2024

Payer Specifications

Effective Date: July 1, 2024

NCPDP Telecommunications Standard D.0
Commercial Primary

RXSENSE®

Table of Contents

1.0 Introduction

RxSense operates under the general framework of standards and protocols established by NCPDP. Pharmacy providers must work with their software and switch vendors to ensure compliance such that all practice management software must be capable of submitting the following transactions: B1, B2.

Processor: **RxSense**	Plan Name: Reference Section 3.1
Effective Date: **7/1/2024**	NCPDP Telecommunication Standard Version/Release: **D.Ø**

1.1 Highlights- Updates, Changes and Reminders

The following is a summary of our new requirements.

Effective 7/1/2024 the Following BIN & PCNs will Go Live
- BIN: 026416 & PCN: SW (New BIN going live 7/1/24)

2.0 Switch Vendor Contact Information:

Switch Vendor	Contact Telephone Number
Change Healthcare	(866)-835-2095
RelayHealth Pharmacy Support	(404)-728-2570

This billing guide includes the D.0 payer sheets and contains pertinent information for submitting pharmacy drug claims to RxSense Commercial plans. This document is updated regularly. The revision date represents the most recent date that this document was updated. Please ensure that you are using the most current version of this document. For detailed information about updates to this document, please refer to the version table in Section 1.2 of this document.

RxSense has used NCPDP D.0 payer sheet templates as the basis for our payer sheets. (Materials are reproduced with the consent of the National Council for Prescription Drug Programs, Inc. 2010 NCPDP.)

3.0 Claim Submission Formats

Transaction Code	Transaction Name
B1	Claim Bill
B2	Claim Reversal

3.1 BIN/PCN Combinations

Other PCNs may be required as communicated or printed on card.

PLAN NAME/GROUP NAME	BIN	PCN	Help Desk Info	Supporting Notes
ScriptWellRx	026416	SW	855-542-1819	Live as of 7/1/2024
Avanta Rx	026408	6792000	800-724-8536	Live as of 1/1/2024
FairScript	021544	MRH	855-717-3137	Transfer as of 1/1/2024
		WHA		
		SLV		
Careington International	026431	GM4	888-309-0671	Going Live 12/15/2023
North Kansas City Hospital	610568	RXS	800-733-9150	Live as of 1/1/2023
PCA Rx	024525	APH	855-283-7882	Live as of 9/1/2022
	024525	PCARX		Live as of 11/15/2022
TrueRx	018224	TRUERX	866-921-4047	Live as of 1/1/2023
	020958	07960000		Live as of 1/1/2023
	017218	07960000		Live as of 1/1/2023
AffirmedRx	025060	EMRX	888-460-1579	Live as of 7/1/2022
	025060	RXAF	888-460-1579	Live as of 1/1/2024
Oread Rx	024921	TRX	833-673-2379	Live as of 4/1/2022
ProAct	017366	9999	877-635-9545	Live as of 1/1/2022
	018141	9999		Live as of 10/1/2021
	023575	9999		Live as of 7/1/2021
	021007	ADV		Live as of 7/1/2021
VerusRx	023286	VRX	833-939-1099	Live as of 1/1/2021
Vivid Clear Rx	610568	RXS	855-632-0307	Live as of 1/1/2021
	024814			Live as of 9/1/2022
Ascension Health	610568	RXS	800-906-6620	Live as of 3/1/2021
Bridge Purchasing Solutions	610568	RXS	800-974-3135	Live as of 11/16/2020
VivioHealth	610568	RXS	925-365-6600	Live as of 10/15/2020

Chronovo	610568	RXS	844-263-2273	Live as of 7/1/2020
Health Delegates	610568	RXS	866-714-6308	Live as of 4/1/2020
Generx	016739	016739	888-553-5590	Live as of 10/01/2023
	023336	LIMBEN	888-553-5590	
		MECHRA		
		336		
Ametros	610568	RXS	877-905-7322	Live as of 4/1/2019

