



RxSavingsCard (Cash Card)

Payer Sheet



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PharmaForce PBM RxSavingsCard (Cash Card) Payer Sheet



General Information

Payer Name: PharmaForce PBM	Effective Date: 6/1/2022
Processor: PharmaForce	NCPDP Version/Release: D.Ø
NCPDP External Code List Version Date: 10/2019	Payer Sheet Version: 1.16
Pharmacy Relations Contact Information Phone: 1-833-379-1643, Hours M-F: 8 a.m. - 8 p.m. EST, S-S: 9 a.m. - 6 p.m. EST Email: pharmacynetwork@thepharmaforce.com	

Pharmacy Processing

Plan Name/Group Name	BIN	PCN	Help Desk Number
PharmaForce	024269	PFORCE	1-833-379-1643 M-F: 8 a.m. - 8 p.m. EST S-S: 9 a.m. - 6 p.m. EST

Payer Legend

M	Mandatory as defined by NPDP
R	Required as defined by the processor
RW	Situational as defined by Plan





Billing Transaction/Segments and Fields

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN NUMBER	024269	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	NCPDP v D0
103-A3	TRANSACTION CODE	B1	M	Claim billing transaction. Note that rebill (B3) is not support
104-A4	PROCESSOR CONTROL NUMBER	PFORCE	R	Use value printed on the ID Card
109-A9	E	01 - 04	M	Only accept Value 01
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	01 = National Provider ID (NPI). Only NPI is accepted
201-B1	SERVICE PROVIDER ID	NPI	M	NPI assigned to the dispensing pharmacy
401-D1	DATE OF SERVICE		M	YYYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

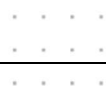
Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	04	M	Insurance Segment
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		R	Required when necessary for state/federal/regulatory agency programs
313-CD	CARDHOLDER LAST NAME		R	Required when necessary for state/federal/regulatory agency programs
301-C1	GROUP ID		R	As printed on the ID card
303-C3	PERSON CODE	00 - 99	RW	Required when cardholder ID is not unique
306-C6	PATIENT RELATIONSHIP CODE	1 - Cardholder 2 - Spouse 3 - Child 4 - Other 5 - Student 6 - Disabled Dependent	R	



**Patient Segment: Required**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø1	M	Insurance Segment
3Ø4-C4	DATE OF BIRTH		R	YYYYMMDD
3Ø5-C5	PATIENT GENDER CODE	1-Male 2-Female	R	1-Male 2-Female
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
323-CN	PATIENT CITY ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
325-CP	PATIENT ZIP/POSTAL ZONE		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
326-CQ	PATIENT PHONE NUMBER		RW	
3Ø7-C7	PLACE OF SERVICE	01-Pharmacy 12-Home 13-Assisted Living 31-Skilled Nursing Facility 32-Nursing Facility	RW	Required for home infusion and LTC patients. Accepted values listed
335-2C	PREGNANCY INDICATOR		RW	Required for some federal programs
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	
384-4X	PATIENT RESIDENCE	1-Home 2-Skilled Nursing Facility 3-Nursing Facility 4-Assisted Living Facility 11-Hospice	RW	Required when the Patient Residence and Pharmacy Service Type submitted for Long Term Care, Assisted Living or Home Infusion Processing



**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Insurance Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	1 = Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Rx Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	Format: MMMMMDDDDPP MMMMM=Manufactured assigned number DDDD=Drug ID PP=Package Size
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	Ø1 = Not a Compound Ø2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0-9	RW	0 = No product selection indicated 1 = Prescriber DAW 2 = Patient selection 3 = Pharmacist selection 4 = No generic available at pharmacy 5 = Brand dispensed as generic 6 = Override 7 = Brand mandated by law 8 = No generic in marketplace 9 = Plan requested brand
414-DE	DATE PRESCRIPTION WRITTEN		R	YYYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Required if necessary for plan benefit administration
419-DJ	PRESCRIPTION ORIGIN CODE	1 – Written 2 – Telephone 3 – Electronic 4 – Facsimile 5 – Pharmacy	RW	Required when necessary for plan benefit administration
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when the claim is for schedule II drug





Claim Segment: Mandatory continued

Field #	NCPDP Field Name	Value	Req	Comment
308-C8	OTHER COVERAGE CODE	0=Not specified by patient 1=No other coverage 8=Claim is billing for patient financial responsibility only	R	Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.
446-EB	ORIGINAL PRESCRIBED QUANTITY		RW	
600-28	UNIT OF MEASURE	EA (Each) GM (Grams) ML (Milliliters)	R	
147-U7	PHARMACY SERVICE TYPE	01 – Community/Retail Pharmacy Services 05 – Long Term Care Pharmacy Services 06 – Mail Order Pharmacy Services 08 – Specialty Pharmacy	R	



**Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	11	M	Insurance Segment
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Required when submitting for a Vaccination
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax amount Submitted (483-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		RW	Required if needed for receiver claim/encounter adjudication



**Prescriber Segment: Required**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø3	M	Insurance Segment
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier (NPI)	R	
411-DB	PRESCRIBER ID	National Provider Identifier (NPI)	R	

Coordination of Benefits/Other Payments Segment-Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø5	M	Insurance Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		M	Maximum Count of 3.
338-5C	OTHER PAYER COVERAGE TYPE	Ø1-Primary Ø2-Secondary Ø3-Tertiary	M	Ø1-Primary-First Ø2-Secondary-Second Ø3-Tertiary-Third
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Issuer Identification Number (IIN) also known as BIN	RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		RW	YYYYMMDD
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	6-Patient Responsibility	RW	Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. Only accepting a value of 6
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required if necessary for patient financial responsibility only billing.

The COB segment and all required fields must be sent if the Other Coverage Code (3Ø8-C8) field submitted in the claim segment is 8. Value 8 is billing for patient financial responsibility only; fields 353-NR, 351-NP and 352-NQ are required and must have values entered.



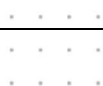
**DUR/PPS Segment: Situational**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø8	M	Insurance Segment
473-E7	DUR/PPS CODE COUNTER	Maximum count of 9	RW	Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	DD	RW	DD = Drug – Drug
44Ø -E5	PROFESSIONAL SERVICE CODE		RW	
441-E6	RESULT OF SERVICE CODE		RW	

Compound Segment: Situational

Required when multi-ingredient compound is submitted

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	1Ø	M	Insurance Segment
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	01- Capsule 02- Ointment 03 -Cream 04- Suppository 05 - Powder 06 - Emulsion 07 -Liquid 10 - Tablet 11 - Solution 12 - Suspension 13 - Lotion 14 - Shampoo 15 - Elixir 16 - Syrup 17 - Lozenge 18 - Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1- Each 2- Grams 08-Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code DC	M	Only accepting Ø3 = National Drug Code DC
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Required if needed for receiver claim determination when multiple products are billed.





Compound Segment: Situational continued

Field #	NCPDP Field Name	Value	Req	Comment
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	00-Default 01-AWP 02-Local Wholesaler 03-Direct 04-EAC (Estimated Acquisition Cost) 05-Acquisition 06-MAC (Maximum Allowable Cost) 07-Usual & Customary 08-340B/Disproportionate Share Pricing/Public Health Service 09-Other 10-ASP (Average Sales Price) 11-AMP (Average Manufacturer Price) 12- WAC (Wholesaler Acquisition Cost) 13-Special Patient Pricing 14-Cost Basis on unreportable quantities 15-Free Product or no associated cost	R	Required if needed for receiver claim determination when multiple products are billed.



PharmaForce PBM RxSavingsCard (Cash Card) Payer Sheet



Field #	NCPDP Field Name	Value	Req	Comment
		16-Nominal price 17-Federal Supply Schedule		
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 10.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Required if necessary for state/federal/regulatory agency programs.



**Clinical Segment: Situational**

Required when requested by Plan

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	13	M	Insurance Segment
491-VE	DIAGNOSIS CODE COUNT	Maximum of 5	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2- International Classification of Diseases (ICD10)	RW	Required if Diagnosis Code (424-DO) is used
424-DO	DIAGNOSIS CODE		RW	Required if this information can be used in place of prior authorization.





Response

Claim Billing Accepted/Paid (or Duplicate of Paid) Response

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE	BI	M	Same value as in request billing. BI transaction
109-A9	TRANSACTION COUNT		M	Same value that is in request
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	Same value as in request
201-B1	SERVICE PROVIDER ID		M	Same value as in request
401-D1	DATE OF SERVICE		M	Same value as in request- YYYYMMDD

Response Message Segment: Situation

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Insurance Segment
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Insurance Segment: Situational:

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Insurance Segment
301-C1	GROUP ID		R	Same value that is in request
302-C2	CARDHOLDER ID		M	Same value that is in request
524-FO	PLAN ID		RW	Required if needed to identify the actual plan parameters, benefit, or coverage criteria
545-2F	NETWORKING REIMBURSEMENT ID		RW	Required if needed to identify the network for the covered member.





Response Coordination of Benefits/Other Payers Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	28	S	Insurance Segment
335-NT	OTHER PAYER ID COUNT		M	Maximum Value submitted in 338-5C
338-5C	OTHER PAYER COVERAGE TYPE	Ø1-Primary Ø2-Secondary Ø3-Tertiary	S	
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Issuer Identification Number (IIN) also known as BIN	S	Required if Other Payer ID 340-7C is used
340-7C	OTHER PAYER ID		S	Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		NR	
356-NU	OTHER PAYER CARDHOLDER ID		NR	
992-MJ	OTHER PAYER GROUP ID		NR	
142-UV	OTHER PAYER PERSON CODE		NR	
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		NR	
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		NR	
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		NR	
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		NR	

Response Patient Segment: Required

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Insurance Segment
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
304-C4	DATE OF BIRTH		R	YYYYMMDD



**Response Status Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Insurance Segment
112-AN	TRANSACTION RESPONSE STATUS		M	P=Paid D=Duplicate of Paid
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	HELP DESK PHONE NUMBER	833-379-1643	RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Insurance Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	1 = RxBilling
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	RX Number



**Response Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	23	M	Insurance Segment
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	Required when this value is used to arrive at the final reimbursement.
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Required 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 the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Tax dollar amount paid
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	Rate used to calculate Percentage Sales Amount Paid (559-AX)
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Code indicating basis of dollars used in calculating tax in the final paid claim
521-FL	INCENTIVE AMOUNT PAID		RW	Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	9 - Used to indicate when reimbursement is based upon the actual cost of the item 14 - Patient Responsibility Amount	RW	Required if Ingredient Cost Paid (506-F6) is greater than zero (Ø).



**Respond DUR/PPS Segment: Situational**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	24	M	Insurance Segment
567-J6	DUR/PPS RESPONSE COUNTER CODE	Maximum count of 9	RW	Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE	DD	RW	
528-FS	CLINICAL SIGNIFICANCE CODE	1: Major 2: Moderate 3: Minor 9: Undetermined	RW	Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR	1: Your Pharmacy 2: Other Pharmacy in Same Chain 3: Other Pharmacy	RW	Required if needed to supply additional information for the utilization conflict.
53-FU	PREVIOUS DATE OF FILL	CCYYMMDD	RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR	1: First DataBank 2: Medi-Span Product Line	RW	Required if needed to supply additional information for the utilization conflict.
533-RX	OTHER PRESCRIBER INDICATOR	0: Not specific 1: Same prescriber 2: other prescriber	RW	Required if needed to supply additional information for the utilization conflict.
544-FYI	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.





Claim Billing Accepted/Reject Response

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE		M	Same value as in request billing. BI transaction
109-A9	TRANSACTION COUNT		M	Same value that is in request
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	Same value as in request
201-B1	SERVICE PROVIDER ID		M	Same value as in request
401-D1	DATE OF SERVICE		M	Same value as in request- YYYYMMDD

Response Message Segment: Situation

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Insurance Segment
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Insurance Segment: Situational

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	25	M	Insurance Segment
301-C1	GROUP ID		R	Same value that is in request
524-FO	PLAN ID		RW	
302-C2	CARDHOLDER ID		M	Same value that is in request

Response Patient Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	29	M	Insurance Segment
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
304-C4	DATE OF BIRTH		R	YYYYMMDD



**Response Status Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Insurance Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M	R=Reject
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Rejection Code	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required when a repeating field is in error, to identify repeating field occurrence
549-7F	HELP DESK PHONE NUMBER QUALIFIER	03 = Processor/PBM	RW	Required when Help Desk Phone Number (550-8F) is used
550-8F	HELP DESK PHONE NUMBER	833-379-1643	RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Insurance Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	1 = RxBilling
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	RX Number





Claim Billing Rejected/Rejected Response

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE	BI	M	Same value as in request billing. BI transaction
109-A9	TRANSACTION COUNT		M	Same value that is in request
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	Same value as in request
201-B1	SERVICE PROVIDER ID		M	Same value as in request
401-D1	DATE OF SERVICE		M	Same value as in request- YYYYMMDD

Response Message Segment: Situation

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Insurance Segment
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Insurance Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M	R=Reject
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Rejection Code	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required when a repeating field is in error, to identify repeating field occurrence
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	Required when Help Desk Phone Number (550-8F) is used
550-8F	HELP DESK PHONE NUMBER	833-379-1643	RW	Required when needed to provide a support telephone number to the receiver





Reversal

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
101-A1	BIN NUMBER	024269	M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		R	Same value in the request billing
109-A9	TRANSACTION COUNT	Ø1 – Ø4	M	Up to four billing reversal transactions (B2) per transmission
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 =NPI	M	Ø1 = National Provider ID (NPI). Only NPI is accepted
201-B1	SERVICE PROVIDER ID	NPI	M	NPI assigned to the dispensing pharmacy
401-D1	DATE OF SERVICE		M	YYYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID		R	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	Ø7	M	Insurance Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	1 = Rx Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Rx Number. Same value as in request billing
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	
407-D7	PRODUCT/SERVICE ID		M	Same value as in request billing Format: MMMMMDDDDPP MMMMM=Manufactured assigned number DDDD=Drug ID PP=Package Size
442-E7	QUANTITY DISPENSED		R	Same value as in request billing
403-D3	FILL NUMBER		R	Same value as in request billing





Claim Reversal Accepted/Approved Response

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		R	Same value in the request billing
109-A9	TRANSACTION COUNT		M	Same value as in request
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 =NPI	M	Same value as in request
201-B1	SERVICE PROVIDER ID	NPI	M	Same value as in request
401-D1	DATE OF SERVICE		M	Same value as in request- YYYYMMDD

Response Message Segment: Situation

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Insurance Segment
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Insurance Segment
112-AN	TRANSACTION RESPONSE STATUS	A=Approved S=Duplicate of Approved	M	A=Approved S=Duplicate of Approved
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/ PBM	RW	Required when Help Desk Phone Number (55Ø-8F) is used
55Ø-8F	HELP DESK PHONE NUMBER	833-379-1643	RW	Required when needed to provide a support telephone number to the receiver

Response Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Insurance Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	1 = RxBilling
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	RX Number





Claim Reversal Accepted/Rejected Response

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		R	Same value in the request billing
109-A9	TRANSACTION COUNT		M	Same value as in request
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 =NPI	M	Same value as in request
201-B1	SERVICE PROVIDER ID	NPI	M	Same value as in request
401-D1	DATE OF SERVICE		M	Same value as in request- YYYYMMDD

Response Message Segment: Situation

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Insurance Segment
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Status Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Insurance Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M	R=Reject
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Rejection Code	R	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/ PBM	RW	Required when Help Desk Phone Number (550-8F) is used
550-8F	HELP DESK PHONE NUMBER	833-379-1643	RW	Required when needed to provide a support telephone number to the receiver



**Response Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	22	M	Insurance Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	1 = RxBilling
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	RX Number

Claim Reversal Reject/Rejected Response

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Req	Comment
102-A2	VERSION/RELEASE NUMBER	DØ	M	NCPDP v DØ
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER		R	Same value in the request billing
109-A9	TRANSACTION COUNT		M	Same value as in request
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 =NPI	M	Same value as in request
201-B1	SERVICE PROVIDER ID	NPI	M	Same value as in request
401-D1	DATE OF SERVICE		M	Same value as in request-YYYYMMDD

Response Message Segment: Situation

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	2Ø	M	Insurance Segment
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.



**Response Status Segment: Mandatory**

Field #	NCPDP Field Name	Value	Req	Comment
111-AM	Segment Identification	21	M	Insurance Segment
112-AN	TRANSACTION RESPONSE STATUS	R	M	R=Reject
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Rejection Code	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required when a repeating field is in error, to identify repeating field occurrence
549-7F	HELP DESK PHONE NUMBER QUALIFIER	03 = Processor/ PBM	RW	Required when Help Desk Phone Number (550-8F) is used
550-8F	HELP DESK PHONE NUMBER	833-379-1643	RW	Required when needed to provide a support telephone number to the receiver





