Pennsylvania Pharmaceutical Assistance Contract for the Elderly (PACE) and Ancillary Programs NCPDP D.0 Payer Specification

September 1, 2021

General Information

Payer Name: Pennsylvania PACE		
Plan Name/Group Name: Pennsylvania PACE	**BIN:** 002286	**PCN:** 0000102286 0000682201
Processor: Processor/Fiscal Intermediary		
Effective as of: TBD	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: June 2010	**NCPDP External Code List Version Date:** June 2010 Emergency Telecommunication External Code List Value Addendum Date July 2012	
Certification Testing Window: 11/14/2011–12/14/2011		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 800-835-4080		
Other versions supported: NCPDP Telecommunication version 5.1 until 01/01/2012		

Other Transactions Supported

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Re-Bill
E1	Eligibility Verification

Field Legend for Columns

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when." The situations designated have qualifications for usage ("Required if x," "Not required if y").	Yes

Fields that are not used in the Claim Billing/Claim Re-bill transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the document.

NCPDP Version D.0 Claim Billing/Claim Re-bill Template

B1/B3 – Claim Billing/Claim Re-bill Request

Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Billing or Claim Re-bill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	ØØ2286	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø3-A3	TRANSACTION CODE	B1 Billing B2 Reversal B3 Re-bill E1 Eligibility Verification	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	TrOOP Claims: **ØØØØ1Ø2286** Non-TrOOP Claims: **ØØØØ6822Ø1**	M	**IMPORTANT: USE THE CORRECT PCN:** TrOOP claims include the following programs: **PACE, CRDP, SPBP1, and SPBP 2** Non-TrOOP claims include: **CF, SB, MSUD, PKU, PAP**
1Ø9-A9	TRANSACTION COUNT	1 One Occurrence 2 Two Occurrences 3 Three Occurrences 4 Four Occurrences	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Health Services

Insurance Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	9-character ID
3Ø1-C1	GROUP ID	PACE CRDP ADAP	R	PACE = PACE/PACENET CRDP = Chronic Renal Disease Program

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		SPBP CF SB MSUD PKU PAP		**ADAP = Special Pharmaceutical Benefits Program SP1 cardholders** **SPBP = Special Pharmaceutical Benefits Program SP2 cardholders** CF = Cystic Fibrosis SB = Spina Bifida MSUD = Maple Syrup Urine Disease PKU = Phenylketonuria PAP = PA Patient Assistance Program
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	1 = Cardholder

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions.

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified 1 = Male 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required when the patient has a last name. *Payer Requirement:* Required for patient name validation.

