.

Payer Sheet

February 2020

General Information

Line of Business: Commercial

Payer: RxAdvance Corporation

BIN: 610315

Plan Name	Go-Live Date	Termed Date	PCN	RxGroup	Pharmacy Provider Help Desk Phone	Member Services Help Desk Phone
Premera/Amazon	4/1/2020		RXA279	Amazon2	(800) 991-3149	(800) 991-3164
SMART-Local 4	1/1/2018	2/29/2020	RXA370	SMW4	(800) 974-2940	(800) 974-2931
SMART-Local 177	1/1/2018	2/29/2020	RXA370	SMW177	(800) 974-2940	(800) 974-2931
SMART-Fund 85 Plan	12/1/2017	2/29/2020	RXA370	SMW85	(800) 974-2940	(800) 974-2931
SMART-District 1 Plans	1/1/2017	3/31/2020	RXA370	SMW104-D1	(800) 974-2940	(800) 974-2931
SMART-District 2 Plans	1/1/2017	3/31/2020	RXA370	SMW104-D2	(800) 974-2940	(800) 974-2931

NCPDP Version: D. Ø

Technical Assistance Phone: (877) 281-1745

Payer Sheet Version: 1.4

Table of Contents

Field Legend Table

Payer Use Column	Value	Field Usage Notes
Mandatory	M	• The Field is mandatory for the transaction segment.
Required	R	• The Field has been designated as "Required" in the transaction segment.
Situational	S	• Will be specified for requested data in specific situations.
Required When	RW	• "Required When" designated status for a field as required, when data is known for the condition. • This represents some situations which have designated qualifications for usage as "Required when known", "Not required if it is not known".

1. Claim Billing – Request

The following section of the payer sheet contains details for processing a RxAdvance pharmacy claim billing request per NCPDP D.0 standards. This segment contains working details for the following transaction segments:

1. Transaction header segment
2. Insurance segment
3. Patient segment
4. Claim segment
5. Prescriber segment
6. Coordination of benefits / Other payments segment
7. DUR/PPS segment
8. Pricing segment
9. Compound segment
10. Clinical segment

Field #	TRANSACTION HEADER SEGMENT	Values	Payer Usage (M)	Comment
1Ø1-A1	BIN Number	610315	M	
1Ø2-A2	Version Release Number		M	
1Ø3-A3	Transaction Code	B1	M	
1Ø4-A4	Processor Control Number	*Please refer the General Information	M	
1Ø9-A9	Transaction Count		M	Up to 4 transactions. For compound claims, only 1 transaction is allowed.
2Ø2-B2	Service Provider ID Qualifier	Ø1-NPI	M	
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID		O	

Field #	INSURANCE SEGMENT	Values	Payer Usage (M)	Comment
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		RW	
3Ø3-C3	Person Code		RW	Required to uniquely identify the family members within the Cardholder ID.
3Ø6-C6	Patient Relationship Code	∅ = Not specified 1 = Cardholder 2 = Spouse 3 = Child 4 = Other	R	Required if needed to uniquely identify the family members within the Cardholder ID.

Field #	PATIENT SEGMENT	Values	Payer Usage (M)	Comment
3Ø4-C4	Date of Birth		M	
3Ø5-C5	Patient Gender Code		RW	
31Ø-CA	Patient First Name		RW	
311-CB	Patient Last Name		R	

Field #	PATIENT SEGMENT	Values	Payer Usage (M)	Comment
335-2C	Pregnancy Indicator	Blank - Not Specified 1 - Not Pregnant 2 - Pregnant	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
35Ø-HN	Patient E-Mail Address			
384-4X	Patient Residence	Ø - Not Specified 1 - Home 2 - Skilled Nursing Facility 3 - Nursing Facility 4 - Assisted Living Facility 5 - Custodial Care Facility 6 - Group Home 9 - Intermediate Care Facility/Mentally Retarded 11 - Hospice 15 - Correctional Institution	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.

