**Spectrum Pharmacy Solutions**

**NCPDP vD.0 Payer Sheet**

**Claim Billing / Claim Re-bill**

**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Payer Name: Spectrum Pharmacy Solutions | Date: 06/01/2019 | |
| Plan Name/Group Name: Hospice Health Plan | BIN: 021411 | PCN: SPS |
| Processor: Change Healthcare | | |
| Effective as of: 06/01/2019 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: 9/2010 | NCPDP External Code List Version Date: 9/2010 | |
| Contact/Information Source:General website [www.spectrumPSP.com](http://www.spectrumPSP.com) 1-8SPECTRUM4 (877.328.7864) | | |
| Pharmacy Help Desk Info: 800-451-5059 | | |

**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 template.**

**CLAIM BILLING/CLAIM RE-BILL TRANSACTION**

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** |  |

|  | **Transaction Header Segment** |  |  | **Claim Billing/Claim Re-bill** |
| --- | --- | --- | --- | --- |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 1Ø1-A1 | BIN Number | 021411 | M |  |
| 1Ø2-A2 | Version/Release Number | DØ | M |  |
| 1Ø3-A3 | Transaction Code | B1 or B3 | M |  |
| 1Ø4-A4 | Processor Control Number |  | M |  |
| 1Ø9-A9 | Transaction Count | 1 | M |  |
| 2Ø2-B2 | Service Provider ID Qualifier | 01 – NPI | M |  |
| 2Ø1-B1 | Service Provider ID | NPI | M |  |
| 4Ø1-D1 | Date of Service |  | M |  |
| 11Ø-AK | Software Vendor/Certification ID | All Spaces | M |  |

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| **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 | Built at the time of adjudication |
| 3Ø1-C1 | GROUP ID | SPSADV  SPSREL  SPSAPL | R | *Varies by Plan* |

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

|  | **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 | M, F, X | R |  |
| 31Ø-CA | PATIENT FIRST NAME |  | R | *Imp Guide: Required when the patient has a first name.* |
| 311-CB | PATIENT LAST NAME |  | R |  |
| 322-CM | PATIENT STREET ADDRESS |  | RW | *Imp Guide: Optional.*  *Payer Requirement: Required when available.* |
| 323-CN | PATIENT CITY ADDRESS |  | RW | *Imp Guide: Optional.*  *Payer Requirement : Required when available.* |
| 324-CO | PATIENT STATE /  PROVINCE ADDRESS |  | RW | *Imp Guide: Optional.*  *Payer Requirement : Required when available.* |
| 325-CP | PATIENT ZIP / POSTAL ZONE |  | RW | *Imp Guide: Optional.*  *Payer Requirement: Required when available.* |
| 326-CQ | PATIENT PHONE NUMBER |  | RW | *Imp Guide: Optional.*  *Payer Requirement: Required when available.* |
| 35Ø-HN | PATIENT E-MAIL ADDRESS |  | RW | *Imp Guide: May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient.*  *Payer Requirement: Required when available.* |

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| **Claim Segment Questions** | | **Check** | | **Claim Billing/Claim Re-bill**  If Situational, *Payer Situation* | | |
| This Segment is always sent | | **X** | |  | | |
| This payer supports partial fills | |  | |  | | |
| This payer does not support 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 | *Imp Guide:* 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 | | up to 12 positions | | M |  |
| 436-E1 | Product/Service ID Qualifier | | Ø1 = Universal Product Code (UPC)  Ø3 = National Drug Code (NDC) | | M | 00 if Compound Code (406-D6) = 2 |
| 4Ø7-D7 | Product/Service ID | | 11 digit NDC | | M | 0 if Compound Code (406-D6) = 2 |
| 442-E7 | QUANTITY DISPENSED | | Format 9(7)V999 | | R |  |
| 4Ø3-D3 | FILL NUMBER | | New = 00 (zeros must be sent) | | R |  |
| 4Ø5-D5 | DAYS SUPPLY | |  | | R |  |
| 4Ø6-D6 | COMPOUND CODE | | 1 = Not a Compound  2 = Compound | | R | Refer to Compound Segment when Compound Code (406-D6) = 2 |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | |  | | R |  |
| 414-DE | DATE PRESCRIPTION WRITTEN | |  | | R |  |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | |  | | R | *Imp Guide: Required if necessary for plan benefit administration*. |
| 419-DJ | PRESCRIPTION ORIGIN CODE | |  | | R | *Imp Guide: Required if necessary for plan benefit administration.* |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | | Maximum count of 3. | | RW | *Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.*  *Payer Requirement: Same as Imp Guide* |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | |  | | RW | *Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø).*  *If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of “19” (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications.*  *Payer Requirement: Same as Imp Guide* |
| 46Ø-ET | QUANTITY PRESCRIBED | |  | | RW | *Imp Guide: Required for all drugs dispensed as Schedule II.*  *Payer Requirement: Must submit quantity Prescribed and Quantity dispensed Number of Refills Authorized should be 0* |
|  |  | |  | |  |  |
| 3Ø8-C8 | OTHER COVERAGE CODE | | 0 = Not specified by patient  1 = No other coverage  3 = Other coverage exist – claim not covered\*  8 = Claim is billing for patient financial responsibility only\* | | 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. \*requires COB segment to be sent.* |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | 1 = Prior Authorization, if applicable | | RW | *Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.*  *Payer Requirement: Same as Imp Guide* |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | If applicable to Rx | | RW | *Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.*  *Payer Requirement: Same As Imp Guide* |
| 995-E2 | ROUTE OF ADMINISTRATION | |  | | RW | *Imp Guide: Required if specified in trading partner agreement.*  *Payer Requirement: When compound code (406-D6) = 2* |

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| **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 |  |
| 412-DC | DISPENSING FEE SUBMITTED | |  | | R | *Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.* |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | |  | | R | *Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.* |
| 438-E3 | INCENTIVE AMOUNT 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* |
| 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 | |  | | RW | *Imp Guide: Required if Other Amount Claimed Submitted (48Ø-H9) is used.*  *Payer Requirement: Same as Imp Guide* |
| 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* |
| 481-HA | FLAT SALES TAX AMOUNT 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. If Sales Tax applies to State.* |
| 482-GE | PERCENTAGE SALES TAX AMOUNT 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. If Sales Tax applies to State.* |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | |  | | RW | *Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.*  *Required if this field could result in different pricing.*  *Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).*  *Payer Requirement: Same as Imp Guide. If Sales Tax applies to State.* |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | |  | | RW | *Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.*  *Required if this field could result in different pricing.*  *Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).*  *Payer Requirement: Same as Imp Guide. If Sales Tax applies to State.* |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | |  | | R | *Imp Guide: Required if needed per trading partner agreement.* |
| 43Ø-DU | GROSS AMOUNT DUE | |  | | R |  |
| 423-DN | BASIS OF COST DETERMINATION | |  | | R | *Imp Guide: Required if needed for receiver claim/encounter adjudication.* |

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| **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 | | 01 – NPI  12 - DEA | | R | *Imp Guide: Required if Prescriber ID (411-DB) is used.* |
| 411-DB | PRESCRIBER ID | | NPI or 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.* |
| 427-DR | PRESCRIBER LAST NAME | |  | | RW | *Imp Guide: Required when the Prescriber ID (411-DB) is not known.*  *Required if needed for Prescriber ID (411-DB) validation/clarification.*  *Payer Requirement: Required when submitting DEA* |
| 364-2J | PRESCRIBER FIRST NAME | |  | | RW | *Imp Guide: Required if needed to assist in identifying the prescriber.*  *Required if necessary for state/federal/regulatory agency programs.*  *Payer Requirement: Required when submitting DEA* |
| 365-2K | PRESCRIBER STREET ADDRESS | |  | | RW | *Imp Guide: Required if needed to assist in identifying the prescriber.*  *Required if necessary for state/federal/regulatory agency programs.*  *Payer Requirement: Required when submitting DEA* |
| 366-2M | PRESCRIBER CITY ADDRESS | |  | | RW | *Imp Guide: Required if needed to assist in identifying the prescriber.*  *Required if necessary for state/federal/regulatory agency programs.*  *Payer Requirement: Required when submitting DEA* |
| 367-2N | PRESCRIBER STATE/PROVINCE ADDRESS | |  | | RW | *Imp Guide: Required if needed to assist in identifying the prescriber.*  *Required if necessary for state/federal/regulatory agency programs.*  *Payer Requirement: Required when submitting DEA* |
| 368-2P | PRESCRIBER ZIP/POSTAL ZONE | |  | | RW | *Imp Guide: Required if needed to assist in identifying the prescriber.*  *Required if necessary for state/federal/regulatory agency programs.*  *Payer Requirement: Required when submitting DEA* |

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| **DUR/PPS Segment Questions** | | **Check** | | **Claim Billing/Claim Re-bill**  If Situational, *Payer Situation* | | |
| This Segment is always sent | |  | |  | | |
| This Segment is situational | | **X** | | for use to define professional service or override clinical edits | | |
|  | **DUR/PPS Segment**  **Segment Identification (111-AM) = “Ø8”** | |  | |  | **Claim Billing/Claim Re-bill** |
| *Field #* | *NCPDP Field Name* | | *Value* | | *Payer Usage* | *Payer Situation* |
| 473-7E | DUR/PPS CODE COUNTER | | Maximum of 9 occurrences. | | R | *Imp Guide: Required if DUR/PPS Segment is used.* |
| 439-E4 | REASON FOR SERVICE CODE | |  | | R | *Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.*  *Required if this field affects payment for or documentation of professional pharmacy service.* |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | |  | | R | *Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.*  *Required if this field affects payment for or documentation of professional pharmacy service.* |
| 441-E6 | RESULT OF SERVICE CODE | |  | | R | *Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.*  *Required if this field affects payment for or documentation of professional pharmacy service.* |
| 474-8E | DUR/PPS LEVEL OF EFFORT | |  | | R | *Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.*  *Required if this field affects payment for or documentation of professional pharmacy service*. |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | |  | | R | *Imp Guide: Required if DUR Co-Agent ID (476-H6) is used.* |
| 476-H6 | DUR CO-AGENT ID | |  | | R | *Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.*  *Required if this field affects payment for or documentation of professional pharmacy service*. |

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| **Compound Segment Questions** | | **Check** | | **Claim Billing/Claim Re-bill**  If Situational, *Payer Situation* | | |
| This Segment is always sent | |  | |  | | |
| This Segment is situational | | **X** | | required when Compound Code (406-D6) = 2 | | |
|  | **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 | |  | | M |  |
| 451-EG | Compound Dispensing Unit Form Indicator | |  | | M |  |
| 447-EC | Compound Ingredient Component Count | | Maximum 25 ingredients | | M |  |
| 488-RE | Compound Product ID Qualifier | | 03 - NDC | | M |  |
| 489-TE | Compound Product ID | | 11 digit NDC | | M |  |
| 448-ED | Compound Ingredient Quantity | |  | | M |  |
| 449-EE | COMPOUND INGREDIENT DRUG COST | |  | | R | *Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | |  | | R | *Imp Guide: Required if needed for receiver claim determination when multiple products are billed*. |

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

**Spectrum Pharmacy Solutions**

**NCPDP vD.0 Payer Sheet**

**Claim Billing / Claim Re-bill Response**

**GENERAL INFORMATION**

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| --- | --- | --- |
| Payer Name: Spectrum Pharmacy Solutions | Date: 06/01/2019 | |
| Plan Name/Group Name: Hospice Health Plan | BIN: 021411 | PCN: SPS |
| Plan Name/Group Name: | BIN**:** | PCN: |
| Plan Name/Group Name: | BIN: | PCN: |

