

### NCPDP Version D.0 Payer Sheet

|   |             |   |
|---|-------------|---|
| Payer Name: EpiphanyRx  |             | Date: 01/01/2019  |
| Plan Name/Group Name: ALL PLANS                               | BIN: 020040 | PCN: N/A  |
| Plan Name/Group Name: ALL TEST CLAIMS                         | BIN: 020040 | PCN: N/A  |
| Processor: LAKER/MEDONE                                       |             |   |
| NCPDP Data Dictionary Version Date: Date of Publication       |             | NCPDP Telecommunication Standard Version/Release #: D.0 |
| Contact/Information Source: Shannon Ambrose                   |             | NCPDP External Code List Version Date:                  |
| Certification Testing Window: 01/01/2019 - forward            |             |   |
| Certification Contact Information: Certification Not Required |             |   |
| Provider Relations Help Desk Info: 844-820-3260               |             |   |
| Other versions supported: N/A                                 |             |   |

| Field # | Transaction Header Segment<br>NCPDP Field Name | Value               | Payer Usage | Claim Billing/Claim Rebill<br>Payer Situation |
|---------|--|---------------------|-------------|---|
| 101-A1  | BIN NUMBER                                     | (see above)         | M           |   |
| 102-A2  | VERSION/RELEASENUMBER                          | D0                  | M           |   |
| 103-A3  | TRANSACTION CODE                               | B1, B3              | M           |   |
| 104-A4  | PROCESSOR CONTROL NUMBER                       |                     | M           |   |
| 109-A9  | TRANSACTION COUNT                              | 1                   | M           |   |
| 202-B2  | SERVICE PROVIDER ID QUALIFIER                  | 01                  | M           | NPI ONLY                                      |
| 201-B1  | SERVICE PROVIDER ID                            | 10 digit NPI number | M           |   |
| 401-D1  | DATE OF SERVICE                                |                     | M           |   |
| 110-AK  | SOFTWARE VENDOR/CERTIFICATION ID               |                     | O           |   |

| Field # | Insurance Segment<br>Segment Identification (111-AM) = "04"<br>NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill<br>Payer Situation |
|---------|---|-------|-------------|---|
| 302-C2  | CARDHOLDER ID   |       | M           |   |
| 312-CC  | CARDHOLDER FIRST NAME   |       | M           |   |
| 313-CD  | CARDHOLDER LAST NAME  |       | M           |   |
| 314-CE  | HOME PLAN   |       | O           |   |
| 524-FO  | PLAN ID   |       | O           |   |
| 301-C1  | GROUP ID  |       | M           | Always required. Refer to Member ID Card.     |
| 303-C3  | PERSON CODE   |       | S           | Varies by plan                                |
| 306-C6  | PATIENT RELATIONSHIP CODE   |       | S           | Varies by plan                                |
| 359-2A  | MEDIGAP ID  |       | O           |   |
| 360-2B  | MEDICAID INDICATOR  |       | O           |   |
| 361-2D  | PROVIDER ACCEPT ASSIGNMENT INDICATOR  |       | O           |   |
| 997-G2  | CMS PART D DEFINED QUALIFIED FACILITY   |       | O           |   |
| 115-N5  | MEDICAID ID NUMBER  |       | O           |   |

|        | Patient Segment<br>Segment Identification (111-AM) = "Ø1" |       |                | Claim Billing/Claim Rebill |
|--------|---|-------|----------------|----------------------------|
| Field  | NCPDP Field Name  | Value | Payer<br>Usage | Payer Situation            |
| 331-CX | PATIENT ID QUALIFIER                                      |       | R              |                            |
| 332-CY | PATIENT ID  |       | R              |                            |
| 3Ø4-C4 | DATE OF BIRTH   |       | R              |                            |
| 3Ø5-C5 | PATIENT GENDER CODE                                       |       | R              |                            |
| 31Ø-CA | PATIENT FIRST NAME  |       | R              |                            |
| 311-CB | PATIENT LAST NAME   |       | R              |                            |
| 322-CM | PATIENT STREET ADDRESS                                    |       | O              |                            |
| 323-CN | PATIENT CITY ADDRESS                                      |       | O              |                            |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS                          |       | O              |                            |
| 325-CP | PATIENT ZIP/POSTAL ZONE                                   |       | O              |                            |
| 326-CQ | PATIENT PHONE NUMBER                                      |       | O              |                            |
| 3Ø7-C7 | PLACE OF SERVICE  |       | S              |                            |
| 333-CZ | EMPLOYER ID   |       | O              |                            |
| 384-4X | PATIENT RESIDENCE   |       | O              |                            |

|         | 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              |   |
| 4Ø2-D2  | PRESCRIPTION/SERVICE REFERENCE<br>NUMBER                |                     | M              |   |
| 436-E1  | PRODUCT/SERVICE ID QUALIFIER                            |                     | 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   |                     | R              |   |
| 4Ø8-D8  | DISPENSE AS WRITTEN (DAW)/PRODUCT<br>SELECTION CODE     |                     | R              |   |
| 414-DE  | DATE PRESCRIPTION WRITTEN                               |                     | R              |   |
| 415-DF  | NUMBER OF REFILLS AUTHORIZED                            |                     | O              |   |
| 419-DJ  | PRESCRIPTION ORIGIN CODE                                |                     | RW             | Varies by plan  |
| 354-NX  | SUBMISSION CLARIFICATION CODE<br>COUNT                  | Maximum count of 3. | O              | Required if Submission Clarification Code<br>(42Ø-DK) is used.              |
| 42Ø-DK  | SUBMISSION CLARIFICATION CODE                           |                     | O              |   |
| 3Ø8-C8  | OTHER COVERAGE CODE                                     |                     | RW             | Required for Coordination of Benefits.                                      |
| 453-EJ  | ORIGINALLY PRESCRIBED<br>PRODUCT/SERVICE ID QUALIFIER   |                     | O              | Required if Originally Prescribed<br>Product/Service Code (455-EA) is used. |
| 445-EA  | ORIGINALLY PRESCRIBED<br>PRODUCT/SERVICE CODE           |                     | O              |   |
| 446-EB  | ORIGINALLY PRESCRIBED QUANTITY                          |                     | O              |   |
| 418-DI  | LEVEL OF SERVICE  |                     | O              |   |
| 461-EU  | PRIOR AUTHORIZATION TYPE CODE                           |                     | RW             | Varies by plan  |
| 462-EV  | PRIOR AUTHORIZATION NUMBER<br>SUBMITTED                 |                     | RW             | Varies by plan  |

|         | Claim Segment<br>Segment Identification (111-AM) = "Ø7" |       |             | Claim Billing/Claim Rebill |
|---------|---|-------|-------------|----------------------------|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation            |
| 995-E2  | ROUTE OF ADMINISTRATION                                 |       | O           |                            |
| 996-G1  | COMPOUND TYPE   |       | O           |                            |
| 147-U7  | PHARMACY SERVICE TYPE                                   |       | O           |                            |

|         | Prescriber Segment<br>Segment Identification (111-AM) = "Ø3" |       |             | Claim Billing/Claim Rebill                |
|---------|--|-------|-------------|---|
| Field # | NCPDP Field Name   | Value | Payer Usage | Payer Situation                           |
| 466-EZ  | PRESCRIBER ID QUALIFIER                                      |       | M           |   |
| 411-DB  | PRESCRIBER ID  |       | M           | NPI should be submitted whenever possible |
| 427-DR  | PRESCRIBER LAST NAME   |       | O           |   |
| 498-PM  | PRESCRIBER PHONE NUMBER                                      |       | O           |   |
| 468-2E  | PRIMARY CARE PROVIDER ID QUALIFIER                           |       | O           |   |
| 421-DL  | PRIMARY CARE PROVIDER ID                                     |       | O           |   |
| 47Ø-4E  | PRIMARY CARE PROVIDER LAST NAME                              |       | O           |   |
| 364-2J  | PRESCRIBER FIRST NAME  |       | O           |   |
| 365-2K  | PRESCRIBER STREET ADDRESS                                    |       | O           |   |
| 366-2M  | PRESCRIBER CITY ADDRESS                                      |       | O           |   |
| 367-2N  | PRESCRIBER STATE/PROVINCE ADDRESS                            |       | O           |   |
| 368-2P  | PRESCRIBER ZIP/POSTAL ZONE                                   |       | O           |   |

|         | Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" |                     |             | Claim Billing/Claim Rebill  |
|---------|---|---------------------|-------------|---|
| Field # | NCPDP Field Name  | Value               | Payer Usage | Situational   |
| 337-4C  | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT   | Maximum count of 9. | RM          |   |
| 338-5C  | OTHER PAYER COVERAGE TYPE   |                     | RM          |   |
| 339-6C  | OTHER PAYER ID QUALIFIER  |                     | R           | Required if Other Payer ID (34Ø-7C) is used.  |
| 34Ø-7C  | OTHER PAYER ID  |                     | R           | Required if identification of the Other Payer is necessary for claim/encounter adjudication.  |
| 443-E8  | OTHER PAYER DATE  |                     | R           | 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          | Required if Other Payer Amount Paid Qualifier (342-HC) is used.   |
| 342-HC  | OTHER PAYER AMOUNT PAID QUALIFIER   |                     | RW          | Required if Other Payer Amount Paid (431-DV) is used.   |
| 431-DV  | OTHER PAYER AMOUNT PAID   |                     | M           | 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          | Required if Other Payer Reject Code (472-6E) is used.   |
| 472-6E  | OTHER PAYER REJECT CODE   |                     | RW          | Required when the other payer has denied the payment for the billing, designated with Other   |

|         | Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" |                      |             | Claim Billing/Claim Rebill   |
|---------|---|----------------------|-------------|--|
| Field # | NCPDP Field Name  | Value                | Payer Usage | Situational  |
|         |   |                      |             | Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).                      |
|         | Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" |                      |             | Claim Billing/Claim Rebill   |
| Field # | NCPDP Field Name  | Value                | Payer Usage | Scenario 2- Other Payer-Patient Responsibility Amount Repetitions<br>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  |                      | O           | Imp Guide: Required if Other Payer ID (34Ø-7C) is used.                                      |
| 34Ø-7C  | OTHER PAYER ID  |                      | O           |  |
| 443-E8  | OTHER PAYER DATE  |                      | O           |  |
| 353-NR  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT   | Maximum count of 25. | O           | Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER                                       |                      | O           | Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.           |
| 352-NQ  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT   |                      | O           | Imp Guide: Required if necessary for patient financial responsibility only billing.          |

|         | Pricing Segment<br>Segment Identification (111-AM) = "11" |                     |             | Claim Billing/Claim Rebill  |
|---------|---|---------------------|-------------|---|
| Field # | NCPDP Field Name  | Value               | Payer Usage | This segment is always sent   |
| 4Ø9-D9  | INGREDIENT COST SUBMITTED                                 |                     | R           |   |
| 412-DC  | DISPENSING FEE SUBMITTED                                  |                     | R           |   |
| 433-DX  | PATIENT PAID AMOUNT SUBMITTED                             |                     | O           |   |
| 438-E3  | INCENTIVE AMOUNT SUBMITTED                                |                     | O           |   |
| 478-H7  | OTHER AMOUNT CLAIMED SUBMITTED COUNT                      | Maximum count of 3. | S           | Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.  |
| 479-H8  | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER                  |                     | S           | Required if Other Amount Claimed Submitted (48Ø-H9) is used.  |
| 48Ø-H9  | OTHER AMOUNT CLAIMED SUBMITTED                            |                     | O           |   |
| 481-HA  | FLAT SALES TAX AMOUNT SUBMITTED                           |                     | O           |   |
| 482-GE  | PERCENTAGE SALES TAX AMOUNT SUBMITTED                     |                     | O           |   |
| 483-HE  | PERCENTAGE SALES TAX RATE SUBMITTED                       |                     | S           | Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. |
| 484-JE  | PERCENTAGE SALES TAX BASIS SUBMITTED                      |                     | S           | Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.  |
| 426-DQ  | USUAL AND CUSTOMARY CHARGE                                |                     | R           |   |

|         | Pricing Segment<br>Segment Identification (111-AM) = "11" |       |             | Claim Billing/Claim Rebill   |
|---------|---|-------|-------------|--|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation  |
| 430-DU  | GROSS AMOUNT DUE  |       | R           |  |
| 423-DN  | BASIS OF COST DETERMINATION                               |       | R           | Imp Guide: Required if needed for receiver claim/encounter adjudication. |

|         | Compound Segment<br>Segment Identification (111-AM) = "10" | Optional Segment<br>Required for Compounds |             | Claim Billing/Claim Rebill  |
|---------|--|--|-------------|---|
| Field # | NCPDP Field Name   | Value                                      | Payer Usage | Payer Situation   |
| 450-EF  | COMPOUND DOSAGE FORM DESCRIPTION CODE                      |  | RW          | Required when compound is being submitted.  |
| 451-EG  | COMPOUND DISPENSING UNIT FORM INDICATOR                    |  | RW          |   |
| 447-EC  | COMPOUND INGREDIENT COMPONENT COUNT                        | Maximum 25 ingredients                     | RW          |   |
| 488-RE  | COMPOUND PRODUCT ID QUALIFIER                              |  | RW          |   |
| 489-TE  | COMPOUND PRODUCT ID  |  | RW          |   |
| 448-ED  | COMPOUND INGREDIENT QUANTITY                               |  | RW          |   |
| 449-EE  | COMPOUND INGREDIENT DRUG COST                              |  | RW          | Required if needed for receiver claim determination when multiple products are billed.            |
| 490-UE  | COMPOUND INGREDIENT BASIS OF COST DETERMINATION            |  | RW          | Imp Guide: Required if needed for receiver claim determination when multiple products are billed. |
| 362-2G  | COMPOUND INGREDIENT MODIFIER CODE COUNT                    | Maximum count of 10.                       | O           | Imp Guide: Required when Compound Ingredient Modifier Code (363-2H) is sent.                      |
| 363-2H  | COMPOUND INGREDIENT MODIFIER CODE                          |  | O           |   |

|         | Clinical Segment<br>Segment Identification (111-AM) = "13" |                     |             | Claim Billing/Claim Rebill   |
|---------|--|---------------------|-------------|--|
| Field # | NCPDP Field Name   | Value               | Payer Usage | Payer Situation  |
| 491-VE  | DIAGNOSIS CODE COUNT                                       | Maximum count of 5. | O           | Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE  | DIAGNOSIS CODE QUALIFIER                                   |                     | O           | Imp Guide: Required if Diagnosis Code (424-DO) is used.  |
| 424-DO  | DIAGNOSIS CODE   |                     | O           |  |

|         | Clinical Segment<br>Segment Identification (111-AM) = "13" |                     |             | Claim Billing/Claim Rebill   |
|---------|--|---------------------|-------------|--|
| Field # | NCPDP Field Name   | Value               | Payer Usage | Payer Situation  |
| 491-VE  | DIAGNOSIS CODE COUNT                                       | Maximum count of 5. | O           | Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE  | DIAGNOSIS CODE QUALIFIER                                   |                     | O           | Imp Guide: Required if Diagnosis Code (424-DO) is used.  |
| 424-DO  | DIAGNOSIS CODE   |                     | O           |  |

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

| 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        | DØ                       | M           |   |
| 103-A3                              | TRANSACTION CODE              | B1, B3                   | M           |   |
| 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 Segment<br>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          |       | S           | Imp Guide: Required if text is needed for clarification or detail. |

| Response Insurance Segment<br>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         |       | R           |  |
| 524-FO   | PLAN ID          |       | S           | Part-D Commercial  |
| 302-C2   | CARDHOLDER ID    |       | S           | Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request. |

| Response Patient Segment<br>Segment Identification (111-AM) = “29” |                    |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|--|--------------------|-------|-------------|---|
| Field #  | NCPDP Field Name   | Value | Payer Usage | Payer Situation   |
| 310-CA   | PATIENT FIRST NAME |       | O           |   |
| 311-CB   | PATIENT LAST NAME  |       | O           |   |
| 304-C4   | DATE OF BIRTH      |       | O           |   |

| Response Status Segment<br>Segment Identification (111-AM) = “21” |   |                               |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---|---|-------------------------------|-------------|---|
| Field #   | NCPDP Field Name                          | Value                         | Payer Usage | Payer Situation   |
| 112-AN  | TRANSACTION RESPONSE STATUS               | P=Paid<br>D=Duplicate of Paid | M           |   |
| 503-F3  | AUTHORIZATION NUMBER                      |                               | R           |   |
| 547-5F  | APPROVED MESSAGE CODE COUNT               | Maximum count of 5.           | S           |   |
| 548-6F  | APPROVED MESSAGE CODE                     |                               | S           |   |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION COUNT      | Maximum count of 25.          | O           |   |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION QUALIFIER  |                               | O           |   |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION            |                               | O           |   |
| 131-UG  | ADDITIONAL MESSAGE INFORMATION CONTINUITY |                               | O           |   |

|         | Response Claim Segment<br>Segment Identification (111-AM) = "22" |                     |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of Paid)  |
|---------|--|---------------------|----------------|---|
| Field # | NCPDP Field Name   | Value               | Payer<br>Usage | Payer Situation   |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER                  | 1 = RxBilling       | M              | Imp Guide: For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE NUMBER                            |                     | M              |   |
| 551-9F  | PREFERRED PRODUCT COUNT  | Maximum count of 6. | S              | Future capabilities   |
| 552-AP  | PREFERRED PRODUCT ID QUALIFIER                                   |                     | S              | Future capabilities   |
| 553-AR  | PREFERRED PRODUCT ID   |                     | S              | Future capabilities   |
| 554-AS  | PREFERRED PRODUCT INCENTIVE                                      |                     | S              | Future capabilities   |
| 555-AT  | PREFERRED PRODUCT COST SHARE INCENTIVE                           |                     | S              | Future capabilities   |
| 556-AU  | PREFERRED PRODUCT DESCRIPTION                                    |                     | S              | Future capabilities   |

|         | Response Pricing Segment<br>Segment Identification (111-AM) = "23" |                     |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of 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  |                     | R              |   |
| 558-AW  | FLAT SALES TAX AMOUNT PAID   |                     | S              |   |
| 559-AX  | PERCENTAGE SALES TAX AMOUNT PAID                                   |                     | S              |   |
| 560-AY  | PERCENTAGE SALES TAX RATE PAID                                     |                     | S              | Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).  |
| 561-AZ  | PERCENTAGE SALES TAX BASIS PAID                                    |                     | O              | Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).  |
| 521-FL  | INCENTIVE AMOUNT PAID  |                     | S              | Required if Incentive Amount Submitted (438-E3) is greater than zero (0).   |
| 563-J2  | OTHER AMOUNT PAID COUNT  | Maximum count of 3. | S              | Imp Guide: Required if Other Amount Paid (565-J4) is used.  |
| 564-J3  | OTHER AMOUNT PAID QUALIFIER  |                     | S              | Imp Guide: Required if Other Amount Paid (565-J4) is used.  |
| 565-J4  | OTHER AMOUNT PAID  |                     | S              | Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).   |
| 566-J5  | OTHER PAYER AMOUNT RECOGNIZED                                      |                     | S              | Required if Other Payer Amount Paid (431-DV) is greater than zero (0) and Coordination of Benefits/Other Payments Segment is supported.   |
| 509-F9  | TOTAL AMOUNT PAID  |                     | R              |   |
| 522-FM  | BASIS OF REIMBURSEMENT DETERMINATION                               |                     | S              | Required if Basis of Cost Determination (432-DN) is submitted on billing.   |
| 523-FN  | AMOUNT ATTRIBUTED TO SALES TAX                                     |                     | S              | Imp Guide: Required if Patient Pay Amount (505-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. |
| 512-FC  | ACCUMULATED DEDUCTIBLE AMOUNT                                      |                     | S              |   |
| 513-FD  | REMAINING DEDUCTIBLE AMOUNT  |                     | S              |   |
| 514-FE  | REMAINING BENEFIT AMOUNT   |                     | S              |   |
| 517-FH  | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE                              |                     | S              |   |
| 518-FI  | AMOUNT OF COPAY  |                     | S              |   |
| 520-FK  | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM                          |                     | S              |   |
| 572-4U  | AMOUNT OF COINSURANCE  |                     | S              |   |
| 392-MU  | BENEFIT STAGE COUNT  | Maximum count of 4. | S              | Imp Guide: Required if Benefit Stage Amount (394-MW) is used.   |

|         | Response Pricing Segment<br>Segment Identification (111-AM) = "23"                   |       |                | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of Paid)   |
|---------|--|-------|----------------|--|
| Field # | NCPDP Field Name   | Value | Payer<br>Usage | Payer Situation  |
| 393-MV  | BENEFIT STAGE QUALIFIER  |       | S              | Imp Guide: Required if Benefit Stage Amount (394-MW) is used.  |
| 394-MW  | BENEFIT STAGE AMOUNT   |       | S              | Imp Guide: Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.<br><br>Required if necessary for state/federal/regulatory agency programs. |
| 577-G3  | ESTIMATEDGENERICSAVINGS  |       | S              |  |
| 128-UC  | SPENDING ACCOUNT AMOUNT<br>REMAINING   |       | S              |  |
| 133-UJ  | AMOUNT ATTRIBUTED TO PROVIDER<br>NETWORK SELECTION                                   |       | S              |  |
| 134-UK  | AMOUNT ATTRIBUTED TO PRODUCT<br>SELECTION/BRAND DRUG                                 |       | S              |  |
| 135-UM  | AMOUNT ATTRIBUTED TO PRODUCT<br>SELECTION/NON-PREFERRED<br>FORMULARY SELECTION       |       | S              |  |
| 136-UN  | AMOUNT ATTRIBUTED TO PRODUCT<br>SELECTION/BRAND NON-PREFERRED<br>FORMULARY SELECTION |       | S              |  |
| 137-UP  | AMOUNT ATTRIBUTED TO COVERAGE<br>GAP   |       | S              |  |

|         | Response DUR/PPS Segment<br>Segment Identification (111-AM) = "24" | Situation Segment                   |                | Claim Billing/Claim Rebill – Accepted/Paid<br>(or Duplicate of Paid) |
|---------|--|-------------------------------------|----------------|--|
| Field # | NCPDP Field Name   | Value                               | Payer<br>Usage | Payer Situation  |
| 567-J6  | DUR/PPS RESPONSE CODE COUNTER                                      | Maximum 9 occurrences<br>supported. | S              |  |
| 439-E4  | REASON FOR SERVICE CODE  |                                     | S              |  |
| 528-FS  | CLINICAL SIGNIFICANCE CODE   |                                     | S              |  |
| 529-FT  | OTHER PHARMACY INDICATOR   |                                     | S              |  |
| 530-FU  | PREVIOUS DATE OF FILL  |                                     | S              |  |
| 531-FV  | QUANTITY OF PREVIOUS FILL  |                                     | S              |  |
| 532-FW  | DATABASE INDICATOR   |                                     | S              |  |
| 533-FX  | OTHER PRESCRIBER INDICATOR   |                                     | S              |  |
| 544-FY  | DUR FREE TEXT MESSAGE  |                                     | S              |  |
| 570-NS  | DUR ADDITIONAL TEXT  |                                     | S              |  |

|         | Response Coordination of<br>Benefits/Other Payers Segment<br>Segment Identification (111-AM) = "28" | Situation Segment   |                | Claim Billing/Claim Rebill – Accepted/Paid<br>(or Duplicate of Paid) |
|---------|---|---------------------|----------------|--|
| Field # | NCPDP Field Name  | Value               | Payer<br>Usage | Payer Situation  |
| 355-NT  | OTHER PAYER ID COUNT  | Maximum count of 3. | M              |  |
| 338-5C  | OTHER PAYER COVERAGE TYPE   |                     | M              |  |
| 339-6C  | OTHER PAYER ID QUALIFIER  |                     | S              |  |
| 340-7C  | OTHER PAYER ID  |                     | O              |  |
| 991-MH  | OTHER PAYER PROCESSOR CONTROL<br>NUMBER   |                     | O              |  |
| 356-NU  | OTHER PAYER CARDHOLDER ID   |                     | O              |  |
| 992-MJ  | OTHER PAYER GROUP ID  |                     | O              |  |
| 142-UV  | OTHER PAYER PERSON CODE   |                     | O              |  |



|         | Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28" | Situation Segment |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---------|---|-------------------|-------------|---|
| Field # | NCPDP Field Name  | Value             | Payer Usage | Payer Situation   |
| 127-UB  | OTHER PAYER HELP DESK PHONE NUMBER  |                   | O           |   |
| 143-UW  | OTHER PAYER PATIENT RELATIONSHIP CODE   |                   | O           |   |
| 144-UX  | OTHER PAYER BENEFIT EFFECTIVE DATE  |                   | O           |   |
| 145-UY  | OTHER PAYER BENEFIT TERMINATION DATE  |                   | O           |   |

|         | Response Claim Segment Identification (111-AM) = "22" |               |             | Claim Reversal – Accepted/Rejected  |
|---------|---|---------------|-------------|---|
| Field # | NCPDP Field Name                                      | Value         | Payer Usage | Payer Situation   |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE 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). |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE NUMBER                 |               | M           |   |