

RxSense Payer Sheet

DAP Primary

Table of Contents

HIGHLIGHTS – Updates, Changes & Reminders	2
GENERAL INFORMATION	3
CLAIM BILLING TRANSACTION	3
CLAIM REVERSAL TRANSACTION	11
APPENDIX A – BIN / PCN COMBINATIONS	12
APPENDIX B – SS&C BIN / PCN COMBINATIONS	16
APPENDIX C - DUR OVERRIDES	19
APPENDIX D: 351-NP – Other Payer-Patient Responsibility Amount Qualifier	20
APPENDIX E: Provider Location Codes	21

HIGHLIGHTS – Updates, Changes & Reminders

The following is a summary of our new requirements. The items highlighted in the payer sheet illustrate the updated processing rules.

- **BIN Transfer: Discount Rx Savings- Effective 10/21/2025**
 - **BIN: 022725 | PCN: WDN**

GENERAL INFORMATION

Payer/Processor Name: **RxSense**

Plan Name/Group Name: **See Appendix A**

Effective as of: **June 1, 2025**

Payer Sheet Version: D.0

NCPDP ECL Version: Jan 2017

Pharmacy Help Desk Information: **See Appendix A**

CLAIM BILLING TRANSACTION

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

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Claim Bill
B2	Claim Reversal

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.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"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 transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	SEE APPENDIX A and B	M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	SEE APPENDIX A and B	M	
109-A9	TRANSACTION COUNT	1 = One Occurrence	M	Maximum 1
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – NPI	M	
201-B1	SERVICE PROVIDER ID		M	Pharmacy's NPI
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Populate with blanks or zeros

Insurance Segment: Segment Identification (111-AM) = “Ø4”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	As printed on ID card - Format varies
301-C1	GROUP ID		M	As printed on ID card
303-C3	PERSON CODE		RW	Required if known

Patient Segment: Segment Identification (111-AM) = “Ø1”

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	Unknown=Blank or Ø Not Specified=Ø Male=1 Female=2	R	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
307-C7	PLACE OF SERVICE	See Appendix E	R	
384-4X	PATIENT RESIDENCE CODE	3 or 11	RW	Required when the transmission is for a schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F and Patient is in LTC (3) or Hospice (11)

Claim Segment: Segment Identification (111-AM) = “Ø7”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = NDC	M	ØØ = Multi-Ingredient Compound billing
4Ø7-D7	PRODUCT/SERVICE ID	Ø If Compound, otherwise 11-digit NDC	M	
442-E7	QUANTITY DISPENSED		R	
46Ø-ET	QUANTITY PRESCRIBED		RW	Required when the transmission is for a schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F Effective 9/21/20 field is required for Schedule II drug
4Ø3-D3	FILL NUMBER		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Required if known If sent this field should be zero for a Schedule II drug
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	Ø,1 = Not a Compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø - No Product Selection Indicated 1 - Substitution Not Allowed by Prescriber 2 - Substitution Allowed-Patient Requested Product Dispensed 5 - Substitution Allowed-Brand Drug Dispensed as a Generic 7 - Substitution Not Allowed-Brand Drug Mandated by Law 8 - Substitution Allowed-Generic Drug Not Available in Marketplace	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
419-DJ	PRESCRIPTION ORIGIN CODE	Ø - Not Known 1 - Written 2 - Telephone 3 - Electronic 4 - Facsimile 5 - Pharmacy	R	
354-NX	SUBMISSION CLARIFICATION CODECOUNT	Maximum count of 3.	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	4-Opioid Override for Lost/Spilled	RW	New opioid edits for reject 79 plan allows loss/spilled override value of 4 when appropriate

		8 – Process Compound for Approved Ingredients		
308-C8	OTHER COVERAGE CODE	Ø - Not Specified by patient 1 - No other coverage 2-Other Coverage Exists. - Payment Collected 3 - Other coverage billed, claim not covered 4-Other Coverage Exists – Payment Not Collected 8 - Claim is billing for patient responsibility only	R	Required for all claims. COB segment is required if OCC = 3 or 8
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø-Not Specified 1-Prior Authorization	RW	If submitting Prior Authorization Number, this field is required
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required if Prior Authorization Number is known
147-U7	PHARMACY SERVICE TYPE	5	RW	Required if Long Term Care and the transmission is for a schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F

