NCPDP VERSION D CLAIM BILLING/CLAIM REBILL

REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET

**** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: South Country Health Alliance Medicare	Date: 11/12/2012	
Plan Name/Group Name: SCHA	BIN: 012353	PCN: 06190000
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Processor: Argus Health Systems		
Effective as of: 01/01/2013	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July, 2007	NCPDP External Code List Version Date: March, 2010	
Contact/Information Source: Perform Rx Call center (1-866-935-6681)		
Certification Testing Window: Certification Not Required.		
Certification Contact Information: Certification Not Required.		
Provider Relations Help Desk Info: Perform Rx Call center (1-866-935-6681)		
Other versions supported:		

OTHER TRANSACTIONS SUPPORTED

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

B2	Reversal

FIELD LEGEND FOR COLUMNS

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 Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		Certification Not Required.
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	012353	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	06190000	M	.
1Ø9-A9	TRANSACTION COUNT	1	M	Only 1 transaction for transmissions for Medicare Part D claims.

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	Only value '01' (NPI) accepted.
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	6Ø1DN3ØY	M	6Ø1DN3ØY

This Segment is always sent	X	

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		M	Enter as printed on Member's card.

This Segment is always sent	X	
This Segment is situational		

	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH		R	Required for all Part D claims
3Ø5-C5	PATIENT GENDER CODE		R	
311-CB	PATIENT LAST NAME		R	
384-4X	PATIENT RESIDENCE	1 = Home= Location, other than a hospital or other facility, where the patient receives drugs or services in a private residence. 3 = Nursing Facility= A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis,, health-related care services above the level of custodial care to other than mentally retarded individuals. 4 = Assisted Living Facility= Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services. 9 = Intermediate Care Facility/Mentally Retarded=A facility which primarily provides health-related care and services above the	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required for Medicare Part D Long Term Care (LTC) – ICF/MR-IMD, ALF and HIT claim submission. Any valid values not listed are automatically treated as retail (non LTC/HIT) claims. LTC facilities must dispense brand oral solid drugs in 14-day or less increments. An applicable LTC Appropriate Dispensing claim must have Patient Residence equal to 03, and the appropriate Submission Clarification Code and Special Package Indicator value combinations for brand oral solid drugs.

Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.		

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 Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing - Transaction is a billing for a prescription or OTC drug product	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		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 – Not Specified 03-National Drug Code (NDC)	M	00 = Multi-Ingredient Compound billing.
4Ø7-D7	PRODUCT/SERVICE ID	0 = If Compound, otherwise 11 digit NDC	M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø = Original dispensing - The first dispensing 1-99 =Refill number - Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	0 = Not Specified **1 =** Not a Compound—Medication that is available commercially as a dispensable product 2 = Compound – Customized medication prepared in a pharmacy by combining, mixing, or altering of ingredients (but not reconstituting) for an individual patient in response to a licensed practitioner's prescription	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	0 = No refills authorized 1-99 = Authorized Refill number - with 99 being as needed, refills	RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* *Same as Imp Guide*.
419-DJ	PRESCRIPTION ORIGIN CODE	0	RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required on original Rx.

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				When Fill Number is '00' (Original Prescription), the POC requires a value of 1 – 5. Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 1 – 5. Note: POC editing for Original Rx varies by customer. If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code).
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 An applicable LTC Appropriate Dispensing claim must have Patient Residence equal to 03, and the appropriate Submission Clarification Code and Special Package Indicator value combinations for brand oral solid drugs.
3Ø8-C8	OTHER COVERAGE CODE	Ø = Not Specified by patient 1 = No other coverage - Code used in coordination of benefits transactions to convey that no other coverage is available. 2 = Other coverage exists-payment collected - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment received. 3 = Other Coverage Billed – claim not covered - Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment denied because the service is not covered. 4 = Other coverage exists-payment not collected - Code used in coordination of benefits transactions to convey that other	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.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
		coverage is available, the payer has been billed and payment has not been received.		
429-DT	SPECIAL PACKAGING INDICATOR		RW	Payer Requirement: To be used in conjunction with 384-DX – Patient Residence and 420-DK – Submission Clarification Code for Medicare Part D Long Term Care (LTC) Appropriate Dispensing. An applicable LTC Appropriate Dispensing claim must have Patient Residence equal to 03, and the appropriate Submission Clarification Code and Special Package Indicator value combinations for brand oral solid drugs.
461-EU	PRIOR AUTHORIZATION TYPE CODE		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		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement: Required when prior authorization number is issued.*
147-U7	PHARMACY SERVICE TYPE		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).*

Pricing Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
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) .
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as Imp Guide).
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.

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				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) .
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)
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)
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)
426-DQ	USUAL AND CUSTOMARY CHARGE		RW	*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		RW	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* (Same as Imp Guide) .

This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 – NPI 12 – DEA	RW	*Imp Guide:* Required if Prescriber ID (411-DB) is used.

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Same as Imp Guide.
411-DB	PRESCRIBER ID		RW	*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:* Prescriber NPI required. Prescriber default is prescriber DEA if prescriber NPI is not available.

This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts. See section *Coordination of Benefits (COB) Processing* for more information.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** Scenario 1 - Other Payer Amount Paid 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		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:* (Same as Imp Guide) .
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the 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		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. Not used for patient financial responsibility only

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* (Same as Imp Guide) .
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) .

