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Product transfer account adjustment response (X12)

A Product Transfer Account Adjustment Response is the formal reply issued by a manufacturer or supplier to a previously submitted adjustment request, typically related to a chargeback claim from a wholesaler or distributor. This response confirms whether the requested financial adjustment—often submitted via a product transfer account adjustment transaction—has been approved, partially approved, or rejected, and provides explanations for any changes made.



Contact your TraceLink Services representative for more information about integrating with this message.

- **Message Type:**

MPC_PRODUCT_TRANSFER_ACCOUNT_ADJUSTMENT_RESPONSE

- **X12 Format:** X12 849

- **Transform Names:**

- B2B_EDI_X12_849_ProductTransferAccountAdjustmentResponse_IB_V1

- B2B_EDI_X12_849_ProductTransferAccountAdjustmentResponse_OB_V2

Guidelines

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|---|-----------------|
| ISA | 1...1 | - | Required. ISA interchange envelope. | - |
| ISA01 | 1...1 | 2/2 | Required. Qualifier for authorization control number in ISA02. | 00 |
| ISA02 | 1...1 | 10/10 | Required. Information used for additional identification or authorization of the interchange sender or the data in the interchange/ 10 spaces a valid entry. | - |
| ISA03 | 1...1 | 2/2 | Required. Qualifier for security information in ISA04. | 00 |
| ISA04 | 1...1 | 10/10 | Required. Identifies security information about the interchange sender or data. | - |
| ISA05 | 1...1 | 2/2 | Required. Interchange sender partner ID qualifier. | 07 |
| ISA06 | 1...1 | 15/15 | Required. Interchange sender identification mapping to fileSenderNumber with party type defined in ISA05. | 7777776067344 |
| ISA07 | 1...1 | 2/2 | Required. Interchange receiver partner ID qualifier. | 01 |
| ISA08 | 1...1 | 15/15 | Required. EDI receiver ID mapping to file control header and to ServiceLinkId. | 888888404358877 |
| ISA09 | 1...1 | 6/6 | Required. Interchange date in 6 char YYMMDD format. | 231020 |
| ISA10 | 1...1 | 4/4 | Required. Interchange time in 4 char HHMM format. | 1420 |
| ISA11 | 1...1 | 1/1 | Required. This value is dependent on X12 version. <ul style="list-style-type: none"> Version 4012 and earlier, this is the interchange control standards identifier. Valid value is U Version 4020 and later, this is the repetition separator, a delimiter that separates repeated occurrences of a data element or composite data structure, which must be different than the data element separator, component separator, and segment terminator." | ^ |
| ISA12 | 1...1 | 5/5 | Required. Interchange control version number. This could be any X12 version. | 00501 |
| ISA13 | 1...1 | 9/9 | Required. Interchange Control Number mapping to file control header. | 000000000619827 |
| ISA14 | 1...1 | 1/1 | Required. Interchange level acknowledgment requested. Valid values: <ul style="list-style-type: none"> 0 - No acknowledgment requested 1 - Interchange level acknowledgment requested | 0 |
| ISA15 | 1...1 | 1/1 | Required. Indicates whether the interchange is for production, test, or information purposes. Valid values: <ul style="list-style-type: none"> I - Information P - Production data T - Test data | P |
| ISA16 | 1...1 | 1/1 | Required. Component element separator. Delimiter that separates data elements within a composite data structure. Must be different than the data element separator and segment terminator. | > |
| GS | 1...* | - | Required. GS group functional envelope. Child of ISA. Only one GS group expected per interchange. | - |
| GS01 | 1...1 | 2/2 | Required. GS group function code. Valid value is CF - Product Transfer Account Response X12 849 | CF |
| GS02 | 1...1 | 2/15 | Required. Application Sender's Code. | 222224043588 |
| GS03 | 1...1 | 2/15 | Required. Application Receiver's Code. | TRACELINK |
| GS04 | 1...1 | 8/8 | Required. Current date stamp in 8 char X12 date format YYYYMMDD. | 20241020 |
| GS05 | 1...1 | 4/8 | Required. Current time stamp in 6 char X12 time format HHMMSS. | 142000 |
| GS06 | 1...1 | 1/9 | Required. Group Control ID Number. | 619827 |
| GS07 | 1...1 | 1/2 | Required. Responsible Agency Code. Valid values: <ul style="list-style-type: none"> T - Transportation Data Coordinating Committee (TDCC) X - Accredited Standards Committee X12 | X |
| GS08 | 1...1 | 1/12 | Required. X12 message version code. This could be any X12 version. | 005010 |
| ST | 1...* | - | Required. ST transaction set envelope. Child of GS group. Only one ST transaction expected. | - |
| ST01 | 1...1 | 3/3 | Required. Transaction set identifier code. | 849 |
| ST02 | 1...1 | 4/9 | Required. Transaction set ID number. Counter for each ST segment beginning with 1. | 0001 |
| BRC | 1...1 | - | Required. Response to Product transfer account request beginning segment. | - |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|---|------------|
| BRC01 | 1...1 | 2/2 | Required. Transaction set purpose code. Valid values: • 00 - Original • 02 - Create (Add) • 03 - Delete • 15 - Resend, Manufacturer response to chargeback resubmission • 8 - Reissue, Manufacturer response to a credit and rebill of original chargeback request • 41 - Correct and verified, Manufacturer response to a chargeback request where original sale was at wholesaler cost/no original chargeback • 45 - Followup, Look for line level details for transaction type identification | 00 |
