

NCPDP Version D.0 Payer Sheet

Payer Name: <b>Archimedes</b>		Date: <b>9/1/2021</b>
<b>Plan/Group Name</b>	<b>BIN</b>	<b>PCN</b>
WHIRLPOOL CORPORATION	020040	WHRL
3M	020040	AE7271
PITNEY BOWES	020040	ARCH
BIG LOTS	023491	BGLT
CHART INDUSTRIES	023491	CHAR
ONEAMERICA	023491	ONEAM
HCS	023491	HCS1
HERC	023491	HERC
PURDUE UNIVERSITY	023491	PRDU
GOODYEAR	023491	GOODYR
WAYNE FARMS	023491	WAFWA
PARETOHEALTH	023491	PARE
Processor: Archimedes		
NCPDP Data Dictionary Version Date: Date of Publication		NCPDP External Code List Version Date:
Contact/Information Source: Shannon Ambrose		
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 NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill 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 Segment Identification (111-AM) = "04"	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill 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 Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer 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	PATIENTPHONE NUMBER		O	
3Ø7-C7	PLACE OF SERVICE		S	
333-CZ	EMPLOYER ID		O	
384-4X	PATIENT RESIDENCE		O	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE 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 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 COUNT	Maximum count of 3.	O	Required if Submission Clarification Code (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 PRODUCT/SERVICE ID QUALIFIER		O	Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED 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 SUBMITTED		RW	Varies by plan

	Claim Segment 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 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	01-NPI
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 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.  Not used for patient financial responsibility only billing.  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 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 Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Scenario 2- Other Payer-Patient Responsibility Amount Repetitions 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 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 Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	This segment is always sent
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	Imp Guide: Required if needed for receiver claim/encounter adjudication.

	Compound Segment Segment Identification (111-AM) = "1Ø"	Optional Segment Required for Compounds		Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-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.
49Ø-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 1Ø.	O	Imp Guide: Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		O	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	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 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/RELEASENUMBER	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 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 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 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 Segment Identification (111-AM) = “21”				Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
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 Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	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 Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer 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 (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID		O	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID		S	Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
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 (Ø).
566-J5	OTHER PAYER AMOUNT RECOGNIZED		S	Required if Other Payer Amount Paid (431- DV) is greater than zero (Ø) 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 Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer 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.  Required if necessary for state/federal/regulatory agency programs.
577-G3	ESTIMATEDGENERICSAVINGS		S	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		S	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		S	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		S	
135-UM	AMOUNTATTRIBUTEDTOPRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		S	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		S	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		S	

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"	Situation Segment		Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences 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 Benefits/Other Payers Segment 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
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 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 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 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	