Field #	CLAIM SEGMENT	Value	Payer Usage (M)	Comment
111-AM	Segment Identification			
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3 = NDC	M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		R	
4Ø3-D3	Fill Number		R	
4Ø5-D5	Days Supply		R	
4Ø6-D6	Compound Code	1 Not a Compound 2 Compound	R	
4Ø8-D8	Dispense as Written/Product Selection Code	Ø- 9	R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized		R	
419-DJ	Prescription Origin Code	Ø - Not Known 1 - Written 2 - Telephone 3 - Electronic - used when prescription obtained via SCRIPT or HL7 Standard transactions. 4 - Facsimile 5 - Pharmacy –used when a pharmacy generates a new Rx number from an existing Rx number	R	
354-NX	Submission Clarification Code Count		RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	Submission Clarification Code		RW	Required if clarification is needed and value submitted is greater than zero (Ø).
46Ø-ET	Quantity Prescribed			

| 3Ø8-C8 | Other Coverage Code | Ø - Not Specified by patient
1 - No other coverage
2 - Other coverage exists-payment collected
3 - Other Coverage Billed – claim not covered
4 - Other coverage exists-payment not collected
8 - Claim is billing for patient financial responsibility only | RW | Required for Coordination of Benefits. |

Field #	CLAIM SEGMENT	Value	Payer Usage (M)	Comment
429-DT	Special Packaging Indicator		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
6ØØ-28	Unit of Measure	EA - Each GM – ML - Milliliters		
418-DI	Level of Service	Ø - Not Specified 1 - Patient consultation 2 - Home delivery 3 - Emergency 4 - 24 hour service 5 - Patient consultation regarding generic product selection 6 - In-Home Service	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
461-EU	Prior Authorization Type Code	Ø - Not Specified 1 - Prior Authorization 2 - Medical Certification 3 - EPSDT (Early Periodic Screening Diagnosis Treatment) 4- Exemption from Copay and/or Coinsurance 5 - Exemption from RX 6 - Family Planning Indicator 7 - TANF (Temporary Assistance for Needy Families) 8 - Payer Defined Exemption 9 - Emergency Preparedness	RW	Required to indicate the need for special handling
462-EV	Prior Authorization Number Submitted		RW	Required to indicate the need for special handling to override a normal processing rejection.
996-G1	Compound Type	Ø1 - Anti-infective Ø2 - Ionotropic Ø3 - Chemotherapy Ø4 - Pain management Ø5 - TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition Ø6 - Hydration Ø7 - Ophthalmic 99 - Other	RW	
147-U7	Pharmacy Service Type	1 - Community/Retail Pharmacy Services 2 - Compounding Pharmacy Services. 3 - Home Infusion Therapy Provider Services. 4 - Institutional Pharmacy Services. 5 - Long Term Care Pharmacy Services. 6 - Mail Order Pharmacy Services. 7 - Managed Care Organization Pharmacy Services. 8 - Specialty Care Pharmacy Services. 99 - Other	RW	Required when pharmacy expects non-standard reimbursement calculation or special processing because of this value. Required for LTC determination. Mail Order and Specialty pharmacies are required to provide this for proper reimbursement.

Field #	PRESCRIBER SEGMENT	Value	Payer Usage (M)	Comment
466-EZ	Prescriber ID Qualifier	Ø1 = National Provider Identifier (NPI)	R	
411-DB	Prescriber ID		R	

