NCPDP Kitty (512) 291-1356

27. STRUCTURE QUICK REFERENCE

See section *"Transmission Structure"* for specific information on segment and field usage per transaction.

The following conventions appear in the charts below.
M = Mandatory field
S = Situational field – which may be defined as situational, optional, or not used, per the segment and field usage in section *"Transmission Structure"*.
R = Repeating field

NOTE: Truncation within a Transaction Header Segment is not allowed.
NOTE: Special instructions for submitting repeating fields that are situational or optional can be found in section *"Standard Conventions", "Repetition and Multiple Occurrences"*.
NOTE: See section *"General Syntax Outline"* for information about segment order.

27.1 REQUEST SEGMENTS

27.1.1 TRANSMISSION LEVEL

Transaction Header Segment

Field	Field Name	Mandatory or Situational
1Ø1-A1	BIN NUMBER	M
1Ø2-A2	VERSION/RELEASE NUMBER	M
1Ø3-A3	TRANSACTION CODE	M
1Ø4-A4	PROCESSOR CONTROL NUMBER	M
1Ø9-A9	TRANSACTION COUNT	M
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M
2Ø1-B1	SERVICE PROVIDER ID	M
4Ø1-D1	DATE OF SERVICE	M
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M

The Transaction Header Segment is a fixed length segment of 56 bytes.

Patient Segment 01

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
331-CX	PATIENT ID QUALIFIER	S
332-CY	PATIENT ID	S
3Ø4-C4	DATE OF BIRTH	S
3Ø5-C5	PATIENT GENDER CODE	S
31Ø-CA	PATIENT FIRST NAME	S
311-CB	PATIENT LAST NAME	S
322-CM	PATIENT STREET ADDRESS	S
323-CN	PATIENT CITY ADDRESS	S
324-CO	PATIENT STATE / PROVINCE ADDRESS	S
325-CP	PATIENT ZIP/POSTAL ZONE	S
326-CQ	PATIENT PHONE NUMBER	S
3Ø7-C7	PLACE OF SERVICE	S
333-CZ	EMPLOYER ID	S
334-1C	SMOKER / NON-SMOKER CODE	S
335-2C	PREGNANCY INDICATOR	S
35Ø-HN	PATIENT E-MAIL ADDRESS	S
384-4X	PATIENT RESIDENCE	S

This segment is variable length.

Insurance Segment 04

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
3Ø2-C2	CARDHOLDER ID	M
312-CC	CARDHOLDER FIRST NAME	S
313-CD	CARDHOLDER LAST NAME	S
314-CE	HOME PLAN	S
524-FO	PLAN ID	S
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S
3Ø1-C1	GROUP ID	S
3Ø3-C3	PERSON CODE	S
3Ø6-C6	PATIENT RELATIONSHIP CODE	S
99Ø-MG	OTHER PAYER BIN NUMBER	S
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	S
356-NU	OTHER PAYER CARDHOLDER ID	S
992-MJ	OTHER PAYER GROUP ID	S
359-2A	MEDIGAP ID	S
36Ø-2B	MEDICAID INDICATOR	S
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR	S
997-G2	CMS PART D DEFINED QUALIFIED FACILITY	S
115-N5	MEDICAID ID NUMBER	S
116-N6	MEDICAID AGENCY NUMBER	S

This segment is variable length.

27.1.2 TRANSACTION LEVEL

Claim Segment		
Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
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
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S
458-SE	PROCEDURE MODIFIER CODE COUNT	S
459-ER	PROCEDURE MODIFIER CODE	S***R***
442-E7	QUANTITY DISPENSED	S
4Ø3-D3	FILL NUMBER	S
4Ø5-D5	DAYS SUPPLY	S
4Ø6-D6	COMPOUND CODE	S
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S
414-DE	DATE PRESCRIPTION WRITTEN	S
415-DF	NUMBER OF REFILLS AUTHORIZED	S
419-DJ	PRESCRIPTION ORIGIN CODE	S
354-NX	SUBMISSION CLARIFICATION CODE COUNT	S
42Ø-DK	SUBMISSION CLARIFICATION CODE	S***R***
46Ø-ET	QUANTITY PRESCRIBED	S
3Ø8-C8	OTHER COVERAGE CODE	S
429-DT	SPECIAL PACKAGING INDICATOR	S
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S

