REAL-TIME PRESCRIPTION BENEFIT (RTPB) STANDARD IMPLEMENTATION RECOMMENDATIONS

This document provides requirements and best practice guidance for implementation when transmitting NCPDP Real-Time Prescription Benefit (RTPB) Standard transactions. This document also contains editorial corrections and clarifications to the NCPDP RTPB Implementation Guide documents.

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National Council for Prescription Drug Programs
9240 East Raintree Drive
Scottsdale, AZ 85260

Phone: (480) 477-1000
Fax (480) 767-1042

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1. PURPOSE

The NCPDP Real-Time Prescription Benefit (RTPB) Implementation Recommendations document is intended to provide further clarification on the use of specific data elements, segments and communication protocol in order to facilitate standardization in implementation of the Standard and achieve the expected outcomes.

The recommendations in this document are expected to be followed by the industry for consistent and complete transactions of the NCPDP RTPB Standard. It is recommended that a transaction that does not follow the recommendations be rejected as incomplete. These recommendations provide a bridge to future versions. Following the NCPDP Standards Development process, these recommendations will be incorporated in future versions of the RTPB Standard.

This document also contains editorial corrections and clarifications to the NCPDP RTPB Implementation Guide documents.

The RTPB Standard and all NCPDP standards are available with membership at www.ncpdp.org.

2. COVERAGE RESTRICTION CODE AND COVERAGE STATUS CODE

This section provides guidance on the use of the Coverage Restriction Code and Coverage Status Code. It includes recommendations for:

- the mapping of Coverage Restriction Code values to Coverage Status Code values
- recommendations for what to return as the Coverage Status Code for the product/pharmacy loop when multiple Coverage Restriction Codes map to different Coverage Status Codes.

A Coverage Restriction Code is the code identifying a coverage restriction of the drug. The field ID in EDI is F12-Y8 and the XML tag is CoverageRestrictionCode. Coverage Status Code provides information pertaining to the coverage of the product for the patient at the identified pharmacy. The field ID in EDI is F13-YA and the XML tag is CoverageStatusCode.

The Coverage Status Code and the Coverage Restriction Code are data elements in the Response RTPB Product and Response RTPB Alternative Product Segments. These segments are included in a response when the Transaction Response Status (112-AN) value is P (Processed) in EDI and Processed for RTPBResponse in XML. There will be a single Coverage Status Code and can be up to five Coverage Restriction Codes for each combination of product/pharmacy.

If there are no Coverage Restriction Codes, return **CC** (*Covered)* as the Coverage Status Code.

Below are the recommendations for a mapping of Coverage Restriction Code values to Coverage Status Code values.

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	ECL Description	ECL Value	ECL Description
27	Product Identifier Not FDA/NSDE Listed	NC	Not Covered
40	Pharmacy Not Contracted With Plan/Processor On Date Of Transaction	PF	Pharmacy Not Found
41	Submit Transaction To Other Processor Or Primary Payer	NC	Not Covered
60	Product/Service Not Covered For Patient Age	CR	Covered with Restrictions
61	Product/Service Not Covered For Patient Gender	CR	Covered with Restrictions
63	Product/Service ID Not Covered For Institutionalized Patient	CR	Covered with Restrictions
66	Patient Age Exceeds Maximum Age	CR	Covered with Restrictions
70	Product/Service Not Covered - Plan/Benefit Exclusion	NC	Not Covered

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	ECL Description	ECL Value	ECL Description
75	Prior Authorization Required	CR	Covered with Restrictions
76	Plan Limitations Exceeded	CR	Covered with Restrictions
77	Discontinued Product/Service ID Number	NC	Not Covered
78	Cost Exceeds Maximum	CR	Covered with Restrictions
80	Diagnosis Code Submitted Does Not Meet Drug Coverage Criteria	CR	Covered with Restrictions
88	DUR Reject Error	CR	Covered with Restrictions
463	Pharmacy Not Contracted In Assisted Living Network	PF	Pharmacy Not Found
559	ID Submitted Is Associated With An Excluded Pharmacy	PF	Pharmacy Not Found
560	Pharmacy Not Contracted In Retail Network	PF	Pharmacy Not Found
561	Pharmacy Not Contracted In Mail Order Network	PF	Pharmacy Not Found
562	Pharmacy Not Contracted In Hospice Network	PF	Pharmacy Not Found
563	Pharmacy Not Contracted In Veterans Administration Network	PF	Pharmacy Not Found
564	Pharmacy Not Contracted In Military Network	PF	Pharmacy Not Found
606	Brand Drug/Specific Labeler Code Required	CR	Covered with Restrictions
608	Step Therapy, Alternate Drug Therapy Required Prior To Use Of Submitted Product Service ID	CR	Covered with Restrictions
620	This Product/Service May Be Covered Under Medicare Part D	NC	Not Covered
645	Repackaged Product Is Not Covered By The Contract	NC	Not Covered
816	Pharmacy Benefit Exclusion, May Be Covered Under Patient's Medical Benefit	NC	Not Covered
817	Pharmacy Benefit Exclusion, Covered Under Patient's Medical Benefit	NC	Not Covered
822	Drug Is Unrelated To The Terminal Illness And/Or Related Conditions. Not Covered Under Hospice.	NC	Not Covered

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	**ECL Description**	**ECL Value**	**ECL Description**
823	Drug Is Beneficiary's Liability - Not Covered By Hospice Or Part D. Hospice Non-Formulary. Check Other Coverage.	NC	Not Covered
828	Plan/Beneficiary Case Management Restriction In Place	CR	Covered with Restrictions
830	Workers' Comp Or P&C Adjuster Authorization Required -- Patient Must Directly Contact Their Adjuster	CR	Covered with Restrictions
831	Product Service ID Carve-Out, Check Medicaid Fee For Service	NC	Not Covered
890	Pharmacy Not Enrolled In State Medicaid Program	PF	Pharmacy Not Found
891	Days Supply Is Less Than Plan Minimum	CR	Covered with Restrictions
922	Morphine Equivalent Dose Exceeds Limits	CR	Covered with Restrictions
923	Morphine Equivalent Dose Exceeds Limits For Patient Age	CR	Covered with Restrictions
925	Initial Fill Days Supply Exceeds Limits	CR	Covered with Restrictions
926	Initial Fill Days Supply Exceeds Limits For Patient Age	CR	Covered with Restrictions
927	Days Supply Limitation For Product/Service For Patient Age	CR	Covered with Restrictions
930	ID Submitted Is Associated To A Precluded Pharmacy	NC	Not Covered
944	All Lots Of Drug/Product Recalled	NC	Not Covered
979	Patient Locked Into Specific Prescriber(s)	CR	Covered with Restrictions
980	Patient Locked Into Specific Pharmacy(s)	CR	Covered with Restrictions
4W	Must Dispense Through Specialty Pharmacy	PT	Pharmacy Type Not Supported
6Z	Provider Not Eligible To Perform Service/Dispense Product	NC	Not Covered
7A	Provider Does Not Match Authorization On File	NC	Not Covered
7X	Days Supply Exceeds Plan Limitation	CR	Covered with Restrictions
9E	Quantity Does Not Match Dispensing Unit	CR	Covered with Restrictions

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	ECL Description	ECL Value	ECL Description
9G	Quantity Dispensed Exceeds Maximum Allowed	CR	Covered with Restrictions
9H	Quantity Not Valid For Product/Service ID Submitted	NC	Not Covered
A3	This Product May Be Covered Under Hospice - Medicare A	CR	Covered with Restrictions
A4	This Product May Be Covered Under The Medicare- B Bundled Payment To An ESRD Dialysis Facility	CR	Covered with Restrictions
A5	Not Covered Under Part D Law	NC	Not Covered
A6	This Product/Service May Be Covered Under Medicare Part B	CR	Covered with Restrictions
AA1	Date Of Transaction Is Outside Of Product's FDA/NSDE Marketing Dates	CR	Covered with Restrictions
AA2	Pharmacy Not Contracted With Plan/Processor On Date Of Transaction	PF	Pharmacy Not Found
AA3	Quantity To Dispense Incorrect For NDC Sent	NC	Not Covered
AA4	Temporary Coverage Based On Plan's Transition Fill Benefit *Temporary coverage allowed due to plan's transition fill benefit. Future fills may not be covered.*	CR	Covered with Restrictions
AA5	Prior Authorization Required, Transition Fill *Temporary coverage allowed due to plan's transition fill benefit; future fills will require prior authorization.*	CR	Covered with Restrictions
AA6	Non-formulary Drug, Transition Fill *Temporary coverage allowed due to plan's transition fill benefit; future fills will be considered non-formulary.*	CR	Covered with Restrictions
AA7	Plan Limit Or Other Plan Restriction, Transition Fill *Temporary coverage allowed due to plan's transition fill benefit; future fills will reject due to plan limitations or restrictions.*	CR	Covered with Restrictions

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	ECL Description	ECL Value	ECL Description
AA8	Temporary Coverage Based On Plan's Emergency Fill Benefit *Temporary coverage allowed due to plan's Emergency Fill benefit; future fills will not be covered.*	CR	Covered with Restrictions
AA9	Prior Authorization Required, Emergency Fill *Temporary coverage allowed due to plan's Emergency Fill benefit; future fills will require prior authorization.*	CR	Covered with Restrictions
AB1	Non-formulary Drug, Emergency Fill *Temporary coverage allowed due to plan's Emergency Fill benefit; future fills will be considered non-formulary.*	CR	Covered with Restrictions
AB2	Plan Limit Or Other Plan Restriction, Emergency Fill *Temporary coverage allowed due to plan's Emergency Fill benefit; future fills will reject due to plan limitations or restrictions.*	CR	Covered with Restrictions
AB3	Temporary Coverage Based On Plan's Level Of Care Change Benefit *Temporary coverage allowed due to plan's Level of Care change benefit; future fills may not be covered.*	CR	Covered with Restrictions
AB4	Prior Authorization Required, Level Of Care Change Fill *Temporary coverage allowed due to plan's Level of Care change benefit; future fills will require prior authorization.*	CR	Covered with Restrictions
AB5	Non-formulary Drug, Level Of Care Change Fill *Temporary coverage allowed due to plan's Level of Care change benefit; future fills will be considered non-formulary.*	CR	Covered with Restrictions

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	**ECL Description**	**ECL Value**	**ECL Description**
AB6	Plan Limit Or Other Plan Restriction, Level Of Care Change Fill *Temporary coverage allowed due to plan's Level of Care change benefit; future fills may not be covered due to plan limitations or restrictions.*	CR	Covered with Restrictions
AB7	Hospice Compassionate Fill Benefit *Temporary coverage allowed due to hospice compassionate fill benefit. Future fills may not be covered.*	CR	Covered with Restrictions
AB8	Prior Authorization Approval On File *Prior Authorization requirements are currently satisfied, prior authorization renewal may be required for future fills.*	CR	Covered with Restrictions
AB9	Quantity Limited Per Time Period *Coverage allowed, however plan benefits limit the dispensed quantity for this medication over a specific time period.*	CR	Covered with Restrictions
AC	Product Not Covered Non-Participating Manufacturer	NC	Not Covered
AC1	Days Supply Limited Per Time Period *Coverage allowed, however plan benefits limit the days supply for this medication over a specific time period.*	CR	Covered with Restrictions
AG	Days Supply Limitation For Product/Service	CR	Covered with Restrictions
AH	Unit Dose Packaging Only Payable For Nursing Home Recipients	CR	Covered with Restrictions
AJ	Generic Drug Required	CR	Covered with Restrictions
G6	Pharmacy Not Contracted In Specialty Network	PF	Pharmacy Not Found
G7	Pharmacy Not Contracted In Home Infusion Network	PF	Pharmacy Not Found
G8	Pharmacy Not Contracted In Long Term Care Network	PF	Pharmacy Not Found
G9	Pharmacy Not Contracted In 90 Day Retail Network	PF	Pharmacy Not Found
MR	Product Not On Formulary	NC	Not Covered

Coverage Restriction Code (F12-Y8) CoverageRestrictionCode		Coverage Status Code (F13-YA) CoverageStatusCode	
ECL Value	**ECL Description**	**ECL Value**	**ECL Description**
PZ	Non-Matched Unit Of Measure To Product/Service ID	NC	Not Covered
R6	Product/Service Not Appropriate For This Location	CR	Covered with Restrictions
TQ	Dosage Exceeds Product Labeling Limit	CR	Covered with Restrictions
UU	DAW 0 Cannot Be Submitted On A Multi-source Drug With Available Generics	CR	Covered with Restrictions

Since there is a single Coverage Status Code but may be up to five Coverage Restriction Codes for each combination of product/pharmacy, there could be circumstances where there are multiple different Coverage Status Codes. Below are recommendations for selecting which Coverage Status Code value to return on the response.

- If there are any Coverage Restriction Codes and a Coverage Status Code of *Covered with Restrictions (CR)*
    o **Return** *Covered with Restrictions (CR)* as the Coverage Status Code
- If there are no Coverage Restriction Codes with a Coverage Status Code of *CR* and there is at least one Coverage Status Code of *Not Covered (NC)*
    o **Return** *Not Covered (NC)* as the Coverage Status Code
- If all the Coverage Restriction Codes include only a Coverage Status code of *Pharmacy Not Found (PF)*
    o **Return** *Pharmacy Not Found (PF)* as the Coverage Status Code
- If all the Coverage Restriction Codes include only a Coverage Status code of *Pharmacy Type Not Supported (PT)*
    o **Return** *Pharmacy Type Not Supported (PT)* as the Coverage Status Code
- If the only combination of Coverage Restriction Codes is *Pharmacy Type Not Supported (PT)* and *Pharmacy Not Found (PF)*
    o **Return** *Not Covered (NC)* as the Coverage Status Code

This table illustrates the above bullet points.