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
384-4X	PATIENT RESIDENCE	Ø = Not Specified 1 = Home 2 = Skilled Nursing Facility. PART B ONLY 3 = Nursing Facility 4 = Assisted Living Facility 5 = Custodial Care Facility. PART B ONLY 6 = Group Home 7 = Inpatient Psychiatric Facility 8 = Psychiatric Facility – Partial Hospitalization 9 = Intermediate Care Facility/Mentally Retarded 1Ø = Residential Substance Abuse Treatment Facility 11 = Hospice 12 = Psychiatric Residential Treatment Facility 13 = Comprehensive Inpatient Rehabilitation Facility 14 = Homeless Shelter	R	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*. Patient Residence = 3 Nursing Facility required when recipient is identified as a long-term care resident. Ø = "Not Specified" will deny.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Payer Requirement:* For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC) ØØ = Not Specified	M	*Payer Requirement:* Use "ØØ" for compounds.
4Ø7-D7	PRODUCT/SERVICE ID	NDC for non-compound claims "Ø" for compound claims	M	
456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction in a partial fill (Dispensing Status [343-HD] = "C" [Completed]). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Same as *Imp Guide*.
457-EP	ASSOCIATED PRESCRIPTION/ SERVICE DATE		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status [343-HD] = "C" [Completed]). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				occurrences of partial fills for this prescription. *Payer Requirement:* Same as *Imp Guide*.
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
46Ø-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*).
4Ø3-D3	FILL NUMBER	Ø = Original dispensing Refill number – Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	PACE = Maximum of 30 when primary. Other program's day supply may differ.
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace	R	PACE, CRDP DAW 1 subject to M.E. process for PACE. DAW 5 used only when submitted U&C is equal to or less than generic. DAW 5 not accepted in lieu of a Medical Exception for an A Rated brand product when PACE is primary payer.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		9 = Substitution Allowed by Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product to Be Dispensed		
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1–99 = Authorized Refill number – with 99 being as needed, refills unlimited	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Same as *Imp Guide*. PACE, CRDP, SPBP, and all other Pennsylvania Department of Aging administered plans use an internal counter that limits refills to maximum of 5 although prescriber may authorize more. **Note:** Value of "99" is not acceptable for any PDA-administered programs.
419-DJ	PRESCRIPTION ORIGIN CODE	Ø = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Value of "Ø" will deny as Invalid. All other codes are accepted.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW***	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	1 = No Override 2 = Other Override 3 = Vacation Supply 4 = Lost Prescription 5 = Therapy Change 6 = Starter Dose 7 = Medically Necessary	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). *Payer Requirement:* Required when needed to provide additional information for coverage purposes.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		8 = Process Compound for Approved Ingredients 9 = Encounters 1Ø = Meets Plan Limitations 11 = Certification on File 12 = DME Replacement Indicator 13 = Payer-Recognized Emergency/Disaster Assistance Request 14 = Long-Term Care Leave of Absence 15 = Long-Term Care Replacement Medication 16 = Long-Term Care Emergency box (kit) or automated dispensing machine 17 = Long-Term Care Emergency supply remainder 18 = Long-Term Care Patient Admit/Readmit Indicator 2Ø = 34ØB 21 =LTC dispensing: 14 days or less not applicable – Fourteen day or less dispensing is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken or special dispensing methodology (i.e., vacation supply, leave of absence, ebox, spitter dose). Medication quantities are dispensed as billed 22 = LTC dispensing: 7 days – Pharmacy dispenses medication in 7-day supplies 23 = LTC dispensing: 4 days – Pharmacy dispenses medication in 4-day supplies 24 = LTC dispensing: 3 days – Pharmacy dispenses medication in 3-day supplies		NOTE: SPBP1 providers: See SPBP1 Provider Agreement Section I.N. **Value #8 may be used for multi-ingredient compounds.** **Value #3 accepted only for Special Pharmaceutical Benefits Program cardholders.** **Value #20 MUST be entered when submitting a drug purchased under Section 340B of the Public Health Service Act.** **Other values accepted, but edited ONLY for data integrity, i.e., no illegal characters, etc.**

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		25 = LTC dispensing: 2 days – Pharmacy dispenses medication in 2-day supplies 26 = LTC dispensing: 1 day – Pharmacy or remote (multiple shifts) dispenses medication in 1-day supplies 27 = LTC dispensing: 4-3 days – Pharmacy dispenses medication in 4-day, then 3-day supplies 28 = LTC dispensing: 2-3 days – Pharmacy dispenses medication in 2-day, then 2-day, then 3-day supplies 29= LTC dispensing: daily and 3-day weekend – Pharmacy or remote dispensed daily during the week and combines multiple days dispensing for weekends 30 = LTC dispensing: Per shift dispensing – Remote dispensing per shift (multiple med passes) 31 = LTC dispensing: Per med pass dispensing – Remote dispensing per med pass 32 = LTC dispensing: PRN on demand – Remote dispensing on demand as needed 33 = LTC dispensing: 7 day or less cycle not otherwise represented 34 = LTC dispensing: 14 days dispensing – Pharmacy dispenses medication in 14-day supplies 35 = LTC dispensing: 8–14 day dispensing method not listed above – 8–14-day dispensing cycle not otherwise represented		

