

California Department of General Services (CA DGS), California Correctional Health Care Services (CCHCS) NCPDP D.0 Payer Specifications

October 10, 2022

Claim Billing/Claim Re-Bill Payer Sheet

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

General Information

Payer Name: Prime Therapeutics Management		Date:	
Client Name: California Correctional Health Care Services (CCHCS)		BIN: 016523	PCN: 22347
Processor: Prime Therapeutics Management			
Effective as of: 03/01/2022		NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October 2019		NCPDP External Code List Version Date: October 2019	
Contact/Information Source: 1-800-424-5950			
Certification Contact Information: 1-800-424-5906			
Provider Relations Help Desk Info: 1-800-424-5950			
Other versions supported: No			

Other Transactions Supported

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

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

Field Legend for Columns

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

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

Claim Billing/Claim Re-Bill Transaction

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

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

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	016523	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	22347	M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	One transaction for B2 or compound claim; Four allowed for B1 or B3.

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	
201-B1	SERVICE PROVIDER ID		M	NPI of Pharmacy
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	This will be provided by the provider's software vender	M	Required when vendor certification is required by Prime Therapeutics Management– otherwise submit all zeroes

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

Insurance Segment Segment Identification (111-AM) = "04"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID	22427 = Fire Camps 22428 = Releases	R	
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	

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

Patient Segment Segment Identification (111-AM) = “Ø1”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified 1 = Male 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
3Ø7-C7	PLACE OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR	1=Blank Not Specified 2 = Not Pregnant 3 = Pregnant	RW	Required if the patient is known to be pregnant.
384-4X	PATIENT RESIDENCE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.

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

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1= Rx Billing	M	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		M	Ø3 = National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID		M	NDC for non-compound claims
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the “completion” transaction in a partial fill (Dispensing Status (343-HD) = “C” (Completed)).
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the “completion” transaction in a partial fill (Dispensing Status (343-HD) = “C” (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used.
442-E7	QUANTITY DISPENSED		R	
460-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide:</i> Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the Version D.0 Editorial Document).

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø3-D3	FILL NUMBER		R	

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1–99 = Authorized Refill number	R	
419-DJ	PRESCRIPTION ORIGIN CODE	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Required if value submitted in (354-NX) is greater than zero (Ø).
3Ø8-C8	OTHER COVERAGE CODE		RW	Required when submitting a claim for recipient who has other coverage.

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
6ØØ-28	UNIT OF MEASURE	Values: EA = Each GM = Grams ML = Milliliters	R	
418-DI	LEVEL OF SERVICE		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
343-HD	DISPENSING STATUS	P = Partial Fill C = Completion of Partial Fill	RW	Required for the partial fill or the completion fill of a prescription.
995-E2	ROUTE OF ADMINISTRATION	SNOMED CT Values	RW	Compounds are not covered.
996-G1	COMPOUND TYPE		RW	Required if specified in trading partner agreement.
147-U7	PHARMACY SERVICE TYPE		RW	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.

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

Pricing Segment Segment Identification (111-AM) = “11”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	NOT REQUIRED; DO NOT SEND
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION			Required if needed for receiver claim/encounter adjudication.

Provider Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is not sent	X	

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

Prescriber Segment Segment Identification (111-AM) = “Ø3”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = NPI	R	
411-DB	PRESCRIBER ID	Prescriber's individual NPI	R	Must submit valid NPI
427-DR	PRESCRIBER LAST NAME		RW	Required when the Prescriber ID (411-DB) is not known.
364-2J	PRESCRIBER FIRST NAME		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	Coordination of Benefits is not accepted.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if required to affect outcome of claim related to DUR intervention.

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 occurrence s.	RW***	Required if DUR/PPS Segment is used.

DUR/PPS Segment Segment Identification (111-AM) = “Ø8”		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
439-E4	REASON FOR SERVICE CODE	Allowed values: DD = Drug-Drug Interaction ID = Ingredient Duplication TD = Therapeutic Duplication	RW***	Required when there is a conflict to resolve or reason for service to be explained (Max 9). Code identifying the type of utilization conflict detected or the reason for the pharmacist’s professional service. Required when needed to communicate DUR information.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW***	Required when there is a professional service to be identified (Max 9). Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.
441-E6	RESULT OF SERVICE CODE		RW***	Required when there is a result of service to be submitted (Max 9). Action taken by a pharmacist in response to a conflict or the result of a pharmacist’s professional service.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

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

Clinical Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if the clinical detail will affect the outcome of claims processing.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER		RW***	Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		RW***	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

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

Response Claim Billing/Claim Re-Bill Payer Sheet

Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) Response

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

General Information

Payer Name: Prime Therapeutics State Government Solutions	Date:	
Plan Name/Group Name: California Correctional Health Care Services (CCHCS)	BIN: 016523	PCN: 22347

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.0*.

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<i>Sent if additional information is available from the payer/processor.</i>

Response Message Segment Segment Identification (111-AM) = "20"		Claim Accepted/Claim Billing/Claim Re-Bill Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		R	Required if text is needed for clarification or detail.

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
524-FO	PLAN ID		RW	
301-C1	GROUP ID		RW	
302-C2	CARDHOLDER ID		R	

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

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	Required if known.
311-CB	PATIENT LAST NAME		RW	Required if known.
3Ø4-C4	DATE OF BIRTH		RW	Required if known.

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P = Paid D = Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.

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
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

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

Response Claim Segment Segment Identification (111-AM) = “22”		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

Response Pricing Segment Segment Identification (111-AM) = “23”		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	Required if this value is used to arrive at the final reimbursement.
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID		RW	Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	Required if Ingredient Cost Paid (506-F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.
518-FI	AMOUNT OF COPAY		RW	Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
574-2Y	AMOUNT OF COINSURANCE		RW	
572-4U	AMOUNT OF COINSURANCE		RW	Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	This dollar amount will be provided, if known, to the receiver when the transaction had spending account

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
				dollars reported as part of the patient pay amount.
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
148-U8	INGREDIENT COST CONTRACTED/ REIMBURSABLE AMOUNT		RW	
149-U9	DISPENSE FEE CONTRACTED/ REIMBURSABLE AMOUNT		RW	

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	Sent when DUR intervention is encountered during claim processing.

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	Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict.

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
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Program does not support COB.

Claim Billing/Claim Re-Bill Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

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

Response Message Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

Response Insurance Segment Segment Identification (111-AM) = “25”		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID	22427 = Fire Camp 22428 = Releases	R	
524-FO	PLAN ID		RW	Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available.
568-J7	PAYER ID QUALIFIER		RW	Required if Payer ID (569-J8) is used.
569-J8	PAYER ID		RW	Required to identify the ID of the payer responding.
302-C2	CARDHOLDER ID		RW	Required if the identification to be used in future transactions is different than what was submitted on the request.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when known by plan

Response Patient Segment Segment Identification (111-AM) = “29”		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	Required if known.
311-CB	PATIENT LAST NAME		RW	Required if known.
304-C4	DATE OF BIRTH		RW	Required if known.

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

Response Status Segment Segment Identification (111-AM) = “21”		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER			Required if needed to identify the transaction.
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.
987-MA	URL		RW	Provided for informational purposes only to relay health care communications via the Internet.
Response Claim Segment Questions		Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation	
This Segment is always sent		X		

Response Claim Segment Segment Identification (111-AM) = “22”		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	1 = Rx-Billing
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

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	Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.

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
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict.

Claim Billing/Claim Re-Bill Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

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

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	

Response Status Segment Segment Identification (111-AM) = “21”		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

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

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

**** Start of Request Claim Reversal (B2) Payer Sheet****

General Information

Payer Name: Prime Therapeutics Management	Date:	
Plan Name/Group Name: California Correctional Health Care Services (CCHCS)	BIN: 016523	PCN: 22347

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued	X	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	016523	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	22347	M	
109-A9	TRANSACTION COUNT		M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE		M	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	This will be provided by the provider's software vendor	M	If no number is supplied, populate with zeros

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

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID	22427 = Fire Camps 22428 = Releases	RW	Required if needed to match the reversal to the original billing transaction.

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

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER	Ø = Original Dispensing 1–99 = Number of refills	R	Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.
3Ø8-C8	OTHER COVERAGE CODE		RW	Required if needed by receiver to match the claim that is being reversed.

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

Pricing Segment Segment Identification (111-AM) = “11”		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if this field could result in contractually agreed upon payment.
43Ø-DU	GROSS AMOUNT DUE		RW	Required if this field could result in contractually agreed upon payment.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Program does not support COB.

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

Response Claim Reversal Payer Sheet

Claim Reversal Accepted/Approved Response

**** Start of Claim Reversal Response (B2) Payer Sheet ****

General Information

Payer Name: Prime Therapeutics State Government Solutions	Date:	
Plan Name/Group Name: California Correctional Health Care Services (CCHCS)	BIN: 016523	PCN: 22347

Claim Reversal Accepted/Approved Response

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

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

Response Transaction Header Segment		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider Identifier (NPI)	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE		M	

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

Response Message Segment Identification (111-AM) = “20”		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

Response Status Segment Identification (111-AM) = “21”		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

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

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

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = “23”		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	INCENTIVE AMOUNT PAID		RW	Required if this field is reporting a contractually agreed upon payment.
509-F9	TOTAL AMOUNT PAID		RW	Required if any other payment fields sent by the sender.

Claim Reversal Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider Identifier (NPI)	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE		M	

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

Response Message Segment Segment Identification (111-AM) = “20”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

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

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

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

Response Claim Segment Segment Identification (111-AM) = “22”		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Program does not support COB.

Claim Reversal Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	1 = One Occurrence	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier	M	
201-B1	SERVICE PROVIDER ID	NPI Number	M	
401-D1	DATE OF SERVICE		M	

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

Response Message Segment Segment Identification (111-AM) = “2Ø”		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i>

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

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

**** End of Claim Reversal (B2) Response Payer Sheet****

Revision History

Date	Name	Comments
02/24/2022	Account Management – Jennifer DesJardins	Revised to add updated implementation date and Group IDs
10/21/2020	Documentation Management team	Rebranded, reformatted, updated and standardized naming conventions, added Revision History table
09/14/2020	Implementation Team – Ron Wright	Initial creation
10/10/2022	Documentation Management team	Updated document to reference current company name.