4.0 Request Claim Billing Payer Sheet Field Legend for Columns

FIELD LEGEND FOR COLUMNS

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.	Yes
QUALIFIED REQUIREMENT	Q	The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
INFORMATIONAL ONLY	I	The field is for informational purposes only for the transaction	Yes

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

Transaction Header Segment

Transaction Header Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	**BIN Number**	SEE Section 3.1	M	
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1	M	
1Ø4-A4	**Processor Control Number**	SEE Section 3.1	M	
1Ø9-A9	Transaction Count	1 = One Occurrence	M	Maximum 1
2Ø2-B2	Service Provider ID Qualifier	Ø1 – NPI	M	Pharmacy NPI Only
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service	CCYYMMDD	M	CCYYMMDD
11Ø-AK	Software Vender/Certification ID		R	Populate with Blanks or Zeros

Transaction Insurance Segment

Insurance Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	As printed on ID card - Format varies
312-CC	Cardholder First Name		Q	
313-CD	Cardholder Last Name		Q	
524-FO	Plan ID		I	
3Ø1-C1	Group ID		M	As printed on ID Card
3Ø3-C3	Person Code	001= Cardholder 002= Spouse 003-999= Dependents and Others (including second spouses, etc.)	Q	Not to be included in cardholder id (field 3Ø2-C2)

Transaction Patient Segment

Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	Ø1	M	PATIENT SEGMENT
3Ø4-C4	DATE OF BIRTH	CCYYMMDD	R	CCYYMMDD
3Ø5-C5	PATIENT GENDER CODE	UNKNOWN=BLANK OR Ø NOT SPECIFIED= Ø MALE=1 FEMALE=2	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
3Ø7-C7	PLACE OF SERVICE (FORMERLY PATIENT LOCATION)	1=PHARMACY 2=UNASSIGNED 3=SCHOOL 4=HOMELESS SHELTER 5=INDIAN HEALTH SERVICE FREE-STANDING FACILITY 6=INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY 7=TRIBAL 638 FREESTANDING FACILITY 8=TRIBAL 638 PROVIDER BASED FACILITY 9=PRISON/CORRECTIONAL FACILITY 1Ø=UNASSIGNED 11=OFFICE 12=HOME 13=ASSISTED LIVING FACILITY 14=GROUP HOME 15=MOBILE UNIT 16=TEMPORARY LODGING 17=WALK-IN RETAIL HEALTH CLINIC 18=PLACE OF EMPLOYMENT-WORKSITE 19=OFF CAMPUS OUTPATIENT HOSPITAL 2Ø=URGENT CARE FACILITY 21=INPATIENT HOSPITAL 22=ON CAMPUS/OUTPATIENT HOSPITAL 23=EMERGENCY ROOM – HOSPITAL 24=AMBULATORY SURGICAL CENTER	R	REQUIRED WHEN BILLING FOR PATIENT IN LONG-TERM CARE SETTING OR HIT 3 OR 11

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		25=Birthing Center 26=Military Treatment Facility 27-3∅=Unassigned 31=Skilled Nursing Facility 32=Nursing Facility 33=Custodial Care Facility 34=Hospice 35-4∅=Unassigned 41=Ambulance – Land 42=Ambulance – Air or Water 43-48=Unassigned 49=Independent Clinic 5∅=Federally Qualified Health Center		
384-4X	Patient Residence Code	∅=Not specified 1=Home 2=Skilled Nursing Facility 3=Nursing Facility 4=Assisted Living Facility 5=Custodial Care Facility 6= Group Home 11=Hospice 15= Prison /Correctional Facility	Q	Required when the transmission is for a schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F and Patient is in LTC (3) or Hospice (11)

Transaction Claim Segment

Claim Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification		M	Claim Segment