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		36 = LTC dispensing: dispensed outside short cycle – Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be Part D.		
3Ø8-C8	OTHER COVERAGE CODE	Ø = Not Specified by patient 1 = No other coverage 2 = Other coverage exists-payment collected 3 = Other Coverage Billed – claim not covered 4 = Other coverage exists-payment not collected	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Same as *Imp Guide*.
429-DT	SPECIAL PACKAGING INDICATOR	Ø = Not Specified 1 = Not Unit Dose – Indicates the product is not being dispensed in special unit dose packaging. 2 = Manufacturer Unit Dose – A code used to indicate a distinct dose as determined by the manufacturer. 3 = Pharmacy Unit Dose – Used to indicate when the pharmacy has dispensed the drug in a unit of use package which was "loaded" at the pharmacy – not purchased from the manufacturer as a unit dose. 4 = Pharmacy Unit Dose Patient Compliance Packaging – Unit dose blister, strip or other packaging designed in compliance-prompting formats that help people take their medications properly. 5 = Pharmacy Multi-drug Patient Compliance Packaging – Packaging that may contain drugs from multiple		

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		manufacturers combined to ensure compliance and safe administration. 6 = Remote Device Unit Dose– Drug is dispensed at the facility, via a remote device, in a unit of use package. 7 = Remote Device Multi-drug Compliance – Drug is dispensed at the facility, via a remote device, with packaging that may contain drugs from multiple manufacturers combined to ensure compliance and safe administration. 8 = Manufacturer Unit of Use Package (not unit dose) – Drug is dispensed by pharmacy in original manufacturer's package and relabeled for use. Applicable in long term care claims only (as defined in the Telecommunication Editorial Document).		
6ØØ-28	UNIT OF MEASURE	EA = Each GM = Grams ML = Milliliters	RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*. Required for all claim submissions.
418-DI	LEVEL OF SERVICE	Ø = Not Specified 1 = Patient consultation 2 = Home delivery 3 = Emergency 4 = 24-hour service	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:*

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		5 = Patient consultation regarding generic product selection 6 = In-Home Service		**Note:** Not used by PACE, CRDP, SPBP, or any of the Pennsylvania Department of Aging administered plans.
343-HD	DISPENSING STATUS	P = Partial Fill C = Completion of Partial Fill	RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Same as *Imp Guide*.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Same as *Imp Guide*.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Same as *Imp Guide*.
147-U7	PHARMACY SERVICE TYPE	1 = Community/Retail Pharmacy Services 2 = Compounding Pharmacy Services 3 = Home Infusion Therapy Provider Services 4 = Institutional Pharmacy Services 5 = Long-Term Care Pharmacy Services 6 = Mail Order Pharmacy Services 7 = Managed Care Organization Pharmacy Services 8 = Specialty Care Pharmacy Services 99 = Other	RW	*Imp Guide:* Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. *Payer Requirement:* Same as *Imp Guide*.

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	It is used when a receiver needs pharmacy provider information to perform claim/encounter determination. Claims will not be denied if this segment is not sent.

Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
465-EY	PROVIDER ID QUALIFIER	Ø2 = State License Ø4 = Name Ø5 = NPI	RW	*Imp Guide:* Required if Provider ID (444-E9) is used. *Payer Requirement:* Same as *Imp Guide*. 04 (Name) applies only to DME.
444-E9	PROVIDER ID		RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Ø2 Pharmacist License Number; Ø5 Pharmacist NPI or Ø4 DME name.

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED		R	**NOTE: SPBP1 providers: See SPBP1 Provider Agreement Section I.N.**
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as *Imp Guide*.

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3	RW***	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. *Payer Requirement:* Same as *Imp Guide*.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Ø1 = Delivery Cost Ø2 = Shipping Cost Ø3 = Postage Cost Ø4 = Administrative Cost Ø9 = Compound Preparation Cost Submitted 99 = Other	RW***	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used. *Payer Requirement:* Same as *Imp Guide.* All values will be accepted.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW***	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as *Imp Guide*.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Same as *Imp Guide*.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	ØØ = Default Ø1 = AWP Ø2 = Local Wholesaler Ø3 = Direct Ø4 = EAC (Estimated Acquisition Cost) Ø5 = Acquisition Ø6 = MAC (Maximum Allowable Cost) Ø7 = Usual & Customary **Ø8 = 34ØB/ Disproportionate Share Pricing** Ø9 = Other *	R	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* Required for all claim submissions. **Note: Ø8 identifies 340B/ Disproportionate Share Pricing/ Public Health Service = The 340B Drug Pricing Program from the Public Health Service Act, sometimes referred to as "PHS Pricing" or "602 Pricing" is a federal program that requires drug manufacturers to provide**

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		1Ø = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing		**outpatient drugs to eligible health care centers, clinics, and hospitals (termed "covered entities") at a reduced price.** ***VALUE "Ø9" IS NOT INTERCHANGEABLE WITH Ø8.**

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier (NPI) 12 = DEA	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Ø1 = National Provider Identifier (NPI) 12 = DEA (when required by primary)
411-DB	PRESCRIBER ID	National Provider Identifier (NPI) DEA	R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Providers must submit the NPI. Claims received when the Program is secondary may continue to contain the DEA, **if required by primary payer.** The correct Prescriber ID Qualifier must be used.

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
427-DR	PRESCRIBER LAST NAME		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE	Blank = Not Specified Ø1 = Primary – First Ø2 = Secondary – Second Ø3 = Tertiary – Third Ø4 = Quaternary – Fourth Ø5 = Quinary – Fifth Ø6 = Senary – Sixth Ø7 = Septenary – Seventh Ø8 = Octonary – Eighth Ø9 = Nonary – Ninth	M	
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Bank Information Number (BIN) Card Issuer ID	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide.*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: BIN # Enter other payer(s) BIN.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Other payer date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide.*
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Same as *Imp Guide.*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7 = Drug Benefit	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Same as *Imp Guide.*
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. *Payer Requirement:* This field must be populated when using Other Coverage Code of "2."
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as *Imp Guide.*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* This field must contain the primary plan's reject code.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as *Imp Guide.*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Blank = Not Specified Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer Ø5 = Amount of Copay (518-FI) as reported by previous payer Ø6 = Patient Pay Amount (5Ø5-F5) as reported by previous payer Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer Ø8 = Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement: Per NCPDP, the submission of Ø6 precludes the use of other qualifiers. Additional qualifiers sent with Ø6 will result in NCPDP Error "NP." If Ø6 is NOT used, multiple qualifiers are acceptable.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer 12 = Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as *Imp Guide.* **Claims received with an OCC value of 2 must have this field populated.** **OCC 2 claims received with this field NOT populated will system default to a $0.00 value.**

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	It is used for multi-ingredient prescriptions, when each ingredient is reported. The Segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Blank = Not Specified Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 = Each 2 = Grams 3 = Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code (NDC) – Formatted 11 digits (N)	M	
489-TE	COMPOUND PRODUCT ID		M	

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound.	M	
449-EE	COMPOUND INGREDIENT DRUG COST	Ingredient Cost for the metric decimal quantity of that product included in the compound.	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required for each ingredient. Sum of all individual ingredient costs must equal claim Ingredient Cost submitted.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	ØØ = Default Ø1 = AWP Ø2 = Local Wholesaler Ø3 = Direct Ø4 = EAC (Estimated Acquisition Cost) Ø5 = Acquisition Ø6 = MAC (Maximum Allowable Cost) Ø7 = Usual & Customary Ø8 = 34ØB/ Disproportionate Share Pricing Ø9 = Other 1Ø = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Same as *Imp Guide*. Required for each ingredient.
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø	RW	*Imp Guide:* Required when Compound Ingredient Modifier Code (363-2H) is sent. *Payer Requirement:* Same as *Imp Guide.*

