	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)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		RW	
524-F0	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	
302-C2	CARDHOLDER ID		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)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	



	<b>Response Status Segment Identification (111-AM) = "21"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<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	

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

	<b>Response Claim Segment Identification (111-AM) = "22"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<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	

	<b>Response Claim Segment Identification (111-AM) = "22"</b>			<b>Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)</b>
<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	

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

	<b>Response Pricing Segment Identification (111-AM) = "23"</b>			<b>Claim Billing/Claim Rebill - Accepted/Paid (or Duplicate of Paid)</b>
<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	

	<b>Response Pricing Segment Identification (111-AM) = "23"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.		
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	
565-J4	OTHER AMOUNT PAID		RW	
566-J5	OTHER PAYER AMOUNT 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	

	<b>Response Pricing Segment Identification (111-AM) = "23"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<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
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	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/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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	
302-C2	CARDHOLDER ID		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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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, <i>Payer Situation</i>
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, <i>Payer Situation</i>
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, <i>Payer Situation</i>
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.0*.

Transaction Header Segment	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used		

	Transaction Header			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER		M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		M	
109-A9	TRANSACTION COUNT	1-4	M	Maximum of 4
202-B2	SERVICE PROVIDER ID QUALIFIER	01 - NPI	M	
201-B1	SERVICE PROVIDER ID	10-Digit NPI	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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, <i>Payer Situation</i>
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, <i>Payer Situation</i>
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.0.

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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same as in request	M	
201-B1	SERVICE PROVIDER ID	Same as in request	M	
401-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) = "20"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	



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

	Response Claim Segment Identification (111-AM) = “22”			Claim Reversal – Accepted/Approved
<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	

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

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