33Ø-CW	ALTERNATE ID	S
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S
6ØØ-28	UNIT OF MEASURE	S
418-DI	LEVEL OF SERVICE	S
461-EU	PRIOR AUTHORIZATION TYPE CODE	S
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S
464-EX	INTERMEDIARY AUTHORIZATION ID	S
343-HD	DISPENSING STATUS	S
344-HF	QUANTITY INTENDED TO BE DISPENSED	S
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S
357-NV	DELAY REASON CODE	S
88Ø-K5	TRANSACTION REFERENCE NUMBER	S
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)	S
995-E2	ROUTE OF ADMINISTRATION	S
996-G1	COMPOUND TYPE	S
114-N4	MEDICAID SUBROGATION INTERNAL CONTROL NUMBER/TRANSACTION CONTROL NUMBER (ICN/TCN)	S
147-U7	PHARMACY SERVICE TYPE	S

This segment is variable length.

Pharmacy Provider Segment 02

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
465-EY	PROVIDER ID QUALIFIER	S
444-E9	PROVIDER ID	S

This segment is variable length.

Prescriber Segment 03

Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	
466-EZ	PRESCRIBER ID QUALIFIER	S	
411-DB	PRESCRIBER ID	S	
427-DR	PRESCRIBER LAST NAME	S	15
498-PM	PRESCRIBER PHONE NUMBER	S	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	
421-DL	PRIMARY CARE PROVIDER ID	S	
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	S	
364-2J	PRESCRIBER FIRST NAME	S	12
365-2K	PRESCRIBER STREET ADDRESS	S	
366-2M	PRESCRIBER CITY ADDRESS	S	
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS	S	
368-2P	PRESCRIBER ZIP/POSTAL ZONE	S	

This segment is variable length.

Coordination of Benefits/Other Payments Segment 05

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M

338-5C	OTHER PAYER COVERAGE TYPE	M***R***
339-6C	OTHER PAYER ID QUALIFIER	S***R***
34Ø-7C	OTHER PAYER ID	S***R***
443-E8	OTHER PAYER DATE	S***R***
993-A7	INTERNAL CONTROL NUMBER	S***R***
341-HB	OTHER PAYER AMOUNT PAID COUNT	S
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***
431-DV	OTHER PAYER AMOUNT PAID	S***R***
471-5E	OTHER PAYER REJECT COUNT	S
472-6E	OTHER PAYER REJECT CODE	S***R***
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	S
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	S***R***
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	S***R***
392-MU	BENEFIT STAGE COUNT	S
393-MV	BENEFIT STAGE QUALIFIER	S***R***
394-MW	BENEFIT STAGE AMOUNT	S***R***

This segment is variable length.

Workers' Compensation Segment 06

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
434-DY	DATE OF INJURY	M
315-CF	EMPLOYER NAME	S
316-CG	EMPLOYER STREET ADDRESS	S
317-CH	EMPLOYER CITY ADDRESS	S
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S
32Ø-CK	EMPLOYER PHONE NUMBER	S
321-CL	EMPLOYER CONTACT NAME	S
327-CR	CARRIER ID	S
435-DZ	CLAIM/REFERENCE ID	S
117-TR	BILLING ENTITY TYPE INDICATOR	S
118-TS	PAY TO QUALIFIER	S
119-TT	PAY TO ID	S
12Ø-TU	PAY TO NAME	S
121-TV	PAY TO STREET ADDRESS	S
122-TW	PAY TO CITY ADDRESS	S
123-TX	PAY TO STATE/PROVINCE ADDRESS	S
124-TY	PAY TO ZIP/POSTAL ZONE	S
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER	S
126-UA	GENERIC EQUIVALENT PRODUCT ID	S

20

15

This segment is variable length.

