



3090 Premiere Parkway, Suite 100  
Duluth, GA 30097

## NCPDP Version D.0 Commercial Payer Sheet

### GENERAL INFORMATION

|                                                                                                                                                                                                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Payer Name: <b>TrueCare Pharmacy</b>                                                                                                                                                                                            | Date: <b>07/01/2020</b>                                        |
| Plan Name/Group Name: <b>TrueCare Pharmacy</b>                                                                                                                                                                                  | BIN: <b>011131</b> PCN: <b>Blank fill</b>                      |
| Processor: <b>ProCare Rx</b>                                                                                                                                                                                                    |                                                                |
| Effective as of: <b>09/21/2020</b>                                                                                                                                                                                              | NCPDP Telecommunication Standard Version/Release #: <b>D.0</b> |
| NCPDP Data Dictionary Version Date: <b>07/2007</b>                                                                                                                                                                              | NCPDP External Code List Version Date: <b>10/01/2018</b>       |
| Contact/Information Source: <b>Provider Manuals available at <a href="https://Pharmacy.ProCareRx.com">https://Pharmacy.ProCareRx.com</a></b><br><b>General website <a href="http://www.procarerx.com">www.procarerx.com</a></b> |                                                                |
| Certification: <b>Not Required</b>                                                                                                                                                                                              |                                                                |
| Provider Relations Help Desk Info: <b>800-333-8097</b>                                                                                                                                                                          |                                                                |
| Other versions supported: <b>NONE</b>                                                                                                                                                                                           |                                                                |

### OTHER TRANSACTIONS SUPPORTED

| Transaction Code | Transaction Name      |
|------------------|-----------------------|
| <b>B1</b>        | <b>Claim Billing</b>  |
| <b>B2</b>        | <b>Claim Reversal</b> |

### FIELD LEGEND FOR COLUMNS

| Payer Usage Column    | Value     | Explanation                                                                                                      | Payer Situation Column |
|-----------------------|-----------|------------------------------------------------------------------------------------------------------------------|------------------------|
| MANDATORY             | <b>M</b>  | The Field is mandatory for the Segment in the designated Transaction.                                            | No                     |
| REQUIRED              | <b>R</b>  | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.    | No                     |
| QUALIFIED REQUIREMENT | <b>RW</b> | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | Yes                    |

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.

### CLAIM BILLING/CLAIM REBILL TRANSACTION

| Transaction Header Segment Questions                                                                   | Check    | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|--------------------------------------------------------------------------------------------------------|----------|---------------------------------------------------------------|
| This Segment is always sent                                                                            | <b>X</b> |                                                               |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued      |          |                                                               |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued |          |                                                               |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used          | <b>X</b> |                                                               |

| Field # | Transaction Header Segment<br>NCPDP Field Name | Value                            | Payer Usage | Claim Billing/Claim Rebill<br>Payer Situation |
|---------|------------------------------------------------|----------------------------------|-------------|-----------------------------------------------|
| 101-A1  | BIN NUMBER                                     | <b>011131</b>                    | M           | <b>BIN for Plan</b>                           |
| 102-A2  | VERSION/RELEASE NUMBER                         | <b>D0</b>                        | M           |                                               |
| 103-A3  | TRANSACTION CODE                               | <b>B1</b>                        | M           | <b>Claim Billing</b>                          |
| 104-A4  | PROCESSOR CONTROL NUMBER                       | <b>Blank fill</b>                | M           | <b>Blank fill</b>                             |
| 109-A9  | TRANSACTION COUNT                              | <b>01 – 04</b>                   | M           |                                               |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER                  | <b>01 = National Provider ID</b> | M           |                                               |
| 201-B1  | SERVICE PROVIDER ID                            | <b>NPI</b>                       | M           |                                               |
| 401-D1  | DATE OF SERVICE                                |                                  | M           |                                               |
| 110-AK  | SOFTWARE VENDOR/CERTIFICATION ID               | <b>Blank fill</b>                | M           | <b>Blank fill</b>                             |

| Insurance Segment Questions | Check    | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|----------|---------------------------------------------------------------|
| This Segment is always sent | <b>X</b> |                                                               |

| Field # | Insurance Segment<br>Segment Identification (111-AM) = "04" | Value | Payer Usage | Claim Billing/Claim Rebill<br>Payer Situation |
|---------|-------------------------------------------------------------|-------|-------------|-----------------------------------------------|
| 302-C2  | CARDHOLDER ID                                               |       | M           | <b>Member's ID as shown on card.</b>          |

|         | Insurance Segment<br>Segment Identification (111-AM) = "Ø4" |       |                | Claim Billing/Claim Rebill                                                                                                                                                                                                                                                          |
|---------|-------------------------------------------------------------|-------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                            | Value | Payer<br>Usage | Payer Situation                                                                                                                                                                                                                                                                     |
| 3Ø3-C3  | PERSON CODE                                                 |       | RW             | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID.<br><br><i>Payer Requirement:</i> Required when provided on the ID card.                                                                                                      |
| 3Ø6-C6  | PATIENT RELATIONSHIP CODE                                   |       | RW             | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the Patient to the Cardholder.<br><br><i>Payer Requirement:</i> Required.                                                                                                                             |
| 3Ø9-C9  | ELIGIBILITY CLARIFICATION CODE                              |       | RW             | <i>Imp Guide:</i> Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. |
| 3Ø1-C1  | GROUP ID                                                    |       | RW             | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.<br><br>Required if needed for pharmacy claim processing and payment<br><br><i>Payer Requirement:</i> Required.                                                                                |

| Patient Segment Questions   | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---------------------------------------------------------------|
| This Segment is always sent | X     |                                                               |
| This Segment is situational |       |                                                               |

|        | Patient Segment<br>Segment Identification (111-AM) = "Ø1" |       |                | Claim Billing/Claim Rebill                                                                                                                     |
|--------|-----------------------------------------------------------|-------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Field  | NCPDP Field Name                                          | Value | Payer<br>Usage | Payer Situation                                                                                                                                |
| 3Ø4-C4 | DATE OF BIRTH                                             |       | R              |                                                                                                                                                |
| 3Ø5-C5 | PATIENT GENDER CODE                                       |       | R              |                                                                                                                                                |
| 31Ø-CA | PATIENT FIRST NAME                                        |       | RW             | <i>Imp Guide:</i> Required when the patient has a first name.<br><br><i>Payer Requirement:</i> Required                                        |
| 311-CB | PATIENT LAST NAME                                         |       | R              |                                                                                                                                                |
| 322-CM | PATIENT STREET ADDRESS                                    |       | RW             | <i>Imp Guide:</i> Optional.                                                                                                                    |
| 323-CN | PATIENT CITY ADDRESS                                      |       | RW             | <i>Imp Guide:</i> Optional.                                                                                                                    |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS                          |       | RW             | <i>Imp Guide:</i> Optional.                                                                                                                    |
| 325-CP | PATIENT ZIP/POSTAL ZONE                                   |       | RW             | <i>Imp Guide:</i> Optional.                                                                                                                    |
| 326-CQ | PATIENT PHONE NUMBER                                      |       | RW             | <i>Imp Guide:</i> Optional.                                                                                                                    |
| 35Ø-HN | PATIENT E-MAIL ADDRESS                                    |       | RW             | <i>Imp Guide:</i> May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. |

