**Valcare- Change Healthcare**

**NCPDP vD.0 Payer Sheet**

 **Claim Billing / Claim Re-bill**

**GENERAL INFORMATION**

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| Payer Name: Valcare | Date: 5/30/19 |
| Plan Name/Group Name: Pilot | BIN: 610305 | PCN: VAL |
| Plan Name/Group Name:  | BIN:  | PCN:  |
| Plan Name/Group Name:  | BIN:  | PCN:  |
| Processor: **Change Healthcare** |
| Effective as of: 8/01/2019 | 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: **Valcare, Paul Mamtora** |
| Pharmacy Help Desk Info: 888-505-5595 |

**OTHER TRANSACTIONS SUPPORTED**

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

|  |  |
| --- | --- |
| **Transaction Code** | **Transaction Name** |
| B1  | Billing Transaction |
| B2 | Reversal Transaction |
| B3  | Re-Bill Transaction  |

**FIELD LEGEND FOR COLUMNS**

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| --- | --- | --- | --- |
| **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*.

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

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|  | **Transaction Header Segment**  |  |  | **Claim Billing/Claim Re-bill** |
| *Field #* |  *NCPDP Field Name* |  *Value* | *Payer Usage* |  *Payer Situation* |
| 1Ø1-A1 | BIN NUMBER |  | 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** |   |

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|  | **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 | **10 digit** | M |  |
| 3Ø1-C1 | GROUP ID | A10424 | M | *Imp Guide: Required if necessary for state/federal/regulatory agency programs.**Required if needed for pharmacy claim processing and payment.* |

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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 |  |  |

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|  | **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 |  | 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** |  |

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|  | **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 | 03 - 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 Compound2 = 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* |

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| --- | --- | --- | --- | --- |
| 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* |

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| --- | --- | --- | --- | --- |
| 3Ø8-C8 | OTHER COVERAGE CODE | 0 = Not specified by patient1 = No other coverage3 = 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 |   |

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|  | **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 |  |  |

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|  | **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 – NPI12 - 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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| **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. Other Coverage Code (308-C8) = 3 or 8. |
|  |  |  |
| Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | **X** | Required only for secondary, tertiary, etc claims. Other Coverage Code (308-C8) = 3 or 8. |

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|  | **Coordination of Benefits/Other Payments Segment****Segment Identification (111-AM) = “Ø5”** |  |  | **Claim Billing/Claim Re-bill** Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only |
| *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 |  |
| 339-6C | OTHER PAYER ID QUALIFIER | 03 - BIN | R | *Imp Guide: Required if Other Payer ID (34Ø-7C) is used.* |
| 34Ø-7C | OTHER PAYER ID  | BIN | R | *Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.* |
| 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: Same as Imp Guide* |
| 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 |  | RW | *Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.**Payer Requirement: Same as Imp Guide* |
| 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* |

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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 |

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|  | **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\*\*** |

**Change Healthcare**

**NCPDP vD.0 Payer Sheet**

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

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| Payer Name: Valcare | Date: 07/24/19 |
| Plan Name/Group Name: Pilot | BIN: 610305 | PCN: VAL |
| 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*.

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| **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** |   |

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| --- | --- | --- | --- | --- |
|  | **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. |

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|  | **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** |  |

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|  | **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** |   |

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| --- | --- | --- | --- | --- |
|  | **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=PaidD=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** |   |

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|  | **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** |   |

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|  | **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** |  |

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|  | **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** |   |

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|  | **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. |

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|  | **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** |   |

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|  | **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** |   |

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|  | **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** |  |

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|  | **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** |   |

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|  | **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. |

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|  | **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** |   |

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|  | **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 \*\*** |