DUR/PPS Segment 08

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
473-7E	DUR/PPS CODE COUNTER	S***R***
439-E4	REASON FOR SERVICE CODE	S***R***
44Ø-E5	PROFESSIONAL SERVICE CODE	S***R***
441-E6	RESULT OF SERVICE CODE	S***R***

474-8E	DUR/PPS LEVEL OF EFFORT	S***R***
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***
476-H6	DUR CO-AGENT ID	S***R***

This segment is variable length.

Pricing Segment 11

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
4Ø9-D9	INGREDIENT COST SUBMITTED	S
412-DC	DISPENSING FEE SUBMITTED	S
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S
433-DX	PATIENT PAID AMOUNT SUBMITTED	S
438-E3	INCENTIVE AMOUNT SUBMITTED	S
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S
426-DQ	USUAL AND CUSTOMARY CHARGE	S
43Ø-DU	GROSS AMOUNT DUE	S
423-DN	BASIS OF COST DETERMINATION	S
113-N3	MEDICAID PAID AMOUNT	S

This segment is variable length.

Coupon Segment 09

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
485-KE	COUPON TYPE	M
486-ME	COUPON NUMBER	M
487-NE	COUPON VALUE AMOUNT	S

This segment is variable length.

Compound Segment 10

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***
489-TE	COMPOUND PRODUCT ID	M***R***
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	S
363-2H	COMPOUND INGREDIENT MODIFIER CODE	S***R***

This segment is variable length.

Prior Authorization Segment 12

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
498-PA	REQUEST TYPE	M
498-PB	REQUEST PERIOD DATE-BEGIN	M
498-PC	REQUEST PERIOD DATE-END	M
498-PD	BASIS OF REQUEST	M
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED	S
5Ø3-F3	AUTHORIZATION NUMBER	S
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S

This segment is variable length.

Clinical Segment 13

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
491-VE	DIAGNOSIS CODE COUNT	S
492-WE	DIAGNOSIS CODE QUALIFIER	S***R***
424-DO	DIAGNOSIS CODE	S***R***
493-XE	CLINICAL INFORMATION COUNTER	S***R***
494-ZE	MEASUREMENT DATE	S***R***
495-H1	MEASUREMENT TIME	S***R***
496-H2	MEASUREMENT DIMENSION	S***R***
497-H3	MEASUREMENT UNIT	S***R***
499-H4	MEASUREMENT VALUE	S***R***

This segment is variable length.

Additional Documentation Segment 14

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
369-2Q	ADDITIONAL DOCUMENTATION TYPE ID	M
374-2V	REQUEST PERIOD BEGIN DATE	S
375-2W	REQUEST PERIOD RECERT/REVISED DATE	S
373-2U	REQUEST STATUS	S
371-2S	LENGTH OF NEED QUALIFIER	S
37Ø-2R	LENGTH OF NEED	S
372-2T	PRESCRIBER/SUPPLIER DATE SIGNED	S
376-2X	SUPPORTING DOCUMENTATION	S
377-2Z	QUESTION NUMBER/LETTER COUNT	S
378-4B	QUESTION NUMBER/LETTER	S***R***
379-4D	QUESTION PERCENT RESPONSE	S***R***
38Ø-4G	QUESTION DATE RESPONSE	S***R***
381-4H	QUESTION DOLLAR AMOUNT RESPONSE	S***R***
382-4J	QUESTION NUMERIC RESPONSE	S***R***
383-4K	QUESTION ALPHANUMERIC RESPONSE	S***R***

This segment is variable length.

Facility Segment		15
Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
336-8C	FACILITY ID	S
385-3Q	FACILITY NAME	S
386-3U	FACILITY STREET ADDRESS	S
388-5J	FACILITY CITY ADDRESS	S
387-3V	FACILITY STATE/PROVINCE ADDRESS	S
389-6D	FACILITY ZIP/POSTAL ZONE	S

15

This segment is variable length.