| Claim Segment Questions                          | Check | Claim Billing/Claim Rebill<br>If Situational, <i>Payer Situation</i> |
|--------------------------------------------------|-------|----------------------------------------------------------------------|
| This Segment is always sent                      | X     |                                                                      |
| This payer does <i>not</i> support partial fills | X     |                                                                      |

|         | Claim Segment<br>Segment Identification (111-AM) = "Ø7" |                                      |                | Claim Billing/Claim Rebill                                                                                                                                                                                                                                                                     |
|---------|---------------------------------------------------------|--------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                        | Value                                | Payer<br>Usage | Payer Situation                                                                                                                                                                                                                                                                                |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER QUALIFIER      | Ø1 = Rx Billing                      | M              | Claim Billing<br><i>Imp Guide:</i> For Transaction Code<br>of "B1", in the Claim Segment, the<br>Prescription/Service Reference<br>Number Qualifier (455-EM) is "1"<br>(Rx Billing)                                                                                                            |
| 4Ø2-D2  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER                |                                      | M              |                                                                                                                                                                                                                                                                                                |
| 436-E1  | PRODUCT/SERVICE ID QUALIFIER                            | Ø3 = National Drug Code<br>(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                                           | Ø1 = Not a Compound<br>Ø2 = Compound | R              | See Compound Segment for<br>support of multi-ingredient<br>compounds                                                                                                                                                                                                                           |
| 4Ø8-D8  | DISPENSE AS WRITTEN<br>(DAW/PRODUCT SELECTION CODE)     |                                      | R              |                                                                                                                                                                                                                                                                                                |
| 414-DE  | DATE PRESCRIPTION WRITTEN                               |                                      | R              |                                                                                                                                                                                                                                                                                                |
| 415-DF  | NUMBER OF REFILLS AUTHORIZED                            |                                      | RW             | <i>Imp Guide:</i> Required if necessary<br>for plan benefit administration.                                                                                                                                                                                                                    |
| 419-DJ  | PRESCRIPTION ORIGIN CODE                                |                                      | RW             | <i>Imp Guide:</i> Required if necessary<br>for plan benefit administration.                                                                                                                                                                                                                    |
| 354-NX  | SUBMISSION CLARIFICATION CODE<br>COUNT                  | Maximum count of 3.                  | RW             | <i>Imp Guide:</i> Required if<br>Submission Clarification Code<br>(42Ø-DK) is used.                                                                                                                                                                                                            |
| 42Ø-DK  | SUBMISSION CLARIFICATION CODE                           |                                      | RW             | <i>Imp Guide:</i> Required if clarification<br>is needed and value submitted is<br>greater than zero (Ø).<br><br><i>Payer Requirement: Required<br/>when further explanation is<br/>needed for overrides.</i>                                                                                  |
| 460-ET  | QUANTITY PRESCRIBED                                     |                                      | RW             | <i>Imp Guide:</i><br>Required when the transmission is<br>for a Schedule II drug as defined in<br>21 CFR 1308.12 and per CMS-<br>0055-F (Compliance Date<br>9/21/2020. Refer to the Version D.0<br>Editorial Document).<br><br><i>Payer Requirement: (any unique<br/>payer requirement(s))</i> |
| 3Ø8-C8  | OTHER COVERAGE CODE                                     |                                      | RW             | <i>Imp Guide:</i> Required if needed by<br>receiver, to communicate a<br>summation of other coverage<br>information that has been<br>collected from other payers.<br><br>Required for Coordination of<br>Benefits.<br><br><i>Payer Requirement: Only used in<br/>COB processing.</i>           |
| 418-DI  | LEVEL OF SERVICE                                        |                                      | RW             | <i>Imp Guide:</i> Required if this field<br>could result in different coverage,<br>pricing, or patient financial<br>responsibility.                                                                                                                                                            |

|         | Claim Segment<br>Segment Identification (111-AM) = "Ø7" |                         |                | Claim Billing/Claim Rebill                                                                                                                                                                                                            |
|---------|---------------------------------------------------------|-------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                        | Value                   | Payer<br>Usage | Payer Situation                                                                                                                                                                                                                       |
| 461-EU  | PRIOR AUTHORIZATION TYPE<br>CODE                        | 1 = Prior Authorization | RW             | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br><i>Payer Requirement:</i> Required when value 1 Prior Authorization Number Submitted field is used. |
| 462-EV  | PRIOR AUTHORIZATION NUMBER<br>SUBMITTED                 |                         | RW             | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br><i>Payer Requirement:</i> Required when 1 in field 461-EU.                                          |
| 995-E2  | ROUTE OF ADMINISTRATION                                 |                         | RW             | <i>Imp Guide:</i> Required if specified in trading partner agreement.<br><br><i>Payer Requirement:</i> Required when Compound Code (4Ø6-D6) = 2 (compound).                                                                           |
| 147-U7  | PHARMACY SERVICE TYPE                                   |                         | RW             | <i>Imp Guide:</i> Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.                                                                                 |

| Pricing Segment Questions   | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---------------------------------------------------------------|
| This Segment is always sent | X     |                                                               |

|         | Pricing Segment<br>Segment Identification (111-AM) = "11" |                     |                | Claim Billing/Claim Rebill                                                                          |
|---------|-----------------------------------------------------------|---------------------|----------------|-----------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                          | Value               | Payer<br>Usage | Payer Situation                                                                                     |
| 4Ø9-D9  | INGREDIENT COST SUBMITTED                                 |                     | R              |                                                                                                     |
| 438-E3  | INCENTIVE AMOUNT SUBMITTED                                |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 412-DC  | DISPENSING FEE SUBMITTED                                  |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 478-H7  | OTHER AMOUNT CLAIMED SUBMITTED<br>COUNT                   | Maximum count of 3. | RW             | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.            |
| 479-H8  | OTHER AMOUNT CLAIMED SUBMITTED<br>QUALIFIER               |                     | RW             | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted (48Ø-H9) is used.                      |
| 48Ø-H9  | OTHER AMOUNT CLAIMED SUBMITTED                            |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 481-HA  | FLAT SALES TAX AMOUNT SUBMITTED                           |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 482-GE  | PERCENTAGE SALES TAX AMOUNT<br>SUBMITTED                  |                     | RW             | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |

|         | Pricing Segment<br>Segment Identification (111-AM) = "11" |       |             | Claim Billing/Claim Rebill                                                                                                                                                                                                                                                                  |
|---------|-----------------------------------------------------------|-------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                          | Value | Payer Usage | Payer Situation                                                                                                                                                                                                                                                                             |
| 483-HE  | PERCENTAGE SALES TAX RATE SUBMITTED                       |       | RW          | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.<br><br>Required if this field could result in different pricing.<br><br>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). |
| 484-JE  | PERCENTAGE SALES TAX BASIS SUBMITTED                      |       | RW          | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.<br><br>Required if this field could result in different pricing.<br><br>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).  |
| 426-DQ  | USUAL AND CUSTOMARY CHARGE                                |       | RW          | <i>Imp Guide:</i> Required if needed per trading partner agreement.<br><br><i>Payer Requirement:</i> Required                                                                                                                                                                               |
| 430-DU  | GROSS AMOUNT DUE                                          |       | R           |                                                                                                                                                                                                                                                                                             |
| 423-DN  | BASIS OF COST DETERMINATION                               |       | RW          | <i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication.                                                                                                                                                                                                             |

| Prescriber Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|------------------------------|-------|---------------------------------------------------------------|
| This Segment is always sent  | X     |                                                               |
| This Segment is situational  |       |                                                               |

|         | Prescriber Segment<br>Segment Identification (111-AM) = "03" |                      |             | Claim Billing/Claim Rebill                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------|----------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                             | Value                | Payer Usage | Payer Situation                                                                                                                                                                                                                       |
| 466-EZ  | PRESCRIBER ID QUALIFIER                                      | 01 = NPI<br>12 = DEA | R           | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used.<br><br><i>Payer Requirement:</i> Required                                                                                                                               |
| 411-DB  | PRESCRIBER ID                                                |                      | R           | <i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility.<br><br>Required if necessary for state/federal/regulatory agency programs.<br><br><i>Payer Requirement:</i> Required |
| 427-DR  | PRESCRIBER LAST NAME                                         |                      | RW          | <i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known.<br><br>Required if needed for Prescriber ID (411-DB) validation/clarification.                                                                               |

| Coordination of Benefits/Other Payments Segment Questions                                                                                    | Check | Claim Billing/Claim Rebill<br>If Situational, <i>Payer Situation</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------|
| 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 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<br>Segment Identification (111-AM) = "Ø5" |                     |             | 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                                                                  | Ø3 = BIN            | RW          | Imp Guide: Required if Other Payer ID (34Ø-7C) is used.                                                                                                                                                                                                                          |
| 34Ø-7C  | OTHER PAYER ID                                                                            |                     | RW          | Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.                                                                                                                                                                          |
| 443-E8  | OTHER PAYER DATE                                                                          |                     | RW          | Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.                                                                                                                                                                     |
| 341-HB  | OTHER PAYER AMOUNT PAID COUNT                                                             | Maximum count of 9. | RW          | Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used.                                                                                                                                                                                                       |
| 342-HC  | OTHER PAYER AMOUNT PAID QUALIFIER                                                         |                     | RW          | Imp Guide: Required if Other Payer Amount Paid (431-DV) is used.                                                                                                                                                                                                                 |
| 431-DV  | OTHER PAYER AMOUNT PAID                                                                   |                     | RW          | Imp Guide: Required if other payer has approved payment for some/all of the billing.<br><br>Not used for patient financial responsibility only billing.<br><br>Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. |
| 471-5E  | OTHER PAYER REJECT COUNT                                                                  | Maximum count of 5. | RW          | Imp Guide: Required if Other Payer Reject Code (472-6E) is used.                                                                                                                                                                                                                 |
| 472-6E  | OTHER PAYER REJECT CODE                                                                   | NCPDP Reject Codes  | RW          | Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).                                                                                                   |

| Compound Segment Questions  | Check | Claim Billing/Claim Rebill<br>If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|----------------------------------------------------------------------|
| This Segment is always sent |       |                                                                      |
| This Segment is situational | X     | Required when Compound Code (4Ø6-D6) = 2 (compound).                 |

|         | Compound Segment<br>Segment Identification (111-AM) = "1Ø" |                            |                | Claim Billing/Claim Rebill                                                                                                                                                          |
|---------|------------------------------------------------------------|----------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                           | Value                      | Payer<br>Usage | Payer Situation                                                                                                                                                                     |
| 45Ø-EF  | COMPOUND DOSAGE FORM<br>DESCRIPTION CODE                   |                            | M              |                                                                                                                                                                                     |
| 451-EG  | COMPOUND DISPENSING UNIT FORM<br>INDICATOR                 |                            | M              |                                                                                                                                                                                     |
| 447-EC  | COMPOUND INGREDIENT COMPONENT<br>COUNT                     | Maximum of 25 ingredients. | M              | <i>Payer Requirement: Maximum of<br/>1Ø ingredients.</i>                                                                                                                            |
| 488-RE  | COMPOUND PRODUCT ID QUALIFIER                              | Ø3 = National Drug Code    | M              |                                                                                                                                                                                     |
| 489-TE  | COMPOUND PRODUCT ID                                        |                            | M              |                                                                                                                                                                                     |
| 448-ED  | COMPOUND INGREDIENT QUANTITY                               |                            | M              |                                                                                                                                                                                     |
| 449-EE  | COMPOUND INGREDIENT DRUG COST                              |                            | RW             | <i>Imp Guide: Required if needed for<br/>receiver claim determination when<br/>multiple products are billed.</i><br><br><i>Payer Requirement: Required for<br/>each ingredient.</i> |

1.