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
363-2H	COMPOUND INGREDIENT MODIFIER CODE	HCPCS	RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as *Imp Guide.*

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	It is used to specify diagnosis information associated with the Claim Billing or Encounter transaction. The Segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW***	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Same as *Imp Guide.*
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2 = ICD 1Ø	RW***	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Same as *Imp Guide.*

Facility Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	It is used when these fields could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

Facility Segment Segment Identification (111-AM) = "15"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
336-8C	FACILITY ID		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
385-3Q	FACILITY NAME		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
386-3U	FACILITY STREET ADDRESS			*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Not currently used for claim submission.
388-5J	FACILITY CITY ADDRESS		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Not currently used for claim submission.

Facility Segment Segment Identification (111-AM) = "15"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
387-3V	FACILITY STATE/PROVINCE ADDRESS		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Not currently used for claim submission.
389-6D	FACILITY ZIP/POSTAL ZONE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Not currently used for claim submission.
****End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****				

B1/B3 – Claim Billing/Claim Re-bill Response

Accepted/Paid or Duplicate of Paid

Start of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet

Refer to the General Information tables at the beginning of this document for contact and processing information.

The following lists the segments and fields in a Claim Billing or Claim Re-bill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent		
This Segment is situational	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID		RW	*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverage exist. *Payer Requirement:* Same as *Imp Guide*.
524-FO	PLAN ID		RW	*Imp Guide:* Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverage exist. Required if needed to contain the actual plan ID if unknown to the receiver. *Payer Requirement:* Same as *Imp Guide*.
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist. *Payer Requirement:* Same as *Imp Guide*.

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as *Imp Guide*.
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as *Imp Guide*.
3Ø2-C2	CARDHOLDER ID		RW	*Imp Guide:* Required if the identification to be used in future transactions is different from what was submitted on the request. *Payer Requirement:* Same as *Imp Guide*.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)
This Segment is always sent		
This Segment is situational	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH		R	*Imp Guide:* Required if known. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	P = Paid D = Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW***	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5	RW***	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide*.
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.

Response Claim Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø5-F5	PATIENT PAY AMOUNT		R	Returned if the processor determines that the patient has payment responsibility for part/all of the claim.
5Ø6-F6	INGREDIENT COST PAID		R	Required if this value is used to arrive at the final reimbursement.
5Ø7-F7	DISPENSING FEE PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. *Payer Requirement:* Same as *Imp Guide*.
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3	RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*.
565-J4	OTHER AMOUNT PAID		RW***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). *Payer Requirement:* Same as *Imp Guide*.
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/ Other Payments Segment is supported. *Payer Requirement:* Same as *Imp Guide*.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	*Imp Guide:* Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. *Payer Requirement* Same as *Imp Guide*.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
514-FE	REMAINING BENEFIT AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes deductible. *Payer Requirement:* Same as *Imp Guide*.
518-FI	AMOUNT OF COPAY		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide.*
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. *Payer Requirement:* Same as *Imp Guide.*
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				"P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide.*
347-HJ	BASIS OF CALCULATION—COPAY		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide.*
572-4U	AMOUNT OF COINSURANCE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide.*
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide.*
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.*
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.*
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as *Imp Guide.*
577-G3	ESTIMATED GENERIC SAVINGS		RW	*Imp Guide:* This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic. *Payer Requirement:* Same as *Imp Guide.*
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	*Imp Guide:* This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount. *Payer Requirement:* Same as *Imp Guide.*
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	*Imp Guide:* Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero. *Payer Requirement:* Same as *Imp Guide.*
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a brand drug. *Payer Requirement:* Same as *Imp Guide.*

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. *Payer Requirement:* Same as *Imp Guide.*
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a brand non-preferred formulary product. *Payer Requirement:* Same as *Imp Guide.*
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	*Imp Guide:* Required when the patient's financial responsibility is due to the coverage gap. *Payer Requirement:* Same as *Imp Guide.*
148-U8	INGREDIENT COST CONTRACTED/ REIMBURSABLE AMOUNT		RW	*Imp Guide:* Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency. *Payer Requirement:* Same as *Imp Guide.*
149-U9	DISPENSING FEE CONTRACTED/ REIMBURSABLE AMOUNT		RW	*Imp Guide:* Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency. *Payer Requirement:* Same as *Imp Guide.*

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW**	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide.*
439-E4	REASON FOR SERVICE CODE		RW**	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide.*
528-FS	CLINICAL SIGNIFICANCE CODE		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
529-FT	OTHER PHARMACY INDICATOR		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
53Ø-FU	PREVIOUS DATE OF FILL		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Same as *Imp Guide.*

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
531-FV	QUANTITY OF PREVIOUS FILL		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement:* Same as *Imp Guide.*
532-FW	DATABASE INDICATOR		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
533-FX	OTHER PRESCRIBER INDICATOR		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
544-FY	DUR FREE TEXT MESSAGE		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
57Ø-NS	DUR ADDITIONAL TEXT		RW**	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
355-NT	OTHER PAYER ID COUNT	Maximum count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide.*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*
356-NU	OTHER PAYER CARDHOLDER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
142-UV	OTHER PAYER PERSON CODE		RW	*Imp Guide:* Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide.*
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver. *Payer Requirement:* Same as *Imp Guide.*
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	*Imp Guide:* Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide.*
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	*Imp Guide:* Required when other coverage is known, which is after the Date of Service submitted. *Payer Requirement:* Same as *Imp Guide.*
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	*Imp Guide:* Required when other coverage is known, which is after the Date of Service submitted. *Payer Requirement:* Same as *Imp Guide.*

Accepted/Rejected

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID		RW	*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverage exist. *Payer Requirement:* Same as *Imp Guide.*
524-FO	PLAN ID		RW	*Imp Guide:* Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverage exist. Required if needed to contain the actual plan ID if unknown to the receiver. *Payer Requirement:* Same as *Imp Guide.*
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist. *Payer Requirement:* Same as *Imp Guide.*

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as *Imp Guide.*
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as *Imp Guide.*
3Ø2-C2	CARDHOLDER ID		RW	*Imp Guide:* Required if the identification to be used in future transactions is different from what was submitted on the request. *Payer Requirement:* Same as *Imp Guide.*

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH		R	*Imp Guide:* Required if known. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide.*
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as *Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide.*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide.*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide.*
987-MA	URL		RW	*Imp Guide:* Provided for informational purposes only to relay health care communications via the Internet. *Payer Requirement:* Same as *Imp Guide.*

Response Claim Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW***	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide.*
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide.*
528-FS	CLINICAL SIGNIFICANCE CODE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
529-FT	OTHER PHARMACY INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
53Ø-FU	PREVIOUS DATE OF FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Same as *Imp Guide.*
531-FV	QUANTITY OF PREVIOUS FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date of Fill (53Ø-FU) is used. *Payer Requirement:* Same as *Imp Guide.*
532-FW	DATABASE INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
533-FX	OTHER PRESCRIBER INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
544-FY	DUR FREE TEXT MESSAGE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*
57Ø-NS	DUR ADDITIONAL TEXT		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide.*

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
355-NT	OTHER PAYER ID COUNT	Maximum count of 3	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide.*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*
356-NU	OTHER PAYER CARDHOLDER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide.*

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
142-UV	OTHER PAYER PERSON CODE		RW	*Imp Guide:* Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide.*
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver. *Payer Requirement:* Same as *Imp Guide.*
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	*Imp Guide:* Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide.*
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	*Imp Guide:* Required when other coverage is known, which is after the Date of Service submitted. *Payer Requirement:* Same as *Imp Guide.*
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	*Imp Guide:* Required when other coverage is known, which is after the Date of Service submitted. *Payer Requirement:* Same as *Imp Guide.*

