

	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
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			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	
577-G3	ESTIMATED GENERIC SAVINGS		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	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		S	