## CLAIM BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

### GENERAL INFORMATION

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| Payer Name: <b>TrueCare Pharmacy</b>           | Date: <b>07/01/2020</b>                   |
| Plan Name/Group Name: <b>TrueCare Pharmacy</b> | BIN: <b>011131</b> PCN: <b>Blank fill</b> |

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

| Response Transaction Header Segment Questions | Check    | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------|
| This Segment is always sent                   | <b>X</b> |                                                                                                           |

|         | Response Transaction Header Segment |                          |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|-------------------------------------|--------------------------|-------------|-------------------------------------------------------------------|
| Field # | NCPDP Field Name                    | Value                    | Payer Usage | Payer Situation                                                   |
| 102-A2  | VERSION/RELEASE NUMBER              | D0                       | M           |                                                                   |
| 103-A3  | TRANSACTION CODE                    | B1                       | M           | Claim Billing                                                     |
| 109-A9  | TRANSACTION COUNT                   | Same value as in request | M           |                                                                   |
| 501-F1  | HEADER RESPONSE STATUS              | A = Accepted             | M           |                                                                   |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER       | Same value as in request | M           |                                                                   |
| 201-B1  | SERVICE PROVIDER ID                 | Same value as in request | M           |                                                                   |
| 401-D1  | DATE OF SERVICE                     | Same value as in request | M           |                                                                   |

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

|         | Response Message Segment Segment Identification (111-AM) = “20” |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)         |
|---------|-----------------------------------------------------------------|-------|-------------|---------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                | Value | Payer Usage | Payer Situation                                                           |
| 504-F4  | MESSAGE                                                         |       | RW          | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response Insurance Header Segment Questions | Check    | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br>If Situational, <i>Payer Situation</i> |
|---------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------|
| This Segment is always sent                 | <b>X</b> |                                                                                                           |

|         | Response Insurance Segment Segment Identification (111-AM) = “25” |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)                                                                                                                                                                               |
|---------|-------------------------------------------------------------------|-------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                  | Value | Payer Usage | Payer Situation                                                                                                                                                                                                                                 |
| 301-C1  | GROUP ID                                                          |       | RW          | <i>Imp Guide:</i> Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.<br><br>Required to identify the actual group that was used when multiple group coverages exist. |
| 524-FO  | PLAN ID                                                           |       | RW          | <i>Imp Guide:</i> Optional.                                                                                                                                                                                                                     |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill<br>Accepted/Paid (or Duplicate of Paid)<br><i>If Situational, Payer Situation</i> |
|-----------------------------------|-------|--------------------------------------------------------------------------------------------------------------|
| This Segment is always sent       | X     |                                                                                                              |

|         | Response Status Segment<br>Segment Identification (111-AM) = "21" |                               |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                |
|---------|-------------------------------------------------------------------|-------------------------------|----------------|----------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                  | Value                         | Payer<br>Usage | Payer Situation                                                                        |
| 112-AN  | TRANSACTION RESPONSE STATUS                                       | P=Paid<br>D=Duplicate of Paid | M              |                                                                                        |
| 503-F3  | AUTHORIZATION NUMBER                                              |                               | RW             | <i>Imp Guide:</i> Required if needed to identify the transaction.                      |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                                    |                               | RW             | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill<br>Accepted/Paid (or Duplicate of Paid)<br><i>If Situational, Payer Situation</i> |
|----------------------------------|-------|--------------------------------------------------------------------------------------------------------------|
| This Segment is always sent      | X     |                                                                                                              |

|         | Response Claim Segment<br>Segment Identification (111-AM) = "22" |               |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                  |
|---------|------------------------------------------------------------------|---------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                 | Value         | Payer<br>Usage | Payer Situation                                                                                                                                                          |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER QUALIFIER               | 1 = RxBilling | M              | <i>Imp Guide:</i> For Transaction Code of "B1" or "B3", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER                         |               | M              |                                                                                                                                                                          |

| Response Pricing Segment Questions | Check | Claim Billing/Claim Rebill<br>Accepted/Paid (or Duplicate of Paid)<br><i>If Situational, Payer Situation</i> |
|------------------------------------|-------|--------------------------------------------------------------------------------------------------------------|
| This Segment is always sent        | X     |                                                                                                              |

|         | Response Pricing Segment<br>Segment Identification (111-AM) = "23" |       |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                                 |
|---------|--------------------------------------------------------------------|-------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value | Payer<br>Usage | Payer Situation                                                                                                                                                                         |
| 505-F5  | PATIENT PAY AMOUNT                                                 |       | R              |                                                                                                                                                                                         |
| 506-F6  | INGREDIENT COST PAID                                               |       | R              |                                                                                                                                                                                         |
| 507-F7  | DISPENSING FEE PAID                                                |       | RW             |                                                                                                                                                                                         |
| 557-AV  | TAX EXEMPT INDICATOR                                               |       |                | <i>Imp Guide:</i> 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                                         |       |                | <i>Imp Guide:</i> 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. |

|         | Response Pricing Segment<br>Segment Identification (111-AM) = "23" |                     |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                                                                                                                                                     |
|---------|--------------------------------------------------------------------|---------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value               | Payer<br>Usage | Payer Situation                                                                                                                                                                                                                                                                                             |
| 559-AX  | PERCENTAGE SALES TAX AMOUNT<br>PAID                                |                     |                | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).</p> <p>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.</p> |
| 56Ø-AY  | PERCENTAGE SALES TAX RATE PAID                                     |                     |                | <p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</p>                                                                                                                                                                                                    |
|         |                                                                    |                     |                |                                                                                                                                                                                                                                                                                                             |
|         |                                                                    |                     |                |                                                                                                                                                                                                                                                                                                             |
| 563-J2  | OTHER AMOUNT PAID COUNT                                            | Maximum count of 3. | RW             | <p><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</p> <p><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.</p>                                                                                                                         |
| 564-J3  | OTHER AMOUNT PAID QUALIFIER                                        |                     | RW             | <p><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</p> <p><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.</p>                                                                                                                         |
| 565-J4  | OTHER AMOUNT PAID                                                  |                     | RW             | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).</p> <p><i>Payer Requirement:</i> Will be returned when submission includes Other Amount Claimed Submitted.</p>               |
| 566-J5  | OTHER PAYER AMOUNT RECOGNIZED                                      |                     | RW             | <p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.</p>            |
| 5Ø9-F9  | TOTAL AMOUNT PAID                                                  |                     | R              |                                                                                                                                                                                                                                                                                                             |