Narrative Segment		16
Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
39Ø-BM	NARRATIVE MESSAGE	M

This segment is variable length.

27.2 RESPONSE SEGMENTS

NOTE: Truncation is not allowed in Response Header Segment.

27.2.1 TRANSMISSION LEVEL

Response Header Segment		
Field	Field Name	Mandatory or Situational
1Ø2-A2	VERSION/RELEASE NUMBER	M
1Ø3-A3	TRANSACTION CODE	M
1Ø9-A9	TRANSACTION COUNT	M
5Ø1-F1	HEADER RESPONSE STATUS	M
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M
2Ø1-B1	SERVICE PROVIDER ID X(15)	M
4Ø1-D1	DATE OF SERVICE	M

The Response Header Segment is a fixed length segment of 31 bytes.

Response Message Segment		Mandatory or Situational
Field	Field Name 20	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
5Ø4-F4	MESSAGE	S

This segment is variable length.

Response Insurance Segment		25
Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
3Ø1-C1	GROUP ID	S
524-FO	PLAN ID	S
545-2F	NETWORK REIMBURSEMENT ID	S
568-J7	PAYER ID QUALIFIER	S
569-J8	PAYER ID	S
115-N5	MEDICAID ID NUMBER	S

116-N6	MEDICAID AGENCY NUMBER	S
3Ø2-C2	CARDHOLDER ID	S

This segment is variable length.

Response Insurance Additional Information Segment 27

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
139-UR	MEDICARE PART D COVERAGE CODE	M
138-UQ	CMS LOW INCOME COST SHARING (LICS) LEVEL	S
24Ø-U1	CONTRACT NUMBER	S
926-FF	FORMULARY ID	S
757-U6	BENEFIT ID	S
14Ø-US	NEXT MEDICARE PART D EFFECTIVE DATE	S
141-UT	NEXT MEDICARE PART D TERMINATION DATE	S

This segment is variable length.

Response Patient Segment 29

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
31Ø-CA	PATIENT FIRST NAME	S
311-CB	PATIENT LAST NAME	S
3Ø4-C4	DATE OF BIRTH	S

This segment is variable length.

27.2.2 TRANSACTION LEVEL

Response Status Segment 21

Field	Field Name	Mandatory or Situational Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
112-AN	TRANSACTION RESPONSE STATUS	M
5Ø3-F3	AUTHORIZATION NUMBER	S
51Ø-FA	REJECT COUNT	S
511-FB	REJECT CODE	S***R***
546-4F	REJECT FIELD OCCURRENCE INDICATOR	S***R***
547-5F	APPROVED MESSAGE CODE COUNT	S
548-6F	APPROVED MESSAGE CODE	S***R***
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	S
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	S***R***
526-FQ	ADDITIONAL MESSAGE INFORMATION	S***R***
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	S***R***
549-7F	HELP DESK PHONE NUMBER QUALIFIER	S
55Ø-8F	HELP DESK PHONE NUMBER	S
88Ø-K5	TRANSACTION REFERENCE NUMBER	S
993-A7	INTERNAL CONTROL NUMBER	S
987-MA	URL	S

This segment is variable length.

Response Claim Segment 22

Field	Field Name	Mandatory or Situational

111-AM	SEGMENT IDENTIFICATION	M
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M
551-9F	PREFERRED PRODUCT COUNT	S
552-AP	PREFERRED PRODUCT ID QUALIFIER	S***R***
553-AR	PREFERRED PRODUCT ID	S***R***
554-AS	PREFERRED PRODUCT INCENTIVE	S***R***
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE	S***R***
556-AU	PREFERRED PRODUCT DESCRIPTION	S***R***
114-N4	MEDICAID SUBROGATION INTERNAL CONTROL NUMBER/TRANSACTION CONTROL NUMBER (ICN/TCN)	S

This segment is variable length.