Rejected/Rejected

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide.*
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as *Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide.*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW***	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide.*
55Ø-8F	HELP DESK PHONE NUMBER		RW***	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide.*
****End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet****				

NCPDP Version D.0 Claim Reversal Template

B2 – Claim Reversal Request

Start of Request Claim Reversal (B2) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

Field Legend for Columns

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when." The situations designated have qualifications for usage ("Required if x," "Not required if y").	Yes
NOT USED	NA	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today, what is the timeframe for reversal to be submitted?)	Unlimited

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	002286	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2 – Reversal	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	0000102286 0000682201	M	**IMPORTANT: USE THE CORRECT PCN:** TrOOP claims include the following programs: **PACE, CRDP, SPBP1 and SPBP 2** Non-TrOOP claims include: **CF, SB, MSUD, PKU, PAP**
1Ø9-A9	TRANSACTION COUNT		M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – National Provider Identifier (NPI)	M	Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Health Services

Insurance Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	*Imp Guide:* For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ = Not Specified Ø3 = National Drug Code	M	If reversal is for multi-ingredient prescription, the value must be ØØ.
4Ø7-D7	PRODUCT/SERVICE ID	NDC – for non-compound claims "Ø" – for compound claims	M	
4Ø3-D3	FILL NUMBER		RW***	*Imp Guide:* Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. *Payer Requirement:* Same as *Imp Guide.*
3Ø8-C8	OTHER COVERAGE CODE		RW***	*Imp Guide:* Required if needed by receiver to match the claim that is being reversed. *Payer Requirement:* For OCC = 2, 3, 4 the COB request segment is required.

Pricing Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
43Ø-DU	GROSS AMOUNT DUE		RW***	*Imp Guide:* Required if this field could result in contractually agreed upon payment. *Payer Requirement:* Gross Amount Due = Ingredient Cost submitted + Dispensing Fee Submitted.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

****End of Request Claim Reversal (B2) Payer Sheet Template****

B2 – Claim Reversal Response

Claim Reversal Accepted/Approved Response

Start of Claim Reversal Response (B2) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

Accept/Approved

The following lists the segments and fields in a Claim Reversal Response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Response Transaction Header Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	M	Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide.*
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5	RW***	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide.*
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide.*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW***	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide.*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide.*

Response Claim Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø9-F9	TOTAL AMOUNT PAID		RW	*Imp Guide:* Required if any other payment fields sent by the sender. *Payer Requirement:* Same as *Imp Guide.*

Accepted/Rejected

Response Transaction Header Segment Questions	Check	Claim Reversal Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	M	Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Questions	Check	Claim Reversal Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW***	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as *Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide.*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW***	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide.*
55Ø-8F	HELP DESK PHONE NUMBER		RW***	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide.*

Response Claim Segment Questions	Check	Claim Reversal Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Rejected/Rejected

Response Transaction Header Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	M	Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW***	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as *Imp Guide.*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide.*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide.*

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide.*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW***	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide.*
55Ø-8F	HELP DESK PHONE NUMBER		RW***	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide.*
End of Claim Reversal (B2) Response Payer Sheet Template				

Naloxone Billing Request Claim Billing/Claim Re-bill Template

Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

B1/B3 – Claim Billing/Claim Re-bill Request

The following lists the segments and fields in a Claim Billing or Claim Re-bill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	ØØ2286	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 Billing B2 Reversal B3 Re-bill E1 Eligibility Verification	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	**ØØØØ6822Ø1**	M	**NOTE:** Naloxone is not TrOOP eligible **ØØØØ1Ø2286 will be denied/rejected.**
1Ø9-A9	TRANSACTION COUNT	1 One Occurrence 2 Two Occurrences 3 Three Occurrences 4 Four Occurrences	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Health Services

Insurance Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	Note: Can be blank
3Ø1-C1	GROUP ID	NALOXONE	R	
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	1 = Cardholder

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions.

