



NCPDP Version D.0 Payer Sheet

| | | | |
|--|--|---|--------------|
| Payer Name: EHO | | Date: 9/15/2011 | |
| Plan Name/Group Name: ALL PLANS | | BIN: 004527 | PCN: eho udl |
| Plan Name/Group Name: ALL PLANS | | BIN: 003241 | PCN: |
| Plan Name/Group Name: ALL Walgreen's Non-Workers' Comp Rx's | | BIN: 004880 | PCN: |
| Plan Name/Group Name: ALL TEST CLAIMS | | BIN: 610259 | PCN: |
| Processor: EHO | | | |
| Effective as of: 1/01/2012 | | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: Date of Publication | | NCPDP External Code List Version Date: | |
| Contact/Information Source: Trent Lanham . trent@ehorx.com - (254) 771-6000 | | | |
| Certification Testing Window: 9/15/2011 – 12/31/2011 | | | |
| Certification Contact Information: Certification Not Required | | | |
| Provider Relations Help Desk Info: (800) 650-1817 | | | |
| Other versions supported: Version 5.1 will be supported through 6/30/2012 | | | |

| Transaction Header Segment | | | Claim Billing/Claim Rebill | |
|----------------------------|----------------------------------|---------------------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN NUMBER | (see above) | M | |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | M | |
| 104-A4 | PROCESSOR CONTROL NUMBER | | M | |
| 109-A9 | TRANSACTION COUNT | 1 | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | M | NPI ONLY |
| 201-B1 | SERVICE PROVIDER ID | 10 digit NPI number | M | |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | | O | |

| Insurance Segment Segment Identification (111-AM) = "04" | | | Claim Billing/Claim Rebill | |
|---|---------------------------------------|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | M | |
| 312-CC | CARDHOLDER FIRST NAME | | M | |
| 313-CD | CARDHOLDER LAST NAME | | M | |
| 314-CE | HOME PLAN | | O | |
| 524-FO | PLAN ID | | O | |
| 301-C1 | GROUP ID | | M | Always required. Refer to Member ID Card. |
| 303-C3 | PERSON CODE | | S | Varies by plan |
| 306-C6 | PATIENT RELATIONSHIP CODE | | S | Varies by plan |
| 359-2A | MEDIGAP ID | | O | |
| 360-2B | MEDICAID INDICATOR | | O | |
| 361-2D | PROVIDER ACCEPT ASSIGNMENT INDICATOR | | O | |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | | O | |
| 115-N5 | MEDICAID ID NUMBER | | O | |

| | Patient Segment Segment Identification (111-AM) = "Ø1" | | | Claim Billing/Claim Rebill |
|--------------|---|--------------|--------------------|-----------------------------------|
| <i>Field</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 331-CX | PATIENT ID QUALIFIER | | R | |
| 332-CY | PATIENT ID | | R | |
| 3Ø4-C4 | DATE OF BIRTH | | R | |
| 3Ø5-C5 | PATIENT GENDER CODE | | R | |
| 31Ø-CA | PATIENT FIRST NAME | | R | |
| 311-CB | PATIENT LAST NAME | | R | |
| 322-CM | PATIENT STREET ADDRESS | | O | |
| 323-CN | PATIENT CITY ADDRESS | | O | |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS | | O | |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | O | |
| 326-CQ | PATIENT PHONE NUMBER | | O | |
| 3Ø7-C7 | PLACE OF SERVICE | | S | |
| 333-CZ | EMPLOYER ID | | O | |
| 384-4X | PATIENT RESIDENCE | | O | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|----------------|---|---------------------|--------------------|--|
| <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 | Ø1 = Rx Billing | M | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 4Ø3-D3 | FILL NUMBER | | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | O | |
| 419-DJ | PRESCRIPTION ORIGIN CODE | | RW | <i>Varies by plan</i> |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | O | Required if Submission Clarification Code (42Ø-DK) is used. |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | | O | |
| 3Ø8-C8 | OTHER COVERAGE CODE | | RW | Required for Coordination of Benefits. |
| 453-EJ | ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | | O | Required if Originally Prescribed Product/Service Code (455-EA) is used. |
| 445-EA | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE | | O | |
| 446-EB | ORIGINALLY PRESCRIBED QUANTITY | | O | |
| 418-DI | LEVEL OF SERVICE | | O | |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | RW | <i>Varies by plan</i> |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill | |
|---|--------------------------------------|-------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | Varies by plan |
| 995-E2 | ROUTE OF ADMINISTRATION | | O | |
| 996-G1 | COMPOUND TYPE | | O | |
| 147-U7 | PHARMACY SERVICE TYPE | | O | |

| Prescriber Segment Segment Identification (111-AM) = "Ø3" | | | Claim Billing/Claim Rebill | |
|--|------------------------------------|-------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | | M | |
| 411-DB | PRESCRIBER ID | | M | NPI should be submitted whenever possible |
| 427-DR | PRESCRIBER LAST NAME | | O | |
| 498-PM | PRESCRIBER PHONE NUMBER | | O | |
| 468-2E | PRIMARY CARE PROVIDER ID QUALIFIER | | O | |
| 421-DL | PRIMARY CARE PROVIDER ID | | O | |
| 47Ø-4E | PRIMARY CARE PROVIDER LAST NAME | | O | |
| 364-2J | PRESCRIBER FIRST NAME | | O | |
| 365-2K | PRESCRIBER STREET ADDRESS | | O | |
| 366-2M | PRESCRIBER CITY ADDRESS | | O | |
| 367-2N | PRESCRIBER STATE/PROVINCE ADDRESS | | O | |
| 368-2P | PRESCRIBER ZIP/POSTAL ZONE | | O | |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill | |
|---|---|---------------------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Situational |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9. | RM | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | RM | |
| 339-6C | OTHER PAYER ID QUALIFIER | | R | Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | OTHER PAYER ID | | R | Required if identification of the Other Payer is necessary for claim/encounter adjudication. |
| 443-E8 | OTHER PAYER DATE | | R | Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | RW | Required if Other Payer Amount Paid Qualifier (342-HC) is used. |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | | RW | Required if Other Payer Amount Paid (431-DV) is used. |
| 431-DV | OTHER PAYER AMOUNT PAID | | M | Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | Required if Other Payer Reject Code (472-6E) is used. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | | | Claim Billing/Claim Rebill |
|---|---|----------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Situational |
| 472-6E | OTHER PAYER REJECT CODE | | RW | Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered). |
| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | | | Claim Billing/Claim Rebill |
| 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 | |
| 339-6C | OTHER PAYER ID QUALIFIER | | O | <i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used. |
| 340-7C | OTHER PAYER ID | | O | |
| 443-E8 | OTHER PAYER DATE | | O | |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | O | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | | O | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | O | <i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing. |

| Pricing Segment Segment Identification (111-AM) = "11" | | | | Claim Billing/Claim Rebill |
|---|--|---------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | This segment is always sent |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | R | |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | O | |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | O | |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | Maximum count of 3. | S | Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | | S | Required if Other Amount Claimed Submitted (480-H9) is used. |
| 480-H9 | OTHER AMOUNT CLAIMED SUBMITTED | | O | |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | O | |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | O | |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | | S | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | | S | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. |

| Pricing Segment Segment Identification (111-AM) = "11" | | | | Claim Billing/Claim Rebill |
|---|-----------------------------|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | This segment is always sent |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | | R | Imp Guide: Required if needed for receiver claim/encounter adjudication. |

| Compound Segment Segment Identification (111-AM) = "10" | | | Optional Segment Required for Compounds | | Claim Billing/Claim Rebill |
|--|---|------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | | Payer Usage | Payer Situation |
| 450-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | | RW | Required when compound is being submitted. |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | | RW | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | | RW | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | | | RW | |
| 489-TE | COMPOUND PRODUCT ID | | | RW | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | | RW | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | | RW | Required if needed for receiver claim determination when multiple products are billed. |
| 490-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | | | RW | Imp Guide: Required if needed for receiver claim determination when multiple products are billed. |
| 362-2G | COMPOUND INGREDIENT MODIFIER CODE COUNT | Maximum count of 10. | | O | Imp Guide: Required when Compound Ingredient Modifier Code (363-2H) is sent. |
| 363-2H | COMPOUND INGREDIENT MODIFIER CODE | | | O | |

| Clinical Segment Segment Identification (111-AM) = "13" | | | | | Claim Billing/Claim Rebill |
|--|--------------------------|---------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | | Payer Usage | Payer Situation |
| 491-VE | DIAGNOSIS CODE COUNT | Maximum count of 5. | | O | Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE | DIAGNOSIS CODE QUALIFIER | | | O | Imp Guide: Required if Diagnosis Code (424-DO) is used. |
| 424-DO | DIAGNOSIS CODE | | | O | |

| Clinical Segment Segment Identification (111-AM) = "13" | | | | | Claim Billing/Claim Rebill |
|--|--------------------------|---------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | | Payer Usage | Payer Situation |
| 491-VE | DIAGNOSIS CODE COUNT | Maximum count of 5. | | O | Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE | DIAGNOSIS CODE QUALIFIER | | | O | Imp Guide: Required if Diagnosis Code (424-DO) is used. |
| 424-DO | DIAGNOSIS CODE | | | O | |

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

| Response Transaction Header Segment | | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|-------------------------------------|-------------------------------|--------------------------|-------------|---|
| 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 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 | | S | Imp Guide: Required if text is needed for clarification or detail. |

| Response Insurance Segment 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 | | R | |
| 524-FO | PLAN ID | | S | Part-D Commercial |
| 302-C2 | CARDHOLDER ID | | S | Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request. |

| Response Patient Segment 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 | | O | |
| 311-CB | PATIENT LAST NAME | | O | |
| 304-C4 | DATE OF BIRTH | | O | |

| Response Status Segment 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 | Maximum count of 5. | S | |
| 548-6F | APPROVED MESSAGE CODE | | S | |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | O | |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | O | |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | O | |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | O | |

| | Response Claim Segment 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 | 1 = RxBilling | M | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 551-9F | PREFERRED PRODUCT COUNT | Maximum count of 6. | S | <i>Future capabilities</i> |
| 552-AP | PREFERRED PRODUCT ID QUALIFIER | | S | <i>Future capabilities</i> |
| 553-AR | PREFERRED PRODUCT ID | | S | <i>Future capabilities</i> |
| 554-AS | PREFERRED PRODUCT INCENTIVE | | S | <i>Future capabilities</i> |
| 555-AT | PREFERRED PRODUCT COST SHARE INCENTIVE | | S | <i>Future capabilities</i> |
| 556-AU | PREFERRED PRODUCT DESCRIPTION | | S | <i>Future capabilities</i> |

| | Response Pricing Segment 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 | | R | |
| 558-AW | FLAT SALES TAX AMOUNT PAID | | S | |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | S | |
| 560-AY | PERCENTAGE SALES TAX RATE PAID | | S | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 561-AZ | PERCENTAGE SALES TAX BASIS PAID | | O | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 521-FL | INCENTIVE AMOUNT PAID | | S | Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | S | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | S | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. |
| 565-J4 | OTHER AMOUNT PAID | | S | Required if Other Amount Claimed Submitted (480-H9) is greater than zero (Ø). |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | S | Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. |
| 509-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | S | Required if Basis of Cost Determination (432-DN) is submitted on billing. |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | S | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | | S | |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | S | |
| 514-FE | REMAINING BENEFIT AMOUNT | | S | |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | S | |
| 518-FI | AMOUNT OF COPAY | | S | |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | S | |
| 572-4U | AMOUNT OF COINSURANCE | | S | |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | S | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. |

| | Response Pricing Segment 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> |
| 393-MV | BENEFIT STAGE QUALIFIER | | S | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. |
| 394-MW | BENEFIT STAGE AMOUNT | | S | <i>Imp Guide:</i> Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. |
| 577-G3 | ESTIMATED GENERIC SAVINGS | | S | |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | | S | |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | S | |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | S | |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | | S | |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | S | |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | | S | |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | Situation 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> |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | S | |
| 439-E4 | REASON FOR SERVICE CODE | | S | |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | S | |
| 529-FT | OTHER PHARMACY INDICATOR | | S | |
| 530-FU | PREVIOUS DATE OF FILL | | S | |
| 531-FV | QUANTITY OF PREVIOUS FILL | | S | |
| 532-FW | DATABASE INDICATOR | | S | |
| 533-FX | OTHER PRESCRIBER INDICATOR | | S | |
| 544-FY | DUR FREE TEXT MESSAGE | | S | |
| 570-NS | DUR ADDITIONAL TEXT | | S | |

| | Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | Situation 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> |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | S | |
| 340-7C | OTHER PAYER ID | | O | |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | O | |
| 356-NU | OTHER PAYER CARDHOLDER ID | | O | |
| 992-MJ | OTHER PAYER GROUP ID | | O | |
| 142-UV | OTHER PAYER PERSON CODE | | O | |

| | Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | Situation 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> |
| 127-UB | OTHER PAYER HELP DESK PHONE NUMBER | | O | |
| 143-UW | OTHER PAYER PATIENT RELATIONSHIP CODE | | O | |
| 144-UX | OTHER PAYER BENEFIT EFFECTIVE DATE | | O | |
| 145-UY | OTHER PAYER BENEFIT TERMINATION DATE | | O | |

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – 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 | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |