

RealRx Payer Sheet



GENERAL INFORMATION

Payer Name: RealRx/Cooperative Benefits Group		Date: 11/12/2025		
Plan Name/Group Name: ALL		BINs:		
		BIN	PCN	Phone Number
		610830	REALRX	855.859.4892
		610830	REALRXAP	855.859.4892
		610830	REALRXMHC	855.885.7695
Processor: Cervey, LLC				
Effective as of: 12/01/2025		NCPDP Telecommunication Standard Version/Release #: vD.0		
NCPDP Data Dictionary Version Date: January 2017		NCPDP External Code List Version Date: January 2017		
Provider Relations Help Desk Info:				
BIN	PCN	Phone Number		
610830	REALRX	855.869.4769		
610830	REALRXAP	855.869.4769		
610830	REALRXMHC	855.885.7695		

TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal

Test Data	UUHP	MHC	UUHP - Mark Miller Toyota or Mark Miller Subaru
BIN	610830	610830	610830
PROCESSOR CONTROL NUMBER	REALRX	REALRXMHC	REALRXAP
GROUP	Optional	Optional	Optional
CARDHOLDER ID	999991240	999991241	999991244
PERSON CODE	001	001	001
PATIENT FIRST and LAST NAME	Paul Stevens	Emily Waltham	Mike Hannigan
RELATIONSHIP CODE	1 - Cardholder	1 - Cardholder	1-Cardholder
DATE OF BIRTH	03/19/1955	06/07/1970	4/6/1969

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	

Payer Usage Column	Value	Explanation	Payer Situation Column
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	
NOT CURRENTLY IN USE		The Field is not currently in use for the Segment in the designated transaction.	

Fields that are not used and those that do not have qualified requirements (i.e. not used) for this payer are intentionally left blank.

CLAIM BILLING TRANSACTION

The following lists segments and fields in a Claim Billing (B1) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Transaction Header Segment Questions		Check	Claim Billing <i>If Situational, Payer Situation</i>	
This Segment is always sent		X		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used		X		
Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
101-A1	BIN NUMBER	610830	M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	*Refer to Member Card*	M	
109-A9	TRANSACTION COUNT		M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	National Provider ID (NPI) is Required
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment Questions		Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>	
This Segment is always sent		X		
Field #	Insurance Segment Segment Identification (111-AM) = "04"	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME			
313-CD	CARDHOLDER LAST NAME			
314-CE	HOME PLAN			
524-FO	PLAN ID			
309-C9	ELIGIBILITY CLARIFICATION CODE			
301-C1	GROUP ID		R	
303-C3	PERSON CODE		RW	Required when necessary to identify dependents with same birthdate.
306-C6	PATIENT RELATIONSHIP CODE		R	
359-2A	MEDIGAP ID			
360-2B	MEDICAID INDICATOR			
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR			
997-G2	CMS PART D DEFINED QUALIFIED FACILITY			
115-N5	MEDICAID ID NUMBER			

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Patient Segment Questions		Check	Claim Billing If Situational, Payer Situation	
This Segment is always sent		X		
This Segment is situational				
	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
331-CX	PATIENT ID QUALIFIER			
332-CY	PATIENT ID			
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			
323-CN	PATIENT CITY ADDRESS			
324-CO	PATIENT STATE / PROVINCE ADDRESS			
325-CP	PATIENT ZIP/POSTAL ZONE			
326-CQ	PATIENT PHONE NUMBER			
307-C7	PLACE OF SERVICE		RW	Required when necessary for plan benefit administration.
333-CZ	EMPLOYER ID			
335-2C	PREGNANCY INDICATOR			
350-HN	PATIENT E-MAIL ADDRESS			
384-4X	PATIENT RESIDENCE		RW	Required when necessary for plan benefit administration.

Claim Segment Questions		Check	Claim Billing If Situational, Payer Situation	
This Segment is always sent		X		
This payer supports partial fills				
This payer does not support partial fills				
	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription

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457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription
458-SE	PROCEDURE MODIFIER CODE COUNT			
459-ER	PROCEDURE MODIFIER CODE			
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	0, 1 or 2	R	0 – Not Specified 1 – Not a Compound 2 – Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		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 Submission Clarification Code (420-DK) is used
420-DK	SUBMISSION CLARIFICATION CODE		RW	Required for specific overrides or when requested by processor
460-ET	QUANTITY PRESCRIBED		RW	Required with schedule II controlled medication
308-C8	OTHER COVERAGE CODE		RW	Required for coordination of benefits
429-DT	SPECIAL PACKAGING INDICATOR			
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER			
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE			
446-EB	ORIGINALLY PRESCRIBED QUANTITY			
454-EK	SCHEDULED PRESCRIPTION ID NUMBER			
600-28	UNIT OF MEASURE			
418-DI	LEVEL OF SERVICE			
461-EU	PRIOR AUTHORIZATION TYPE CODE			
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED			
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			
464-EX	INTERMEDIARY AUTHORIZATION ID			
343-HD	DISPENSING STATUS		RW	Claim Billing/Encounter: Required for the partial fill or the completion fill of a Prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Claim Billing/Encounter: Required for the partial fill or the completion fill of a Prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Claim Billing/Encounter: Required for the partial fill or the completion fill of a Prescription.
357-NV	DELAY REASON CODE			
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)			
995-E2	ROUTE OF ADMINISTRATION		RW	Required if specified in trading partner agreement.
996-G1	COMPOUND TYPE			

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147-U7	PHARMACY SERVICE TYPE			
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Pricing Segment Questions		Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>	
This Segment is always sent		X		
	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Required if this field could result in different coverage, pricing or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required when requested by processor
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Required if Other Amount Claimed Submitted Qualifier (480-H9) is used.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value affects the Gross Amount Due (430-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value affects the Gross Amount Due (430-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value affects the Gross Amount Due (430-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
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.

Pharmacy Provider Segment Questions		Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>	
This Segment is always sent				
This Segment is situational				
	Pharmacy Provider Segment Segment Identification (111-AM) = "02"			Claim Billing/Claim Rebill

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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER			
444-E9	PROVIDER ID			

Prescriber Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent		X		
This Segment is situational				
	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER		R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME			
498-PM	PRESCRIBER PHONE NUMBER			
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
470-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP/POSTAL ZONE			

Coordination of Benefits/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		X	Scenario 1 is supported	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only				
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)				
	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	.
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03=BIN	R	
340-7C	OTHER PAYER ID	6 Digit BIN	R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 3	R	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		R	
431-DV	OTHER PAYER AMOUNT PAID		R	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	R	
472-6E	OTHER PAYER REJECT CODE		R	

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Workers' Compensation Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent				
This Segment is situational		X		
	Workers' Compensation Segment Segment Identification (111-AM) = "06"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
434-DY	DATE OF INJURY		M	
315-CF	EMPLOYER NAME		RW	Required all if this segment is submitted
316-CG	EMPLOYER STREET ADDRESS		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
317-CH	EMPLOYER CITY ADDRESS		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
318-CI	EMPLOYER STATE/PROVINCE ADDRESS		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
319-CJ	EMPLOYER ZIP/POSTAL ZONE		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
320-CK	EMPLOYER PHONE NUMBER		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
321-CL	EMPLOYER CONTACT NAME		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
327-CR	CARRIER ID		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
435-DZ	CLAIM/REFERENCE ID		RW	Required if needed to process a claim/encounter for a work-related injury or condition.
117-TR	BILLING ENTITY TYPE INDICATOR		R	
118-TS	PAY TO QUALIFIER		RW	Required if Pay To ID (119-TT) is used.
119-TT	PAY TO ID		RW	Required if transaction is submitted by a provider or agent but paid to another party.
120-TU	PAY TO NAME		RW	Required if transaction is submitted by a provider or agent but paid to another party.
121-TV	PAY TO STREET ADDRESS		RW	Required if transaction is submitted by a provider or agent but paid to another party.
122-TW	PAY TO CITY ADDRESS		RW	Required if transaction is submitted by a provider or agent but paid to another party.
123-TX	PAY TO STATE/PROVINCE ADDRESS		RW	Required if transaction is submitted by a provider or agent but paid to another party.
124-TY	PAY TO ZIP/POSTAL ZONE		RW	Required if transaction is submitted by a provider or agent but paid to another party.
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER		RW	Required if Generic Equivalent Product ID (126-UA) is used.
126-UA	GENERIC EQUIVALENT PRODUCT ID		RW	Required if necessary for state/federal/regulatory agency programs.