455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RX BILLING	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	THE PRESCRIPTION NUMBER ASSIGNED MUST BE UNIQUE FOR EACH MEMBER/ DRUG COMBINATION WITHIN A DISPENSING PHARMACY.
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID	Ø IF COMPOUND, OTHERWISE 11-DIGIT NDC	M	
422-E7	QUANTITY DISPENSED		R	
46Ø-ET	QUANTITY PRESCRIBED		Q	REQUIRED WHEN THE TRANSMISSION IS FOR A SCHEDULE II DRUG AS DEFINED IN 21 CFR 1308.12 AND PER CMS-0055-F EFFECTIVE 9/21/20 FIELD IS REQUIRED FOR SCHEDULE II DRUG
4Ø3-D3	FILL NUMBER	Ø = ORIGINAL DISPENSING 1-99= REFILL NUMBER	R	
4Ø5-D5	DAYS' SUPPLY		R	On partial-fill transactions, specify only whole days dispensed.
4Ø6-D6	COMPOUND CODE	Ø,1= NOT A COMPOUND 2= COMPOUND	R	ØØ = MULTI-INGREDIENT COMPOUND BILLING
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø - NO PRODUCT SELECTION INDICATED 1 - SUBSTITUTION NOT ALLOWED BY PRESCRIBER 2 – SUBSTITUTION ALLOWED-PATIENT REQUESTED PRODUCT DISPENSED 5 - SUBSTITUTION ALLOWED-BRAND DRUG DISPENSED AS A GENERIC 7 - SUBSTITUTION NOT ALLOWED-BRAND DRUG MANDATED BY LAW 8 - SUBSTITUTION ALLOWED-GENERIC DRUG NOT AVAILABLE IN MARKETPLACE	R	
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	CCYYMMDD
419-DJ	PRESCRIPTION ORIGIN CODE	Ø - NOT KNOWN 1 - WRITTEN 2 - TELEPHONE 3 - ELECTRONIC 4 – FACSIMILE 5 - PHARMACY	R	

354-NX	SUBMISSION CLARIFICATION CODE COUNT	MAXIMUM COUNT OF 3.	Q	REQUIRED IF SUBMISSION CLARIFICATION CODE (42Ø-DK) IS USED.
42Ø-DK	SUBMISSION CLARIFICATION CODE	4-OPIOID OVERRIDE FOR LOST/SPILLED 8 – PROCESS COMPOUND FOR APPROVED INGREDIENTS	Q	NEW OPIOID EDITS FOR REJECT 79 PLAN ALLOWS LOSS/SPILLED OVERRIDE VALUE OF 4 WHEN APPROPRIATE
3Ø8-C8	OTHER COVERAGE CODE	Ø - NOT SPECIFIED BY PATIENT 1 - NO OTHER COVERAGE 2-OTHER COVERAGE EXISTS. - PAYMENT COLLECTED 3 - OTHER COVERAGE BILLED, CLAIM NOT COVERED 4-OTHER COVERAGE EXISTS – PAYMENT NOT COLLECTED 8 - CLAIM IS BILLING FOR PATIENT RESPONSIBILITY ONLY	R	REQUIRED FOR ALL CLAIMS. COB SEGMENT IS REQUIRED IF OCC = 3 OR 8
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø-NOT SPECIFIED 1-PRIOR AUTHORIZATION	Q	IF SUBMITTING PRIOR AUTHORIZATION NUMBER, THIS FIELD IS REQUIRED
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		Q	REQUIRED IF PRIOR AUTHORIZATION NUMBER IS KNOWN
147-U7	PHARMACY SERVICE TYPE	5	Q	REQUIRED IF LONG TERM CARE AND THE TRANSMISSION IS FOR A SCHEDULE II DRUG AS DEFINED IN 21 CFR 1308.12 AND PER CMS-0055-F
995-E2	ROUTE OF ADMINISTRATION		R	
996-G1	COMPOUND TYPE		Q	REQUIRED WHEN COMPOUND CODE (4Ø6-D6) = 2

