# State of Connecticut Department of Public Health Connecticut AIDS Drug Assistance Program (CADAP) 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 LLC | | |
| **Plan Name/Group Name:** Connecticut ADAP | **BIN**: 018786 | **PCN:** ADAP Medicare: CTTROOP |
| | | **PCN:** ADAP Non-Medicare: CT |
| **Processor**: Prime Therapeutics Management LLC | | |
| **Effective as of:** 11/01/2018 | **NCPDP Telecommunication Standard Version/Release #:** D.0 | |
| **NCPDP Data Dictionary Version Date**: October 2018 | **NCPDP External Code List Version Date:** October 2018 | |
| **Contact/Information Source:** | | |
| **Pharmacy Help Desk Information:** 1-800-424-3310 | | |
| **Certification Contact Information**: MRxPharmacyTesting@magellanhealth.com | | |
| **Provider Relations Department:** 1-800-441-6001 | | |
| **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

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.

| 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 |

# 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 | 018786 | M | **NEW!** |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | | M | |
| 1Ø4-A4 | Processor Control Number | ADAP Medicare:<br>• CTTROOP<br>ADAP Non-Medicare: | M | **NEW!** |

| Transaction Header Segment | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| | | • CT | | |
| 1Ø9-A9 | Transaction Count | | M | One transaction for B2 or compound claim; Four allowed for B1 or B3 |
| 2Ø2-B2 | Service Provider ID Qualifier | 01 = NPI | M | |
| 2Ø1-B1 | Service Provider ID | | M | |
| 4Ø1-D1 | Date of Service | | M | |

| Transaction Header Segment | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 11Ø-AK | Software Vendor/Certification ID | This will be provided by the provider's software vender | M | Required by Prime Therapeutics Management LLC |

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

| Insurance Segment Segment Identification (111-AM) = "Ø4" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 3Ø2-C2 | Cardholder ID | | M | See value as printed on the ID Card |
| 3Ø1-C1 | Group ID | RX282327 | 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<br>• 1 = Male<br>• 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 | Blank = Not Specified<br>1 = Not Pregnant<br>2 = Pregnant | RW | Required if the patient is known to be pregnant |

| Patient Segment Segment Identification (111-AM) = "Ø1" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 384-4X | Patient Residence | | 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 does not support partial fills | X | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 455-EM | Prescription/Service Reference Number Qualifier | 1= Rx Billing | M | For Transaction Code of "B1," in the Claim Segment, |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| | | | | the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | Prescription/Service Reference Number | | M | |
| 436-E1 | Product/Service ID Qualifier | • ØØ = Not specified<br>• Ø3 = National Drug Code (NDC) | M | |
| 4Ø7-D7 | Product/Service ID | | M | NDC for non-compound claims "Ø" for compound claims |
| 442-E7 | Quantity Dispensed | | R | |
| 46Ø-ET | Quantity Prescribed | | RW | *Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*). |
| 4Ø3-D3 | Fill Number | | R | |
| 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<br>• 1–99 = Authorized Refill number | R | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 419-DJ | Prescription Origin Code | • 1 = Written<br>• 2 = Telephone<br>• 3 = Electronic<br>• 4 = Facsimile<br>• 5 = Pharmacy | R | |
| 354-NX | Submission Clarification Code Count | | RW | Required if Submission Clarification Code (42Ø-DK) is used. |
| 42Ø-DK | Submission Clarification Code | • 1 = No Override<br>• 2 = Other Override<br>• 3 = Vacation supply<br>• 4 = Lost Prescription<br>• 5 = Therapy Change<br>• 6 = Starter Dose<br>• 7 = Medically Necessary<br>• 8 = Process Compound For Approved<br>• 10 = Meets Plan Limitations<br>• 11 = Certification on File<br>• 19 = Split Billing<br>• 20 = 340B<br>• 99 = Other | RW | *Payer Requirement*: Required when needing to provide additional information for coverage purposes. |
| 3Ø8-C8 | Other Coverage Code | | RW | Required when submitting a claim for recipient who has other coverage |
| 6ØØ-28 | Unit of Measure | Values:<br>• EA = Each<br>• GM = Grams<br>• ML = Milliliters | R | **NEW!** |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 418-DI | Level of Service | | RW | |
| 461-EU | Prior Authorization Type Code | | RW | |
| 462-EV | Prior Authorization Number Submitted | | RW | |
| 995-E2 | Route of Administration | SNOMED CT Values | RW | Required when submitting compound claims |
| 996-G1 | Compound Type | | RW | |
| 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. |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 4Ø9-D9 | Ingredient Cost Submitted | | R | |
| 412-DC | Dispensing Fee Submitted | | RW | Required if its value has an effect on the Gross Amount Due (43Ø-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 (43Ø-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. |

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 479-H | Other Amount Claimed Submitted Qualifier | | RW | Required if Other Amount Claimed Submitted (48Ø-H9) is used. |
| 48Ø-H9 | Other Amount Claimed Submitted | | RW | Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 481-HA | Flat Sales Tax Amount Submitted | | RW | Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 426-DQ | Usual and Customary Charge | | R | |
| 43Ø-DU | Gross Amount Due | | R | |
| 423-DN | Basis of Cost Determination | | RW | 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.<br>Required if necessary for state/federal/regulatory agency programs. |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing<br>If Situational, Payer Situation |
|---|---|---|
| This Segment is situational | X | Required only for secondary, tertiary, etc. claims. |
| Scenario 1 – Other Payer – Amount Paid Repetitions | X | Used when PCN = CT |
| Scenario 2 – Other Payer – Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | X | Used when PCN = CTTROOP |

| Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" | | Claim Billing<br>Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 337-4C | Coordination of Benefits/Other Payments Count | Maximum count of 9. | M | |
| 338-5C | Other Payer Coverage Type | All values supported. | M | |
| 339-6C | Other Payer Id Qualifier | | RW | Imp Guide: Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | Other Payer Id | | RW | Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication. |
| 443-E8 | Other Payer Date | | RW | Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. |
| 341-HB | Other Payer Amount Paid Count | Maximum count of 9. | R | Required on all COB claims with Other Coverage Code of 2 or 4. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 342-HC | Other Payer Amount Paid Qualifier | | R | Required if other Payer Amount Paid (431-DV) is used. |
| 431-DV | Other Payer Amount Paid | | R | Required on all COB claims with Other Coverage Code of 2 or 4. |
| 471-5E | Other Payer Reject Count | Maximum count of 5. | RW | Imp Guide: Required if Other Payer Reject Code (472-6E) is used. |
| 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). |
| 353-NR | Other Payer – Patient Responsibility Amount Count | Maximum count of 25. | RW | Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP | Other Payer- Patient Responsibility Amount Qualifier | | RW | Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. |
| 352-NQ | Other Payer- Patient Responsibility Amount | | RW | Imp Guide: Required if necessary for patient financial responsibility only billing. |
| 392-MU | Benefit Stage Count | | RW | Required if Benefit Stage Amount (394-MW) is used. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 393-MV | Benefit Stage Qualifier | | RW | Required if Benefit Stage Amount (394-MW) is used. |
| 394- MW | Benefit Stage Amount | | RW | Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-Bill If Situational, Payer Situation |
|---|---|---|
| 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 occurrences. | RW*** | Required if DUR/PPS Segment is used. |
| 439-E4 | Reason for Service Code | | RW*** | Required when there is a conflict to resolve or reason for service to be explained (Max 9) |
| 44Ø-E5 | Professional Service Code | | RW*** | Required when there is a professional service to be identified (Max 9) |
| 441-E6 | Result of Service Code | | RW*** | Required when there is a result of service to be submitted (Max 9) |
| 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<br>If Situational, Payer Situation |
|---|---|---|
| This Segment is situational | X | It is used for multi-ingredient prescriptions when each ingredient is reported. |

| Compound Segment<br>Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 45Ø-EF | Compound Dosage Form Description Code | | M | |
| 451-EG | Compound Dispensing Unit Form Indicator | | M | |
| 447-EC | Compound Ingredient Component Count | | M | Maximum 25 ingredients |
| 488-RE | Compound Product ID Qualifier | | M | |
| 489-TE | Compound Product ID | | M | |
| 448-ED | Compound Ingredient Quantity | | M | |
| 449-EE | Compound Ingredient Drug Cost | | M | |
| 49Ø-UE | Compound Ingredient Basis of Cost Determination | | R | |

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

| Clinical Segment<br>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. |

| Clinical Segment Segment Identification (111-AM) = "13" | | Claim Billing/Claim Re-bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 424-DO | Diagnosis Code | | RW*** | Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for professional pharmacy service.<br><br>Required if this information can be used in place of prior authorization.<br><br>Required if necessary for state/federal/regulatory agency programs. |
| ****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 Management LLC | | |
| **Plan Name/Group Name:** Connecticut ADAP | **BIN:** 018786 | **PCN:** ADAP Medicare: CTTROOP |
| | | **PCN:** ADAP Non-Medicare: CT |

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

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

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

| Response Transaction Header Segment | | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B1, B3 | M | |
| 1Ø9-A9 | Transaction Count | Same value as in request | M | |
| 5Ø1-F1 | Header Response Status | A = Accepted | M | |
| 2Ø2-B2 | Service Provider Id Qualifier | Same value as in request | M | |
| 2Ø1-B1 | Service Provider Id | Same value as in request | M | |
| 4Ø1-D1 | Date of Service | Same value as in request | M | |

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

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 5Ø4-F4 | Message | | 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 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 | |
| 3Ø1-C1 | Group ID | | RW | |
| 3Ø2-C2 | Cardholder ID | | RW | |

| Response Patient Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|---|---|
| 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** | **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<br>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. |
| 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 = RxBilling | 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** |
| 5Ø5-F5 | Patient Pay Amount | | R | |
| 5Ø6-F6 | Ingredient Cost Paid | | R | |
| 5Ø7-F7 | Dispensing Fee Paid | | RW | Required if this value is used to arrive at the final reimbursement. |
| 521-FL | Incentive Amount Paid | | RW | Required if Incentive Amount Submitted (438E3) is greater than zero (Ø). |
| 563-J2 | Other Amount Paid Count | Maximum count of 3. | RW | Required if Other Amount Paid (565J4) is used. |
| 564-J3 | Other Amount Paid Qualifier | | RW | Required if Other Amount Paid (565J4) is used. |
| 565-J4 | Other Amount Paid | | RW | Required if Other Amount Claimed Submitted (48ØH9) is greater than zero (Ø). |

| 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** |
| 566-J5 | Other Payer Amount Recognized | | RW | Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. |
| 5Ø9-F9 | Total Amount Paid | | R | |
| 522-FM | Basis of Reimbursement Determination | | RW | Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. |
| 512-FC | Accumulated Deductible Amount | | RW | |
| 513-FD | Remaining Deductible Amount | | RW | |
| 514-FE | Remaining Benefit Amount | | RW | |
| 517-FH | Amount Applied to Periodic Deductible | | RW | Required if Patient Pay Amount (5Ø5-F5) includes deductible |
| 518-FI | Amount of Copay | | RW | Required if Patient Pay Amount (5Ø5F5) includes co-pay as patient financial responsibility. |

| 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** |
| 52Ø-FK | Amount Exceeding Periodic Benefit Maximum | | RW | |
| 346-HH | Basis of Calculation – Dispensing Fee | | RW | |
| 347-HJ | Basis of Calculation – Copay | | RW | |

| | | | | |
|---|---|---|---|---|
| 571-NZ | Amount Attributed to Processor Fee | | RW | |
| 574-2Y | Amount of Coinsurance | | RW | |

| 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** |
| 572-4U | Amount of Coinsurance | | RW | |
| 573-4V | Basis of Calculation – Coinsurance | | RW | |
| 392-MU | Benefit Stage Count | | RW | |
| 393-MV | Benefit Stage Qualifier | | RW | |
| 394-MW | Benefit Stage Amount | | RW | |
| 577-G3 | Estimated Generic Savings | | RW | |
| 128-UC | Spending Account Amount Remaining | | RW | |
| 133-UJ | Amount Attributed to Provider Network Selection | | RW | |
| 134-UK | Amount Attributed to Product Selection/Brand Drug | | RW | |
| 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 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. |
| 529-FT | Other Pharmacy Indicator | | RW | Required if needed to supply additional information for the utilization conflict. |
| 53Ø-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 (53Ø-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. |
| 57Ø-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 situational | X | Sent when Other Health Insurance (OHI) is encountered during claims processing. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 355-NT | Other Payer ID Count | Maximum count of 3. | M | |
| 338-5C | Other Payer Coverage Type | | M | |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | Other Payer ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 991-MH | Other Payer Processor Control Number | | RW | Required if other insurance information is available for coordination of benefits. |
| 356-NU | Other Payer Cardholder ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 992-MJ | Other Payer Group ID | | RW | Required if other insurance information is available for coordination of benefits. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 142-UV | Other Payer Person Code | | RW | Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB | Other Payer Help Desk Phone Number | | RW | Required if needed to provide a support telephone number of the other payer to the receiver. |
| 143-UW | Other Payer Patient Relationship Code | | RW | Required if needed to uniquely identify the relationship of the patient to |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| | | | | the cardholder ID, as assigned by the other payer. |
| 144-UX | Other Payer Benefit Effective Date | | RW | Required when other coverage is known which is after the Date of Service submitted. |
| 145-UY | Other Payer Benefit Termination Date | | RW | Required when other coverage is known which is after the Date of Service submitted. |

# 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 |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B1, B3 | M | |
| 1Ø9-A9 | Transaction Count | Same value as in request | M | |
| 5Ø1-F1 | Header Response Status | A = Accepted | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 2Ø1-B1 | Service Provider ID | Same value as in request | M | |
| 4Ø1-D1 | Date of Service | Same value as in request | M | |

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

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 5Ø4-F4 | Message | | RW | 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 | X | |
| This Segment is situational | | |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 3Ø1-C1 | Group ID | | R | Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |
| 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. |
| 3Ø2-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** |
| 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/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 112-AN | Transaction Response Status | R = Reject | M | |
| 5Ø3-F3 | Authorization Number | | RW | Required if needed to identify the transaction. |
| 51Ø-FA | Reject Count | Maximum count 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. |
| 13Ø-UF | Additional Message Information Count | Maximum count 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 Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **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. |
| 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. |
| 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 = RxBilling |
| 4Ø2-D2 | Prescription/Service Reference Number | | M | |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is 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. |

| 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** |
| 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. |
| 53Ø-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 (53Ø-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. |
| 57Ø-NS | DUR Additional Text | | RW | Required if needed to supply additional information for the utilization conflict. |

| Response Prior Authorization Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is situational | X | Sent when claim adjudication outcome requires subsequent PA number for payment |

| Response Prior Authorization Segment Segment Identification (111-AM) = "26" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 498-PY | Prior Authorization Number–Assigned | | RW | Required when the receiver must submit this Prior |

| | | | | |
|---|---|---|---|---|
| | | | | Authorization Number in order to receive payment for the claim. |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is situational | X | Sent when Other Health Insurance (OHI) is encountered during claim processing. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 355-NT | Other Payer ID Count | Maximum count of 3. | M | |
| 338-5C | Other Payer Coverage Type | | M | |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | Other Payer ID | | RW | Required if other insurance information is available for coordination of benefits. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 991-MH | Other Payer Processor Control Number | | RW | Required if other insurance information is available for coordination of benefits. |
| 356-NU | Other Payer Cardholder ID | | RW | Required if other insurance information is available for coordination of benefits. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 992-MJ | Other Payer Group ID | | RW | Required if other insurance information is available for coordination of benefits. |
| 142-UV | Other Payer Person Code | | RW | Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB | Other Payer Help Desk Phone Number | | RW | Required if needed to provide a support telephone number of the other payer to the receiver. |
| 143-UW | Other Payer Patient Relationship Code | | RW | Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. |
| 144-UX | Other Payer Benefit Effective Date | | RW | Required when other coverage is known which is after the Date of Service submitted. |
| 145-UY | Other Payer Benefit Termination Date | | RW | Required when other coverage is known which is after the Date of Service submitted. |

## 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** |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B1, B3 | M | |
| 1Ø9-A9 | Transaction Count | Same value as in request | M | |
| 5Ø1-F1 | Header Response Status | R = Rejected | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | Same value as in request | M | |
| 2Ø1-B1 | Service Provider ID | Same value as in request | M | |
| 4Ø1-D1 | Date of Service | Same value as in request | M | |

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

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Billing/Claim Re-Bill Rejected/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 5Ø4-F4 | Message | | RW | 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 | |
| 5Ø3-F3 | Authorization Number | | RW | Required if needed to identify the transaction. |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-Bill Rejected/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 51Ø-FA | Reject Count | Maximum count 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. |
| 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. |
| 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 (526FQ) 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. |

****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 LLC | | |
| **Plan Name/Group Name:** Connecticut ADAP | **BIN:** 018786 | **PCN:** ADAP Medicare: CTTROOP |
| | | **PCN:** ADAP Non-Medicare: CT |

## Claim Reversal Transaction

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

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

| Transaction Header Segment | | Claim Reversal | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 1Ø1-A1 | BIN NUMBER | 018786 | M | NEW |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B2 | M | |
| 1Ø4-A4 | Processor Control Number | ADAP Medicare: CTTROOP<br>ADAP Non-Medicare: CT | M | NEW |
| 1Ø9-A9 | Transaction Count | | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | 01 = NPI | M | |
| 2Ø1-B1 | Service Provider ID | NPI Number | M | |

| Transaction Header Segment | | Claim Reversal | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 4Ø1-D1 | Date of Service | | M | |
| 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 | |

| 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 | | 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 | |
| 436-E1 | Product/Service ID Qualifier | | M | |
| 4Ø7-D7 | Product/Service ID | | M | |
| 4Ø3-D3 | Fill Number | Ø = Original Dispensing | R | Required if needed for reversals when multiple fills of the same Prescription/ Service Reference Number |

| | | | | |
|---|---|---|---|---|
| | | 1–99 = Number of refills | | (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<br>If Situational, Payer Situation |
|---|---|---|
| This Segment is situational | X | |

| Pricing Segment<br>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<br>Segment Identification (111-AM) = "Ø5" | | Claim Reversal | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 337-4C | Coordination of Benefits/Other Payments Count | Maximum count of 9 | M | |
| 338-5C | Other Payer Coverage Type | | M | |
| 339-6C | Other Payer ID Qualifier | | RW | Required if Other Payer ID (Field # 34Ø-7C) is used |
| 34Ø-7C | Other Payer ID | | RW | Required if COB segment is used |
| 443-E8 | Other Payer Date | | RW | Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. |

| Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" | | Claim Reversal | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 341-HB | Other Payer Amount Paid Count | Maximum count of 9. | R | Required if Other Payer Amount Paid Qualifier (342-HC) is used. |
| 342-HC | Other Payer Amount Paid Qualifier | | R | Required when there is payment from another source. |
| 431-DV | Other Payer Amount Paid | | R | Required if other payer has approved payment for some/all of the billing. |
| 471-5E | Other Payer Reject Count | Maximum count of 5 | RW*** | Required on all COB claims with Other Coverage Code of 3. |
| 472-6E | Other Payer Reject Code | | RW | Required on all COB claims with Other Coverage Code of 3. |
| 353-NR | Other Payer – Patient Responsibility Amount Count | | R | Required if Other Payer – Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP | Other Payer – Patient Responsibility Amount Qualifier | Ø6 = Patient Pay Amount (5Ø5-F5) | R | Required if Other Payer – Patient Responsibility Amount (352-NQ) is used. |
| 352-NQ | Other Payer – Patient Responsibility Amount | | R | Required OCC = 2 or 4. |
| 392-MU | Benefit Stage Count | Maximum count of 4 | RW | |
| 393-MV | Benefit Stage Qualifier | | RW | |
| 394-MW | Benefit Stage Amount | | RW | |