This Segment is always sent		
This Segment is situational	**X**	**To be sent if additional information is needed.**

	DUR/PPS Segment **Segment Identification (111-AM) = "Ø8"**			**Claim Billing/Claim Rebill**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
473-7E	**DUR/PPS CODE COUNTER**	**Maximum of 9 occurrences.**	**RW**	***Imp Guide:* Required if DUR/PPS Segment is used.** ***Payer Requirement:* (Same as Imp Guide) .**
474-8E	DUR/PPS LEVEL OF EFFORT	11 – Level 1 12 – Level 2 13 – Level 3 14 – Level 4 15 – Level 5	**RW**	***Payer Requirement:*** **Value 11 – 15 must be submitted on Multi-Ingredient Compound (MIC) claims to indicate length of preparation time and complexity level involved.** **Note: MIC claim reimbursement amount may vary based on preparation time and complexity level involved in compound creation.** **Level 1 Straightforward: Service involved minimal diagnosis or treatment options, minimal amount or complexity of data considered, and minimal risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 5 MINUTES of the pharmacist's time** **Level 2 Low Complexity: Service involved limited diagnosis or treatment options, limited amount or complexity of data considered, and low risk; OR**

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Counseling or coordination of care dominated the encounter and required LESS THAN 15 MINUTES of the pharmacist's time. **Level 3 Moderate Complexity: Service involved moderate diagnosis or treatment options, moderate amount or complexity of data considered, and moderate risk; OR Counseling or coordination of care dominated the encounter and required LESS THAN 3Ø MINUTES of the pharmacist's time.** **Level 4 High Complexity: Service involved multiple diagnosis or treatment options, extensive amount or complexity of data considered, and high risk; OR** **Counseling or coordination of care dominated the encounter and required LESS THAN 1 HOUR of the pharmacist's time.** **Level 5 Comprehensive: Service involved extensive diagnosis or treatment options, exceptional amount or complexity of data considered, and very high risk; OR Counseling or coordination of care dominated the encounter and required GREATER THAN 1 HOUR of the pharmacist's time.**

This Segment is always sent		
This Segment is situational	X	To be sent if prescription is a compound.

	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
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		M	

	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* (Same as Imp Guide) .
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Same as Imp Guide).

**** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet**

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET
CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

**** Start of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****

GENERAL INFORMATION

Payer Name: South Country Health Alliance Medicare	Date: 11/12/2012	
Plan Name/Group Name: SCHA	BIN: 012353	PCN: 06190000

CLAIM BILLING/CLAIM REBILL PAID (OR DUPLICATE OF PAID) RESPONSE

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

This Segment is always sent	X	

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	

This Segment is always sent		
This Segment is situational	X	

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. *Payer Requirement:* Same as Imp Guide

This Segment is always sent	X	
This Segment is situational	X	Returned when any of the field data is known.

	Response Patient Segment Segment Identification (111-AM) = "29"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required if known. *Payer Requirement* Same as Imp Guide
311-CB	PATIENT LAST NAME		RW	*Imp Guide:* Required if known. *Payer Requirement:* Same as Imp Guide
3Ø4-C4	DATE OF BIRTH		RW	*Imp Guide:* Required if known. *Payer Requirement:* Same as Imp Guide

This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill – 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. Note: Current NCPDP and Argus count supported = maximum of 9.
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

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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. Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.

This Segment is always sent	X	

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	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	

This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – 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		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. *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

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
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
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 copay as patient financial responsibility. *Payer Requirement:* Same as Imp Guide

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	*Imp Guide:* Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. *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
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. 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
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

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
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

This Segment is always sent		
This Segment is situational	X	Used when needed to relay DUR information to the pharmacy.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – 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

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

This Segment is always sent		
This Segment is situational	X	Used if COB or Other Payment Information is to be sent.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing/Claim Rebill – 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

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
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
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

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

This Segment is always sent	X	

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	

This Segment is always sent		
This Segment is situational	X	Used if insurance information is needed.

	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

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. *Payer Requirement:* Same as Imp Guide

This Segment is always sent		
This Segment is situational	X	Used if Patient information is to be returned.

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required if known. *Payer Requirement:* Same as Imp Guide
311-CB	PATIENT LAST NAME		RW	*Imp Guide:* Required if known. *Payer Requirement:* Same as Imp Guide
3Ø4-C4	DATE OF BIRTH		RW	*Imp Guide:* Required if known. *Payer Requirement:* Same as Imp Guide

This Segment is always sent	X	

Field #	**Response Status Segment Segment Identification (111-AM) = "21"** *NCPDP Field Name*	*Value*	*Payer Usage*	**Claim Billing/Claim Rebill Accepted/Rejected** *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. Note: Current NCPDP and Argus count supported = maximum of 9.
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

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY			*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			*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as Imp Guide.
55Ø-8F	HELP DESK PHONE NUMBER			*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as Imp Guide. Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.

This Segment is always sent	X	

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	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	

This Segment is always sent		
This Segment is situational	X	Used if DUR information is needed to be returned.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill 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

This Segment is always sent		
This Segment is situational	X	Used if Prior Authorization is needed to be returned.

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
498-PY	PRIOR AUTHORIZATION NUMBER–ASSIGNED		RW	*Imp Guide:* Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim. *Payer Requirement:* Same as Imp Guide. Note: Prior Authorization Number may continue to be returned in 526-FQ Additional Message Information field.

This Segment is always sent		
This Segment is situational	X	Used if COB or Other Payer information is needed to be returned.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing/Claim Rebill 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	

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
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
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

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Billing/Claim Rebill 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	

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

This Segment is always sent		
This Segment is situational	X	Used If additional messaging is needed.

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

This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
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. Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.

**** End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet ****