RealRx Payer Sheet

UPDATE

EFFECTIVE 1/1/2023

Please see the attached payer sheet for the following updates:

- For all RealRx PCNs –
  - Added DUR/PPS codes (listed on pages 15-16) for overriding rejection when a patient is filling both and opioid and a benzodiazepine.

- For RealRx PCNs RRXHCU and REALRXHU-
  - Beginning 1/1/2023 RealRx will reimburse an annual consultation fee for services provided by pharmacists who furnish self-administered hormonal contraceptives by either prescription or by standing order in accordance with Utah Administrative Code R156-17b-621b.
  - This reimbursement would be provided by submitting the appropriate DUR/PPS codes (listed on pages 14-15) with the pharmacy claim for the self-administered hormonal contraceptive.

RealRx Payer Sheet

GENERAL INFORMATION

Payer Name: RealRx / Cooperative Benefits Group	Date: January 1, 2023

Plan Name/Group Name: ALL	

BIN	PCN	Phone Number
610830	REALRXHU	855.859.4892
610830	RRXHCU	855.864.1404

Processor: CoverMyMeds (formerly PHS/RelayHealth)	
Effective as of April 1, 2020	NCPDP Telecommunication Standard Version/Release#: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2010
Certification Testing Window: Estimated certification window for Health Choice Utah: 11/15/2021 – 12/31/2021	
Certification Contact Information: Networks@coopbenefitsgroup.com	

Provider Relations Help Desk Info:

BIN	PCN	Phone Number
610830	REALRXHU	855.859.4892
610830	RRXHCU	855.864.1404

Other versions supported: None

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name		
B1, B2, B3	Claim Billing, Reversal, Rebill		
Partial fills	Not Supported	Maximum prescriptions per transaction:	Four
Days from date filled/dispensed to date submitted:	10 days		
Reversal Window:	30 days		
Test Claims, on or after:	November 15, 2021	Live Claims, on or after:	April 1, 2020

RealRx Payer Sheet

Pharmacy and Member Helpdesk	BIN	PCN	Phone Number
	610830	REALRXHU	855.856.5694
	610830	RRXHCU	855.864.1404

Test Data

Test Data	Healthy U	Health Choice Utah
BIN	610830	610830
PROCESSOR CONTROL NUMBER	REALRXHU	RRXHCU
GROUP	Optional	Optional
CARDHOLDER ID	999991242	999991243
PERSON CODE	001	000
PATIENT FIRST and LAST NAME	Ben Geller	Frank Buffay
RELATIONSHIP CODE	1 – Cardholder	1 – Cardholder
DATE OF BIRTH	5/11/2005	10/25/1978

LEGEND

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
OPTIONAL	O	*Optional* (conditional based on data content) but may be Required by the Payer	Yes
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

January 2023

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

RealRx Payer Sheet

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

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

Field #	Transaction Header Segment	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER		M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B2, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	10-Digit NPI	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Spaces are okay

Within the PROCESSOR CONTROL NUMBER field (1Ø4-A4):

LOB	BIN	PCN
Healthy U	610830	REALRXHU
Health Choice Utah	610830	RRXHCU

January 2023

RealRx Payer Sheet

REALR_x

Insurance Segment	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

Field #	Insurance Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	i.e. 123456789	M	ID Number varies – refer to ID card
312-CC	CARDHOLDER FIRST NAME	i.e. John	R	
313-CD	CARDHOLDER LAST NAME	i.e. Smith	R	
3Ø1-C1	GROUP ID		O	
3Ø3-C3	PERSON CODE	i.e. 000 or 001	R	
3Ø6-C6	PATIENT RELATIONSHIP CODE	i.e. 1	R	1- Cardholder 5- Student 2- Spouse 6- Disabled Dependent 3- Child 7- Adult Dependent 4- Other 8- Significant Other

Patient Segment	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

Field #	Patient Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	1 or M = Male 2 or F = Female
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		O	
323-CN	PATIENT CITY ADDRESS		O	

January 2023

RealRx Payer Sheet

Field #	Patient Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Payer Situation
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		O	
333-CZ	EMPLOYER ID		N/A	
335-2C	PREGNANCY INDICATOR		O	
35Ø-HN	PATIENT E-MAIL ADDRESS		O	
384-4X	PATIENT RESIDENCE		O	

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

Field #	Claim Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	i.e.1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	i.e. Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	i.e. 03=NDC	M	For multi-ingredient Rx '00' (zeros)
4Ø7-D7	PRODUCT/SERVICE ID	i.e. 123456	M	For multi-ingredient Rx, this 0 (zero)
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required on a partial fill

