NCPDP Version D.0 Payer Sheet
Medicaid

IMPORTANT NOTE: *Express Scripts only accepts NCPDP Version D.0 electronic transactions. This documentation is to be used for programming the fields and values Express Scripts will accept when processing these claims.*

Claim transaction segments not depicted within this document may be accepted during the transmission of a claim. However, Express Scripts may not use the information submitted to adjudicate claims. All values submitted will be validated against the NCPDP External Code List version as indicated below.
This payer sheet includes processing information for both Legacy Express Scripts and Legacy Medco.

General Information:

Payer Name: Express Scripts	Communication Date: December 2017
Processor: Express Scripts	Switch:
Effective: January 1, 2018	Version/Release Number: D.0
NCPDP Data Dictionary Version Date: October 2016	NCPDP External Code List Version Date: October 2016
	NCPDP Emergency External Code List Version Date: July 2017
Contact/Information Source: Network Contracting & Management Account Manager, or (800) 824-0898, or Express-Scripts.com	
Pharmacy Help Desk Info: (800) 824-0898	
Other versions supported: N/A	

Note: All fields requiring alphanumeric data must be submitted in UPPER CASE.

BIN/PCN Table

Plan Name/Group Name	BIN	PCN
Legacy ESI Medicaid	ØØ3858	A4 (or as assigned by ESI) SC (Use when secondary to Medicare Part D only) MA (refer to member's card)
Legacy Medco Medicaid	61ØØ14	As provided on card or anything except zeros
Legacy Medco – Secondary to Medicare Part D Other Payer Patient Responsibility	61ØØ31	MEDDCOPAY
Legacy Medco – Secondary to Medicare Part D Other Payer Primary (Based on Other Payer Paid)	61ØØ31	MEDDCOBSEG
Legacy Medco – Secondary Payer Non-Medicare Part D (Based on Other Payer Paid)	61ØØ14	COBSEG
Legacy Medco – Member Balance Inquiry – Secondary Payer Non-Medicare Part D – Reimbursement based on Co-Pay Only	61ØØ56	COPAY
Legacy Medco – Secondary Payer Non-Medicare Part D – Reimbursement based on Co-Pay Only	61ØØ14	COPAY
Emblem Health Medicaid	Ø15748	ØØ2Ø111ØØ1 SC (Use when secondary to Medicare Part D only)

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing,
"R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Plan Name/Group Name	BIN	PCN
WellPoint Medicaid	61ØØ53, 61Ø575 or ØØ3858 (Check ID card to determine correct number)	PCN=Not required PCN=SC or spaces when secondary to Medicare Part D
Amerigroup, Community Care (MD, DE, WV, VA, PA)	61ØØ84	PRODUR1

Section I: Claim Billing (In Bound)

Transaction Header Segment – Mandatory ~~in all cases~~

Field #	NCPDP Field Name	Value	Payer Usage
1Ø1-A1	BIN Number	See BIN/PCN table, above	M
1Ø2-A2	Version Release Number	DØ=Version D.0	M
1Ø3-A3	Transaction Code	B1=Billing	M
1Ø4-A4	Processor Control Number	As indicated above	M
1Ø9-A9	Transaction Count	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4=Four Occurrences	M (BIN 61ØØ56 only allows TRANS COUNT = 1). All others allow 1-4
2Ø2-B2	Service Provider ID Qualifier	Ø1=NPI	M
2Ø1-B1	Service Provider ID	Pharmacy NPI	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor/Certification ID		O

Patient Segment – Required

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø1=Patient	M
331-CX	Patient ID Qualifier		O
332-CY	Patient ID	As indicated on member ID card	O
3Ø4-C4	Date of Birth		R
3Ø5-C5	Patient Gender Code	1=Male 2=Female	R
31Ø-CA	Patient First Name	Example: John	R
311-CB	Patient Last Name	Example: Smith	R
322-CM	Patient Street Address		O
323-CN	Patient City		O

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Field #	NCPDP Field Name	Value	Payer Usage
324-CO	Patient State or Province		O
325-CP	Patient Zip/Postal Code		R*
3Ø7-C7	Place of Service	Ø1 = Pharmacy	R
335-2C	Pregnancy Indicator	Blank = Not specified 1=Not Pregnant 2=Pregnant	O
384-4X	Patient Residence		R

*For Emergency/Natural Disaster claims, enter the current ZIP code of displaced patient in conjunction with Prior Authorization Type Code (461-EU) and Prior Auth ID (462-EV) field.

Insurance Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø4=Insurance	M
3Ø2-C2	Cardholder ID	ID assigned to the cardholder	M
312-CC	Cardholder First Name		R
313-CD	Cardholder Last Name		R
524-FO	Plan ID		O
3Ø9-C9	Eligibility Clarification Code	1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	R
3Ø1-C1	Group ID	As appears on card	R
3Ø3-C3	Person Code	001-010 Code assigned to specific person in a family	R
3Ø6-C6	Patient Relationship Code	Ø=Not Specified 1=Cardholder – Individual who is enrolled in and receives benefits from a health plan 2=Spouse – Patient is the husband/wife/partner of the cardholder 3=Child – Patient is a child of the cardholder 4=Other – Relationship to cardholder is not precise	R
359-2A	Medigap ID		O

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Claim Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø7=Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing* *Pharmacist should enter "1" when processing claim for a vaccine drug and vaccine administration.	M
4Ø2-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	ØØ=Not Specified* Ø3=National Drug Code	M
4Ø7-D7	Product/Service ID*		M
442-E7	Quantity Dispensed		R
4Ø3-D3	Fill Number	Ø=Original Dispensing 1 to 99=Refill number	R
4Ø5-D5	Days Supply		R
4Ø6-D6	Compound Code	1=Not a Compound 2=Compound*	R
4Ø8-D8	Dispense as Written (DAW)/Product Selection Code		R
414-DE	Date Prescription Written		R
415-DF	Number of Refills Authorized	ØØ =No refills authorized Ø1 through 99, with 99 being as needed, refills unlimited	R
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	RW (Submission Clarification Code (42Ø –DK) is used
42Ø -DK	Submission Clarification Code		RW (Clarification is needed and value submitted is greater than zero Ø). The value of 2 is used to respond to a Max Daily Dose/High Dose Reject)

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Field #	NCPDP Field Name	Value	Payer Usage
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 financial responsibility only**	R
454-EK	Scheduled Prescription ID Number		RW (Must be provided when State Medicaid Regulations require this information)
6ØØ-28	Unit of Measure	EA=Each GM=Grams ML=Milliliters	R
418-DI	Level of Service	Ø=Not specified 1=Patient consultation (professional service involving provider/patient discussion of disease, therapy or medication regimen or other health issues) 2=Home delivery—provision of medications from pharmacy to patient's place of residence 3=Emergency—urgent provision of care 4=24-hour service—provision of care throughout the day and night 5=Patient consultation regarding generic product selection—professional service involving discussion of alternatives to brand-name medications 6=In-Home Service—provision of care in patient's place of residence	RW (This field could result in different coverage, pricing or patient financial responsibility)
461-EU	Prior Authorization Type Code	Ø=Not specified 1=Prior Authorization 2=Medical Certification 6=Family Planning 8=Payer Defined Exemption 9=Emergency Preparedness***	RW (Value 1, 6, 8 or 9 is used in conjunction with Prior Authorization ID Submitted (462-EV)

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Field #	NCPDP Field Name	Value	Payer Usage
462-EV	Prior Auth ID Submitted	Submitted when requested by processor. Examples: Prior authorization procedures for physician authorized dosage or days supply increases for reject 79 'Refill Too Soon'.	RW (Field 461-EU = 1, 8 or 9)
357-NV	Delay Reason Code		RW (Needed to specify the reason that submission of transaction has been delayed)†
995-E2	Route of Administration		RW (Required for Compounds)
147-U7	Pharmacy Service Type	Ø1= Community/Retail Pharmacy Services Ø3= Home Infusion Therapy Services Ø5= Long Term Care Pharmacy Services	R
456-EN	Associated Prescription/Service Reference Number		RW (Field 343-HD = C or P)
457-EP	Associated Prescription/Service Date		RW (Field 343-HD = C or P)
343-HD	Dispensing Status	P = Partial C = Complete	RW (Partial fill or completion of a fill)
344-HF	Quantity Intended to be Dispensed		RW (Partial fill or completion of a fill)
345-HG	Days Supply Intended to be Dispensed		RW (Partial fill or completion of a fill)

* The Product/Service ID (4Ø7-D7) must contain a value of "Ø" and Product/Service ID Qualifier (436-E1) must contain a value of "ØØ" when used for multi-ingredient compounds. Partial fills are **not** allowed for Multi-Ingredient Compound claims.

If Field 3Ø8-C8 is populated with Values 2, 3, 4 or 8, the COB segment should be sent. **Note: For WellPoint claims, Values of 2, 3 and 4 are acceptable. Value of 8 is not an acceptable value.

***For Field 461-EU (Prior Authorization Type Code), Ø, 1, 2, 6, 8 and 9 are acceptable values. If value "9 = Emergency Preparedness" is populated in Field 461-EU, use 911ØØØØØØØ1=Emergency Preparedness (EP) Refill Too Soon Edit Override in Field 462-EV when an emergency healthcare disaster has been officially declared by the appropriate U.S. government agency. Other values for the Field 462-EV for certain states are provided in the Express Scripts Network Provider Manual.

†For Field 357-NV (Delay Reason Code), all valid values are accepted. Values of 1, 2, 7, 8, 9, 1Ø may be allowed to override Reject 81 (Claim Too Old).

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Pricing Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	11=Pricing	M
4Ø9-D9	Ingredient Cost Submitted		R
412-DC	Dispensing Fee Submitted		R
433-DX	Patient Paid Amount Submitted		O
438-E3	Incentive Amount Submitted		RW (Value has an effect on Gross Amount (43Ø-DU) calculation. Use when submitting claim for vaccine drug and administrative fee together)
481-HA	Flat Sales Tax Amount Submitted		RW ** (Value has an effect on Gross Amount (43Ø-DU) calculation)
482-GE	Percentage Sales Tax Amount Submitted		RW ** (Value has an effect on Gross Amount (43Ø-DU) calculation)
483-HE	Percentage Sales Tax Rate Submitted		RW ** (Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used or if needed to calculate Percentage Sales Tax Amount Paid (559-AX)

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Field #	NCPDP Field Name	Value	Payer Usage
484-JE	Percentage Sales Tax Basis Submitted		RW (Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used)
426-DQ	Usual and Customary Charge		R
43Ø-DU	Gross Amount Due		R
423-DN	Basis of Cost Determination*		R

* All valid values are accepted. A value of "8" or "9" is accepted in field 423-DN for 34ØB dispensed drugs per State Medicaid requirements. To identify 34ØB claims: Submitting Basis of Cost Determination code —"Ø8" in field 423-DN plus their 34ØB acquisition cost in field 4Ø9-D9 (Ingredient Cost Submitted) OR Submitting Submission Clarification Code value of "2Ø" in field 42Ø-DK.
**It is not permissible to submit Sales Tax unless required by State law.

Prescriber Segment – Situational

(This segment should only be submitted for claims that require a prescription.)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø3=Prescriber	M
466-EZ	Prescriber ID Qualifier	Ø1=NPI	R
411-DB	Prescriber ID	NPI*	R
427-DR	Prescriber Last Name		O
367-2N	Prescriber State/Province Address		O

*Express Scripts edits the qualifiers in field 466-EZ. A valid Prescriber ID is required for all claims. Claims unable to be validated may be subject to post-adjudication review.

Coordination of Benefits/Other Payments Segment – Situational

(Required only for secondary, tertiary, etc. claims. Will support one transaction per transmission.)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø5=COB/Other Payments	M
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	Ø3 = BIN Ø5 = Medicare Carrier Number	RW (Other Payer ID 34Ø-7C is used)
34Ø-7C	Other Payer ID		R

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Field #	NCPDP Field Name	Value	Payer Usage
443-E8	Other Payer Date		R
341-HB	Other Payer Amount Paid Count	Maximum count of 9	RW (Other Payer Amount Paid Qualifier (342-HQ) is used)
342-HC	Other Payer Amount Paid Qualifier		RW (Other Payer Amount Paid (431-DV) is used)
431-DV	Other Payer Amount Paid		RW (If other payer has approved payment for some/all of the billing) (Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted) (Not used for patient financial responsibility only billing)
471-5E	Other Payer Reject Count	Maximum count of 5	RW (Other Payer Reject Code 472-6E) is used)
472-6E	Other Payer Reject Code		RW (Other Payer Reject Count (471-5E) is used)
353-NR	Other Payer – Patient Responsibility Amount Count	Maximum count of 13	RW (Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used)
351-NP	Other Payer – Patient Responsibility Amount Qualifier		RW (Other Payer-Patient Responsibility Amount (352-NQ) is used)

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Field #	NCPDP Field Name	Value	Payer Usage
352-NQ	Other Payer – Patient Responsibility Amount		RW (Necessary for Patient Financial Responsibility Only Billing)
392-MU	Benefit Stage Count	Maximum count of 4	RW (Secondary to Medicare)
393-MV	Benefit Stage Qualifier	Occurs up to 4 times	RW (Secondary to Medicare)
394-MW	Benefit Stage Amount		RW (Secondary to Medicare)

The COB segment and all required fields must be sent if the Other Coverage Code (3Ø8-C8) field with values = 2 through 4 or 8 are submitted in the claim segment.

Note: If field 3Ø8-C8 (Other Coverage Code) is populated with:

- Value of 2 = Other coverage exists – payment collected; fields 341-HB, 342-HC and 431-DV are required and must have values entered. Field 431-DV must not be zero ($0.00). The sum of all occurrences must not be zero.
- Value of 3 = Other coverage billed – claim not covered; fields 471-5E and 472-6E are required and must have values entered.
- Value of 4 = Other coverage exists – payment not collected; fields 341-HB, 342-HC and 431-DV are required and must have values entered. Field 431-DV must be zero ($0.00). The sum of all occurrences must be zero.
- Value of 8 = Claim is billing for patient financial responsibility only; fields 353-NR, 351-NP and 352-NQ are required and must have values entered. Note: WellPoint and Priority Health does not accept a value of 8 in field 3Ø8-C8.

DUR/PPS Segment – Situational

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø8=DUR/PPS	M
473-7E	DUR/PPS Code Counter	1=Rx Billing (Maximum of 9 occurrences)	R
439-E4	Reason for Service Code	AT = Additive Toxicity DD=Drug-Drug Interaction	R
44Ø-E5	Professional Service Code	ØØ=No intervention MØ=Prescriber consulted MA=Medication Administered – indicates the administration of a covered vaccine*	R
441-E6	Result of Service Code	1G=Filled, With Prescriber Approval	R

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Field #	NCPDP Field Name	Value	Payer Usage
474-8E	DUR/PPS Level of Effort	11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	R**

*Indicates the claim billing includes a charge for the administration of the vaccine; leave blank if dispensing vaccine without administration.

**When submitting a compound claim, Field 474-8E is required; using the values consistent with your contract.

Compound Segment – Situational

(Required when submitting a compound claim. Will support only one transaction per transmission.)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	1Ø=Compound	M
45Ø-EF	Compound Dosage Form Description Code		M
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M
447-EC	Compound Ingredient Component Count	Maximum 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.	M
448-ED	Compound Ingredient Quantity		M
449-EE	Compound Ingredient Drug Cost		R
49Ø-UE	Compound Ingredient Basis of Cost Determination		R

Clinical Segment – Situational

(This segment may be required as determined by benefit design. When the segment is submitted, the fields defined below are required.)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	13=Clinical	M
491-VE	Diagnosis Code Count	Maximum count of 5	R
492-WE	Diagnosis Code Qualifier	Ø2=ICD-10	R
424-DO	Diagnosis Code		R

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Section II: Response Claim Billing (Out Bound)

Response Header Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
1Ø2-A2	Version Release Number	DØ =Version D.Ø	M
1Ø3-A3	Transaction Code	B1=Billing	M
1Ø9-A9	Transaction Count	Same value as in request	M
5Ø1-FI	Header Response Status	A=Accepted R=Rejected	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 – Situational

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	2Ø=Response Message	M
5Ø4-F4	Message		O

Response Insurance Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	25=Response Insurance	M
3Ø1-C1	Group ID		R
524-FO	Plan ID		O
545-2F	Network Reimbursement ID	Network ID	R
568-J7	Payer ID Qualifier		O
569-J8	Payer ID		O
3Ø2-C2	Cardholder ID		R

Response Status Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid R=Reject	M
5Ø3-F3	Authorization Number		RW (Transaction Response Status = P)

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Field #	NCPDP Field Name	Value	Payer Usage
547-5F	Approved Message Code Count	Maximum count of 5	RW (Approved Message Code (548-6F) is used)
548-6F	Approved Message Code		RW (Approved Message Code Count (547-5F) is used)
51Ø-FA	Reject Count	Maximum count of 5	RW (Transaction Response Status = R)
511-FB	Reject Code		RW (Transaction Response Status = R)
546-4F	Reject Field Occurrence Indicator		RW (Repeating field is in error to identify repeating field occurrence)
13Ø-UF	Additional Message Information Count	Maximum count of 9	RW (Additional Message (526-FQ) is used)
132-UH	Additional Message Information Qualifier		RW (Additional Message (526-FQ) is used)
526-FQ	Additional Message Information		RW (Additional text is needed for clarification or detail)
131-UG	Additional Message Information Continuity		RW (Current repetition of Additional Message Information (526-FQ) is used and another repetition (526-FQ) follows, and text is continuation of the current)
549-7F	Help Desk Phone Number Qualifier		O
55Ø-8F	Help Desk Phone Number		O
987-MA	URL		R* (*only returned on a rejected response)

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Response Claim Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
4Ø2-D2	Prescription/Service Reference Number		M
551-9F	Preferred Product Count	Maximum count of 6	RW (Based on benefit and when preferred alternatives are available for the submitted Product Service ID)
552-AP	Preferred Product ID Qualifier		RW (If Preferred Product ID (553-AR) is used)
553-AR	Preferred Product ID		RW (If a product preference exists that needs to be communicated to the receiver via an ID)
556-AU	Preferred Product Description		RW (If a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR)

Response Pricing Segment – Mandatory

(This segment will not be included with a rejected response)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	23=Response Pricing	M
5Ø5-F5	Patient Pay Amount		R
5Ø6-F6	Ingredient Cost Paid		R
5Ø7-F7	Dispensing Fee Paid		R

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Field #	NCPDP Field Name	Value	Payer Usage
557-AV	Tax Exempt Indicator		RW (If sender and/or patient is tax exempt and exemption applies to this billing)
558-AW	Flat Sales Tax Amount Paid		RW (If Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at final reimbursement)
559-AX	Percentage Sales Tax Amount Paid		RW (If Percentage Tax Amount Submitted (482-GE) is greater than zero (Ø) or Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used)
56Ø-AY	Percentage Sales Tax Rate Paid		RW (If Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø))
561-AZ	Percentage Sales Tax Basis Paid		RW (If percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø))
521-FL	Incentive Amount Paid		RW (If Incentive Amount Submitted (438-E3) is greater than zero (Ø))
563-J2	Other Amount Paid Count		O
564-J3	Other Amount Paid Qualifier	Occurs up to 3 times	O
565-J4	Other Paid Amount	Occurs up to 3 times	O
566-J5	Other Payer Amount Recognized		O
5Ø9-F9	Total Amount Paid		R
522-FM	Basis of Reimbursement Determination		R

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Field #	NCPDP Field Name	Value	Payer Usage
523-FN	Amount Attributed to Sales Tax		RW (If Patient Pay Amount (5Ø5-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		O
513-FD	Remaining Deductible Amount		O
514-FE	Remaining Benefit Amount		O
517-FH	Amount Applied to Periodic Deductible		RW (If Patient Pay Amount (5Ø5-F5) includes deductible
518-FI	Amount of Co-pay		RW (Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility)
52Ø-FK	Amount Exceeding Periodic Benefit Maximum		RW (Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum)
571-NZ	Amount Attributed to Processor Fee		RW (If customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay)
575-EQ	Patient Sales Tax Amount		RW (Used when necessary to identify Patient's portion of the Sales Tax)
574-2Y	Plan Sales Tax Amount		RW (Used when necessary to identify Plan's portion of the Sales Tax)

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Field #	NCPDP Field Name	Value	Payer Usage
572-4U	Amount of Coinsurance		RW (Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility)
577-G3	Estimated Generic Savings		RW (Patient selects brand drug when generic was available)
128-UC	Spending Account Amount Remaining		RW (If known when transaction had spending account dollars reported as part of the patient pay amount)
129-UD	Health Plan-Funded Assistance Amount		RW (Patient meets the plan-funded assistance criteria to reduce Patient Pay Amount (5Ø5-F5)
134-UK	Amount Attributed to Product Selection/Brand Drug		RW (Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug)
133-UJ	Amount Attributed to Provider Network Selection		RW (Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another)

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Field #	NCPDP Field Name	Value	Payer Usage
135-UM	Amount Attributed to Product Selection/Non-Preferred Formulary Selection		RW (Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product)
136-UN	Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection		RW (Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product)
148-U8	Ingredient Cost Contracted/Reimbursable Amount		RW (Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/ regulatory agency)
149-U9	Dispensing Fee Contracted/Reimbursable Amount		RW (Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/ regulatory agency)

Response DUR/PPS Segment – Situational

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	24=Response DUR/PPS	M
567-J6	DUR/PPS Response Code Counter	Maximum 9 occurrences supported	RW (Reason for Service Code (439-E4) is used)
439-E4	Reason for Service Code	AT=Additive Toxicity ER=Overuse DD = Drug-Drug Interaction	O
528-FS	Clinical Significance Code		O

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Field #	NCPDP Field Name	Value	Payer Usage
529-FT	Other Pharmacy Indicator		O
53Ø-FU	Previous Date of Fill		O
531-FV	Quantity of Previous Fill		O
532-FW	Database Indicator		O
533-FX	Other Prescriber Indicator		O
544-FY	DUR Free Text Message		O
57Ø-NS	DUR Additional Text		O

Response Prior Authorization Segment – Situational

(Provided when the receiver has an opportunity to reprocess claim using a Prior Authorization ID)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	26=Response Prior Authorization	M
498-PY	Prior Authorization ID - Assigned		RW (Receiver must submit this Prior Authorization ID in order to receive payment for the claim)

Response Coordination of Benefits/Other Payers – Situational

(This segment will not be included with a rejected response)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	28=Response Coordination of Benefits/Other Payers	M
355-NT	Other Payer ID Count	Maximum count of 9	M
338-5C	Other Payer Coverage Type		M
339-6C	Other Payer ID Qualifier		RW (Other Payer ID (34Ø-7C) is used)
34Ø-7C	Other Payer ID		RW*
991-MH	Other Payer Processor Control Number		RW*
356-NU	Other Payer Cardholder ID		RW*
992-MJ	Other Payer Group ID		RW*

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

Field #	NCPDP Field Name	Value	Payer Usage
142-UV	Other Payer Person Code		RW (Needed to uniquely identify the family members within the Cardholder ID, as assigned by other payer)
127-UB	Other Payer Help Desk Phone Number		RW (Needed to provide a support telephone number of other payer to the receiver)

*Will be returned when other insurance information is available for COB.

Section III: Reversal Transaction (In Bound)

Transaction Header Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
1Ø1-A1	BIN Number	BIN used on original claim submission	M
1Ø2-A2	Version Release Number	DØ=Version D.Ø	M
1Ø3-A3	Transaction Code	B2=Reversal	M
1Ø4-A4	Processor Control Number	PCN used on original claim submission	M
1Ø9-A9	Transaction Count	1=One occurrence per B2 transmission	M
2Ø2-B2	Service Provider ID Qualifier	Ø1=NPI	M
2Ø1-B1	Service Provider ID	NPI	M
4Ø1-D1	Date of Service		M
11Ø-AK	Software Vendor/Certification ID		O

Note: Reversal window is 9Ø days.

Insurance Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø4=Insurance	M
3Ø2-C2	Cardholder ID	ID assigned to the cardholder	M

Claim Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø7=Claim	M
445-EM	Prescription /Service Reference Number Qualifier	1=Rx Billing	M
4Ø2-D2	Prescription/Service Reference Number		M
436-E1	Product/Service ID Qualifier	Value used on original claim submission	R

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if "x", not required if "y"

Field #	NCPDP Field Name	Value	Payer Usage
4Ø7-D7	Product/Service ID		R
4Ø3-D3	Fill Number		R
3Ø8-C8	Other Coverage Code	Value used on original claim submission	R

Coordination of Benefits/Other Payments Segment – Situational

(Will support only one transaction per transmission)

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	Ø5=COB/Other Payments	M
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9	M
338-5C	Other Payer Coverage Type		M

Section IV: Reversal Response Transaction (Out Bound)

Response Header Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
1Ø2-A2	Version Release Number	DØ=Version D.Ø	M
1Ø3-A3	Transaction Code	B2=Reversal	M
1Ø9-A9	Transaction Count	1=One Occurrence, per B2 transmission	M
5Ø1-FI	Header Response Status	A=Accepted R=Rejected	M
2Ø2-B2	Service Provider ID Qualifier	Ø1=NPI	M
2Ø1-B1	Service Provider ID	NPI	M
4Ø1-D1	Date of Service		M

Response Message Segment – Situational

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	2Ø=Response Message	M
5Ø4-F4	Message		O

Response Status Segment – Situational

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	21=Response Status	M
112-AN	Transaction Response Status	A=Approved R=Rejected	M
547-5F	Approved Message Code Count	Maximum count of 5	RW (Approved Message Code (548-6F) is used)

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing,
"R"=Repeating Field, RW=Required when; required if "x", not required if "y"

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Field #	NCPDP Field Name	Value	Payer Usage
548-6F	Approved Message Code		RW (Approved Message Code (547-5F) is used)
51Ø-FA	Reject Count	Maximum count of 5	RW (Transaction Response Status=R)
511-FB	Reject Code		RW (Transaction Response Status=R)
549-7F	Help Desk Phone Number Qualifier		O
55Ø-8F	Help Desk Phone Number		O

Response Claim Segment – Mandatory

Field #	NCPDP Field Name	Value	Payer Usage
111-AM	Segment Identification	22=Response Claim	M
455-EM	Prescription/Service Reference Number Qualifier	1=Rx Billing	M
4Ø2-D2	Prescription/Service Reference Number		M

Payer Usage: M=Mandatory, O=Optional, R=Required by ESI to expedite claim processing, "R"=Repeating Field, RW=Required when; required if “x”, not required if “y”