Claim Billing/Claim Re-bill PAID (or Duplicate of PAID) Response

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)**  If Situational, *Payer Situation* |
| 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 | 1 | 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 |  |

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| --- | --- | --- |
| **Response Message 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** | Provide general information when used for transmission level messaging. |

|  | **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* |

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| **Response Insurance 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 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* |
| 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. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
| Ø3-F3 | | AUTHORIZATION NUMBER | |  | | R | *Imp Guide:* Required if needed to identify the transaction. |
| 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* |

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| **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 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |
| 5Ø6-F6 | | INGREDIENT COST PAID | |  | | R |  |
| 5Ø7-F7 | | DISPENSING FEE PAID | |  | | R | *Imp Guide: Required if this value is used to arrive at the final reimbursement.* |
| 557-AV | | TAX EXEMPT INDICATOR | |  | | RW | *Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.*  *Payer Requirement: Same as Imp Guide* |
| 558-AW | | FLAT SALES TAX AMOUNT PAID | |  | | RW | *Imp Guide: Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.*  *Payer Requirement: Same as Imp Guide* |
| 559-AX | | PERCENTAGE SALES TAX AMOUNT PAID | |  | | RW | *Imp Guide: Required if this value is used to arrive at the final reimbursement.*  *Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).*  *Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.*  *Payer Requirement: Same as Imp Guide* |
| 56Ø-AY | | PERCENTAGE SALES TAX RATE PAID | |  | | RW | *Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).*  *Payer Requirement: Same as Imp. Guide* |
| 561-AZ | | PERCENTAGE SALES TAX BASIS PAID | |  | | RW | *Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).*  *Payer Requirement: Same as Imp Guide* |
| 521-FL | | INCENTIVE AMOUNT PAID | |  | | RW | *Imp Guide: Required if this value is used to arrive at the final reimbursement.*  *Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).*  *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* |
| 5Ø9-F9 | | TOTAL AMOUNT PAID | |  | | R |  |
| 522-FM | | BASIS OF REIMBURSEMENT DETERMINATION | |  | | R | *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.* |
| 523-FN | | AMOUNT ATTRIBUTED TO SALES TAX | |  | | RW | *Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.*  *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 | |  | | R | *Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility.* |
| 575-EQ | | Patient sales tax amount | |  | | RW | *Imp Guide: Used when necessary to identify the Patient’s portion of the Sales Tax. Provided for informational purposes only.*  *Payer Requirement: Same As Imp Guide* |
| 574-2Y | | Plan sales tax amount | |  | | RW | *Imp Guide: Used when necessary to identify the Plan’s portion of the Sales Tax. Provided for informational purposes only.*  *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* |
| 133-UJ | | Amount Attributed to provider Network selection | |  | | RW | *Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another*  *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* |
| 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* |
| 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* |

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| **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* |
| 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* |

Claim Billing/Claim Re-bill accepted/rejected Response

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| **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 |  |

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| **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** | Provide general information when used for transmission level messaging. |

|  | **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* |

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| **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** |  |

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| 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.* |

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| **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 |  | R | *Imp Guide:* Required if needed to identify the transaction. |
| 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* |
| 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* |

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| **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 |  |

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| **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* |
| 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* |

**Claim Billing/Claim Re-bill Rejected/Rejected Response**

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| **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 |  |
| 2Ø1-B1 | Service Provider ID | Same value as in request | M |  |
| 4Ø1-D1 | Date of Service | Same value as in request | M |  |

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| **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** | Provide general information when used for transmission level messaging. |

|  | **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* |

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| **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 |  | R | *Imp Guide:* Required if needed to identify the transaction. |
| 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* |
| 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* |

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| **\*\* End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet \*\*** |