Transaction Pharmacy Provider Segment

Pharmacy Provider Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	11	M	PHARMACY PROVIDER SEGMENT
465-EY	PROVIDER ID QUALIFIER		R	
444-E9	PROVIDER ID		R	

Transaction Pricing Segment

Pricing Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	11	M	PRICING SEGMENT
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		Q	REQUIRED IF ITS VALUE HAS AN EFFECT ON THE GROSS AMOUNT DUE (43Ø-DU) CALCULATION.
433-DX	PATIENT PAID AMOUNT SUBMITTED		Q	REQUIRED IF THIS FIELD COULD RESULT IN DIFFERENT COVERAGE, PRICING, OR PATIENT FINANCIAL RESPONSIBILITY.
438-E3	INCENTIVE AMOUNT SUBMITTED			REQUIRED IF ITS VALUE HAS AN EFFECT ON THE GROSS AMOUNT DUE (43Ø-DU) CALCULATION.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	MAXIMUM COUNT OF 3	Q	REQUIRED IF OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER (479-H8) IS USED.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Ø1-DELIVERY COST Ø2-SHIPPING COST Ø3-POSTAGE COST Ø4-ADMINISTRATIVE COST Ø5-INCENTIVE Ø6-COGNITIVE SERVICE Ø7-DRUG BENEFIT Ø9-COMPOUND PREP COST SUBMITTED 1Ø-SALES TAX 11-MEDICATION ADMIN	Q	REQUIRED WHEN OTHER AMOUNT CLAIMED (48Ø- H9) IS SUBMITTED
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		Q	REQUIRED WHEN VALUE HAS EFFECT ON GROSS AMOUNT DUE (43Ø-DU) CALCULATION
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		Q	REQUIRED IF ITS VALUE HAS AN EFFECT ON THE GROSS AMOUNT DUE (43Ø-DU) CALCULATION.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		Q	REQUIRED IF ITS VALUE HAS AN EFFECT ON THE GROSS AMOUNT DUE (43Ø-DU) CALCULATION.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		Q	REQUIRED IF PERCENTAGE SALES TAX AMOUNT SUBMITTED (482-GE) AND PERCENTAGE SALES TAX BASIS SUBMITTED (484-JE) ARE USED. REQUIRED IF THIS FIELD COULD RESULT IN DIFFERENT PRICING. REQUIRED IF NEEDED TO CALCULATE PERCENTAGE SALES TAX AMOUNT PAID (559-AX).

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		Q	REQUIRED IF PERCENTAGE SALES TAX AMOUNT SUBMITTED (482-GE) AND PERCENTAGE SALES TAX RATE SUBMITTED (483-HE) ARE USED. REQUIRED IF THIS FIELD COULD RESULT IN DIFFERENT PRICING. REQUIRED IF NEEDED TO CALCULATE PERCENTAGE SALES TAX AMOUNT PAID (559-AX).
426-DQ	USUAL & CUSTOMARY CHARGE		Q	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	ØØ-DEFAULT Ø1-AWP Ø2-LOCAL WHOLESALER Ø3-DIRECT Ø4-EAC Ø5-ACQ Ø6-MAC Ø7-U&C Ø8-340B/ DISPROPORTIONATE SHARE/PUBLIC HEALTH SERVICE Ø9-OTHER 1Ø-ASP 11-AMP 12-WAC	Q	REQUIRED IF NEEDED FOR RECEIVER CLAIM/ENCOUNTER ADJUDICATION.
438-E3	INCENTIVE AMOUNT SUBMITTED		Q	REQUIRED WHEN VALUE HAS EFFECT ON GROSS AMOUNT DUE (43Ø-DU) CALCULATION

Transaction Prescriber Segment

Prescriber Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	Ø3	M	PRESCRIBER SEGMENT
466-EZ	PRESCRIBER ID QUALIFIER	Ø1	R	Ø1= NPI
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	

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Transaction Coordination of Benefits/Other Payments Segment