Pricing Segment: Segment Identification (111-AM) = "11"

Field #	For Schedule II NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED			Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Ø1-Delivery Cost Ø2-Shipping Cost Ø3-Postage Cost Ø4-Administrative Cost Ø5-Incentive Ø6-Cognitive Service Ø7-Drug Benefit Ø9-Compound Prep Cost Submitted 1Ø-Sales Tax	RW	Required if Other Amount Claimed Submitted (480-H9) is used.

		11-Medication Admin		
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<p>Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.</p> <p>Required if this field could result in different pricing.</p> <p>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).</p>
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<p>Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.</p> <p>Required if this field could result in different pricing.</p> <p>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).</p>
426-DQ	USUAL AND CUSTOMARY CHARGE		RW	Required if needed per trading partner agreement.
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	00-Default 01-AWP 02-Local Wholesaler 03-Direct 04-EAC 05-ACQ 06-MAC 07-U&C 08-340B/Disproportionate Share/Public Health Service 09-Other 10-ASP	RW	Required if needed for receiver claim/encounter adjudication.

		11-AMP 12-WAC		
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DUR/PPS Segment

For new Opioid claims logic, system is looking at duplicate therapy, as well as long-term and short-term opioid length of therapy. Pharmacist must contact Prescriber before using these edits.

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	Segment Identification	08	M	DUR/PPS Segment
473-7E	REASON FOR SERVICE CODE	DM	RW	Value of DM required for all Opioid claims that hit the Reject 88 logic for duplicate therapy or extended time on short term or long-term opioids Mandatory when Professional Service Code and Result of Service fields are submitted.
440-E5	PROFESSIONAL SERVICE CODE	MØ (zero)	RW	Value of MØ (zero) required for all Opioid claims that hit the Reject 88 logic for duplicate therapy or extended time on short term or long-term opioids. Mandatory when Reason for Service and Result of Service fields are submitted.
441-E6	RESULT OF SERVICE CODE	1B - RPH determines alert is not relevant for the Rx and member 1C - Filled with a different dose 1D - Filled with different directions 1F - Filled with a different quantity 1G - Filled with prescriber approval 2A - RPH determines Rx should not be filled as written	RW	A Value required for all Opioid claims that hit the Reject 88 logic for duplicate therapy or extended time on short term or long-term opioids. Mandatory when Reason for Service and Professional Service Code fields are submitted. 1B - RPH determines alert is not relevant for the Rx and member 1C - Filled with a different dose 1D - Filled with different directions 1F - Filled with a different quantity 1G - Filled with prescriber approval 2A - RPH determines Rx should not be filled as written

Compound Segment: Segment Identification (111-AM) = "1Ø"

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	

451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Max of 25 Ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3=NDC	M	
489-TE	COMPOUND PRODUCT ID	At least 2 ingredients and 2 NDC #'s. Number should equal field 447-EC.	RW	
448-ED	COMPOUND INGREDIENT QUANTITY		RW	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Required if for determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Required if for determination when multiple products are billed.

Clinical Segment: Segment Identification 7.4.13

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	13	M	
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2 - ICD 10	RW	Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE	R69	RW	Required when the transmission is for a schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F and patient is terminally ill

Pharmacy Provider Segment: Segment Identification (111-AM) = “Ø2”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER	Ø1 = NPI	R	Required
444-E9	PROVIDER ID	NPI	R	Required

Prescriber Segment: Segment Identification (111-AM) = “Ø3”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = NPI Ø8= State License 12= DEA	R	Required
411-DB	PRESCRIBER ID	NPI State License DEA	R	Required

Coordination of Benefits/Other Payments Segment: Segment Identification (111-AM) = “Ø5”

Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage 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	ØØ-Not Specified Ø1-Primary Ø2-Secondary Ø3-Tertiary	M	
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = BIN	R	
34Ø-7C	OTHER PAYER ID		R	BIN of the primary/previous payer
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required if OCC = 3
472-6E	OTHER PAYER REJECT CODE		RW	Required if OCC = 3 At least one reject code must be submitted when the other payer has denied the claim
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Required if OCC = 8
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	See Appendix D	RW	Required if OCC = 8
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required if OCC = 8

Response Insurance Segment: Segment Identification (111-AM) = “25”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
545-2F	NETWORK REIMBURSEMENT ID			Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.