Field #	COORDINATION OF BENEFITS / OTHER PAYMENTS SEGMENT	Value	Payer Usage (S)	Comment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type	Blank - Not Specified Ø1 - Primary Ø2 - Secondary Ø3 - Tertiary Ø4 - Quaternary Ø5 - Quinary Ø6 - Senary Ø7 - Septenary Ø8 - Octonary Ø9 - Nonary	M	
339-6C	Other Payer ID Qualifier	Ø3 - Bin Number	R	
34Ø-7C	Other Payer ID		R	
443-E8	Other Payer Date		R	
341-HB	Other Payer Amount Paid Count		RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	Other Payer Amount Paid Qualifier	Ø1 Delivery Ø2 Shipping Ø3 Postage Ø4 Administrative Ø5 Incentive Ø7 Drug Benefit Ø9 Compound Preparation Cost 1Ø Sales Tax	RW	Required if Other Payer Amount Paid (431-DV) is used.
431-DV	Other Payer Amount Paid		RW	Required if other payer has approved payment for some/all of the billing
471-5E	Other Payer Reject Count		RW	Required if Other Payer Reject Code (472-6E) is used
472-6E	Other Payer Reject Code		RW	Required when this prior payer has REJECTED the claim to indicate the reason for the rejection
353-NR	Other Payer-Patient Responsibility Amount Count		RW	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer-Patient Responsibility Amount Qualifier		RW	Required if Other Payer-Patient Responsibility Amount (351-NQ) is used.
352-NQ	Other Payer-Patient Responsibility Amount		RW	Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs.

Field #	DUR/PPS SEGMENT	Value	Payer Usage (S)	Comment
111-AM	Segment Identification			
473-7E	DUR/PPS Code Counter		RW	Required if DUR/PPS Segment is used.
439-E4	Reason for Service Code		RW	Required when needed by plan for proper adjudication.
44Ø-E5	Professional Service Code		RW	Required when needed by plan for proper adjudication.
441-E6	Result of Service Code		RW	Required when needed by plan for proper adjudication.
474-8E	DUR/PPS Level of Effort		RW	Required when needed by plan for proper adjudication.

Field #	PRICING SEGMENT	Value	Payer Usage (M)	Comment
4Ø9-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
438-E3	Incentive Amount Submitted		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
478-H7	Other Amount Claimed Submitted Count		RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.

Field #	PRICING SEGMENT	Value	Payer Usage (M)	Comment
479-H8	Other Amount Claimed Submitted Qualifier	Ø1 - Delivery Cost Ø2 - Shipping Cost Ø3 - Postage Cost Ø4 - Administrative Cost Ø9 - Compound Preparation Cost 99 - Other	RW	Required if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	Other Amount Claimed Submitted		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
481-HA	Flat Sales Tax Amount Submitted		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Required when flat sales tax is applicable to product dispensed.
482-GE	Percentage Sales Tax Amount Submitted		RW	Required if its value has an effect on the Gross Amount Due (43Ø-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.
484-JE	Percentage Sales Tax Basis Submitted	Blank - Not Specified Ø2 - Ingredient Cost Ø3 - Ingredient Cost + Dispensing Fee	RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.
426-DQ	Usual and Customary Charge		R	
43Ø-DU	Gross Amount Due		R	

M = Mandatory; R = Required; S = Situational; RW = Required When Known
Pharmacy Provider Help Desk Phone: (800) 974-2940∕Technical Assistance Phone: (508) 804-6900

Field #	COMPOUND SEGMENT	Value	Payer Usage (S)	Comment
45Ø-EF	Compound Dosage Form Description Code		M	Required if segment is used.
451-EG	Compound Dispensing Unit Form Indicator	1 = Each 2 = Grams 3 = Milliliters	M	
447-EC	Compound Ingredient Component Count		M	
488-RE	Compound Product ID Qualifier	Ø3 - NDC	M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	
449-EE	Compound Ingredient Drug Cost		RW	Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	Compound Ingredient Basis of Cost Determination		RW	Required if needed for receiver claim determination when multiple products are billed.

Field #	CLINICAL SEGMENT	Value	Payer Usage (S)	Comment
111-AM	Segment Identification			
491-VE	Diagnosis Code Count		RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used
492-WE	Diagnosis Code Qualifier	Ø1 = ICD-9 Ø2 = ICD-1Ø	RW	Required if Diagnosis Code (424-DO) is used.

