

Real-Time D.0 N Transaction Request (N1, N2, N3)

REQUEST HEADER SEGMENT: MANDATORY FOR N1, N2, AND N3						
Field	Field Name	Type	Length	Start	End	Value
101-A1	BIN NUMBER	N	6	1	6	Part D plan BIN
102-A2	VERSION/RELEASE NUMBER	A/N	2	7	8	D0
103-A3	TRANSACTION CODE	A/N	2	9	10	N1, N2, or N3
104-A4	PROCESSOR CONTROL NUMBER	A/N	10	11	20	Part D PCN
109-A9	TRANSACTION COUNT	A/N	1	21	21	1
202-B2	SERVICE PROVIDER ID QUALIFIER	A/N	2	22	23	This should be an 01-NPI however 07=NCPDP Provider ID will also be used, but the N may not be accepted by the Part D Plan
201-B1	SERVICE PROVIDER ID	A/N	15	24	38	Actual NPI or NCPDP ID must be padded on the right to 15 spaces if significant values are less than 15. Note: If your NPI/NCPDP ID starts with leading zero(s) they are significant and must be sent
401-D1	DATE OF SERVICE	N	8	39	46	Format=CCYYMMDD, CC=Century, YY=Year, MM=Month, DD=Day
110-AK	SOFTWARE VENDOR/	A/N	10	47	56	TROOP or TROOPBATCH

INSURANCE SEGMENT: MANDATORY FOR N1, N2 AND N3					
Field	Field Name	Type	Maximum Bytes	M/O	Required Value
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	04=Insurance
302-C2	CARDHOLDER ID	A/N	20	M	Part D Cardholder ID
312-CC	CARDHOLDER FIRST NAME	A/N	12	O	Cardholder First name of the beneficiary from the Supplemental transaction. N1 and N3 only.
313-CD	CARDHOLDER LAST NAME	A/N	15	O	Cardholder Last name of the beneficiary from the Supplemental transaction. N1 and N3 only.
301-C1	GROUP ID	A/N	15	O	PartD Group ID. Field not sent if blank.
990-MG	OTHER PAYER BIN	N	6	M	Supplemental payer BIN from the supplemental transaction.
991-MH	OTHER PAYER PCN	A/N	10	O	Supplemental payer PCN from the supplemental transaction. Field not send if blank.
356-NU	OTHER PAYER CARDHOLDER ID	A/N	20	M	Supplemental payer Cardholder ID from the supplemental transaction.
992-MJ	OTHER PAYER GROUP ID	A/N	15	O	Supplemental payer Group from the supplemental transaction. Field not sent if blank.

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CLAIM SEGMENT: MANDATORY FOR N1, N2 AND N3					
Field	Field Name	Type	Maximum Bytes	M/R/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	Ø7=Claim
455-EM	PRESCRIPTION/SERVICE REF NUMBER QUALIFIER	A/N	1	M	From the supplemental transaction
4Ø2-D2	PRESCRIPTION/SERVICE REF NUMBER	N	12	M	From the supplemental transaction
436-E1	PRODUCT/SERVICE ID QUALIFIER	A/N	2	M	From the supplemental transaction
407-D7	PRODUCT /SERVICE ID	A/N	19	M	From the supplemental transaction
442-E7	QUANTITY DISPENSED	9(7)v999	10	O	From the supplemental transaction. N1 and N3 only.
403-D3	FILL NUMBER	N	2	O	From the supplemental transaction
405-D5	DAYS SUPPLY	N	3	O	From the supplemental transaction. N1 and N3 only.
88Ø-K5	TRANSACTION REFERENCE NUMBER	A/N	10	R	This number is generated by the Transaction Facilitator. If this is an N2, it will match the N1 or N3 transaction.

PRICING SEGMENT: MANDATORY for N1 AND N3 only					
Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	11=Pricing
433-DX	PATIENT PAID AMOUNT SUBMITTED	N	8	O	Format=s\$\$\$\$\$cc. The values in this field are provided by the supplemental payer and represent the amount that the patient paid after the supplemental adjudicated the claim. (This amount is subtracted from the Part D patient liability to determine the amount considered as payment by the supplemental payer and applied to Other TrOOP or PLRO.) N1 and N3 only. Pricing segment is not sent if 433-DX is not sent.

Real-time N Transaction Response

RESPONSE HEADER SEGMENT: MANDATORY						
Field	Field Name	Type	Length	Start	End	Value
102-A2	VERSION/RELEASE NUMBER	A/N	2	1	2	D0
103-A3	TRANSACTION CODE	A/N	2	3	4	N1, N2, or N3
109-A9	TRANSACTION COUNT	N	1	5	5	1
501-F1	HEADER RESPONSE STATUS	A/N	1	6	6	A/R
202-B2	SERVICE PROVIDER ID QUALIFIER	A/N	2	7	8	Qualifier provided on the N Request Transaction
201-B1	SERVICE PROVIDER ID	A/N	15	9	23	ID provided on the N Request Transaction
401-D1	DATE OF SERVICE	N	8	24	31	DOS provided on the N Request Transaction

RESPONSE STATUS SEGMENT: MANDATORY					
Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	21=Response Status
112-AN	TRANSACTION RESPONSE STATUS	A/N	1	M	A= Accepted, C=Captured (passed required fields), or R=Rejected
503-F3	AUTHORIZATION NUMBER	A/N	20	O	
510-FA	REJECT COUNT	N	2	O	
511-FB	REJECT CODE	A/N	3	O	See NCPDP D.0 Reject Code list (if required field is missing or syntax error if response status is R, otherwise field is not sent. If 510-FA >1 then this field repeats)
880-K5	TRANSACTION REFERENCE NUMBER	A/N	10	M	Same information as provided N Request Transaction

RESPONSE CLAIM SEGMENT: MANDATORY					
Field	Field Name	Type	Maximum Bytes	M/O	Comments
111-AM	SEGMENT IDENTIFICATION	A/N	2	M	22=Response Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	A/N	1	M	Same information as provided on the N request from supplemental payer
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	N	12	M	Same information as provided on the N request file from supplemental payer