RealRx Payer Sheet

Field #	Claim Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Payer Situation
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required on a partial fill.
442-E7	QUANTITY DISPENSED	i.e. 30	R	
4Ø3-D3	FILL NUMBER	i.e. 2	R	
4Ø5-D5	DAYS SUPPLY	i.e. 30	R	
4Ø6-D6	COMPOUND CODE	i.e. 1 or 2	R	1 – Not a Compound 2- Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	i.e. 1	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required when necessary for specific overrides or when requested by processor
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	SCC 20 Required for 340B processing
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F
3Ø8-C8	OTHER COVERAGE CODE		RW	Required when submitting COB
429-DT	SPECIAL PACKAGING INDICATOR		O	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		O	

Field #	Claim Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Payer Situation
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		O	
6ØØ-28	UNIT OF MEASURE		O	
418-DI	LEVEL OF SERVICE		RW	Required when requested by processor
461-EU	PRIOR AUTHORIZATION TYPE CODE		O	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		O	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		O	
464-EX	INTERMEDIARY AUTHORIZATION ID		O	
343-HD	DISPENSING STATUS		RW	
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	
357-NV	DELAY REASON CODE		RW	
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		O	
995-E2	ROUTE OF ADMINISTRATION		O	
996-G1	COMPOUND TYPE		R	
147-U7	PHARMACY SERVICE TYPE		O	

RealRx Payer Sheet

Pricing Segment	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

Field #	**Pricing Segment Identification (111-AM) = "11"**	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	

RealRx Payer Sheet

Prescriber	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

Field #	Prescriber Segment Identification (111-AM) = "Ø3"	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01=NPI	R	
411-DB	PRESCRIBER ID	10-Digit NPI	R	

Coordination of Benefits (COB) / Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	Used for PCNs REALRXHU and RRXHCU
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	Value	Payer Usage	Payer Situation Scenario 2- Other Payer Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 3	M	

RealRx Payer Sheet

Field #	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	Value	Payer Usage	Payer Situation Scenario 2- Other Payer Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
338-5C	OTHER PAYER COVERAGE TYPE		M	Ø1= Primary Ø2= Secondary Ø3= Tertiary
339-6C	OTHER PAYER ID QUALIFIER	03=BIN	R	
34Ø-7C	OTHER PAYER ID	6-Digit BIN	R	
443-E8	OTHER PAYER DATE		R	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	R	
472-6E	OTHER PAYER REJECT CODE		R	
353-NR	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	R	
351-NP	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	
352-NQ	OTHER PAYER PATIENT RESPONSIBILITY AMOUNT		R	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	O	
393-MV	BENEFIT STAGE QUALIFIER		O	
394-MW	BENEFIT STAGE AMOUNT		O	

Compound Segment	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Field #	Compound Segment Segment Identification (111-AM) = "1Ø"	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1-3	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Maximum 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER	03=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

Response Patient Segment	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*	
This Segment is always sent			
This Segment is situational	X		

Field #	DUR/PPS Segment Identification (111-AM) = "Ø8"	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used. Required for vaccines
439-E4	REASON FOR SERVICE CODE		RW	Required for vaccines
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Required for vaccines
441-E6	RESULT OF SERVICE CODE		RW	Required for vaccines
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required for vaccines

RealRx Payer Sheet

Response Patient Segment	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

Field #	DUR/PPS Segment Identification (111-AM) = "Ø8"	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	PH – Preventative Health	RW	Pharmacist Consultation/Prescription fee on Self-Administered Contraceptives. Required for fee
44Ø-E5	PROFESSIONAL SERVICE CODE	AS – Patient Assessment	RW	Pharmacist Consultation/Prescription fee on Self-Administered Contraceptives. Required for fee
441-E6	RESULT OF SERVICE CODE	4A – Prescribed with Acknowledgements	RW	Pharmacist Consultation/Prescription fee on Self-Administered Contraceptives. Required for fee

Response Patient Segment	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

Field #	DUR/PPS Segment Identification (111-AM) = "Ø8"	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	DD	RW	Override rejection for opioids and benzodiazepines being filled concurrently.
44Ø-E5	PROFESSIONAL SERVICE CODE	CC, M0, MB, MP, P0, PE	RW	Override rejection for opioids and benzodiazepines being filled concurrently.
441-E6	RESULT OF SERVICE CODE	1B, 1G, 3A, 3K, 4A, 4B, 4C, 4E,	RW	Override rejection for opioids and benzodiazepines being filled concurrently.