|         | Response Pricing Segment<br>Segment Identification (111-AM) = "23" |                                                                                                                                                                           |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                                                                                    |
|---------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value                                                                                                                                                                     | Payer<br>Usage | Payer Situation                                                                                                                                                                                                                            |
| 522-FM  | BASIS OF REIMBURSEMENT<br>DETERMINATION                            | 3 = Ingredient Cost Reduced to<br>AWP Less X% Pricing<br>4 = Usual & Customary Paid as<br>Submitted<br>6 = MAC Pricing Ingredient Cost<br>Paid<br>15 = Patient Pay Amount | RW             | <i>Imp Guide:</i> Required if Ingredient<br>Cost Paid (506-F6) is greater than<br>zero (0).<br><br>Required if Basis of Cost<br>Determination (432-DN) is<br>submitted on billing.<br><br><i>Payer Requirement: Same as Imp<br/>Guide.</i> |
| 523-FN  | AMOUNT ATTRIBUTED TO SALES TAX                                     |                                                                                                                                                                           | RW             | <i>Imp Guide:</i> Required if Patient Pay<br>Amount (505-F5) includes sales<br>tax that is the financial<br>responsibility of the member but is<br>not also included in any of the<br>other fields that add up to Patient<br>Pay Amount.   |
| 513-FD  | REMAINING DEDUCTIBLE AMOUNT                                        |                                                                                                                                                                           | RW             | <i>Imp Guide:</i> Provided for<br>informational purposes only.                                                                                                                                                                             |
| 517-FH  | AMOUNT APPLIED TO PERIODIC<br>DEDUCTIBLE                           |                                                                                                                                                                           | RW             | <i>Imp Guide:</i> Required if Patient Pay<br>Amount (505-F5) includes<br>deductible                                                                                                                                                        |
| 518-FI  | AMOUNT OF COPAY                                                    |                                                                                                                                                                           | RW             | <i>Imp Guide:</i> Required if Patient Pay<br>Amount (505-F5) includes copay<br>as patient financial responsibility.                                                                                                                        |
| 520-FK  | AMOUNT EXCEEDING PERIODIC<br>BENEFIT MAXIMUM                       |                                                                                                                                                                           | RW             | <i>Imp Guide:</i> Required if Patient Pay<br>Amount (505-F5) includes amount<br>exceeding periodic benefit<br>maximum.                                                                                                                     |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill<br>Accepted/Paid (or Duplicate of Paid)<br>If Situational, Payer Situation |
|------------------------------------|-------|-------------------------------------------------------------------------------------------------------|
| This Segment is always sent        |       |                                                                                                       |
| This Segment is situational        | X     | When DUR information applicable                                                                       |

|         | Response DUR/PPS Segment<br>Segment Identification (111-AM) = "24" |                                     |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                   |
|---------|--------------------------------------------------------------------|-------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value                               | Payer<br>Usage | Payer Situation                                                                                           |
| 567-J6  | DUR/PPS RESPONSE CODE COUNTER                                      | Maximum 9 occurrences<br>supported. | RW             | <i>Imp Guide:</i> Required if Reason For<br>Service Code (439-E4) is used.                                |
| 439-E4  | REASON FOR SERVICE CODE                                            |                                     | RW             | <i>Imp Guide:</i> Required if utilization<br>conflict is detected.                                        |
| 528-FS  | CLINICAL SIGNIFICANCE CODE                                         |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict. |
| 529-FT  | OTHER PHARMACY INDICATOR                                           |                                     | RW             | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict. |

|         | Response DUR/PPS Segment<br>Segment Identification (111-AM) = "24" |       |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                     |
|---------|--------------------------------------------------------------------|-------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value | Payer<br>Usage | Payer Situation                                                                                                                                                             |
| 53Ø-FU  | PREVIOUS DATE OF FILL                                              |       | RW             | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.<br><br>Required if Quantity of Previous Fill<br>(531-FV) is used. |
| 531-FV  | QUANTITY OF PREVIOUS FILL                                          |       | RW             | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.<br><br>Required if Previous Date Of Fill<br>(53Ø-FU) is used.     |
| 532-FW  | DATABASE INDICATOR                                                 |       | RW             | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |
| 533-FX  | OTHER PRESCRIBER INDICATOR                                         |       | RW             | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |
| 544-FY  | DUR FREE TEXT MESSAGE                                              |       | RW             | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |

## 2.

## CLAIM BILLING ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------------------|-------|----------------------------------------------------------------------------------------|
| 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                                |
| 102-A2  | VERSION/RELEASE NUMBER              | DØ                       | M           |                                                |
| 103-A3  | TRANSACTION CODE                    | B1                       | M           | Claim Billing                                  |
| 109-A9  | TRANSACTION COUNT                   | Same value as in request | M           |                                                |
| 501-F1  | HEADER RESPONSE STATUS              | A = Accepted             | M           |                                                |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER       | Same value as in request | M           |                                                |
| 201-B1  | SERVICE PROVIDER ID                 | Same value as in request | M           |                                                |
| 401-D1  | DATE OF SERVICE                     | Same value as in request | M           |                                                |

| Response Message Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br>If Situational, <i>Payer Situation</i> |
|-------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------|
| This Segment is always sent               |       |                                                                                                           |
| This Segment is situational               | X     | <i>Provided when additional message text</i>                                                              |

|         | 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                                                           |
| 504-F4  | MESSAGE                                                 |       |             | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|----------------------------------------------------------------------------------------|
| 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           |                                                                                                      |
| 510-FA  | REJECT COUNT                                           | Maximum count of 5.  | R           |                                                                                                      |
| 511-FB  | REJECT CODE                                            |                      | R           |                                                                                                      |
| 546-4F  | REJECT FIELD OCCURRENCE INDICATOR                      |                      | RW          | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION COUNT                   | Maximum count of 25. | RW          | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.                       |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION QUALIFIER               |                      | RW          | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.                       |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                         |                      | RW          | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.               |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|----------------------------------|-------|----------------------------------------------------------------------------------------|
| This Segment is always sent      | X     |                                                                                        |

|         | Response Claim Segment<br>Segment Identification (111-AM) = "22" |               |                | Claim Billing/Claim Rebill –<br>Accepted/Rejected                                                                                                                                     |
|---------|------------------------------------------------------------------|---------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                 | Value         | Payer<br>Usage | Payer Situation                                                                                                                                                                       |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER QUALIFIER               | 1 = RxBilling | M              | <i>Imp Guide:</i> For Transaction Code of<br>"B1" or "B3", in the Response Claim<br>Segment, the Prescription/Service<br>Reference Number Qualifier (455-<br>EM) is "1" (Rx Billing). |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER                         |               | M              |                                                                                                                                                                                       |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill<br>Accepted/Paid (or Duplicate of Paid)<br>If Situational, Payer Situation |
|------------------------------------|-------|-------------------------------------------------------------------------------------------------------|
| This Segment is always sent        |       |                                                                                                       |
| This Segment is situational        | X     | When DUR information applicable                                                                       |

