Payer Sheet

Pharmacy Network Management
NetCard Systems at Welldyne

Commercial Business

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1. GENERAL INFORMATION

Payer Name: NetCard Systems	**Date:** 9/30/2026
Processor: OptumRx	**NCPDP Telecommunication Version/Release #:** D.0
NCPDP Data Dictionary Version: Oct. 2017	**NDPDP External Code List Version:** Oct. 2019

CONTACT INFORMATION
Resources and information, please visit our website below.
Website: www.WellDyne.com www.WellDyne.com/for-pharmacies
WellDyne Pharmacy Health Desk – Claim processing questions: **1-888-886-5822**
WellDyne Member Services, plan and general information: **1-888-479-2000**
**Member Services and Pharmacy Help Desk are available 24 hours a day, 7 days a week, 365 days a year*
Pharmacy Network Contracting: 1-866-813-3743
Pharmacy Network Administration email: RetailManager@netcardsystems.com or PharmacyInfo@welldyne.com
Prior Authorization: PA Telephone: **1-866-240 2204** - PA Fax: **1-303-645-2612**

BIN/PCN for pharmacy processing – Commercial-Funded

PLAN NAME / GROUP NAME	BIN	PCN
WellDyne – Various	008878	WDRX, NETCARD, TCN, or as appears on ID card
UFCW	008878	UFCW or as appears on ID card
Triad Care	015723	TRIADCR or as appears on ID card
Eagle Pharmacy – Knipper Health	019173	Not required
Palliative Drug Care Rx (PDCRx)	015962	PDC or as appears on ID card (888-901-2092)
PDCRxMX (Medalist Rx)	024433	As appears on ID card
PDCRx	024441	As appears on ID card
OrchestraRx	025036	ORX26 or as appears on ID card
WellDyne BESTRx	025219	WDBRx or as appears on ID card
WellDyne Select	025359	SELECT

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SelectRx – Limited Benefit - AFEUSAWH	025961	SRXLB, SELECTRX, SRXDC
Children's Nebraska - ScriptServ	026142	SSRX42
NCGTSF	008878	NCGTSF or as appears on ID card
Eversana Solutions	027704	EVNA, EV

BIN/PCN for pharmacy processing – Discount card

PLAN NAME / GROUP NAME	BIN	PCN
WellDyne – Various	023252	WCH, WDN, CHRX
WellDyne – Various Waltz Health	008878	WDN, WTZH
ChicagoRx Card / WellCardRx	020586	WDN or as appears on ID card
RXDC	014856	Not required
RXDC	018042	As appears on ID card
RXDC	020578	As appears on ID card
RXDC	017564	As appears on ID card
RXDC	017571	As appears on ID card
RxMedSaver	018034	WDF or as appears on ID card
Connect Health Solutions	018794	Not required
Connect Health Solutions	018506	Not required
CoastalRx (CRX, LLC - formerly PWA, LLC)	022287	WDN, 8969, or as appears on ID card
Discount Rx Savings	022725	WDN
Better Rx, Inc	023070	as appears on ID card
PirateRx	023534	PRX or as appears on ID card
AffordableMeds – Integrated Informatics, Inc.	024334	WDINT or as appears on ID card
RxNxt	024301	WDN or as appears on ID card
Savascript Value Services	025367	WDN or as appears on ID card
Savascript Value Services	022501	WDN or as appears on ID card

Payer Legend

M – Mandatory R – Required RW – Required When O - Optional

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Version History

January 2021

- Added Submission Clarification Count (354-NX)
- Added DUR/PPS Segments
- Added missing Pricing Segment in Claim Billing Transaction
- Name change for plan PWA now CoastalRx
- Removed COB Scenarios 1 and 3 – not applicable with this payer sheet
- Added new BIN: 023252

February 2021

- Added OrchestraRx cash BINs 018687 and 019934

July 2021

- Added BINs 023534 and 024334

September 2021

- Added BINs 024433 and 024441 – Help Desk 855-633-2579
- Added BIN 015962 Help Desk 888-901-2092
- Remove BINs 015383 and 016359
- Added BINs 024301 and 024319

January 2022

- Added CareRx, LLC BIN 024847
- Added IndigoRx BINs 611776, 639857, 639858

February 2022

- Added IndigoRx PCNs GHRX, RSRX, LCRX for BIN 611776

July 2022

- BIN 024301 update to RxNxt
- BIN 022725 name change from Fort Miro to DiscountRx Savings
- BIN 611776 name change from IndigoRx to Waltz Health
- Added OrchestraRx Commercial BIN 025036

September 2022

- Added PCN ORX26 for OrchestraRx BIN 025036

October 2022

- Removed BIN 024847 and 022501 (transferred to different processor)
- Added BIN 025219
- Added BIN 025359

November 2022

- Added BIN 025367

February 2023

- Added field 433-DX

April 2023

- Added BIN 025961 SelectRx

August 2023

- Correction - SelectRx BIN 025961 is not Discount card business, it is Commercial business.
- Added new PCN SRXLB for SelectRx: Limited Benefit, AFEUSA Walmart Health Virtual Care
- Removed Waltz Health BIN 611776

September 2023

- Removed IndigoRx BIN 639857
- Removed IndigoRx BIN 639858
- Added new PCN - NETCARD for BIN 008878
- Add new BIN 026142 for Children's Hospital Association

October 2023

- Added ScriptServ program name for Children's Hospital Association BIN 026142

December 2023

- Updated Children's Hospital Association to Children's Nebraska

February 2024

- Added Waltz Health PCN

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March 2024
- Added Knipper Health plan name to Eagle Pharmacy BIN due to acquisition.

October 2024
- Added Waltz Health Cash Card business with BIN 639858 and several PCNs.
- Removed BINs 018687, 019934, 022591, 022600 – all moved to another processor.

June 2025
- BIN 022501 is back with WellDyne from ProCare

October 2025
- Added BINs for RXDC 018042, 020578 from RxSense
- Added BINs for RXDC 017564, 017571 from Navitus

May 2026
- Added PCN SRXDC to RxSelect, BIN 025961
- Added new plan, NCGTSF, BIN 008878, PCN NGCTSF as appears on card
- Removed BIN 021429, PCN FMC
- Removed PCN BRX from BIN 023070
- Removed BIN 024319, PCN WDN
- Removed BIN 025036, PCN ORX26

September 2026
- Removed BIN 639858, Waltz Health Cash Card- WHCC
- Added Prior Authorization phone and fax
- Added BIN 027704, Eversana Solutions, PCN EVNA,EV

2. BILLING TRANSACTION

Transaction Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
101-A1	BIN number	See above	M	Pages 1 and 2 for BIN/PCN
102-A2	Version/Release number	D.0	M	
103-A3	Transaction code	B1, B3	M	
104-A4	Processor control number		M	Refer to above list or what is printed on ID card
109-A9	Transaction count	1 to 4	M	Up to 4
202-B2	Service provider ID qualifier	01	M	National Provider ID (NPI) only
201-B1	Service provider ID		M	National Provider ID (NPI)
401-D1	Date of service		M	
110-AK	Software vendor/cert ID		O	

Insurance Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
303-C3	Person code		RW	When provided on ID card
306-C6	Patient relationship code	1,2,3,4	R	1=Cardholder 2=Spouse 3=Child 4=Other
301-C1	Group ID		R	As appears on ID card
997-G2	CMS Part D defined qualified facility		RW	When required by plan

Patient Segment – Required

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	01	M	Patient Segment
304-C4	Date of birth		R	
305-C5	Patient gender code		R	
310-CA	Patient first name		R	
311-CB	Patient last name		R	
322-CM	Patient street address		RW	When submitting tax
323-CN	Patient city address		RW	When submitting tax
324-CO	Patient state or province		RW	When submitting tax
325-CP	Patient zip/postal code		R	
326-CQ	Patient phone number		RW	When used as ID number
307-C7	Place of service		RW	When needed for plan benefit
335-2C	Pregnancy indicator		RW	When needed for plan benefit
384-4X	Patient residence		RW	When needed for plan benefit

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Claim Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	07	M	Claim Segment
455-EM	Prescription/service reference number qualifier	01	M	01 = Rx Billing
402-D2	Prescription/service reference number		M	Rx Number
436-E1	Product/service ID qualifier	03	M	03 = NDC Multi-ingredient prescription, Product/Service ID Qualifier is zero (00)
407-D7	Product/service ID		M	Multi-ingredient prescription, Product/Service ID is zero (0)
442-E7	Quantity dispensed		R	
405-D5	Days supply		R	
403-D3	Fill number		R	
406-D6	Compound code	1 or 2	R	1 = Not a compound 2 = Compound
408-D8	Dispense as written (DAW)	0 to 9	R	
414-DE	Date prescription written		R	
415-DF	Number of refills authorized		R	
419-DJ	Prescription origin code		RW	Required when necessary for plan administration.
354-NX	Submission Clarification Code count	1 to 3	RW	Maximum count of 3. Required when Submission Clarification Code (420-DK) is used
420-DK	Submission clarification code		RW	Required when submission requires clarification for proper reimbursement
460-ET	Quantity prescribed		RW	Effective 9/21/20-Required when the claim is for or contains a schedule II drug
308-C8	Other coverage code		RW	0=Not Specified 1=No other coverage 2=Other coverage exists pymt collected, 3=Other coverage, drug not covered, 4=Other coverage pymt not collected, 8=Claim is billing for copay
453-EJ	Original prescribed product/ service ID qualifier		RW	
445-EA	Originally prescribed product service code		RW	
446-EB	Originally prescribed quantity		RW	
454-EK	Scheduled prescription ID number		RW	
600-28	Unit of measure	EA,GM,ML	RW	
418-DI	Level of service		RW	
461-EU	Prior authorization type code	1	RW	1 = Prior Authorization
462-EV	Prior authorization number submitted		RW	
995-EV	Route of administration		O	
996-G1	Compound Type		O	
147-U7	Pharmacy service type		O	

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Pricing Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	11	M	Claim Segment
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		O	Optional field if known upon submission
438-E3	Incentive Amount Submitted		RW	Required when submitting vaccine and administration fee
481-HA	Flat Sales Tax Amount Submitted		RW	Required when claiming sales tax
482-GE	Percentage Sales Tax Amount Submitted		RW	Required when claiming sales tax
483-HE	Percentage Sales Tax Rate Submitted		RW	Required when claiming sales tax
484-JE	Percentage Sales Tax Basis Submitted		RW	Required when claiming sales tax
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		R	

Prescriber Segment – Required

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	03	M	Prescriber Segment
466-EZ	Prescriber ID qualifier	01	M	01=NPI
411-D8	Prescriber ID		M	NPI PREFERRED
427-DR	Prescriber last name		O	
498-PM	Prescriber phone number		O	

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COB Scenarios are accepted based on plan design

Scenario 2 – other payer-patient responsibility amount & benefit stage repetitions only

Coordination of Benefits/Other Payments Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	05	M	COB/Other Payments
337-4C	Coordination of benefits/ other payments count	1 to 9	M	Maximum count of 9. Number of payers submitted in the COB segment.
338-5C	Other payer coverage type		M	
339-6C	Other payer ID qualifier	03	RW	*Imp Guide:* Required if Other Payer ID (340-7C) is used. *Payer Requirement:* 03 = BIN number
340-7C	Other payer ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim adjudication. *Payer Requirement:* Required to indicate what other coverage was billed.
443-E8	Other payer date		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim adjudication.
471-5E	Other payer reject count		RW	*Imp Guide:* Required when Other Payer reject Code (472-6E) is used.
472-6E	Other payer reject code		RW	*Imp Guide:* 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).
353-NR	Other payer-patient responsibility amount count	1 to 25	RW	Maximum count of 25. *Imp Guide:* Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other payer-patient responsibility amount qualifier		RW	*Imp Guide:* Required when Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	Other payer-patient responsibility amount		RW	*Imp Guide:* Required when necessary for patient financial responsibility only

DUR/PPS Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	08	M	DUR/PPS Segment
473-7E	DUR / PPS Code Counter	1 to 9	R	Maximum of 9
439-E4	Reason for Service Code		RW	Required when this field affects payment for or documentation of professional pharmacy service.
440-E5	Professional Service Code		RW	Value MA required for Vaccine Administration billing transactions – MA value must be in the first occurrence of the DUR/PPS

Compound Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	10	M	Compound
450-EF	Compound dosage form description code		RW	Required if segment is used
451-EG	Compound dispensing unit form indicator	1=EACH, 2=GRAMS, 3=MLs	RW	
447-EC	Compound ingredient component count	2 to 25	RW	Minimum of 2 and maximum of 25 ingredients
488-RE	Compound product ID qualifier	03 = NDC	RW	
489-TE	Compound product ID qualifier		RW	
448-ED	Compound ingredient quantity		RW	At least 2 ingredients / 2 NDCs
449-EE	Compound ingredient drug cost		RW	
490-UE	Compound ingredient basis of cost determination		RW	
362-2G	Compound ingredient modifier code count		RW	
363-2H	Compound ingredient modifier code		RW	

Clinical Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	13	M	Clinical
491-VE	Diagnosis code count	1 to 5	RW	Maximum 5 *Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis code qualifier		RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used.
424-DO	Diagnosis code		RW	

3. CLAIM BILLING RESPONSE – PAID (OR DUPLICATE PAID) TRANSACTION

Response Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
102-A2	Version/release number	D.0	M	
103-A3	Transaction code	B1, B3	M	
109-A9	Transaction count	Same	M	Same value as in request
501-FI	Header response status	A=Accepted	M	
202-B2	Service provider ID qualifier	Same	M	Same as in request
201-B1	Service provider ID	Same	M	Same as in request
401-D1	Date of service	Same	M	Same as in request

Response Message Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	20	M	Response Message
504-F4	Message		RW	*Imp Guide*: Required if text is needed for clarification or detail.