| BRC02 | 1...1 | 8/8 | Required. Report date in date format CCYYMMDD. | 20240919 |
| BRC03 | 0...1 | 2/3 | Required. Reference identification qualifier for contract number. Valid values: • CM - Credit memo • TN - Transaction reference | CM |
| BRC04 | 0...1 | 1/80 | Required. Reference identification number for contract number. | CB09089P60 |
| REF | 0...12 | - | Reference segment for mapping to the transaction references. | - |
| REF01 | 1...1 | 2/3 | Required. Reference identification qualifier for the contract class. Valid values: • RX - Number assigned by the manufacturer to identify a previously submitted chargeback • ZZ - Mutually defined • 2U - Payer Identification Number for 340B Programs • DH - Drug Enforcement Administration Number • HI - Health Industry Number (HIN) • L1 - Letters or notes • LU - GS1-US Global Location Number (GLN) • P7 - Chargeback detail line number • C8 - Corrected contract number • 8X - Processing function type or transaction category code • DI - Distributor invoice number | RX |
| REF02 | 0...1 | 1/80 | Required. Reference identifier value. | S340B |
| REF03 | 0...1 | 1/80 | Description defined by qualifier code in REF02. | sub-340B |
| CUR | 0...1 | - | Currency code info for Product transfer account adjustment response. | - |
| CUR01 | 1...1 | 2/3 | Required. Entity identifier code for an organization, physical location, property or individual for use of the currency. Valid values: • SE - Selling party currency • BY - Buying party currency | SE |
| CUR02 | 1...1 | 3/3 | Required. Standard ISO currency code for the country in which the payments are specified. | USD |
| CUR03 | 0...1 | 4/10 | Exchange rate value to be used as a multiplier conversion factor to convert monetary value from one currency to another | - |
| AAA | 0...10 | - | - | - |
| AAA01 | 1...1 | 1/1 | Required. Yes or no condition response code. Valid values: • Y - Request is accepted • N - Rejected • U - Unknown • W - Not applicable | Y |
| AAA02 | 0...1 | 2/2 | Code identifying the agency assigning the code values. Valid value is DR - National Wholesale Druggists Association | DR |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|--|-----------------|
| AAA03 | 0...1 | 2/2 | <p>Rejection reason code identifier. Valid values as per HDA guideline and other healthcare partners:</p> <ul style="list-style-type: none"> • 01 - Price Authorization Invalid • 04 - Authorized Quantity Exceeded • BB - Contract Number Incorrect, Contract number supplied does not match any valid contract number in Manufacturer database • EE - Invoice date for chargeback claim is missing or invalid • FF - Manufacturer does not find contract submitted for this customer. • KK - Drug not covered, Drug for this chargeback not ever covered on this contract • MM - Drug not yet eligible, Invoice date precedes date of inclusion of drug on this contract • 00 - Wholesaler not covered/ID not recognized, Manufacturer has no record of inclusion of this distributor on this contract or cannot identify them • RR - Quantity invalid or not supplied, Quantity on invoice invalid or not supplied as required • SS - Contract price not supplied or incorrect - Corrected in this 849 response transaction | 01 |
| AAA04 | 0...1 | 1/1 | <p>Action code identifies consequent action has to be taken by receiver of this message. Valid values: as per HDA guidelines</p> <ul style="list-style-type: none"> • C - Please Correct and Resubmit • N - Resubmission Not Allowed • P - Please Resubmit Original Transaction • R - Resubmission Allowed • S - Do Not Resubmit; Inquiry Initiated to a Third Party • W - Please Wait 30 Days and Resubmit • X - Please Wait 10 Days and Resubmit • Y - Do Not Resubmit; We will Hold Your Request and Respond Again Shortly • D - Resubmit Entire Claim, The entire claim has to be resubmitted | C |
| N1 | 0...1 | - | N1 name segment loop for the party information extended with dates and reference identifiers. | - |
| N101 | 1...1 | 2/3 | <p>Required. Entity qualifier for the party identifier and address information. Valid values:</p> <ul style="list-style-type: none"> • BY - Customer party • SU - Supplier party • ST - Ship to party • DS - Distributor party • MF - manufacturer party • DB - Distributor branch | BY |
| N102 | 0...1 | 1/60 | Name. | Pharma customer |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|--|---|
| N103 | 0...1 | 1/2 | Required. Identifier code qualifier. Valid values: • 1 - DUNS • 2 - SCAC • 9 - DUNS+4 • 11 - Drug Enforcement Agency registration number • 21 - Health Industry Number • 91 - Company identifier • 92 - Company location identifier • UL - Global Location Number • PI - US_340B_ID • PP - Pharmacy_Processor_Number | UL |
| N104 | 0...1 | 2/80 | Required. Party identifier as qualified by N103 mapping to companyIdentifierValue. If N103 is present, N104 is required. | 3333331013655 |
| N3 | 0...1 | - | N3: Address: Child of N1 party name segment. | - |
| N301 | 1...1 | 1/55 | Required. Street address 1. | 555 Neelan Road |
| N302 | 0...1 | 1/55 | Street address 2. | Suite 123 |