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

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Response Transaction Header	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE		M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	i.e. A = Accepted	M	

RealRx Payer Sheet

	Response Transaction Header Segment			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	

RealRx Payer Sheet

Response Message Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		*Provide general information when used for transmission-level messaging.*

Response Message Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	

Response Insurance Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

Response Insurance Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	
3Ø2-C2	CARDHOLDER ID		RW	

January 2023

RealRx Payer Sheet

Response Patient Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Patient Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
3Ø4-C4	DATE OF BIRTH		RW	

Response Status Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status 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	
5Ø3-F3	AUTHORIZATION NUMBER		R	
547-5F	APPROVED MESSAGE CODE COUNT		RW	
548-6F	APPROVED MESSAGE CODE		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	

RealRx Payer Sheet

REALR**x**

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	

Response Claim Segment	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	i.e. 1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT		RW	
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	
553-AR	PREFERRED PRODUCT ID		RW	

	Response Claim Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
554-AS	PREFERRED PRODUCT INCENTIVE		RW	
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	

Response Pricing Segment	Check	Claim Billing/Claim Rebill Accepted/Paid(or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	
557-AV	TAX EXEMPT INDICATOR		RW	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	
521-FL	INCENTIVE AMOUNT PAID		RW	

	Response Pricing Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.		
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	
565-J4	OTHER AMOUNT PAID		RW	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	
514-FE	REMAINING BENEFIT AMOUNT		RW	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	
518-FI	AMOUNT OF COPAY		RW	
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	
347-HJ	BASIS OF CALCULATION—COPAY		RW	
348-HK	BASIS OF CALCULATION—FLAT SALES TAX		RW	
349-HM	BASIS OF CALCULATION—PERCENTAGE SALES TAX		RW	

January 2023

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	
575-EQ	PATIENT SALES TAX AMOUNT		RW	
574-2Y	PLAN SALES TAX AMOUNT		RW	
572-4U	AMOUNT OF COINSURANCE		RW	
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	
392-MU	BENEFIT STAGE COUNT		RW	
393-MV	BENEFIT STAGE QUALIFIER		RW	
394-MW	BENEFIT STAGE AMOUNT		RW	
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	

January 2023

RealRx Payer Sheet

Field #	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	

RealRx Payer Sheet

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	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	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Message Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	

RealRx Payer Sheet

Response Insurance Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Insurance Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	
3Ø2-C2	CARDHOLDER ID		RW	

Response Patient Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Response Patient Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
3Ø4-C4	DATE OF BIRTH		RW	

January 2023

RealRx Payer Sheet

REALRx

Response Status Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	
51Ø-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	
987-MA	URL		RW	

Response Claim Segment	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

RealRx Payer Sheet

	Response Claim **Segment Identification** **(111-AM) = "22"**			**Claim Billing/Claim** **Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT		RW	
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	
553-AR	PREFERRED PRODUCT ID		RW	
554-AS	PREFERRED PRODUCT INCENTIVE		RW	
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	

Response Prior Authorization Segment	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** **If Situational, *Payer Situation***
This Segment is always sent		
This Segment is situational	X	

	Response Prior Authorization **Segment Identification** **(111-AM) = "26"**			**Claim Billing/Claim** **Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
498-PY	PRIOR AUTHORIZATION NUMBER–ASSIGNED		RW	

RealRx Payer Sheet

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	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	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	Response Message Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	

RealRx Payer Sheet

Response Status Segment	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	

CLAIM REVERSAL TRANSACTION

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER		M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	Maximum of 4
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 - NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	10-Digit NPI	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Space Filled

RealRx Payer Sheet

REALRx

Insurance Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

	Insurance Segment Identification (111-AM) = "Ø4"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID			
359-2A	MEDIGAP ID			

Claim Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	X	

	Claim Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B2", in the Claim Segment, the Prescription/ Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03=NDC	M	For multi-ingredient Rx '00' (zeros)
4Ø7-D7	PRODUCT/SERVICE ID		M	For multi-ingredient Rx, this ⠀0 (zero)
4Ø3-D3	FILL NUMBER			

	Claim Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø8-C8	OTHER COVERAGE CODE			
147-U7	PHARMACY SERVICE TYPE			

Pricing Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	Pricing Segment Identification (111-AM) = "11"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
438-E3	INCENTIVE AMOUNT SUBMITTED			
43Ø-DU	GROSS AMOUNT DUE			

RealRx Payer Sheet

REALRx

Coordination of Benefits/Other Payments Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Primary Transactions Only

	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"			Claim Reversal
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	

DUR/PPS Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment Identification (111-AM) = "Ø8"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	Required for vaccines
439-E4	REASON FOR SERVICE CODE		RW	Required for vaccines
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Required for vaccines
441-E6	RESULT OF SERVICE CODE		RW	Required for vaccines
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required for vaccines

January 2023

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Response Transaction Header Segment	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header			Claim Reversal – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same as in request	M	
4Ø1-D1	DATE OF SERVICE	Same as in request	M	

Response Message Segment	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

	Response Message Segment Identification (111-AM) = "2Ø"			Claim Reversal – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	

RealRx Payer Sheet

REAL Rx

Response Status Segment	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	
547-5F	APPROVED MESSAGE CODE COUNT		RW	
548-6F	APPROVED MESSAGE CODE		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	

RealRx Payer Sheet

Response Claim Segment	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Claim Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	Response Pricing Segment Identification (111-AM) = "23"			Claim Reversal – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
521-FL	INCENTIVE AMOUNT PAID		RW	
5Ø9-F9	TOTAL AMOUNT PAID		RW	