|         | Response DUR/PPS Segment<br>Segment Identification (111-AM) = "24" |                                     |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                     |
|---------|--------------------------------------------------------------------|-------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value                               | Payer<br>Usage | Payer Situation                                                                                                                                                             |
| 567-J6  | DUR/PPS RESPONSE CODE COUNTER                                      | Maximum 9 occurrences<br>supported. |                | <i>Imp Guide:</i> Required if Reason For<br>Service Code (439-E4) is used.                                                                                                  |
| 439-E4  | REASON FOR SERVICE CODE                                            |                                     |                | <i>Imp Guide:</i> Required if utilization<br>conflict is detected.                                                                                                          |
| 529-FT  | OTHER PHARMACY INDICATOR                                           |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |
| 530-FU  | PREVIOUS DATE OF FILL                                              |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.<br><br>Required if Quantity of Previous Fill<br>(531-FV) is used. |
| 531-FV  | QUANTITY OF PREVIOUS FILL                                          |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.<br><br>Required if Previous Date Of Fill<br>(530-FU) is used.     |
| 532-FW  | DATABASE INDICATOR                                                 |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |
| 533-FX  | OTHER PRESCRIBER INDICATOR                                         |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |
| 544-FY  | DUR FREE TEXT MESSAGE                                              |                                     |                | <i>Imp Guide:</i> Required if needed to<br>supply additional information for the<br>utilization conflict.                                                                   |

| Response Coordination of Benefits/Other Payers<br>Segment Questions | Check | Claim Billing/Claim Rebill<br>Accepted/Paid (or Duplicate of Paid)<br>If Situational, Payer Situation |
|---------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------|
| This Segment is always sent                                         |       |                                                                                                       |
| This Segment is situational                                         | X     | When other payer information exists                                                                   |

|         | Response Coordination of Benefits/Other Payers Segment<br>Segment Identification (111-AM) = "28" |                     |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)                                                                      |
|---------|--------------------------------------------------------------------------------------------------|---------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                                                 | Value               | Payer Usage | Payer Situation                                                                                                                        |
| 355-NT  | OTHER PAYER ID COUNT                                                                             | Maximum count of 3. | M           |                                                                                                                                        |
| 338-5C  | OTHER PAYER COVERAGE TYPE                                                                        | Ø1 = Primary        | M           |                                                                                                                                        |
| 339-6C  | OTHER PAYER ID QUALIFIER                                                                         | Ø3 - BIN            |             | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.                                                                         |
| 34Ø-7C  | OTHER PAYER ID                                                                                   |                     |             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 991-MH  | OTHER PAYER PROCESSOR CONTROL NUMBER                                                             |                     |             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 356-NU  | OTHER PAYER CARDHOLDER ID                                                                        |                     |             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 992-MJ  | OTHER PAYER GROUP ID                                                                             |                     |             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 142-UV  | OTHER PAYER PERSON CODE                                                                          |                     |             | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |

### 3.

### CLAIM BILLING REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------------------|-------|----------------------------------------------------------------------------------------|
| 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                                |
| 102-A2  | VERSION/RELEASE NUMBER              | DØ                       | M           |                                                |
| 103-A3  | TRANSACTION CODE                    | B1                       | M           | Claim Billing                                  |
| 109-A9  | TRANSACTION COUNT                   | Same value as in request | M           |                                                |
| 501-F1  | HEADER RESPONSE STATUS              | R = Rejected             | M           |                                                |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER       | Same value as in request | M           |                                                |
| 201-B1  | SERVICE PROVIDER ID                 | Same value as in request | M           |                                                |
| 401-D1  | DATE OF SERVICE                     | Same value as in request | M           |                                                |

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

|         | Response Message Segment Segment Identification (111-AM) = “2Ø” |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)         |
|---------|-----------------------------------------------------------------|-------|-------------|---------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                | Value | Payer Usage | Payer Situation                                                           |
| 504-F4  | MESSAGE                                                         |       |             | <i>Imp Guide:</i> Required if text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|----------------------------------------------------------------------------------------|
| This Segment is always sent       | X     |                                                                                        |

|         | Response Status Segment 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           |                                                                                                      |
| 510-FA  | REJECT COUNT                                                   | Maximum count of 5. | R           |                                                                                                      |
| 511-FB  | REJECT CODE                                                    |                     | R           |                                                                                                      |
| 546-4F  | REJECT FIELD OCCURRENCE INDICATOR                              |                     | RW          | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION COUNT                           | Maximum count of 9. | RW          | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.                       |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION QUALIFIER                       |                     | RW          | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.                       |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                                 |                     | RW          | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.               |

| Response Insurance Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br>If Situational, <i>Payer Situation</i> |
|---------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------|
| This Segment is always sent                 | X     |                                                                                                           |

|         | Response Insurance Segment<br>Segment Identification (111-AM) = "25" |       |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of<br>Paid)                                                                                                                                                                                                                                                  |
|---------|----------------------------------------------------------------------|-------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                     | Value | Payer<br>Usage | Payer Situation                                                                                                                                                                                                                                                                                                          |
| 524-FO  | PLAN ID                                                              |       |                | <p><i>Imp Guide:</i> Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available.</p> <p>Required to identify the actual plan ID that was used when multiple group coverages exist.</p> <p>Required if needed to contain the actual plan ID if unknown to the receiver.</p> |

## 4.

## CLAIM REVERSAL REQUEST

### GENERAL INFORMATION

|                                                |                         |                        |
|------------------------------------------------|-------------------------|------------------------|
| Payer Name: <b>TrueCare Pharmacy</b>           | Date: <b>04/01/2023</b> |                        |
| Plan Name/Group Name: <b>TrueCare Pharmacy</b> | BIN: <b>011131</b>      | PCN: <b>Blank fill</b> |

### FIELD LEGEND FOR COLUMNS

| Payer Usage Column    | Value     | Explanation                                                                                                      | Payer Situation Column |
|-----------------------|-----------|------------------------------------------------------------------------------------------------------------------|------------------------|
| MANDATORY             | <b>M</b>  | The Field is mandatory for the Segment in the designated Transaction.                                            | No                     |
| REQUIRED              | <b>R</b>  | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.    | No                     |
| QUALIFIED REQUIREMENT | <b>RW</b> | "Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y"). | Yes                    |

| Question                                                                                                           | Answer         |
|--------------------------------------------------------------------------------------------------------------------|----------------|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | <b>90 days</b> |