| N4 | 0...1 | - | N4: Geographic Location. Child of party N1 name segment. | - |
| N401 | 0...1 | 2/30 | City name. | Sacramento |
| N402 | 0...1 | 2/2 | State or province code. Code (Standard state/province) as defined by appropriate government agency | CA |
| N403 | 0...1 | 3/15 | Postal code. Code defining international postal zone code excluding punctuation and blanks. | 95833 |
| N404 | 0...1 | 2/3 | Country code. | US |
| PER | 0...3 | - | Contact Information. | - |
| PER01 | 1...1 | 2/2 | Required. Contact function code identifying major duty or responsibility of person or group named as contact. Valid value is AJ - Primary contact | AJ |
| PER02 | 0...1 | 1/80 | Name of the contact person responsible for authenticating the pedigree information. | John Smith |
| PER03 | 0...1 | 2/2 | Communication Number Qualifier identifying the contact person's telephone number or email address. Valid values: • TE - Telephone number • EM - email address | TE |
| PER04 | 0...1 | 1/2048 | Communication number or Email address. | +1.516.747.6849 / jsmith@manufac.com |
| PER05 | 0...1 | 2/2 | Communication Number Qualifier identifying the contact person's telephone number or email address. Valid values: • TE - Telephone number • EM - email address | EM |
| PER06 | 0...1 | 1/2048 | Communication number or Email address | +1.516.747.6849 / jsmith@manufac.com |
| CON Loop | 1...* | - | Required. Contract Number details loop for specifying contract reference number and status. | - |
| CON01 | 1...1 | 2/3 | Required. Reference identification qualifier. Transaction reference type for X12 segments REF and N9 and EDIFACT RFF for general reference data that is not a transaction document identifier. HDA mapping. Valid value is VC - Vendor/Supplier contract number | VC |
| CON2 | 1...1 | 1/80 | Required. Reference identification id, Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier vendor or supplier contract id | PHS12 |
| CON3 | 1...1 | 2/2 | Required. Contract current status code valid value is VA - Valid open contract | VA |
| AAA | 0...10 | - | - | - |
| AAA01 | 1...1 | 1/1 | Required. Yes or not condition response code. Valid values: • Y - Request is accepted • N - Rejected • U - Unknown • W - Not applicable | N |
| AAA02 | 0...1 | 2/2 | Code identifying the agency assigning the code values. Valid value is DR - National Wholesale Druggists Association | DR |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|--|-----------------|
| AAA03 | 0...1 | 2/2 | <p>Rejection reason code identifier. Valid values list include: as per HDA guideline and other healthcare partners.</p> <ul style="list-style-type: none"> • 01 - Price Authorization Invalid • 04 - Authorized Quantity Exceeded • BB - Contract Number Incorrect, Contract number supplied does not match any valid contract number in Manufacturer database • EE - Invoice date for chargeback claim is missing or invalid • FF - Manufacturer does not find contract submitted for this customer • KK - Drug not covered, Drug for this chargeback not ever covered on this contract • MM- Drug not yet eligible, Invoice date precedes date of inclusion of drug on this contract • 00 - Wholesaler not covered/ID not recognized, Manufacturer has no record of inclusion of this distributor on this contract or cannot identify them • RR - Quantity invalid or not supplied, Quantity on invoice invalid or not supplied as required • SS - Contract price not supplied or incorrect - Corrected in this 849 response transaction | 01 |
| AAA04 | 0...1 | 1/1 | <p>Action code identifies consequent action has to be taken by receiver of this message. Valid values: as per HDA guidelines</p> <ul style="list-style-type: none"> • C - Please Correct and Resubmit • N - Resubmission Not Allowed • P - Please Resubmit Original Transaction • R - Resubmission Allowed • S - Do Not Resubmit; Inquiry Initiated to a Third Party • W - Please Wait 30 Days and Resubmit • X - Please Wait 10 Days and Resubmit • Y - Do Not Resubmit; We will Hold Your Request and Respond Again Shortly • D - Resubmit Entire Claim, The entire claim has to be resubmitted | C |
| REF | 0...12 | - | REF reference segment loop for contract number reference in CON loop group. | - |
| REF01 | 1...1 | 2/3 | Required. Reference identification qualifier for the previous contract number. Valid values is C8 - Corrected Contract Number | C8 |
| REF02 | 0...1 | 1/80 | Required. Reference identifier value: check number. If REF01 present, REF02 is required | 4500018486 |
| REF03 | 0...1 | 1/80 | A free-form description to clarify the related data elements and their content. HDA: Identifier or description defined by qualifier code in transactionReferenceIdentifier (REF02). | Acute Care |
| N1 | 0...1 | - | CON level N1 name segment loop for the party information extended with dates and reference identifiers. HDA usage note: This N1 loop at the Detail Level in the CON loop is required to identify customers belonging to the buying group or individual parties involved in chargeback contract | - |
| N101 | 1...1 | 2/3 | Required. Entity qualifier for the party identifier and address information. Valid value:\n\n- BT = Bill to party\n- ST = ship to party\n- DS = Distributor party | BT |
| N102 | 0...1 | 1/60 | Name | Pharma customer |