Version Information

Version	Date	Notes
1.0	2/23/2022	Payer Sheet effective April 1, 2022
1.1	2/25/2022	Updated helpdesk phone number.
1.2	3/29/2022	Added COB and updated Relationship Code to accept 1 from 01
1.2	4/6/2022	Made Cardholder First Name & Last Name required
1.2	4/21/2022	Added Help Desk E-Mail to contact information
1.2	4/22/2022	Removed "Pharmacy Provider Segment". Revised "Clinical Segment" to include "required when requested by plan"
1.3	6/15/2022	522-FM-added 9 for non-COB claims, continue to use 14 to for COB claims
1.4	9/1/2022	Added Field 491-VE: Diagnosis Code Count
1.4	9/14/2022	Added 08-Specialty to field 147-U7. Added Sales Tax Appendix
1.4	10/12/2022	426-DQ was updated to Required
1.5	1/1/2023	Updated date from 2022 to 2023
1.6	7/6/2023	Updated help desk timeframes
1.7	9/19/2023	Updated to include 438-E3 in the claim segment and 521-FL in the response pricing segment.
1.7	10/3/2023	Added Compound Segment 11-AM 10. Updated Insurance Response Segment to include 524-FO and 545-2F
1.8	11/13/2023	Updated phone number from 7147-902-9169 to 833-379-1643
1.9	11/28/2023	Updated date from 2023 to 2024
1.10	12/14/2023	Updated Relationship Code and added Person Code
1.11	10/1/2024	Updated Hours
1.12	12/5/2024	Updated date from 2024 to 2025 and separated out RxSavingsCard (Cash Card) Payer Sheet and Self-Employed (Commercial) Payer Sheet
1.13	1/21/2025	Included field 337-4C for COB and COB Response section
1.14	4/3/2025	Added DUR segment, DUR Response and Added Route of Administration for use of Compounds
1.15	8/12/2025	Updated formatting. No content updates.
1.16	12/3/2025	Created CY2026 version. Updated Cash Card references to RxSavingsCard (Cash Card).





Appendix

Appendix A: Sales Tax

Pharmacies submitting claims with sales tax are required to submit the detailed values outlined below.

Pharmacies submitting the service type of 06 - Mail Order Pharmacy Services or 08 - Specialty Care Pharmacy Services will need to indicate where the order is being shipped to the patient by ensuring the required fields are transmitted. Value 324-CO, Patient/State Province Address should be linked to the actual destination address of the patient where the medication will be delivered.

If the actual destination address is not accessible, the patient demographics address may be submitted. Any other pharmacy service type being processed is required to submit the Pharmacy Service Type code to be reimbursed for sales tax properly.

Required fields for Mail Order & Specialty Service Type

NCPDP Segment	NCPDP Field Number	NCPDP Field Name	Value
111-AM Ø1 - Patient Segment	322-CM	Patient Street Address	
111-AM Ø1 - Patient Segment	323-CN	Patient City Address	
111-AM Ø1 - Patient Segment	324-CO	Patient State/Province Address	
111-AM Ø1 - Patient Segment	325-CP	Patient Zip/Postal Zone	
111-AM Ø1 - Patient Segment	481-HA	Flat Sales Tax Amount Submitted	
111-AM Ø7 - Claim Segment	147-U7	Pharmacy Service Type	06 - Mail Order 08 - Specialty
111-AM 11 Pricing Segment	482-GE	Percentage Sales Tax Amount Submitted	
111-AM 11 Pricing Segment	483-HE	Percentage Sales Tax Rate Submitted	
111-AM 11 Pricing Segment	484-JE	Percentage Sales Tax Basis Submitted	

Required Fields for Tax on Pharmacy Service Type (except for Mail Order & Specialty)

NCPDP Segment	NCPDP Field Number	NCPDP Field Name	Value
111-AM Ø1 - Patient Segment	322-CM	Patient Street Address	
111-AM Ø1 - Patient Segment	323-CN	Patient City Address	
111-AM Ø1 - Patient Segment	324-CO	Patient State/Province Address	
111-AM Ø1 - Patient Segment	325-CP	Patient Zip/Postal Zone	
111-AM Ø1 - Patient Segment	481-HA	Flat Sales Tax Amount Submitted	
111-AM 11 Pricing Segment	482-GE	Percentage Sales Tax Amount Submitted	
111-AM 11 Pricing Segment	483-HE	Percentage Sales Tax Rate Submitted	
111-AM 11 Pricing Segment	484-JE	Percentage Sales Tax Basis Submitted	