COB Segment Questions	Check	Claim Billing If Situational, Payer Situation
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	
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	Ø5	M	COB/OTHER PAYMENTS SEGMENT
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		M	UP TO 3 OCCURRENCES
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1= PRIMARY Ø2= SECONDARY Ø3= TERTIARY
339-6C	OTHER PAYER ID QUALIFIER		R	Ø3= BIN
34Ø-7C	OTHER PAYER ID		R	
443-E8	OTHER PAYER DATE		R	CCYYMMDD
471-5E	OTHER PAYER REJECT COUNT		Q	REQUIRED WHEN OTHER PAYER REJECT CODE (472- 6E) IS USED.
472-6E	OTHER PAYER REJECT CODE		Q	REQUIRED WHEN ANOTHER PAYER HAS DENIED THE PAYMENT FOR THE BILLING.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		Q	REQUIRED IF OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER (351-NP) IS USED.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		Q	REQUIRED WHEN OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT (352-NQ) IS USED.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		Q	REQUIRED WHEN NECESSARY FOR PATIENT FINANCIAL RESPONSIBILITY ONLY BILLING.

Transaction DUR/PPS Segment

For new Opioid claims logic, system is looking at duplicate therapy, as well as long-term and short-term opioid length of therapy. Pharmacist must contact Prescriber before using these edits.

DUR/PPS Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required when DUR/PPS codes are submitted

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	Ø8	M	DUR/PPS SEGMENT
473-7E	REASON FOR SERVICE CODE	DM	Q	VALUE OF DM REQUIRED FOR ALL OPIOID CLAIMS THAT HIT THE REJECT 88 LOGIC FOR DUPLICATE THERAPY OR EXTENDED TIME ON SHORT TERM OR LONG-TERM OPIOIDS MANDATORY WHEN PROFESSIONAL SERVICE CODE AND RESULT OF SERVICE FIELDS ARE SUBMITTED.
44Ø-E5	PROFESSIONAL SERVICE CODE	MØ	Q	VALUE OF MØ (ZERO) REQUIRED FOR ALL OPIOID CLAIMS THAT HIT THE REJECT 88 LOGIC FOR DUPLICATE THERAPY OR EXTENDED TIME ON SHORT TERM OR LONG-TERM OPIOIDS. MANDATORY WHEN REASON FOR SERVICE AND RESULT OF SERVICE FIELDS ARE SUBMITTED.
441-E6	RESULT OF SERVICE CODE	1B - RPH DETERMINES ALERT IS NOT RELEVANT FOR THE RX AND MEMBER 1C - FILLED WITH A DIFFERENT DOSE 1D - FILLED WITH DIFFERENT DIRECTIONS 1F - FILLED WITH A DIFFERENT QUANTITY 1G - FILLED WITH PRESCRIBER APPROVAL 2A - RPH DETERMINES RX SHOULD NOT BE FILLED AS WRITTEN	Q	A VALUE REQUIRED FOR ALL OPIOID CLAIMS THAT HIT THE REJECT 88 LOGIC FOR DUPLICATE THERAPY OR EXTENDED TIME ON SHORT TERM OR LONG-TERM OPIOIDS. MANDATORY WHEN REASON FOR SERVICE AND PROFESSIONAL SERVICE CODE FIELDS ARE SUBMITTED. 1B - RPH DETERMINES ALERT IS NOT RELEVANT FOR THE RX AND MEMBER 1C - FILLED WITH A DIFFERENT DOSE 1D - FILLED WITH DIFFERENT DIRECTIONS 1F - FILLED WITH A DIFFERENT QUANTITY 1G - FILLED WITH PRESCRIBER APPROVAL 2A - RPH DETERMINES RX SHOULD NOT BE FILLED AS WRITTEN

Transaction Compound Segment

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required when multi-ingredient compound is submitted

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	MAX OF 25 INGREDIENTS	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3=NDC	M	
489-TE	COMPOUND PRODUCT ID	AT LEAST 2 INGREDIENTS AND 2 NDC #S. NUMBER SHOULD EQUAL FIELD 447-EC.	Q	
448-ED	COMPOUND INGREDIENT QUANTITY		Q	
449-EE	COMPOUND INGREDIENT DRUG COST		Q	REQUIRED IF FOR DETERMINATION WHEN MULTIPLE PRODUCTS ARE BILLED.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		Q	REQUIRED IF FOR DETERMINATION WHEN MULTIPLE PRODUCTS ARE BILLED.

Transaction Clinical Segment

Clinical Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc. claims

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	13	M	
491-VE	DIAGNOSIS CODE COUNT	MAXIMUM COUNT OF 5.	Q	REQUIRED IF DIAGNOSIS CODE QUALIFIER (492-WE) AND DIAGNOSIS CODE (424-DØ) ARE USED.

492-WE	DIAGNOSIS CODE QUALIFIER	Ø2 - ICD 10	Q	REQUIRED IF DIAGNOSIS CODE (424-DØ) IS USED.
424-DO	DIAGNOSIS CODE	R69	Q	REQUIRED WHEN THE TRANSMISSION IS FOR A SCHEDULE II DRUG AS DEFINED IN 21 CFR 1308.12 AND PER CMS-0055-F AND PATIENT IS TERMINALLY ILL

5.0 Claim Reversal Accepted Response

The following table lists the segments and fields in a claim billing or response transaction for the NCPDP version D.0. Claim billing includes pharmacy billing transactions B1 and B2.

> *Fields listed as M-Mandatory are in accordance with NCPDP Telecommunication Implementation Guide, Version D.Ø.

Response Header Segment

Response Transaction Header Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	**BIN NUMBER**	**SEE Section 3.1**	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2=REVERSAL	M	
1Ø4-A4	**PROCESSOR CONTROL NUMBER**	**SEE SECTION 3.1**	M	
1Ø9-A9	TRANSACTION COUNT	1 = ONE OCCURRENCE 2 = TWO OCCURRENCES 3 = THREE OCCURRENCES 4 = FOUR OCCURRENCES	M	MAXIMUM 4
5Ø1-F1	HEADER RESPONSE STATUS	A=ACCEPTED	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – NPI	M	PHARMACY NPI ONLY
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	CCYYMMDD

Response Message Segment

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		Q	USED WHENEVER TEXT IS NEEDED

Response Insurance Segment

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	ID ASSIGNED TO MEMBER
3Ø1-C1	GROUP ID		M	GROUP USED ON ORIGINAL CLAIM SUBMISSION

Response Status Segment

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=PAID D=DUPLICATE OF PAID	M	ID ASSIGNED TO MEMBER

Response Claim Segment

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RXBILLING	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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APPENDIX

APPENDIX A: DUR OVERRIDES

CDUR Rule	Type of Reject	Level Required for Reject	Response by Pharmacist to override
Dose Screening	Warning Message	All	N/A
Drug/Disease Contraindication	Warning Message	Suspected contraindication **AND** severity is Extreme Caution	N/A
Drug/Disease Contraindication	Soft Reject	suspected contraindication **AND** severity is Not Recommended **OR** Contraindicated	Reason For Service Code: DC Professional Service: AS, M0, MP, MR, PE, PM, P0 Result of Service: 1A, 1B, 1C, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A
Drug/Drug Interactions	Message	Condition 1: Severity=Major, Documentation Level = Suspected, Management = Professional Review Suggested or Professional Intervention Required OR Condition 2: Severity = Moderate; Documentation Level = Probable; Management = Professional Review Suggested or Professional Intervention Required	N/A
Drug/Drug Interactions	Soft Reject	Condition 1: Severity = Major; Documentation Level = Probable or Established; Management = Professional Review Suggested or Professional Intervention Required OR Condition 2: Severity = Moderate; Documentation Level = Established; Management = Professional Review Suggested or Professional Intervention Required	Reason For Service Code (Field 439-E4): DD Field Name: Professional Service (Field 440-E5) : AS, M0, MP, MR, PE, PM, P0, RT Field Name: Result of Service (Field 441-E6): 1A, 1B, 1C, 1D, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A
Duplicate Therapy	Soft Reject	All	Reason For Service Code (Field 439-E4): TD Field Name: Professional Service (Field 440-E5) : AS, M0, MP, MR, PE, PM, P0, RT Field Name: Result of Service (Field 441-E6): 1A, 1B, 1C, 1D, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A