| Input Element | Occurs | Length | Description | Example |
|------------------------|--------|--------|--|-----------------|
| N103 | 0...1 | 1/2 | Required. Identifier code qualifier. Valid values: <ul style="list-style-type: none"> • 1 - DUNS • 2 - SCAC • 9 - DUNS+4 • 11 - Drug Enforcement Agency registration number • 21 - Health Industry Number • 91 - Company identifier • 92 - Company location identifier • UL - Global Location Number • PI - US_340B_ID • PP - Pharmacy_Processor_Number | UL |
| N104 | 0...1 | 2/80 | Required. Party identifier as qualified by N103 mapping to companyIdentifierValue. If N103 is present, N104 is required | 3333331013655 |
| N3 | 0...1 | - | N3: Address: Child of party N1 name segment. | - |
| N301 | 1...1 | 1/55 | Required. Street address 1. | 555 Neelan Road |
| N302 | 0...1 | 1/55 | Street address 2. | Suite 123 |
| N4 | 0...1 | - | N4: Geographic Location. Child of party N1 name segment. | - |
| N401 | 0...1 | 2/30 | City name | Sacramento |
| N402 | 0...1 | 2/2 | State or province code. Code (Standard state/province) as defined by appropriate government agency. | CA |
| N403 | 0...1 | 3/15 | Postal code. Code defining international postal zone code excluding punctuation and blanks. | 95833 |
| N404 | 0...1 | 2/3 | Country code. | US |
| REF (CON-N1-N3-N4-REF) | 0...12 | - | REF reference segment for mapping for referenc identifiers. HDA Description: This REF segment at the Detail Level in the CON/N1 loop is used in response to chargeback request to provide other information regarding the customers involved in reconciliation process including: Payer identification number (340 programs), DEA, Health industry number, GLN and Produc line numbers. REF01 and REF02 must be present and in some instances, REF03 may be appropriate for description clarification. | - |
| REF01 | 1...1 | 2/3 | Required. Reference information for identifiers that are not related to transaction documents. This group would map to X12 segments REF and N9 and EDIFACT RFF for information other than transaction documents. HDA mapping. Valid values <ul style="list-style-type: none"> • RX - Number assigned by the manufacturer to identify a previously submitted chargeback • ZZ - Mutually defined • 2U - Payer Identification Number for 340B Programs • DH - Drug Enforcement Administration Number • HI - Health Industry Number (HIN) • L1- Letters or notes • LU - GS1-US Global Location Number (GLN) • P7 - Chargeback detail line number • C8 - Corrected contract number • 8X - Processing function type or transaction category code • DI - Distributor invoice number | 2U |
| REF02 | 0...1 | 1/80 | Required. Transaction reference identifier value as defined by enum in transactionReferenceType.\n\nIf REF01 present, REF02 is required | AC |
| REF03 | 0...1 | 1/80 | A free-form description to clarify the related data elements and their content. HDA: Identifier or description defined by qualifier code in transactionReferenceIdentifier (REF02). | Acute Care |
| PAD | 0...* | - | Product adjustment detailed group. Adjustments with reason codes but without reference to an invoice. If PAD present, any of PAD01, PAD02 required. | - |
| PAD01 | 0...1 | 1/20 | The line item number restarts and resets to 1 for each new loop of the canonicalProductTransferAccountAdjustmentResponseItemDetails array. | 1 |
| PAD02 | 0...1 | 2/2 | Product transfer type code. Pass thru mapping to canonical. | 02 |
| PAD03 | 0...1 | 2/2 | Change or response type code specifying the type of change recorded in the product adjustment details loop. | AI |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|---|-------------|
| LIN | 0...1 | - | Item identification segment in CON-PAD, one segment per PAD. | - |
| LIN01 | 0...1 | 1/20 | Line item identification. | 01 |
| LIN02 | 1...1 | 2/2 | Required. product service ID qualifier mapping from global standards enum list. | VN |
| LIN03 | 1...1 | 1/80 | Required. Product or service identifier. | 08202000230 |
| AAA | 0...10 | - | - | - |
| AAA01 | 1...1 | 1/1 | Required. Yes or no condition response code. Valid values: <ul style="list-style-type: none"> • Y - Request is accepted • N - Rejected • U - Unknown • W - Not applicable | Y |
| AAA02 | 0...1 | 2/2 | Code identifying the agency assigning the code values. Valid value is DR - National Wholesale Druggists Association | DR |
| AAA03 | 0...1 | 2/2 | Rejection reason code identifier. Valid values list include: as per HDA guideline and other healthcare partners. <ul style="list-style-type: none"> • 01 - Price Authorization Invalid • 04 - Authorized Quantity Exceeded • BB - Contract Number Incorrect, Contract number supplied does not match any valid contract number in Manufacturer database • EE - Invoice date for chargeback claim is missing or invalid • FF - Manufacturer does not find contract submitted for this customer • KK - Drug not covered, Drug for this chargeback not ever covered on this contract • MM- Drug not yet eligible, Invoice date precedes date of inclusion of drug on this contract • 00 - Wholesaler not covered/ID not recognized, Manufacturer has no record of inclusion of this distributor on this contract or cannot identify them • RR - Quantity invalid or not supplied, Quantity on invoice invalid or not supplied as required • SS - Contract price not supplied or incorrect - Corrected in this 849 response transaction | 01 |
| AAA04 | 0...1 | 1/1 | Action code identifies consequent action has to be taken by receiver of this message. Valid values: as per HDA guidelines <ul style="list-style-type: none"> • C - Please Correct and Resubmit • N - Resubmission Not Allowed • P - Please Resubmit Original Transaction • R - Resubmission Allowed • S - Do Not Resubmit; Inquiry Initiated to a Third Party • W - Please Wait 30 Days and Resubmit • X - Please Wait 10 Days and Resubmit • Y - Do Not Resubmit; We will Hold Your Request and Respond Again Shortly • D - Resubmit Entire Claim, The entire claim has to be resubmitted | C |
| UIT | 0...5 | - | Specifies item unit details of a contract that is being requested/corrected in response. HDA usage note: CON-PAD-UIT Four occurrences of this segment at the detail level in the productAdjustmentDetails loop are required to add an item in a response to chargeback request: to specify the contract price, submitted contract price, whole sale price and submitted wholesale price. | - |
| UIT01 | 1...1 | - | Required. | - |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|---|---------|
| UIT01.1 | 1...1 | 2/2 | <p>Required. Unit of measure for recorded product in adjustment. Valid values:</p> <ul style="list-style-type: none"> • CA - Case • CP - Crate • CT - Carton • DS - Display • DZ - Dozen • EA - Each • PR - Pair • PC - Piece • PF - Pallet • PK - Package • PT - Pint • QT - Quart • RL - Roll • SC - Square Centimeter • SF - Square Foot • SH - Sheet • SI - Square Inch • SM - Square Meter • ST - Set • SY - Square Yard • T3 - Thousand Pieces • TH - Thousand • TY - Tray • UN - Unit | UN |
| UIT02 | 0...1 | 1/17 | Item unit price. if UIT03 present, UIT02 is required. | 12.10 |
| UIT03 | 0...1 | 2/2 | <p>Code identifying the type of unit price. Valid values:</p> <ul style="list-style-type: none"> • CT - CONTRACT • WH - WHOLESALE • SC - SUBMITTEDCONTRACT • SW - SUBMITTEDWHOLESALE | CT |
| QTY | 0...5 | - | Quantity of item in response to chargeback claim. Notes: Rebate returns are indicated by negative values in the QTY and AMT segments. | - |
| QTY01 | 1...1 | 2/2 | <p>Required. Quantity type for return. Valid values:</p> <ul style="list-style-type: none"> • 32 - Sold • 76 - Returned • 83 - Submitted sold • 84 - Submitted returned | 01 |
| QTY02 | 0...1 | 1/15 | Required. Quantity of product | 25.00 |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|---|---------|
| | | | Unit of measure used for pricing. Valid values <ul style="list-style-type: none"> • 02 - Statute Mile • 4G - Microliter • AM - Ampoule • AV - Capsule • BD - Bundle • BG - Bag • B0 - Bottle • BX - Box • C3 - Centiliter • CA - Case • CC - Cubic Centimeter • CF - Cubic Feet • CG - Card Blister • CH - Container • CI - Cubic Inches • CL - Cylinder • CM - Centimeter • CN - Can • CP - Crate • CQ - Cartridge • CR - Cubic Meters • CT - Carton • DA - Day • DI - Dispenser • DK - Kilometers • DL - Deciliter • DM - Decimeter • DQ - Cubic decimeters • DR - Drum • DS - Display • DZ - Dozen • EA - Each • F0 - US Fluid Ounce • FT - Foot • GA - US Gallon • GL - Gram/Liter • GR - Gram • GS - Gross • H4 - Hectoliter • HF - Hundred Feet • HR - Hours • IN - Inch • K6 - Kiloliters • KG - Kilogram • KT - Kit • LB - US Pound • LF - Linear Foot • L0 - Lot (unit of procurement) • LT - Liter • LY - Linear Yard • MC - Microgram • ME - Milligram • ML - Milliliter • MM - Millimeter • M0 - Months • 01 - Cubic millimeter • MR - Meter • OZ - Ounce • P1 - Percent • PC - Piece • PF - Pallet • PH - Pack • PK - Package • PR - Pair • PT - Pint • QT - Quart • RL - Roll • SC - Square Centimeter • SF - Square Foot • SH - Sheet • SI - Square Inch • SM - Square Meter • SP - Self Package • ST - Set • SY - Square Yard • SZ - Syringe • T3 - Thousand Pieces • TB - Tube • TH - Thousands • TN - Tonne • TS - Thousands • TY - Tray • U2 - Tablet • UM - Million • UN - Unit • US - Dosage Form • V2 - Pouch • VI - Vial • WK - Week • YD - Yard • YR - Years | UN |
| QTY03-1 | 0..1 | 2/2 | | |

| Input Element | Occurs | Length | Description | Example |
|-------------------|--------|--------|---|------------|
| AMT | 0...2 | - | Monetary amount. HDA Notes: The AMT segment is to be used only in cases where the amount cannot be computed from other detail. Submitted chargeback claim amount is equal to the value of the chargeback claim amount at the summary level in the canonical productTransferAccountRequest — which was submitted by the distributor to the manufacturer. Adjusted chargeback claim amount is equal to the value of the credit memo issued by the manufacturer. | - |
| AMT01 | 1...1 | 1/3 | Required. Qualifier code defining amount for. Valid values: • A - Adjusted chargeback amount • S - Submitted chargeback amount | A |
| AMT02 | 1...1 | 1/18 | Required. Monetary amount. | 275.36 |
| AMT03 | 0...1 | 1/1 | Credit or debit flag code indicating whether the amount is a credit or a debit. Valid values: • C - Credit • D - Debit | D |
| DTM | 0...10 | - | DTM date segment in CON-PAD loop group 120. HDA usage description: This date segment at the detail level in the canonical productAdjustmentDetails array (X12CON/PAD loop) is only used to provide the item Invoiced and PO Received date. | - |
| DTM01 | 1...1 | 3/3 | Required. Date type qualifier for contract dates in CON-PAD-DTM loop. Valid values: • 003 - Invoice • 008 - PO Received date | '003 |
| DTM02 | 0...1 | 8/8 | Required. Contract date in date format YYYYMMDD | 20240628 |
| DTM03 | 0...1 | 4/8 | Contract time in time format HHMMSS. | 123422 |
| REF (CON-PAD-REF) | 0...12 | - | REF reference segment for mapping for reference identifiers. HDA Description: This REF segment at the Detail Level in the CON/N1 loop is used in response to chargeback request to provide other information regarding the customers involved in reconciliation process including: Payer identification number (340 programs), DEA, Health industry number, GLN and Product line numbers. REF01 and REF02 must be present and in some instances, REF03 may be appropriate for description clarification. Notes: if REF01 = 8X then transaction type REF02 will have priority then BRC01 REF02 = 00 - Original • 15- for resubmission • 18 - credit / rebill with original • 41 - credit / rebill with out original | - |
| REF01 | 1...1 | 2/3 | Required. Reference information for identifiers that are not related to transaction documents. This group would map to X12 segments REF and N9 and EDIFACT RFF for information other than transaction documents. HDA mapping. Valid values • RX - Number assigned by the manufacturer to identify a previously submitted chargeback • ZZ - Mutually defined • 2U - Payer Identification Number for 340B Programs • DH - Drug Enforcement Administration Number • HI - Health Industry Number (HIN) • L1- Letters or notes • LU - GS1-US Global Location Number (GLN) • P7 - Chargeback detail line number • C8 - Corrected contract number • 8X - Processing function type or transaction category code • DI - Distributor invoice number | 2U |
| REF02 | 0...1 | 1/80 | Required. Transaction reference identifier value as defined by enum in transactionReferenceType. | 23U323 |
| REF03 | 0...1 | 1/80 | A free-form description to clarify the related data elements and their content. HDA: Identifier or description defined by qualifier code in transactionReferencelIdentifier (REF02). | Acute Care |