Response Insurance Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	25	M	Response Insurance
301-C1	Group ID		RW	
302-C2	Cardholder ID		O	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request.

Response Status Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	21	M	Response Status
112-AN	Transaction response status	P, D	M	P=Paid, D=Duplicate
503-F3	Authorization number		R	Required to identify the transaction
547-5F	Approved message code count	1 to 5	RW	Maximum count of 5
548-6F	Approved message code		RW	
130-UF	Additional message information count	Max of 25	RW	Maximum count of 25 *Imp Guide:* Required when Additional Message Information (526-FQ) is used.
132-UH	Additional message information qualifier		RW	*Imp Guide:* Required when Additional Message Information (526-FQ) is used.
526-FQ	Additional message information		RW	*Imp Guide:* Required when additional text is needed for clarification or detail.
131-UG	Additional message information continuity		RW	Required if repetition of Additional Message information (526-FQ) follows it, and the text of the following message is a continuation of the current.

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Response Claim Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	22	M	Response Claim
455-EM	Prescription/service reference number qualifier	1	M	1 = Rx Billing
402-D2	Prescription/service reference number		M	Rx Number

Response Pricing Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	23	M	Response Pricing
505-F5	Patient pay amount		R	This data element will be returned on all paid claims.
506-F6	Ingredient cost paid		R	This data element will be returned on all paid claims.
507-F7	Dispensing fee paid		R	This data element will be returned on all paid claims.
558-AW	Flat sale tax amount paid		RW	Required when Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	Percentage sales tax amount paid		RW	Required when this value is used to arrive at the final reimbursement.
560-AY	Percentage sales tax rate paid		RW	*Imp Guide:* required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
561-AZ	Percentage sales tax basis paid		RW	*Imp Guide:* required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
521-FL	Incentive amount paid		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero (0).
563-J2	Other amount paid count	1 to 3	RW	Maximum count of 3 Required if Other Amount Paid (565-J4) is used.
564-J3	Other amount paid qualifier		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	Other amount paid		RW	Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).
566-J5	Other payer amount recognized		RW	Required if Other Payer Amount Paid (431-DV) is greater than zero (0) and Coordination of Benefits/Other Payments Segment is supported.
509-F9	Total amount paid		R	
522-FM	Basis of reimbursement determination		RW	Required if Basis of Cost Determination (432-DN) is submitted on billing.
523-FN	Amount attributed to sales tax		RW	*Imp Guide:* Required if Patient Pay Amount (505-F5) includes sales tax t t

				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		RW	Provided if known or applicable.
513-FD	Remaining deductible amount		RW	Provided if known or applicable.
514-FE	Remaining benefit amount		RW	Provided if known or applicable.
517-FH	Amount applied to periodic deductible		RW	Provided if known or applicable.
518-FI	Amount of copay		RW	Required when Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	Amount exceeding periodic benefit maximum		RW	Required when Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.
572-4U	Amount of coinsurance		RW	Required when Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
134-UK	Amount attributed to product selection/brand drug		RW	Required when Patient Pay Amount (505-F5) includes an amount that is due to a patient's selection of a Brand drug.

Response DUP/PPS Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	24	M	Response DUR/PPS
567-J6	DUR/PPS response code counter		RW	Maximum 9 occurrences *Imp Guide:* Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for service code		RW	*Imp Guide:* Required if utilization conflict is detected.
528-FS	Clinical significance code		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
529-FT	Other pharmacy indicator		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
530-FU	Previous date of fill		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
531-FV	Quantity of previous fill		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
544-FY	DUR free text message		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
570-NS	DUR additional text		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.