Field #	CLINICAL SEGMENT	Value	Payer Usage (S)	Comment
424-DO	Diagnosis Code		RW	: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

2. Claim Reversal – Request

The following section of the payer sheet contains details for processing a RxAdvance pharmacy claim reversal request per NCPDP D.0 standards. This segment contains working details for the following transaction segments:

1. Transaction header segment
2. Insurance segment
3. Claim segment
4. Coordination of benefits / Other payments segment

Field #	TRANSACTION HEADER SEGMENT	Value	Payer Usage (M)	Comment
1Ø1-A1	BIN Number	610315	M	
1Ø2-A2	Version Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number	*Please refer the General Information	M	
1Ø9-A9	Transaction Count		M	Multiple reversals in a Transmission must be for same patient and same Date of Service for each transaction to be reversed.
2Ø2-B2	Service Provider ID Qualifier	Ø1-NPI	M	
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID		M	

Field #	INSURANCE SEGMENT	Value	Payer Usage (S)	Comment
3Ø2-C2	Cardholder ID		M	
3Ø1-C1	Group ID		RW	

Field #	CLAIM SEGMENT	Value	Payer Usage (M)	Comment
111-AM	Segment Identification			
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number	Ø3 = NDC	M	
436-E1	Product/Service ID Qualifier		M	
4Ø7-D7	Product/Service ID		M	
4Ø3-D3	Fill Number		RW	Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2- D2) occur on the same day.
3Ø8-C8	Other Coverage Code		RW	Required if needed by receiver to match the claim that is being reversed.

Field #	CLAIM SEGMENT	Value	Payer Usage (M)	Comment
147-U7	Pharmacy Service Type	1 - Community/Retail Pharmacy Services. 2 - Compounding Pharmacy Services. 3 - Home Infusion Therapy Provider Services. 4 - Institutional Pharmacy Services. 5 - Long Term Care Pharmacy Services. 6 - Mail Order Pharmacy Services. 7 - Managed Care Organization Pharmacy Services. 8 - Specialty Care Pharmacy Services. 99 - Other	RW	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.

Field #	COORDINATION OF BENEFITS / OTHER PAYMENTS SEGMENT	Value	Payer Usage (S)	Comment
111-AM	Segment Identification			
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M	Used to identify the specific claim when we have processed multiple iterations of the claims (example: Primary and Secondary, Primary and Tertiary, Secondary and Quaternary, etc.)

3. Claim Acceptance (Paid/Duplicate of Paid) – Response

The following section of the payer sheet contains details for processing a RxAdvance pharmacy claim acceptance (paid / duplicate of paid) response request per NCPDP D.0 standards. This segment contains working details for the following transaction segments:

1. Response transaction header segment
2. Response message header segment
3. Response insurance header segment
4. Response patient identification segment
5. Response status segment
6. Response claim segment
7. Response pricing segment
8. Response DUR/PPS segment
9. Response Coordination of benefits / Other payers segment

Field #	RESPONSE TRANSACTION HEADER SEGMENT	Value	Payer Usage (M)	Comment
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1	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	

Field #	RESPONSE MESSAGE HEADER SEGMENT	Value	Payer Usage (S)	Comment
5Ø4-F4	Message		RW	Required if text is needed for clarification or detail.

Field #	RESPONSE INSURANCE HEADER SEGMENT	Value	Payer Usage (S)	Comment
3Ø1-C1	Group Id		RW	Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist.
524-FO	Plan Id		RW	Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverages exist. Required if needed to contain the actual plan ID if unknown to the receiver.

Field #	RESPONSE INSURANCE HEADER SEGMENT	Value	Payer Usage (S)	Comment
545-2F	Network Reimbursement ID	(see above)	RW	Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.

Field #	RESPONSE PATIENT IDENTIFICATION SEGMENT	Value	Payer Usage (S)	Comment
31Ø-CA	Patient First Name		RW	Required if known.
311-CB	Patient Last Name		RW	Required if known.

Field #	RESPONSE STATUS SEGMENT	Value	Payer Usage (M)	Comment
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548- 6F) is used.