Pregnancy, Lactation, Age, Gender	Message	Extreme Caution	N/A
Pregnancy, Lactation, Age, Gender	Soft Reject	Not Recommended OR Contraindicated	Pregnancy Reason for Service Code: PG Lactation Reason for Service Code: NR Age Reason for Service Code: PA Gender Reason for Service Code: SX Professional Service Code: AS, M0, MP, MR, PE, PM, P0 Result of Service Code: 1A, 1B, 1C, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A

APPENDIX B: 351-NP – Other Payer-Patient Responsibility Amount Qualifier

CODE	DESCRIPTION
Blank	Not Specified
01	Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. The following dollar amount is the amount of the patient's responsibility applied to the patient's plan periodic deductible liability.
02	Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer
03	Amount Attributed to Sales Tax (523-FN) as reported by previous payer. A dollar value of the portion of the copay (as reported by previous payer) which the member is required to pay due to sales tax on the prescription.
04	Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer. A dollar value of the portion of the copay which the member is required to pay due to a benefit cap/maximum being met or exceeded.
05	Amount of Copay (518-FI) as reported by previous payer. Code indicating that the following dollar amount is the amount of the patient responsibility applied to the patient's plan co-pay liability by another/previous payer.
06	Patient Pay Amount (505-F5) as reported by previous payer. Used to indicate the provider is submitting the amount reported by a prior payer as the patient's responsibility.

07	Amount of Coinsurance (572-4U) as reported by previous payer. Coinsurance is a form of cost sharing that holds the patient responsible for a dollar amount based on a percentage for each product/service received and regardless of the patient's current benefit status, product selection or network selection.
08	Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer.
09	Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer
10	Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.
11	Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.
12	Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a coverage gap as reported by previous payer.
13	Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.

APPENDIX C: Provider Location Codes

Code	Description	Code	Description
01	Pharmacy	32	Nursing Facility
02	Telehealth	33	Custodial Care Facility
03	School	34	Hospice
04	Homeless Shelter	41	Ambulance—Land
05	Indian Health Service Provider- Free Standing	42	Ambulance—Air or Water
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638-Provider-Free Standing	50	Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison/Correctional Facility	52	Psychiatric Facility-Partial Hospitalization
10	Unassigned	53	Community Mental Health Center
11	Office	54	Intermediate Care Facility/Individuals with Intellectual Disabilities
12	Home	55	Residential Substance Abuse Treatment Facility
13	Assisted Living Facility	56	Psychiatric Residential Treatment Center
14	Group Home	57	Non-residential Substance Abuse Treatment Facility
15	Mobile Unit	58	Non-residential Opioid Treatment Facility
16	Temporary Lodging	60	Mass Immunization Center

17	Walk-in Retail Health Clinic		61	Comprehensive Inpatient Rehabilitation Facility
18	Place of Employment/Worksite		62	Comprehensive Outpatient Rehabilitation Facility
19	Off Campus-Outpatient Hospital		65	End-Stage Renal Disease Treatment Facility
20	Urgent Care Facility		71	State or Local Public Health Clinic
21	Inpatient Hospital		72	Rural Health Clinic
22	On Campus-Outpatient Hospital		81	Independent Laboratory
23	Emergency Room-Hospital		99	Other Place of Service
24	Ambulatory Surgical Center			
25	Birthing Center			
26	Military Treatment Facility			
31	Skilled Nursing Facility			