

**TrueScripts Management Services
NCPDP Version D.0
Payer Sheet**

GENERAL INFORMATION

Payer Name: TrueScripts Management Services, LLC	Date: October 1, 2025	
Plan Name/Group Name:	BIN:	PCN:
Various	025862	TSAC
Processor: Cervey LLC.		
Effective as of: 10/01/2025	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: Oct 2012	NCPDP External Code List Version Date: Oct 2012	
Contact/Information Source: www.TrueScripts.com		
Certification Testing Window: Not Required		
Certification Contact Information: PharmacySupport@TrueScripts.com		
Provider Relations Help Desk Info: 844-257-1955		
Other versions supported: N/A		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B2	Claim Reversal
B1	Billing

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage.	
SITUATIONAL	S	The Field has been designated situational.	
OPTIONAL	O	The Field has been designated as optional and is not required.	

Fields that are not used in the Claim Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTION

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

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

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
101-A1	BIN NUMBER	025862	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	TSAC	M	
109-A9	TRANSACTION COUNT	01-04	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01=National Provider ID	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Filled	M	

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

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	04	M	
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		M	
309-C9	ELIGIBILITY CLARIFICATION CODE		S	
301-C1	GROUP ID		M	
303-C3	PERSON CODE		R	
306-C6	PATIENT RELATIONSHIP CODE		O	
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 Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

Field	Patient Segment Segment Identification (111-AM) = "01"	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
111-AM	Segment Identification	01	M	
331-CX	PATIENT ID QUALIFIER		O	
332-CY	PATIENT ID		O	
304-C4	DATE OF BIRTH		R	

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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		O	
333-CZ	EMPLOYER ID		O	
335-2C	PREGNANCY INDICATOR		O	
35Ø-HN	PATIENT E-MAIL ADDRESS		O	
384-4X	PATIENT RESIDENCE		O	

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		O	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		O	
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	O	
459-ER	PROCEDURE MODIFIER CODE		O	
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			
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	R	
42Ø-DK	SUBMISSION CLARIFICATION CODE		R	
460-ET	QUANTITY PRESCRIBED		RW	Required with Schedule II Controlled Medications
3Ø8-C8	OTHER COVERAGE CODE		S	
429-DT	SPECIAL PACKAGING INDICATOR		O	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		O	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		O	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		O	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
6ØØ-28	UNIT OF MEASURE		O	
418-DI	LEVEL OF SERVICE		O	
461-EU	PRIOR AUTHORIZATION TYPE CODE		S	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		S	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		O	
464-EX	INTERMEDIARY AUTHORIZATION ID		O	
343-HD	DISPENSING STATUS		O	
344-HF	QUANTITY INTENDED TO BE DISPENSED		O	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		O	
357-NV	DELAY REASON CODE		O	
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		O	
995-E2	ROUTE OF ADMINISTRATION		O	
996-G1	COMPOUND TYPE		S	
147-U7	PHARMACY SERVICE TYPE		O	

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	11	R	
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		S	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	O	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		O	
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		O	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	If Sales Tax is Required
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	If Sales Tax is Required
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	If Sales Tax is Required
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	If Sales Tax is Required
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		O	

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	Ø2	R	

	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER	01=National Provider ID	M	
444-E9	PROVIDER ID		M	

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	03	R	
466-EZ	PRESCRIBER ID QUALIFIER	01=National Provider ID	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
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 Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	05	R	
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		M	
34Ø-7C	OTHER PAYER ID		M	
443-E8	OTHER PAYER DATE		M	
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	M	
472-6E	OTHER PAYER REJECT CODE		M	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	M	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		M	

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		M	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	O	
393-MV	BENEFIT STAGE QUALIFIER		O	
394-MW	BENEFIT STAGE AMOUNT		O	

Workers' Compensation Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	S	

	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	06	R	
434-DY	DATE OF INJURY		M	
315-CF	EMPLOYER NAME		M	
316-CG	EMPLOYER STREET ADDRESS		M	
317-CH	EMPLOYER CITY ADDRESS		M	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS		M	
319-CJ	EMPLOYER ZIP/POSTAL ZONE		M	
32Ø-CK	EMPLOYER PHONE NUMBER		M	
321-CL	EMPLOYER CONTACT NAME		M	
327-CR	CARRIER ID		O	
435-DZ	CLAIM/REFERENCE ID		O	
117-TR	BILLING ENTITY TYPE INDICATOR		R	
118-TS	PAY TO QUALIFIER		M	
119-TT	PAY TO ID		M	
12Ø-TU	PAY TO NAME		M	
121-TV	PAY TO STREET ADDRESS		M	
122-TW	PAY TO CITY ADDRESS		M	
123-TX	PAY TO STATE/PROVINCE ADDRESS		M	
124-TY	PAY TO ZIP/POSTAL ZONE		M	
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER		O	
126-UA	GENERIC EQUIVALENT PRODUCT ID		O	

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	08	R	
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	O	
439-E4	REASON FOR SERVICE CODE		O	
44Ø-E5	PROFESSIONAL SERVICE CODE		O	
441-E6	RESULT OF SERVICE CODE		O	
474-8E	DUR/PPS LEVEL OF EFFORT		O	

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
475-J9	DUR CO-AGENT ID QUALIFIER		O	
476-H6	DUR CO-AGENT ID		O	

Coupon Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Coupon Segment Segment Identification (111-AM) = "09"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	09	R	
485-KE	COUPON TYPE		M	
486-ME	COUPON NUMBER		M	
487-NE	COUPON VALUE AMOUNT		R	

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	10	R	
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 10.	R	
363-2H	COMPOUND INGREDIENT MODIFIER CODE		R	

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	13	R	
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	O	
492-WE	DIAGNOSIS CODE QUALIFIER		O	
424-DO	DIAGNOSIS CODE		O	
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	O	
494-ZE	MEASUREMENT DATE		O	
495-H1	MEASUREMENT TIME		O	
496-H2	MEASUREMENT DIMENSION		O	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
497-H3	MEASUREMENT UNIT		O	
499-H4	MEASUREMENT VALUE		O	

Additional Documentation Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Additional Documentation Segment Segment Identification (111-AM) = "14"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	14	R	
369-2Q	ADDITIONAL DOCUMENTATION TYPE ID		M	
374-2V	REQUEST PERIOD BEGIN DATE		O	
375-2W	REQUEST PERIOD RECERT/REVISED DATE		O	
373-2U	REQUEST STATUS		O	
371-2S	LENGTH OF NEED QUALIFIER		O	
370-2R	LENGTH OF NEED		O	
372-2T	PRESCRIBER/SUPPLIER DATE SIGNED		O	
376-2X	SUPPORTING DOCUMENTATION		O	
377-2Z	QUESTION NUMBER/LETTER COUNT	Maximum count of 50.	O	
378-4B	QUESTION NUMBER/LETTER		O	
379-4D	QUESTION PERCENT RESPONSE		O	
380-4G	QUESTION DATE RESPONSE		O	
381-4H	QUESTION DOLLAR AMOUNT RESPONSE		O	
382-4J	QUESTION NUMERIC RESPONSE		O	
383-4K	QUESTION ALPHANUMERIC RESPONSE		O	

Facility Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Facility Segment Segment Identification (111-AM) = "15"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	15	R	
336-8C	FACILITY ID		O	
385-3Q	FACILITY NAME		O	
386-3U	FACILITY STREET ADDRESS		O	
388-5J	FACILITY CITY ADDRESS		O	
387-3V	FACILITY STATE/PROVINCE ADDRESS		O	
389-6D	FACILITY ZIP/POSTAL ZONE		O	

Narrative Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Narrative Segment Segment Identification (111-AM) = "16"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	16	R	
390-BM	NARRATIVE MESSAGE		O	

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template****

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

CLAIM REVERSAL TRANSACTION

Transaction Header Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
1Ø1-A1	BIN NUMBER	025862	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	TSAC	M	
1Ø9-A9	TRANSACTION COUNT	01	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01=National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	

Insurance Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Claim Reversal Payer Situation
111-AM	Segment Identification	04	R	
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		M	
359-2A	MEDIGAP ID		O	

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

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Reversal Payer Situation
111-AM	SEGMENT IDENTIFICATION	07	R	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	
3Ø8-C8	OTHER COVERAGE CODE		O	
147-U7	PHARMACY SERVICE TYPE		O	

Pricing Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	11	R	
438-E3	INCENTIVE AMOUNT SUBMITTED		O	
430-DU	GROSS AMOUNT DUE		O	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	05	R	
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

DUR/PPS Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	

	DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	08	R	
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	O	
439-E4	REASON FOR SERVICE CODE		O	
440-E5	PROFESSIONAL SERVICE CODE		O	
441-E6	RESULT OF SERVICE CODE		O	
474-8E	DUR/PPS LEVEL OF EFFORT		O	

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