548-6F	Approved Message Code	Blank - Not Specified ØØ1 - Generic Available ØØ2 - Non-Formulary Drug ØØ3 - Maintenance Drug ØØ4 - Filled During Transition Benefit ØØ5 - Filled During Transition Benefit/Prior Authorization Required - ØØ6 - Filled During Transition Benefit/Non-Formulary ØØ7 - Filled During Transition Benefit/Other Rejection ØØ8 - Emergency Fill ØØ9 - Emergency Fill Situation/Prior Authorization Required Ø1Ø - Emergency Fill Situation/Non-Formulary Ø11 - Emergency Fill Situation/Other Ø12 - Level of Care Change Ø13 - Level Of Care Change/Prior Authorization Required Ø14 - Level Of Care Change/Non-Formulary Ø15 - Level of Care Change/Other Ø16 - PMP Reportable Required Ø17 - PMP Reporting Completed Ø18 - Provide Notice: Medicare Prescription Drug Coverage and Your Rights Ø19 - The Submitted Prescriber ID is inactive or expired Ø2Ø - For the Submitted Prescriber ID, the associated DEA Number is Not Found Ø21 - For the Submitted Prescriber ID, the associated DEA Number is Inactive or Expired Ø22 Ø23 - Prorated copayment applied based on days supply. Ø24 - The submitted Prescriber ID is Not Found Ø25 - The submitted Prescriber ID is associated to a Deceased Prescriber Ø26 - Prescriber Type 1 NPI Required Ø27 - The submitted Prescriber DEA does not allow this drug DEA Schedule Ø28 - Type 1 NPI Required, Claim Paid Based on Plan's Prescriber NPI Data Ø29 - Grace period claim. Patient required to pay for the full cost of the prescription. Patient to contact plan.	RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.

Field #	RESPONSE STATUS SEGMENT	Value	Payer Usage (M)	Comment
13Ø-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier	Ø1 - Ø9 for the number of lines of messaging.	RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
987-MA	Url		RW	Provided for informational purposes only to relay health care communications via the Internet.

Field #	RESPONSE CLAIM SEGMENT	Value	Payer Usage (M)	Comment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	Prescription/Service Reference Number		M	

Field #	RESPONSE PRICING SEGMENT	Value	Payer Usage (M)	Comment
5Ø5-F5	Patient Pay Amount		R	
5Ø6-F6	Ingredient Cost Paid		R	
5Ø7-F7	Dispensing Fee Paid		RW	Required if this value is used to arrive at the final reimbursement.
557-AV	Tax Exempt Indicator	Blank - Not Specified 1 Payer/Plan is Tax Exempt 3 Patient is Tax Exempt 4 Payer/Plan and Patient are Tax Exempt	RW	Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.
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	Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
56Ø-AY	Percentage Sales Tax Rate Paid		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	Percentage Sales Tax Basis Paid		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).

Field #	RESPONSE PRICING SEGMENT	Value	Payer Usage (M)	Comment
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).
563-J2	Other Amount Paid Count	Maximum count of 3.	RW	Required if Other Amount Paid (565- J4) is used.
564-J3	Other Amount Paid Qualifier	Ø1 - Delivery Ø2 - Shipping Ø3 - Postage Ø4 - Administrative Ø9 - Compound Preparation Cost 99 - Other	RW	Required if Other Amount Paid (565- J4) is used.
565-J4	Other Amount Paid		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).
566-J5	Other Payer Amount Recognized		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.
5Ø9-F9	Total Amount Paid		R	
522-FM	Basis Of Reimbursement Determination		RW	Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing
523-FN	Amount Attributed To Sales Tax		RW	Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.
517-FH	Amount Applied To Periodic Deductible		RW	Required if Patient Pay Amount (5Ø5-F5) includes deductible
518-FI	Amount Of Copay		RW	Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility.
52Ø-FK	Amount Exceeding Periodic Benefit Maximum		RW	Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.
571-NZ	Amount Attributed To Processor Fee		RW	Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.
572-4U	Amount Of Coinsurance		RW	Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.
129-UD	Health Plan-Funded Assistance Amount		RW	Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero.

133-UJ	Amount Attributed To Provider Network Selection			RW	Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another

Field #	RESPONSE PRICING SEGMENT	Value	Payer Usage (M)	Comment
134-UK	Amount Attributed To Product Selection/Brand Drug		RW	Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
135-UM	Amount Attributed To Product Selection/Non-Preferred Formulary Selection		RW	Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.
136-UN	Amount Attributed To Product Selection/Brand Non- Preferred Formulary Selection		RW	Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.
137-UP	Amount Attributed To Coverage Gap		RW	Required when the patient's financial responsibility is due to the coverage gap.
392-MU	Benefit Stage Count	Maximum count of 4.	RW	Required if Benefit Stage Amount (394-MW) is used.
93-MV	Benefit Stage Qualifier	Ø1 – Deductible Ø2 - Initial Benefit Ø3 - Coverage Gap (donut hole) Ø4 - Catastrophic Coverage 5Ø - Not paid under Part D, paid under Part C benefit (for MA-PD plan) 61 – Part D drug not paid by Part D plan benefit, paid as or under a co-administered insured benefit only 62 - Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only 63 - Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid under Medicaid benefit only of the Medicare/Medicaid (MMP) plan. 7Ø - Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing 8Ø - Non-Part D/non-qualified drug not paid by Part D plan benefit, hospice benefit, or any other component of Medicare; paid by the beneficiary under plan-sponsored negotiated pricing 90 - Enhance or OTC drug (PDE value of E/O) not applicable to the Part D drug spend, but is covered by the Part D plan	RW	Required if Benefit Stage Amount (394-MW) is used.
394-MW	Benefit Stage Amount		RW	Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.
512-FC	Accumulated Deductible Amount		RW	Provided for informational purposes only.
513-FD	Remaining Deductible Amount		RW	Provided for informational purposes only.
514-FE	Remaining Benefit Amount		RW	Provided for informational purposes only.
575-EQ	Patient Sales Tax Amount			Used when necessary to identify the Patient's portion of the Sales Tax.

574-2Y	Plan Sales Tax Amount			Used when necessary to identify the Plan's portion of the Sales Tax.

Field #	RESPONSE PRICING SEGMENT	Value	Payer Usage (M)	Comment
148-U8	Ingredient Cost Contracted/Reimbursable Amount			Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.
149-U9	Dispensing Fee Contracted/Reimbursable Amount			Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.
577-G3	Estimated Generic Savings			This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic.
128-UC	Spending Account Amount Remaining			This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.

Field #	RESPONSE DUR/PPS SEGMENT	Value	Payer Usage (S)	Comment
567-J6	DUR/PPS Response Code Counter	Maximum 9 occurrences supported.	RW	Required if Reason For Service Code (439-E4) is used.
439-E4	Reason For Service Code	See NCPDP Data Dictionary for codes	RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator	$\varnothing$ = Not specified 1 = Your pharmacy 2 = Other Pharmacy in Same Chain 3 = Other pharmacy	RW	Required if needed to supply additional information for the utilization conflict.
53Ø-FU	Previous Date Of Fill		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity Of Previous Fill		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	Database Indicator	1 = First Databank	RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator	$\varnothing$ = Not specified 1 = Same Prescriber 2 = Other Prescriber	RW	Required if needed to supply additional information for the utilization conflict.
544-FY	Dur Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.

Field #	RESPONSE DUR/PPS SEGMENT	Value	Payer Usage (S)	Comment
57Ø-NS	Dur Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Field #	RESPONSE COORDINATION OF BENEFITS/OTHER PAYERS SEGMENT	Value	Payer Usage (S)	Comment
111-AM	Segment Identification			
355-NT	Other Payer ID Count		M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier	Ø3 – Bin Number	RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	Other Payer ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for coordination of benefits.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the Date of Service submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the Date of Service submitted.