4. BILLING RESPONSE – REJECTED TRANSACTION

Response Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
102-A2	Version/release number	D.0	M	
103-A3	Transaction code	B1, B3	M	
109-A9	Transaction count	Same	M	Same as in request
501-FI	Header response status	A	M	
202-B2	Service provider ID qualifier	Same	M	Same as in request
201-B1	Service provider ID	Same	M	Same as in request
401-D1	Date of service	Same	M	Same as in request

Response Message Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	20	M	Response Message
504-F4	Message		R	

Response Status Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	21	M	Response Status
112-AN	Transaction response status	R	M	R = Reject
503-F3	Authorization number		RW	Required to identify the transaction
510-FA	Reject count		R	Maximum count of 5
511-FB	Reject code		R	
546-4F	Reject field occurrence indicator		RW	Required when repeating field is in error, to identify repeating field occurrence.
130-UF	Additional message information count		RW	Maximum count of 25
132-UH	Additional message information qualifier		RW	*Imp Guide:* Required when Additional Message Information (526-FQ) is used.
526-FQ	Additional message information		RW	*Imp Guide:* Required when additional text is needed for clarification or detail.
131-UG	Additional message information continuity		RW	Required if repetition of Additional Message information (526-FQ) follows it, and the text of the following message is a continuation of the current.

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Response DUP/PPS Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	24	M	Response DUR/PPS
567-J6	DUR/PPS response code counter		RW	Maximum 9 occurrences *Imp Guide:* Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for service code		RW	*Imp Guide:* Required if utilization conflict is detected.
528-FS	Clinical significance code		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
529-FT	Other pharmacy indicator		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
530-FU	Previous date of fill		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
531-FV	Quantity of previous fill		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
544-FY	DUR free text message		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.
570-NS	DUR additional text		RW	*Imp Guide:* Required if needed to supply additional information for utilization conflict.

5. CLAIM REVERSAL TRANSACTION

*NOTE REVERSAL WINDOWS: COMMERCIAL – 30 DAYS / DISCOUNT CARD – 15 DAYS

Transaction Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
101-A1	BIN number	See B1 info	M	Same value in the request billing
102-A2	Version/release number	D.0	M	
103-A3	Transaction code	B2	M	
104-A4	Processor control number		M	Same value in the request billing
109-A9	Transaction count	1	M	
202-B2	Service provider ID qualifier	01	M	01 – NPI
201-B1	Service provider ID	NPI	M	Same value in the request billing
401-D1	Date of service		M	Same value in the request billing
110-AK	Software vendor/certificate ID		M	

Insurance Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	04	M	Insurance Segment
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	Required when segment is sent

Claim Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	07	M	Claim Segment
455-EM	Prescription/service reference number qualifier	1	M	1 = Rx Billing
402-D2	Prescription/service reference number		M	Same value in the request billing
436-E1	Product/service ID qualifier		M	Same value in the request billing
407-D7	Product/service ID		M	Same value in the request billing
403-D3	Fill number		M	Same value in the request billing
308-C8	Other coverage code		RW	Same value in the request billing

6. CLAIM REVERSAL – APPROVED RESPONSE

Response Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
102-A2	Version/release number	D.0	M	
103-A3	Transaction code	B2	M	
109-A9	Transaction count	Same	M	Same as in request
501-FI	Header response status	A = Accepted	M	
202-B2	Service provider ID qualifier	Same	M	Same as in request
201-B1	Service provider ID	Same	M	Same as in request
401-D1	Date of service	Same	M	Same as in request

Response Message Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	20	M	Response Message
504-F4	Message		R	Reversal Accepted

Response Status Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	21	M	Response Status
112-AN	Transaction response status	A = Approved	M	
503-F3	Authorization number		R	

Response Claim Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	22	M	Response Claim
455-EM	Prescription/service reference number qualifier	1	M	1 = Rx Billing
402-D2	Prescription/service reference number		M	

7. CLAIM REVERSAL – REJECTED RESPONSE

Response Header Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
102-A2	Version/release number	D.0	M	
103-A3	Transaction code	B2	M	
109-A9	Transaction count	Same	M	Same as in request
501-FI	Header response status	A = Accepted	M	
202-B2	Service provider ID qualifier	Same	M	Same as in request
201-B1	Service provider ID	Same	M	Same as in request
401-D1	Date of service	Same	M	Same as in request

Response Message Segment – Situational

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	20	M	Response Message
504-F4	Message		R	Reversal Not Processed

Response Status Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	21	M	Response Status
112-AN	Transaction response status	R = Reject	M	
503-F3	Authorization number		R	
510-FA	Reject count		R	Maximum count of 5
511-FB	Reject code		R	

Response Claim Segment – Mandatory

FIELD #	NCPDP FIELD NAME	VALUE	PAYER USAGE	COMMENT
111-AM	Segment identification	22	M	Response Claim
455-EM	Prescription/service reference number qualifier	1 = Billing	M	Imp Guide: 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	

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