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DUR/PPS Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent				
This Segment is situational		X		
	DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW	Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if this field could result in different coverage, pricing, patient financial responsibility and/or drug utilization review outcome.
440-E5	PROFESSIONAL SERVICE CODE		RW	Required if this field could result in different coverage, pricing, patient financial responsibility and/or drug utilization review outcome.
441-E6	RESULT OF SERVICE CODE		RW	Required if this field could result in different coverage, pricing, patient financial responsibility and/or drug utilization review outcome.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	
475-J9	DUR CO-AGENT ID QUALIFIER		RW	
476-H6	DUR CO-AGENT ID		RW	

Coupon Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent				
This Segment is situational		X		
	Coupon Segment Segment Identification (111-AM) = "09"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
485-KE	COUPON TYPE		M	
486-ME	COUPON NUMBER		M	
487-NE	COUPON VALUE AMOUNT			

Compound Segment Questions		Check	Claim Billing/Claim Rebill If Situational, Payer Situation	
This Segment is always sent				
This Segment is situational		X		
	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 10		

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363-2H	COMPOUND INGREDIENT MODIFIER CODE			
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Clinical Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>	
This Segment is always sent				
This Segment is situational		X		
	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	M	
492-WE	DIAGNOSIS CODE QUALIFIER		M	
424-DO	DIAGNOSIS CODE		M	
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported	RW	Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4).
494-ZE	MEASUREMENT DATE		RW	Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
495-H1	MEASUREMENT TIME		RW	Required if Time is known or has impact on measurement.
496-H2	MEASUREMENT DIMENSION		RW	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used.
497-H3	MEASUREMENT UNIT		RW	Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used.
499-H4	MEASUREMENT VALUE		RW	Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used.

Additional Documentation Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>	
This Segment is always sent				
This Segment is situational		X		
	Additional Documentation Segment Segment Identification (111-AM) = "14"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
369-2Q	ADDITIONAL DOCUMENTATION TYPE ID		M	Mandatory if Segment is submitted.
374-2V	REQUEST PERIOD BEGIN DATE			
375-2W	REQUEST PERIOD RECERT/REVISED DATE			
373-2U	REQUEST STATUS			
371-2S	LENGTH OF NEED QUALIFIER			
370-2R	LENGTH OF NEED			
372-2T	PRESCRIBER/SUPPLIER DATE SIGNED			
376-2X	SUPPORTING DOCUMENTATION			
377-2Z	QUESTION NUMBER/LETTER COUNT	Maximum count of 50		
378-4B	QUESTION NUMBER/LETTER			
379-4D	QUESTION PERCENT RESPONSE			
380-4G	QUESTION DATE RESPONSE			
381-4H	QUESTION DOLLAR AMOUNT RESPONSE			
382-4J	QUESTION NUMERIC RESPONSE			

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383-4K	QUESTION RESPONSE	ALPHANUMERIC			
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**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****

**** Start of Request Claim Reversal (B2) Payer Sheet Template****

CLAIM REVERSAL TRANSACTION

Transaction Header Segment Questions		Check	Claim Reversal	
This Segment is always sent		X	If Situational, <i>Payer Situation</i>	
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 Segment			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	610830	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	*Refer to Member Card*	M	
1Ø9-A9	TRANSACTION COUNT		M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	

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110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	
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Insurance Segment Questions		Check	Claim Reversal If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		
This Segment is situational				
	Insurance Segment Segment Identification (111-AM) = "04"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID		RW	Required when necessary to identify the member and the transaction to be reversed.
359-2A	MEDIGAP ID			

Claim Segment Questions		Check	Claim Reversal If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		
	Claim Segment Segment Identification (111-AM) = "07"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	
403-D3	FILL NUMBER		RW	Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (402-D2) occur on the same day.
308-C8	OTHER COVERAGE CODE		RW	Required if needed to match claim being reversed.
147-U7	PHARMACY SERVICE TYPE			

Pricing Segment Questions		Check	Claim Reversal If Situational, <i>Payer Situation</i>	
This Segment is always sent				
This Segment is situational				
	Pricing Segment Segment Identification (111-AM) = "11"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	INCENTIVE AMOUNT SUBMITTED			
430-DU	GROSS AMOUNT DUE			

Coordination of Benefits/Other Payments Segment Questions		Check	Claim Reversal If Situational, <i>Payer Situation</i>	
This Segment is always sent				
This Segment is situational		X	Segment Required when coordination of benefits is intended for saction	
	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	.

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338-5C	OTHER PAYER COVERAGE TYPE		M	
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DUR/PPS Segment Questions		Check	Claim Reversal If Situational, <i>Payer Situation</i>	
This Segment is always sent				
This Segment is situational		X		
	DUR/PPS Segment 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		
439-E4	REASON FOR SERVICE CODE			
440-E5	PROFESSIONAL SERVICE CODE			
441-E6	RESULT OF SERVICE CODE			
474-8E	DUR/PPS LEVEL OF EFFORT			

**** End of Request Claim Reversal (B2) Payer Sheet Template****