Response Pricing Segment

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
5Ø5-F5	PATIENT PAY AMOUNT	S
5Ø6-F6	INGREDIENT COST PAID	S
5Ø7-F7	DISPENSING FEE PAID	S
557-AV	TAX EXEMPT INDICATOR	S
558-AW	FLAT SALES TAX AMOUNT PAID	S
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	S
561-AZ	PERCENTAGE SALES TAX BASIS PAID	S
521-FL	INCENTIVE AMOUNT PAID	S
562-J1	PROFESSIONAL SERVICE FEE PAID	S
563-J2	OTHER AMOUNT PAID COUNT	S
564-J3	OTHER AMOUNT PAID QUALIFIER	S***R***
565-J4	OTHER AMOUNT PAID	S***R***
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S
5Ø9-F9	TOTAL AMOUNT PAID	S
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	S
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
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S
346-HH	BASIS OF CALCULATION-DISPENSING FEE	S
347-HJ	BASIS OF CALCULATION-COPAY	S
348-HK	BASIS OF CALCULATION-FLAT SALES TAX	S
349-HM	BASIS OF CALCULATION-PERCENTAGE SALES TAX	S
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE	S
575-EQ	PATIENT SALES TAX AMOUNT	S
574-2Y	PLAN SALES TAX AMOUNT	S
572-4U	AMOUNT OF COINSURANCE	S
573-4V	BASIS OF CALCULATION-COINSURANCE	S
392-MU	BENEFIT STAGE COUNT	S
393-MV	BENEFIT STAGE QUALIFIER	S***R***
394-MW	BENEFIT STAGE AMOUNT	S***R***
577-G3	ESTIMATED GENERIC SAVINGS	S

128-UC	SPENDING ACCOUNT AMOUNT REMAINING	S
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	S
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION	S
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG	S
135-UM	AMOUNT ATTRIBUTED TO PRODUCT 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
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT	S
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT	S

This segment is variable length.

Response DUR/PPS Segment 24

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
567-J6	DUR/PPS RESPONSE CODE COUNTER	S***R***
439-E4	REASON FOR SERVICE CODE	S***R***
528-FS	CLINICAL SIGNIFICANCE CODE	S***R***
529-FT	OTHER PHARMACY INDICATOR	S***R***
53Ø-FU	PREVIOUS DATE OF FILL	S***R***
531-FV	QUANTITY OF PREVIOUS FILL	S***R***
532-FW	DATABASE INDICATOR	S***R***
533-FX	OTHER PRESCRIBER INDICATOR	S***R***
544-FY	DUR FREE TEXT MESSAGE	S***R***
57Ø-NS	DUR ADDITIONAL TEXT	S***R***

This segment is variable length.

Response Prior Authorization Segment 26

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
498-PR	PRIOR AUTHORIZATION PROCESSED DATE	S
498-PS	PRIOR AUTHORIZATION EFFECTIVE DATE	S
498-PT	PRIOR AUTHORIZATION EXPIRATION DATE	S
498-RA	PRIOR AUTHORIZATION QUANTITY	S
498-RB	PRIOR AUTHORIZATION DOLLARS AUTHORIZED	S
498-PW	PRIOR AUTHORIZATION NUMBER OF REFILLS AUTHORIZED	S
498-PX	PRIOR AUTHORIZATION QUANTITY ACCUMULATED	S
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED	S

This segment is variable length.

Response Coordination of Benefits/Other Payers Segment 28

Field	Field Name	Mandatory or Situational
111-AM	SEGMENT IDENTIFICATION	M
355-NT	OTHER PAYER ID COUNT	M
338-5C	OTHER PAYER COVERAGE TYPE	M***R***
339-6C	OTHER PAYER ID QUALIFIER	S***R***
34Ø-7C	OTHER PAYER ID	S***R***
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	S***R***
356-NU	OTHER PAYER CARDHOLDER ID	S***R***

992-MJ	OTHER PAYER GROUP ID	S***R***
142-UV	OTHER PAYER PERSON CODE	S***R***
127-UB	OTHER PAYER HELP DESK PHONE NUMBER	S***R***
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	S***R***
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE	S***R***
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	S***R***

This segment is variable length.