### CLAIM REVERSAL TRANSACTION

| Transaction Header Segment Questions                                                                   | Check    | Claim Reversal<br>If Situational, <i>Payer Situation</i> |
|--------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| This Segment is always sent                                                                            | <b>X</b> |                                                          |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued      |          |                                                          |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued |          |                                                          |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used          | <b>X</b> |                                                          |

| Field # | Transaction Header Segment<br>NCPDP Field Name | Value                            | Payer Usage | Claim Reversal<br>Payer Situation |
|---------|------------------------------------------------|----------------------------------|-------------|-----------------------------------|
| 101-A1  | BIN NUMBER                                     | <b>TrueCare Pharmacy</b>         | M           | <b>BIN for plan</b>               |
| 102-A2  | VERSION/RELEASE NUMBER                         | D0                               | M           |                                   |
| 103-A3  | TRANSACTION CODE                               | B2                               | M           | Claim Reversal                    |
| 104-A4  | PROCESSOR CONTROL NUMBER                       | <b>Blank fill</b>                | M           | <b>Blank fill</b>                 |
| 109-A9  | TRANSACTION COUNT                              | <b>01 – 04</b>                   | M           |                                   |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER                  | <b>01 = National Provider ID</b> | M           |                                   |
| 201-B1  | SERVICE PROVIDER ID                            |                                  | M           |                                   |
| 401-D1  | DATE OF SERVICE                                |                                  | M           |                                   |
| 110-AK  | SOFTWARE VENDOR/CERTIFICATION ID               | <b>Blank fill</b>                | M           | <b>Blank fill</b>                 |

| Claim Segment Questions     | Check    | Claim Reversal<br>If Situational, <i>Payer Situation</i> |
|-----------------------------|----------|----------------------------------------------------------|
| This Segment is always sent | <b>X</b> |                                                          |

| Field # | Claim Segment<br>Segment Identification (111-AM) = "07" | Value                                                                      | Payer Usage | Claim Reversal<br>Payer Situation                                                                                                                       |
|---------|---------------------------------------------------------|----------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER         | 01 = Rx Billing                                                            | M           | <i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE NUMBER                   |                                                                            | M           |                                                                                                                                                         |
| 436-E1  | PRODUCT/SERVICE ID QUALIFIER                            | <b>01 = Universal Product Code (UPC)<br/>03 = National Drug Code (NDC)</b> | M           |                                                                                                                                                         |
| 407-D7  | PRODUCT/SERVICE ID                                      |                                                                            | M           |                                                                                                                                                         |
| 03-D3   | FILL NUMBER                                             |                                                                            | M           |                                                                                                                                                         |

## 5.

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

## GENERAL INFORMATION

|                                                |                         |                        |
|------------------------------------------------|-------------------------|------------------------|
| Payer Name: <b>TrueCare Pharmacy</b>           | Date: <b>07/01/2020</b> |                        |
| Plan Name/Group Name: <b>TrueCare Pharmacy</b> | BIN: <b>011131</b>      | PCN: <b>Blank fill</b> |

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

| Response Transaction Header Segment Questions | Check    | Claim Reversal – Accepted/Approved<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------------------|----------|------------------------------------------------------------------------------|
| This Segment is always sent                   | <b>X</b> |                                                                              |

|         | Response Transaction Header Segment |                          |             | Claim Reversal – Accepted/Approved |
|---------|-------------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name                    | Value                    | Payer Usage | Payer Situation                    |
| 102-A2  | VERSION/RELEASE NUMBER              | DØ                       | M           |                                    |
| 103-A3  | TRANSACTION CODE                    | B2                       | M           | Claim Reversal                     |
| 109-A9  | TRANSACTION COUNT                   | Same value as in request | M           |                                    |
| 501-F1  | HEADER RESPONSE STATUS              | A = Accepted             | M           |                                    |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER       | Same value as in request | M           |                                    |
| 201-B1  | SERVICE PROVIDER ID                 | Same value as in request | M           |                                    |
| 401-D1  | DATE OF SERVICE                     | Same value as in request | M           |                                    |

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

|         | Response Message Segment Segment Identification (111-AM) = “2Ø” |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)                                                                            |
|---------|-----------------------------------------------------------------|-------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                | Value | Payer Usage | Payer Situation                                                                                                                              |
| 504-F4  | MESSAGE                                                         |       | RW          | <i>Imp Guide:</i> Required if text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> (any unique payer requirement(s)) |

| Response Status Segment Questions | Check    | Claim Reversal – Accepted/Approved<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|----------|------------------------------------------------------------------------------|
| This Segment is always sent       | <b>X</b> |                                                                              |

|         | Response Status Segment 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<br>S = Duplicate of Approved | M           |                                                                                                                                                        |
| 503-F3  | AUTHORIZATION NUMBER                                           |                                           | RW          | <i>Imp Guide:</i> Required if needed to identify the transaction.<br><br><i>Payer Requirement:</i> Will contain the trace back number of the reversal. |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                                 |                                           | RW          | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned.              |

| Response Claim Segment Questions | Check    | Claim Reversal – Accepted/Approved<br>If Situational, <i>Payer Situation</i> |
|----------------------------------|----------|------------------------------------------------------------------------------|
| This Segment is always sent      | <b>X</b> |                                                                              |

|                | <b>Response Claim Segment<br/>Segment Identification (111-AM) = "22"</b> |               |                        | <b>Claim Reversal –<br/>Accepted/Approved</b>                                                                                                                                 |
|----------------|--------------------------------------------------------------------------|---------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i>                                                  | <i>Value</i>  | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>                                                                                                                                                        |
| 455-EM         | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER QUALIFIER                       | 1 = RxBilling | M                      | <i>Imp Guide:</i> For Transaction Code of<br>"B2", in the Response Claim<br>Segment, the Prescription/Service<br>Reference Number Qualifier (455-<br>EM) is "1" (Rx Billing). |
| 402-D2         | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER                                 |               | M                      |                                                                                                                                                                               |

## 6.

## CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

## CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

| Transaction Header Segment Questions | Check | Claim Reversal - Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|--------------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent          | X     |                                                                              |

|         | Transaction Header Segment    |                                                       |                | Claim Reversal –<br>Accepted/Rejected |
|---------|-------------------------------|-------------------------------------------------------|----------------|---------------------------------------|
| Field # | NCPDP Field Name              | Value                                                 | Payer<br>Usage | Payer Situation                       |
| 102-A2  | VERSION/RELEASE NUMBER        | DØ                                                    | M              |                                       |
| 103-A3  | TRANSACTION CODE              | B2                                                    | M              | Claim Reversal                        |
| 109-A9  | TRANSACTION COUNT             | Same value as in request                              | M              |                                       |
| 501-F1  | HEADER RESPONSE STATUS        | A = Accepted                                          | M              |                                       |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER | Same value as in request<br>Ø1 = National Provider ID | M              |                                       |
| 201-B1  | SERVICE PROVIDER ID           | Same value as in request                              | M              |                                       |
| 401-D1  | DATE OF SERVICE               | Same value as in request                              | M              |                                       |

| Response Message Segment Questions | Check | Claim Reversal - Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent        |       |                                                                              |
| This Segment is situational        | X     | Will be returned on rejected claims when the error is at transmission-level. |