4. Claim Acceptance (Rejected) – Response

The following section of the payer sheet contains details for processing a RxAdvance pharmacy claim acceptance (rejected) response request per NCPDP D.0 standards. This segment contains working details for the following transaction segments:

1. Response transaction header segment
2. Response message segment
3. Response insurance segment
4. Response patient segment
5. Response status segment
6. Response claim segment
7. Response DUR/PPS segment
8. Response Coordination of benefits / Other payers segment

Field #	RESPONSE TRANSACTION HEADER SEGMENT	Value	Payer Usage (M)	Comment
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1	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	

Field #	RESPONSE MESSAGE SEGMENT	Value	Payer Usage (S)	Comment
5Ø4-F4	Message		RW	Required if text is needed for clarification or detail.

Field #	RESPONSE INSURANCE SEGMENT	Value	Payer Usage (S)	Comment
3Ø1-C1	Group Id		RW	Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.

Required to identify the actual group that was used when multiple group coverages exist. |
| 524-FO | Plan Id | | RW | Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverages exist.

Required if needed to contain the actual plan ID if unknown to the receiver. |

Field #	RESPONSE PATIENT SEGMENT	Value	Payer Usage (S)	Comment
31Ø-CA	Patient First Name		RW	Required if known.
311-CB	Patient Last Name		RW	Required if known.

Field #	RESPONSE STATUS SEGMENT	Value	Payer Usage	Comment
112-AN	Transaction Response Status	R = Reject	M	
5Ø3-F3	Authorization Number		RW	Required if needed to identify the transaction.
51Ø-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	

Field #	RESPONSE STATUS SEGMENT	Value	Payer Usage (S)	Comment
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier	Ø1 - Ø9 for the number of lines of messaging. 1Ø – Next Refill Date (format CCYYMMDD)	RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.
987-MA	Url			Provided for informational purposes only to relay health care communications via the Internet.

Field #	RESPONSE CLAIM SEGMENT	Value	Payer Usage (M)	Comment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	Prescription/Service Reference Number		M	

RxAdvance D.O Payer Sheet February 2020
RxBIN 610315 Only

Field #	RESPONSE DUR/PPS SEGMENT	Value	Payer Usage (S)	Comment
567-J6	Dur/PPS Response Code Counter	Maximum 9 occurrences supported.	RW	Required if Reason For Service Code (439-E4) is used.

Field #	RESPONSE DUR/PPS SEGMENT	Value	Payer Usage (S)	Comment
439-E4	Reason For Service Code	See NCPDP Data Dictionary for codes	RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator	Ø - Not Specified 1 - Your Pharmacy 2 - Other Pharmacy in Same Chain 3 - Other Pharmacy	RW	Required if needed to supply additional information for the utilization conflict.
53Ø-FU	Previous Date Of Fill		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity Of Previous Fill		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	Database Indicator	1 = First Databank	RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator	0 - Not Specified 1 - Same Prescriber 2 - Other Prescriber	RW	Required if needed to supply additional information for the utilization conflict.
544-FY	Dur Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
57Ø-NS	Dur Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Field #	RESPONSE COORDINATION OF BENEFITS / OTHER PAYERS SEGMENT	Value	Payer Usage (S)	Comment
111-AM	Segment Identification			
355-NT	Other Payer ID Count		M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier	Ø3 – Bin Number	RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	Other Payer ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	Other Payer Processor Control Number		RW	Required if other insurance information is available for coordination of benefits.
356-NU	Other Payer Cardholder ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	Other Payer Person Code		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer
127-UB	Other Payer Help Desk Phone Number		RW	Required if needed to provide a support telephone number of the other payer to the receiver.

Field #	RESPONSE COORDINATION OF BENEFITS / OTHER PAYERS SEGMENT	Value	Payer Usage (S)	Comment
143-UW	Other Payer Patient Relationship Code		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	Other Payer Benefit Effective Date		RW	Required when other coverage is known which is after the Date of Service submitted.
145-UY	Other Payer Benefit Termination Date		RW	Required when other coverage is known which is after the Date of Service submitted.

COB Method

All plans listed in General Information support COB Scenario 1 (OPAP).