		Coverage Status Code Instance			
		Covered with Restrictions (CR)	Pharmacy Type Not Supported (PT)	Pharmacy Not Found (PF)	Not Covered (NC)
Coverage Status Code Instance	Covered with Restrictions (CR)	CR	CR	CR	CR
	Pharmacy Type Not Supported (PT)	CR	PT	NC	NC
	Pharmacy Not Found (PF)	CR	NC	PF	NC
	Not Covered (NC)	CR	NC	NC	NC

Example 1:

Coverage Restriction Code Value	Coverage Restriction Code Description	Coverage Status Code
75	Prior Authorization Required	Covered with Restrictions
9H	Quantity Not Valid For Product/Service ID Submitted	Not Covered

Return a Coverage Status Code Value of CR (Covered with Restrictions)

Example 2:

Coverage Restriction Code Value	Coverage Restriction Code Description	Coverage Status Code
40	Pharmacy Not Contracted With Plan/Processor On Date Of Transaction	Pharmacy Not Found
76	Plan Limits Exceeded	Covered with Restrictions

Return a Coverage Status Code value of CR (Covered with Restrictions)

Example 3:

Coverage Restriction Code Value	Coverage Restriction Code Description	Coverage Status Code
890	Pharmacy Not Enrolled In State Medicaid Program	Pharmacy Not Found
831	Product Service ID Carve-Out, Check Medicaid Fee	Not Covered

	For Service	

Return a Coverage Status Code value of NC (Not Covered)

Example 4:

Coverage Restriction Code Value	Coverage Restriction Code Description	Coverage Status Code
4W	Must Dispense Through Specialty Pharmacy	Pharmacy Type Not Supported
G6	Pharmacy Not Contracted In Specialty Network	Pharmacy Not Found

Return a Coverage Status Code value of NC (Not Covered)

2.1 DISPLAY OF ECL DESCRIPTIONS FOR COVERAGE RESTRICTION CODE, COVERAGERESTRICTIONCODE, COVERAGE STATUS CODE AND COVERAGESTATUSCODE

Software vendors may modify the Reject Code or Coverage Restriction Code ECL descriptions for a more user-friendly experience.

3.   QUANTITYUNITOFMEASURE AND UNIT OF MEASURE (600-28)

For assistance in mapping values between the XML QuantityUnitofMeasure and the EDI Unit of Measure (600-28), please refer to Quantity Unit of Measure section in the *SCRIPT Implementation Recommendation* document for a cross-reference table of NCI code to Unit of Measure (600-28) values.

4.   FREQUENTLY ASKED QUESTIONS

4.1   CAN THE RTPB STANDARD BE USED TO COMMUNICATE DRUG DISCOUNT PROGRAM INFORMATION?

Yes. Version 12 of the RTPB Standard supports sending a transaction to any processor that uses a BIN(IIN)/PCN combination, including those for drug discount programs.

It is recommended that processors use the XML RTPBResponse/Response/Processed/Note or the EDI Message (504-F4) field on the response to indicate the price returned is for a drug discount program.

NOTE: See the SCRIPT Implementation Guide for additional guidance on communications relative to discount card program processing and FAQ #4.2 below.

4.2   WHAT ARE THE BEST PRACTICES TO CONSIDER REGARDING TRANSACTIONS TO DRUG DISCOUNT PROGRAM (DDP) PROCESSORS?

- The patient should be consulted before sending a transaction to a DDP and be given the opportunity to identify their preferred DDP.
- The DDP processor should clearly indicate on the response the pricing is for a DDP and not a prescription benefit (see FAQ # 4.1).
- If the prescriber has provided pricing from a specific DDP to the patient, the prescription submitted to the pharmacy should include DDP information (IIN Number, PCN, Group ID, and Cardholder ID) and the <PayerType> of "L" (Discount Program) in the Benefits Coordination element as defined in the SCRIPT Standard Version 2017071.
- When the prescriber provides DDP information in the Benefits Coordination element of the prescription, the fulfilling pharmacy may use this information and other information in the patient record to discuss with the patient the most appropriate program.
- The pharmacy should communicate with the patient when a DDP is used.

5.   MODIFICATIONS TO THIS DOCUMENT

5.1   VERSION 1.1 AUGUST 2021

- Added Frequently Asked Questions section with two questions/responses.