| Input Element | Occurs | Length | Description | Example |
|---------------|--------|--------|---|-----------------|
| CTT | 1...1 | - | Required. CTT-Transaction Totals | - |
| CTT01 | 1...1 | 1/6 | Required. Total number of line items in the transaction set | 15 |
| AMT | 0...5 | - | Monetary amount, summary level. HDA Notes: The AMT segment is to be used only in cases where the amount cannot be computed from other detail. Submitted chargeback claim amount is equal to the value of the chargeback claim amount at the summary level in the canonical productTransferAccountRequest — which was submitted by the distributor to the manufacturer. Adjusted chargeback claim amount is equal to the value of the credit memo issued by the manufacturer. | - |
| AMT01 | 1...1 | 1/3 | Required. Qualifier code defining amount for. Valid values: • A - Adjusted chargeback amount • S - Submitted chargeback amount • N - Net adjustment amount | A |
| AMT02 | 1...1 | 1/18 | Required. Monetary amount. | 275.36 |
| AMT03 | 0...1 | 1/1 | Credit or debit flag code indicating whether the amount is a credit or a debit. Valid values: • C - Credit • D - Debit | D |
| SE | 1...1 | - | Required. ST ... SE transaction set trailer envelope. Child of GS group. Only one ST transaction expected. | - |
| SE01 | 1...1 | 1/10 | Required. Total count of segments in ST ... SE transaction set including ST and SE segments. | 10 |
| SE02 | 1...1 | 4/9 | Required. Transaction set control number. | 0001 |
| GE | 1...1 | - | Required. GS ... GE functional group trailer envelope. Child of ISA interchange. Only one GS group expected. | - |
| GE01 | 1...1 | 1/6 | Required. Number of transaction sets in functional group. | 5 |
| GE02 | 1...1 | 1/9 | Required. Functional group control number. | 619827 |
| IEA | 1...1 | - | Required. ISA ... IEA interchange control trailer envelope. Only one interchange expected per transmission. | - |
| IEA01 | 1...1 | 1/5 | Required. Number of functional groups in interchange. | 1 |
| IEA02 | 1...1 | 9/9 | Required. Interchange control number. | 000000000619827 |

Example

```

ISA*00*                *00*                *07*7777776067344
*01*888888404358877*190125*0900*^*00501*000619827*0*P*>~
GS*CF*2222224043588*TRACELINK*20190125*090000*828691477*X*005010~
ST*849*0001~
BRC*00*20250317*CM*CB09089P60*124810~
CUR*SE*USD*1234~
AAA*Y*DR*01*C~
REF*RX*S340B*sub-340B~
N1*BY*NameBY*9*56568989~
N3*Address1*Address2~
N4*City*MI*00000*US~
PER*AJ*Name*TE*11111111~
PER*AJ*Name2*EM*emailBY@gmail.com~
N1*SU*SUP PHARMACEUTICAL*92*4573753~
N3*251 Ridge Pond Road*Address2_SU~
N4*Spring Hills*NY*55221*US~
PER*AJ*Name*TE*22222222~
PER*AJ*Name2*EM*emailSU@gmail.com~
N1*ST*VALUE DRUG COMPANY*11*RV0464646~
N3*195 THEATER DRIVE*Address2_ST~
N4*DUNCANSVILLE*PA*16635*US~
PER*AJ*Name*TE*33333333~

```

PER*AJ*Name2*EM*emailST@gmail.com~
REF*RX*S340B*sub-340B~
N1*MF*PAR PHARMACEUTICAL*UL*PP0244703~
N3*30 DUNNIGAN DRIVE, SUITE C*Address2_MF~
N4*MONTEBELLO*NY*10901*USA~
PER*AJ*Name*TE*44444444~
PER*AJ*Name2*EM*emailMF@gmail.com~
N1*DS*Wholesale Inc*9*33333~
N3*DS_Address1*DS_Address2~
N4*DS_City*CT*999999*US~
PER*AJ*Name*TE*55555555~
PER*AJ*Name2*EM*emailDS@gmail.com~
N1*DB*Wholesale Inc*9*44444~
N3*DB_Address1*DB_Address2~
N4*DB_City*CT*999999*US~
PER*AJ*Name*TE*66666666~
PER*AJ*Name2*EM*emailDB@gmail.com~
CON*VC*PHS12*VA~
AAA*Y*DR*NN*D~
REF*C8*4500018486*Acute Care_C8~
DTM*003*20250319*123422~
N1*BT*Pharma customer_BT*UL*3333331013655~
N3*555 Neelan Road*Suite 123~
N4*Sacramento*CA*95833*US~
REF*2U*AC*Acute Care_2U~
N1*ST*VALUE DRUG COMPANY*11*RV0464646~
N3*195 THEATER DRIVE*Address2_ST~
N4*DUNCANSVILLE*PA*16635*US~
REF*HI*AC*Acute Care_HI~
N1*DS*Pharma customer*11*RV0464689~
N3*195 THEATER DRIVE*Address2_DS~
N4*DUNCANSVILLE*PA*16635*US~
REF*LU*AC*Acute Care_LU~
PAD*1*BB*AI~
LIN*01*VN*08202000230~
AAA*Y*DR*15*S~
UIT*UN*12.10*CT~
QTY*01*25.00*UN~
AMT*A*188*D~
REF*2U*23U323*Acute Care_2U~
DTM*003*20250317*123422~
CTT*194~
AMT*A*196*D~
AMT*S*197*C~
SE*63*0001~
GE*5*619827~

IEA*1*619827000~



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