CLAIM REVERSAL TRANSACTION

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

Transaction Header Segment: Mandatory

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	SEE APPENDIX A and B	M	BIN used on original claim submission
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2 = Reversal	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SEE APPENDIX A and B	M	PCN used on original claim submission
1Ø9-A9	TRANSACTION COUNT	1	M	1=One occurrence per B2 transmission
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 - NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI #	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Populate with blanks or zeros

Insurance Segment: Segment Identification (111-AM) = “Ø4”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	ID assigned to member
3Ø1-C1	GROUP ID		M	Group used on original claim submission

Claim Segment: Segment Identification (111-AM) = “Ø7”

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = NDC	M	Value used on original claim submission
4Ø7-D7	PRODUCT/SERVICE ID	11 Digit NDC	M	
4Ø3-D3	FILL NUMBER		R	
3Ø8-C8	OTHER COVERAGE CODE	Ø-Not Specified 1-No other coverage 2-Other coverage exists, payment collected 3-Other coverage billed, claim not covered 4-Other coverage exists, payment not collected	R	Value used on original claim submission

	8-Claim is billing for patient financial responsibility only		
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APPENDIX A – BIN / PCN COMBINATIONS

Primary BIN and PCN Values

Other PCNs may be required as communicated or printed on card.

PLAN NAME/GROUP NAME	BIN	PCN	PHARMACY HELPDESK
SingleCare	610378	UC1 SC1 SC2 BR1 BM1 BRDG	800-974-3135
	610737	SC1	
	610746		
	610419	NCR	
Paramount Rx	014559 610210	PRX	800-481-0605
FamilyWize/SingleCare	610194	FW	877-435-7977
SureScripts	611796	SSE	888-512-0314
Saving Seeker	610747	SAVSEEKRX	800-974-3135
AlfaRx	023278 610738	RX MKT	
PaySign	023947	PYC	
Orchestra Rx	018687 019934	WDN GDBUY01	
PriceMyMeds	027050	PMM	800-403-7696
NeedyMeds	026720	NMEDS	800-473-1922
UNA Rx	022063	UNA	833-388-3755
RxNow	019330	RXNW2	844-234-3057
ProAct	025678	9999	844-234-3057
ProxsysRx	022204	MEDSERVRX	800-974-3135
Milo Health	024863	SAVE	800-974-3135
PatriotRx	024987	RX2222	
AshHealth	025110	AH1	
CoastalRx	022030	CRX	800-974-3135
CostCureRx	610308	CC	
PharmacyRx	018695	8969	

Chai One Eight	023194	CH8DC	
CareCard	025184 024350	CC	
AlfaRx	610738	MKT	
ExpiTrans	023914	5555	
Ameriplan	013907	HT	
MegaRx	023749	023749 MRX	
Vurv Health	023765	VURV	
Famulus Health	022717 022709	FH1 FH2	
AllegianceRx	022849	ARX	
Clever Rx	020529	RXDS CLEVR	
LowerScript	022690	LOWR DOCK	
Leaf Health	020149	HT	
MedOne	023112	ORX	
RXDC	018042 020578	CDXR RXDC	
City of Chicago	020982	SC1	
WalshRx	020818	SC1	
WebMD	010439	WEBMDRX	
Market Innovators	020537	HD MII	
Glic Health	610301 610302	HD	
Luscinia	610679	610679	
RefillWise	610738 610743	DC1 RWA	
Buena Vista Rx	610269	BVRX	844-796-3322
Equipoint	610568	EPPSR ACUSA	888-666-7271
GlicRx	023518 019942 015673	ARX GRX Any PCN	800-974-3135

Gap Assist	018539	018539	888-553-5590
	026051	051	
	023336	LIMBEN	
		MECHRA	
		336	
	020206	020206 Any PCN	
	020214	020214 Any PCN	
	018456 610219 610568	Any PCN	
	610738	GINMEN	
	808413	RUN	
	018357	018357 Any PCN	
	020222	020222 Any PCN	
DRxDiscount Card	610738	VPSP DC1 MDS MEDCARD NCR NOPRX ORTHO PATASSIST PCG RMY SYMBIONCE USARX	877-823-1273
Discount Rx Savings	022725	WDN	800-974-3135

APPENDIX B – SS&C BIN / PCN COMBINATIONS

Primary BIN and PCN Values

Other PCNs may be required as communicated or printed on card.

PLAN NAME/GROUP NAME	BIN	PCN	PHARMACY HELPDESK
Enhanced Benefit Programs LLC	600428	05100000 0569 05690001	844-534-6701
Glic Health	600428	07760001	844-534-6701
KPNetwork LLC	600428	05100000 0615 06150001	844-534-6701
NBFSA LLC	600428	05100000 0758 NBFSA	844-534-6701
Rx Savings LLC	600428	05100000 0691	844-534-6701
RxEDO Inc	600428	05080000 0623	844-534-6701
	610272	VALUE	
4D-Live Better Group Net A Health Benefit Administrators Genuity/BetterRx Group Net A	600428	05080000	844-534-6701
AlfaRx	600428	08270000 08270001 08270002	844-534-6701
Assurant Management	600428	EZRX	844-534-6701
Cash Pay Rx	600428	05080000 0600 06000001	844-534-6701
Competitive Health	600428	0744 07440001 07440003 07440002	844-534-6701
Doc Wellbee	600428	05100000 0679	844-534-6701
Help All	600428	HELPALL UNO	844-534-6701

PetRx	600428	PETRX	844-534-6701
Redwood HCA/ Redwood	600428	08969	844-534-6701
UNA	600428	DISCOUNT	844-534-6701
Honesty Rx	600428	07930001	844-534-6701
InterRx Partners	600428	05080000 0561 05610001	844-534-6701
Lifetime Rx	600428	05100000 0582 05820001 CARD 05080000 05820002	844-534-6701
NeedyMeds	600428	0508 05080000 0536 05360001 05365555	844-534-6701
	023095	DRUGSCOM	
	019520	NMEDS	
New Benefits	600428	05591000	844-534-6701
Pacific Rx	600428	0567 05670001 05080000 05670002 VURV 05670003	844-534-6701
VURV	018323	05670004	
Good Rx	600428	06340001 06340010 05100000 06340005 06340003 06340006 1Health 06340009 06340007	844-534-6701
Good Rx Gold	600428	010634	
Broad Coverage	021700	BCL770	844-534-6701
		BCDIS12	
		BCL111	
		PLUS26	
	026259	PEEK	
Broad Discount	022675	OMNI26	
		BSTRX28	
ExpiTrans	022634	08230001	844-534-6701

APPENDIX C - DUR OVERRIDES

CDUR Rule	Type of Reject	Level Required for Reject	Response by Pharmacist to override
Dose Screening	Warning Message	All	N/A
Drug/Disease Contraindication	Warning Message	Suspected contraindication AND severity is Extreme Caution	N/A
Drug/Disease Contraindication	Soft Reject	suspected contraindication AND severity is Not Recommended OR Contraindicated	Reason for Service Code: DC Professional Service: AS, M0, MP, MR, PE, PM, P0 Result of Service: 1A, 1B, 1C, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A
Drug/Drug Interactions	Message	Condition 1: Severity=Major, Documentation Level = Suspected, Management = Professional Review Suggested or Professional Intervention Required OR Condition 2: Severity = Moderate; Documentation Level = Probable; Management = Professional Review Suggested or Professional Intervention Required	N/A
Drug/Drug Interactions	Soft Reject	Condition 1: Severity = Major; Documentation Level = Probable or Established; Management = Professional Review Suggested or Professional Intervention Required OR Condition 2: Severity = Moderate; Documentation Level = Established; Management = Professional Review Suggested or Professional Intervention Required	Reason for Service Code (Field 439-E4): DD Field Name: Professional Service (Field 440-E5) : AS, M0, MP, MR, PE, PM, P0, RT Field Name: Result of Service (Field 441-E6): 1A, 1B, 1C, 1D, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A
Duplicate Therapy	Soft Reject	All	Reason for Service Code (Field 439-E4): TD Field Name: Professional Service (Field 440-E5) : AS, M0, MP, MR, PE, PM, P0, RT Field Name: Result of Service (Field 441-E6): 1A, 1B, 1C, 1D, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A
Pregnancy, Lactation, Age, Gender	Message	Extreme Caution	N/A

