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

## REQUEST HEADER SEGMENT: MANDATORY FOR N1, N2, AND N3

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| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Field Name** | **Type** | **Length** | **Start** | **End** | **Value** |
| 1Ø1-A1 | BIN NUMBER | N | 6 | 1 | 6 | Part D plan BIN |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | A/N | 2 | 7 | 8 | D0 |
| 1Ø3-A3 | TRANSACTION CODE | A/N | 2 | 9 | 10 | N1, N2, or N3 |
| 1Ø4-A4 | PROCESSOR  CONTROL NUMBER | A/N | 10 | 11 | 20 | Part D PCN |
| 1Ø9-A9 | TRANSACTION  COUNT | A/N | 1 | 21 | 21 | 1 |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | A/N | 2 | 22 | 23 | This should be an Ø1-NPI however Ø7=NCPDP Provider ID will also be used, but the N may not be accepted by the Part D Plan |
| 2Ø1-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 |
| 4Ø1-D1 | DATE OF SERVICE | N | 8 | 39 | 46 | Format=CCYYMMDD, CC=Century, YY=Year, MM=Month, DD=Day |
| 11Ø-AK | SOFTWARE VENDOR/ | A/N | 10 | 47 | 56 | TROOP or TROOPBATCH |

## INSURANCE SEGMENT: MANDATORY FOR N1, N2 AND N3

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| --- | --- | --- | --- | --- | --- |
| **Field** | **Field Name** | **Type** | **Maximum**  **Bytes** | **M/O** | **Required Value** |
| 111-AM | SEGMENT IDENTIFICATION | A/N | 2 | M | Ø4=Insurance |
| 3Ø2-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. |
| 99Ø-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. |

## CLAIM SEGMENT: MANDATORY FOR N1, N2 AND N3

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| --- | --- | --- | --- | --- | --- |
| **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/ SERVI CE 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. |

## CLAIM SEGMENT: PRICING SEGMENT MANDATORY FOR N1 AND N3 ONLY

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| --- | --- | --- | --- | --- | --- |
| **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 D.0 N Transaction Response (N1, N2, N3)

## RESPONSE HEADER SEGMENT: MANDATORY

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| --- | --- | --- | --- | --- | --- | --- |
| **Field** | **Field Name** | **Type** | **Length** | **Start** | **End** | **Value** |
| 1Ø2-A2 | VERSION/ RELEASE NUMBER | A/N | 2 | 1 | 2 | D0 |
| 1Ø3-A3 | TRANSACTION CODE | A/N | 2 | 3 | 4 | N1, N2, or N3 |
| 1Ø9-A9 | TRANSACTION COUNT | N | 1 | 5 | 5 | 1 |
| 5Ø1-F1 | HEADER RESPONSE STATUS | A/N | 1 | 6 | 6 | A/R |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | A/N | 2 | 7 | 8 | Qualifier provided on the N Request Transaction |
| 2Ø1-B1 | SERVICE PROVIDER ID | A/N | 15 | 9 | 23 | ID provided on the N Request Transaction |
| 4Ø1-D1 | DATE OF SERVICE | N | 8 | 24 | 31 | DOS provided on the N Request Transaction |

## RESPONSE STATUS SEGMENT: MANDATORY

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| --- | --- | --- | --- | --- | --- |
| **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 | N/A |
| 51Ø-FA | REJECT COUNT | N | 2 | O | N/A |
| 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) |
| 88Ø-K5 | TRANSACTION REFERENCE NUMBER | A/N | 10 | M | Same information as provided N Request Transaction |

## RESPONSE CLAIM SEGMENT: MANDATORY

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| --- | --- | --- | --- | --- | --- |
| **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 |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | N | 12 | M | Same information as provided on the N request file from supplemental payer |