|         | Response Message Segment<br>Segment Identification (111-AM) = “2Ø” |       |                | Claim Reversal –<br>Accepted/Rejected                                                                                                                 |
|---------|--------------------------------------------------------------------|-------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value | Payer<br>Usage | Payer Situation                                                                                                                                       |
| 504-F4  | MESSAGE                                                            |       | RW             | Imp Guide: Required if text is needed for clarification or detail.<br><br>Payer Requirement: Will be returned when text information needs to be sent. |

| Response Status Segment Questions | Check | Claim Reversal - Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent       | X     |                                                                              |

|         | Response Status Segment<br>Segment Identification (111-AM) = “21” |                     |                | Claim Reversal –<br>Accepted/Rejected                                                                                       |
|---------|-------------------------------------------------------------------|---------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                  | Value               | Payer<br>Usage | Payer Situation                                                                                                             |
| 112-AN  | TRANSACTION RESPONSE STATUS                                       | R = Reject          | M              |                                                                                                                             |
| 510-FA  | REJECT COUNT                                                      | Maximum count of 5. | R              |                                                                                                                             |
| 511-FB  | REJECT CODE                                                       | NCPDP Reject Codes  | R              |                                                                                                                             |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                                    |                     | RW             | Imp Guide: Required when additional text is needed for clarification or detail.<br><br>Payer Requirement: Will be returned. |

| Response Claim Segment Questions | Check | Claim Reversal - Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|----------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent      | X     |                                                                              |

|         | Response Claim Segment<br>Segment Identification (111-AM) = “22” |               |                | Claim Reversal –<br>Accepted/Rejected                                                                                                                     |
|---------|------------------------------------------------------------------|---------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                 | Value         | Payer<br>Usage | Payer Situation                                                                                                                                           |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER QUALIFIER               | 1 = RxBilling | M              | Imp Guide: For Transaction Code of “B2”, in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is “1” (Rx Billing). |

|                | <b>Response Claim Segment<br/>Segment Identification (111-AM) = "22"</b> |              |                        | <b>Claim Reversal –<br/>Accepted/Rejected</b> |
|----------------|--------------------------------------------------------------------------|--------------|------------------------|-----------------------------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i>                                                  | <i>Value</i> | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>                        |
| 402-D2         | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER                                 |              | M                      |                                               |

## 7.

## CLAIM REVERSAL REJECTED/REJECTED RESPONSE

## CLAIM REVERSAL REJECTED/REJECTED RESPONSE

| Transaction Header Segment Questions | Check | Claim Reversal - Rejected/Rejected<br>If Situational, <i>Payer Situation</i> |
|--------------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent          | X     |                                                                              |

|         | Transaction Header Segment    |                          |                | Claim Reversal –<br>Rejected/Rejected |
|---------|-------------------------------|--------------------------|----------------|---------------------------------------|
| Field # | NCPDP Field Name              | Value                    | Payer<br>Usage | Payer Situation                       |
| 102-A2  | VERSION/RELEASE NUMBER        | D0                       | M              |                                       |
| 103-A3  | TRANSACTION CODE              | B2                       | M              | Claim Reversal                        |
| 109-A9  | TRANSACTION COUNT             | Same value as in request | M              |                                       |
| 501-F1  | HEADER RESPONSE STATUS        | R = Rejected             | M              |                                       |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M              |                                       |
| 201-B1  | SERVICE PROVIDER ID           | Same value as in request | M              |                                       |
| 401-D1  | DATE OF SERVICE               | Same value as in request | M              |                                       |

| Response Message Segment Questions | Check | Claim Reversal – Rejected/Rejected<br>If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent        |       |                                                                              |
| This Segment is situational        | X     | Will be returned on rejected claims when the error is at transmission-level. |

|         | Response Message Segment<br>Segment Identification (111-AM) = “20” |       |                | Claim Reversal –<br>Rejected/Rejected                                                                                                                 |
|---------|--------------------------------------------------------------------|-------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                   | Value | Payer<br>Usage | Payer Situation                                                                                                                                       |
| 504-F4  | MESSAGE                                                            |       | RW             | Imp Guide: Required if text is needed for clarification or detail.<br><br>Payer Requirement: Will be returned when text information needs to be sent. |

| Response Status Segment Questions | Check | Claim Reversal - Rejected/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|------------------------------------------------------------------------------|
| This Segment is always sent       | X     |                                                                              |

|         | Response Status Segment<br>Segment Identification (111-AM) = “21” |                                                                                                                                                         |                | Claim Reversal –<br>Rejected/Rejected                                                                                                           |
|---------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                  | Value                                                                                                                                                   | Payer<br>Usage | Payer Situation                                                                                                                                 |
| 112-AN  | TRANSACTION RESPONSE STATUS                                       | R = Reject                                                                                                                                              | M              |                                                                                                                                                 |
| 503-F3  | AUTHORIZATION NUMBER                                              |                                                                                                                                                         | R              |                                                                                                                                                 |
| 510-FA  | REJECT COUNT                                                      | Maximum count of 5.                                                                                                                                     | R              |                                                                                                                                                 |
| 511-FB  | REJECT CODE                                                       | NCPDP Reject Codes                                                                                                                                      | R              |                                                                                                                                                 |
| 546-4F  | REJECT FIELD OCCURRENCE<br>INDICATOR                              |                                                                                                                                                         | RW             | Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.<br><br>Payer Requirement: Same as Imp Guide.      |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION<br>COUNT                           | Maximum count of 25.                                                                                                                                    | RW             | Imp Guide: Required if Additional Message Information (526-FQ) is used.<br><br>Payer Requirement: Maximum count of 2 will be returned.          |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION<br>QUALIFIER                       | 01 = Used for first line of free form text with no pre-defined structure.<br>02 = Used for second line of free form text with no pre-defined structure. | RW             | Imp Guide: Required if Additional Message Information (526-FQ) is used.<br><br>Payer Requirement: Only qualifier values cited will be returned. |

|         | Response Status Segment<br>Segment Identification (111-AM) = "21" |                    |                | Claim Reversal –<br>Rejected/Rejected                                                                                                          |
|---------|-------------------------------------------------------------------|--------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Field # | NCPDP Field Name                                                  | Value              | Payer<br>Usage | Payer Situation                                                                                                                                |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION                                    |                    | RW             | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement:</i> Will be returned.      |
| 549-7F  | HELP DESK PHONE NUMBER QUALIFIER                                  | Ø3 = Processor/PBM | RW             | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.<br><br><i>Payer Requirement:</i> Will be returned.                      |
| 55Ø-8F  | HELP DESK PHONE NUMBER                                            |                    | RW             | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.<br><br><i>Payer Requirement:</i> Will be returned. |