****End of Request Claim Reversal (B2) 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 Management LLC | | |
| **Plan Name/Group Name:** Connecticut ADAP | **BIN:** 018786 | **PCN:** ADAP Medicare: CTTROOP |
| | | **PCN:** ADAP Non-Medicare: CT |

## 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.Ø.

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

| Response Transaction Header Segment | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B2 | M | |
| 1Ø9-A9 | Transaction Count | Same value as in request | M | |
| 5Ø1-F1 | Header Response Status | A = Accepted | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | Ø1= National Provider Identifier (NPI) | M | |
| 2Ø1-B1 | Service Provider ID | NPI Number | M | |
| 4Ø1-D1 | Date of Service | | M | |

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

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 5Ø4-F4 | Message | | RW | 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 Segment Identification (111-AM) = "21" | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 112-AN | Transaction Response Status | A = Approved | M | |
| 5Ø3-F3 | Authorization Number | | RW | 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. |
| 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. |

| | | | | |
|---|---|---|---|---|
| 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 = RxBilling | 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. |
| 5Ø9-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** |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B2 | M | |
| 1Ø9-A9 | Transaction Count | Same value as in request | M | |
| 5Ø1-F1 | Header Response Status | A = Accepted | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | Ø1 = National Provider Identifier (NPI) | M | |
| 2Ø1-B1 | Service Provider ID | NPI Number | M | |
| 4Ø1-D1 | Date of Service | | M | |

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

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Reversal – Accepted/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 5Ø4-F4 | Message | | RW | 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 | |
| 5Ø3-F3 | Authorization Number | | R | |
| 51Ø-FA | Reject Count | Maximum count of 5. | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 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. |
| 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/Rejected | | |
|---|---|---|---|---|
| **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/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 = RxBilling | 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 situational | X | |

| Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" | | Claims Reversal | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 337-4C | Coordination of Benefits/Other Payments Count | Maximum count of 9 | M | |
| 338-5C | Other Payer Coverage Type | | M | |

# 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** |
| 1Ø2-A2 | Version/Release Number | DØ | M | |
| 1Ø3-A3 | Transaction Code | B2 | M | |
| 1Ø9-A9 | Transaction Count | 1 = One Occurrence | M | |
| 5Ø1-F1 | Header Response Status | R = Rejected | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | Ø1 = National Provider Identifier | M | |
| 2Ø1-B1 | Service Provider ID | NPI Number | M | |
| 4Ø1-D1 | Date of Service | | M | |

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

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

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Rejected/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 112-AN | Transaction Response Status | R = Reject | M | |
| 5Ø3-F3 | Authorization Number | | R | |
| 51Ø-FA | Reject Count | Maximum count of 5. | R | |
| 511-FB | Reject Code | | R | |
| 546-4F | Reject Field Occurrence Indicator | | RW | Required if a repeating field is in error, to identify repeating field occurrence. |
| 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. |
| 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. |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Rejected/Rejected | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 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. |

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

# Revision History

| Date | Name | Comments |
|---|---|---|
| 11/01/2018 | Implementation team | Initial creation |
| 07/24/2020 | Steven Giera | Added quantity prescribed field (# 46Ø -ET) required for Schedule II drugs in Claim Segment Ø7 |
| | Documentation Management team | • Rebranded; reformatted; updated and standardized naming conventions<br>• Added Revision History table |
| 09/17/2020 | Joseph McCloskey; Leslie Fisher | Added missing content from previous revision:<br>• Coordination of Benefits/Other Payments Segment Questions: Scenario 1<br>• Coordination of Benefits/Other Payments Segment<br>• Segment Identification: 341-HB, 342-HC, and 431-DV) = |
| 09/30/2021 | Joseph McCloskey; Micah Darrington | • Field 42Ø-DK requirements updated |
| 10/10/2022 | Documentation Management team | • Updated document to reference current company name. |