Pregnancy, Lactation, Age, Gender	Soft Reject	Not Recommended OR Contraindicated	Pregnancy Reason for Service Code: PG Lactation Reason for Service Code: NR Age Reason for Service Code: PA Gender Reason for Service Code: SX Professional Service Code: AS, M0, MP, MR, PE, PM, P0 Result of Service Code: 1A, 1B, 1C, 1E, 1G, 2A, 3A, 3B, 3C, 3D, 3E, 4A
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APPENDIX D: 351-NP – Other Payer-Patient Responsibility Amount Qualifier

<u>CODE</u>	<u>DESCRIPTION</u>
Blank	Not Specified
01	Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. The following dollar amount is the amount of the patient's responsibility applied to the patient's plan periodic deductible liability.
02	Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer
03	Amount Attributed to Sales Tax (523-FN) as reported by previous payer. A dollar value of the portion of the copay (as reported by previous payer) which the member is required to pay due to sales tax on the prescription.
04	Amount Exceeding Periodic Benefit Maximum (520-FK) as reported by previous payer. A dollar value of the portion of the copay which the member is required to pay due to a benefit cap/maximum being met or exceeded.
05	Amount of Copay (518-FI) as reported by previous payer. Code indicating that the following dollar amount is the amount of the patient responsibility applied to the patient's plan co-pay liability by another/previous payer.
06	Patient Pay Amount (505-F5) as reported by previous payer. Used to indicate the provider is submitting the amount reported by a prior payer as the patient's responsibility.
07	Amount of Coinsurance (572-4U) as reported by previous payer. Coinsurance is a form of cost sharing that holds the patient responsible for a dollar amount based on a percentage for each product/service received and regardless of the patient's current benefit status, product selection or network selection.
08	Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer.
09	Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer
10	Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer.
11	Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.
12	Amount Attributed to Coverage Gap (137-UP) that was to be collected from the patient due to a

	coverage gap as reported by previous payer.
13	Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.

APPENDIX E: Provider Location Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
01	Pharmacy	32	Nursing Facility
02	Telehealth	33	Custodial Care Facility
03	School	34	Hospice
04	Homeless Shelter	41	Ambulance—Land
05	Indian Health Service Provider- Free Standing	42	Ambulance—Air or Water
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638-Provider-Free Standing	50	Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison/Correctional Facility	52	Psychiatric Facility-Partial Hospitalization
10	Unassigned	53	Community Mental Health Center
11	Office	54	Intermediate Care Facility/Individuals with Intellectual Disabilities
12	Home	55	Residential Substance Abuse Treatment Facility
13	Assisted Living Facility	56	Psychiatric Residential Treatment Center
14	Group Home	57	Non-residential Substance Abuse Treatment Facility
15	Mobile Unit	58	Non-residential Opioid Treatment Facility
16	Temporary Lodging	60	Mass Immunization Center
17	Walk-in Retail Health Clinic	61	Comprehensive Inpatient Rehabilitation Facility
18	Place of Employment/Worksite	62	Comprehensive Outpatient Rehabilitation Facility
19	Off Campus-Outpatient Hospital	65	End-Stage Renal Disease Treatment Facility
20	Urgent Care Facility	71	State or Local Public Health Clinic
21	Inpatient Hospital	72	Rural Health Clinic
22	On Campus-Outpatient Hospital	81	Independent Laboratory
23	Emergency Room-Hospital	99	Other Place of Service
24	Ambulatory Surgical Center		
25	Birthing Center		
26	Military Treatment Facility		

31	Skilled Nursing Facility			
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