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified 1 = Male 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required when the patient has a last name. *Payer Requirement:* Required for patient name validation.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		Partial fills are not supported for this program.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Payer Requirement:* For Transaction Code of "B1," in the Claim Segment, the Prescription/ Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	*Payer Requirement:* Compounds not allowed for this program.
4Ø7-D7	PRODUCT/SERVICE ID	NDC	M	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
46Ø-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*).
4Ø3-D3	FILL NUMBER	Ø = Original dispensing Refill number – Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Compounds are not allowed for this program.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace 9 = Substitution Allowed by Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product to Be Dispensed	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1-99 = Authorized Refill number – with 99 being as needed, refills unlimited.	R	*Imp Guide*: Required if necessary for plan benefit administration.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
419-DJ	PRESCRIPTION ORIGIN CODE	Ø = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	*Imp Guide*: Required if necessary for plan benefit administration.
3Ø8-C8	OTHER COVERAGE CODE	2 = Other coverage exists-payment collected	RW	*Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.* *Required for Coordination of Benefits.* *Payer Requirement: Same as Imp Guide.*

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide: Required if needed per trading partner agreement.* *Payer Requirement: Same as Imp Guide.*
43Ø-DU	GROSS AMOUNT DUE		R	

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier (NPI)	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Ø1 = National Provider Identifier (NPI)
411-DB	PRESCRIBER ID	National Provider Identifier (NPI)	R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Providers must submit the NPI.
427-DR	PRESCRIBER LAST NAME		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	**NOTE: Only OCC = 2 claims will be accepted for Naloxone. All COB fields related to OCC = 2 claims must be submitted.**

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE	Blank = Not Specified Ø1 = Primary – First Ø2 = Secondary – Second Ø3 = Tertiary – Third Ø4 = Quaternary – Fourth Ø5 = Quinary – Fifth Ø6 = Senary – Sixth Ø7 = Septenary – Seventh Ø8 = Octonary – Eighth Ø9 = Nonary – Ninth	M	
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Bank Information Number (BIN) Card Issuer ID	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide.*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* BIN # Enter other payer(s) BIN.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Other payer date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide.*
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Same as *Imp Guide.*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7 = Drug Benefit	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Same as *Imp Guide.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. *Payer Requirement:* This field must be populated when using Other Coverage Code of "2."
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as *Imp Guide.*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* This field must contain the primary plan's reject code.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as *Imp Guide.*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Blank = Not Specified Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement: Per NCPDP, the submission of Ø6 precludes the use of other qualifiers. Additional qualifiers sent with Ø6 will result in NCPDP Error "NP." If Ø6 is NOT used, multiple qualifiers are acceptable.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer. Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer. Ø5 = Amount of Copay (518-FI) as reported by previous payer. Ø6 = Patient Pay Amount (5Ø5-F5) as reported by previous payer. Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer. Ø8 = Amount Attributed to Product Selection/ Non-Preferred Formulary Selection (135-UM) as reported by previous payer. Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer. 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.		

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		12 = Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap. 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as *Imp Guide.* **Claims received with an OCC value of 2 must have this field populated.** **OCC 2 claims received with this field NOT populated will system default to a $0.00 value.**
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Compounds are not allowed for this program.

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

Facility Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

****End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****

Revision History

Date	Name	Comments
10/01/2012	Implementation team	Initial creation
07/24/2020	Steven Giera	Added quantity prescribed field (# 460-ET) required for Schedule II drugs in Claim Segment Ø7
	Documentation Management team	Rebranded; reformatted; updated and standardized naming conventions; and added Revision History table
08/19/2020	Amy Brewer	Removed all references to the Catastrophic Loss Benefits Continuation Fund (AutoCAT) and Workers' Compensation Security Fund (WCSF) programs
07/26/2021	Anita Martin; Bridgette Devine; Amy Brewer	Revised format and added new Naloxone Billing Request Claim Billing/Claim Re-bill section .
09/01/2021	Amy Brewer; Documentation Management team	Updated verbiage; Fixed template, proofread, reviewed for formatting