

GatorCare NCPDP D.0 Payer Specifications

October 11, 2022

Request 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 Pharmacy Solutions LLC		
Plan Name/Group Name: Varies, refer to Patient ID Card	BIN: 016523	PCN: P042
Processor: Prime Therapeutics Pharmacy Solutions LLC		
Effective as of: 01/01/2013	NCPDP Telecommunication Standard Version/Release #: D.0	
Pharmacy Support: 1-800-651-8921		
NCPDP Data Dictionary Version Date: October 2011	NCPDP External Code List Version Date: October 2011	
Other versions supported: No lower versions supported.		

Other Transactions Supported

Transaction Code	Transaction Name
B2	Reversal
B3	Re-bill
E1	Eligibility Verification

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

Payer Usage Column	Value	Explanation	Payer Situation Column
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.0*.

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 (110-AK) is Not used	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
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	B1, B3	M	
104-A4	PROCESSOR CONTROL NUMBER	P042	M	
109-A9	Transaction Count	1–4 Max of ‘1’ allowed for compound transactions	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	‘01’ = National Provider ID	M	
201-B1	SERVICE PROVIDER ID	NPI	M	
401-D1	DATE OF SERVICE		M	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned when vendor is certified with Prime Therapeutics Pharmacy Solutions 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) = "04"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
301-C1	GROUP ID	Varies	R	Varies, refer to Patient ID Card
303-C3	PERSON CODE		R	
306-C6	PATIENT RELATIONSHIP CODE		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) = "01"		Claim Billing/Claim Re-bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
331-CX	PATIENT ID QUALIFIER		RW	Required if Patient ID (332-CY) is used.
332-CY	PATIENT ID		RW	Required if necessary for state/federal/regulatory agency programs to validate dual eligibility.
304-C4	DATE OF BIRTH	Patient's Date of Birth	R	

Patient Segment Segment Identification (111-AM) = “Ø1”		Claim Billing/Claim Re-bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø5-C5	PATIENT GENDER CODE		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		RW	Required if pregnancy could result in different coverage, pricing, or patient financial responsibility.
384-4X	PATIENT RESIDENCE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. Required when known.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer 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	‘03’ = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID	National Drug Code (NDC) ‘Ø’ for Compound	M	

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the “completion” transaction in a partial fill (Dispensing Status (343-HD) = “C” (Completed)). Required if the Dispensing Status (343-HD) = “P” (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
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. Required if the Dispensing Status (343-HD) = “P” (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
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 <i>Version D.0 Editorial Document</i>).
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		R	
419-DJ	PRESCRIPTION ORIGIN CODE	<ul style="list-style-type: none"> • 1 = Written • 2 = Telephone 	R	

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		<ul style="list-style-type: none"> • 3 = Electronic • 4 = Facsimile • 5 = Pharmacy 		
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Required if clarification is needed and value submitted is greater than zero (Ø). As of 01/01/2021, if used for HIV PrEP indicator, enter value of “10” for \$0.00 co-pay and SCC of “1” for a non-HIV PrEP indicator for ACA Plans only.
3Ø8-C8	OTHER COVERAGE CODE	<ul style="list-style-type: none"> • ‘00’ = Not specified • ‘01’ = No other coverage • ‘02’ = Other coverage exists – payment collected • ‘03’ = Other coverage exists – claim not covered • ‘04’ = Other coverage exists – payment not collected 	RW	<i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits.
6ØØ-28	UNIT OF MEASURE	<ul style="list-style-type: none"> • EA = Each • GM = Grams • ML = Milliliters 	R	
418-DI	LEVEL OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment Segment Identification (111-AM) = “Ø7”		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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		RW	Required for the partial fill or the completion fill of a prescription.
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.
995-E2	ROUTE OF ADMINISTRATION	SNOMED	RW	Required if specified in trading partner agreement. <i>Payer Requirement:</i> Required when submitting Compounds
996-G1	COMPOUND TYPE		RW	Required if specified in trading partner agreement. <i>Payer Requirement:</i> Required when known.
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. <i>Payer Requirement:</i> Required when known.

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	

Pricing Segment Segment Identification (111-AM) = “1”		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	Required if this field could result in different coverage, pricing, or patient financial responsibility.
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.
479-H8	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.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).

Pricing Segment Segment Identification (111-AM) = “1”		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Required if needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		RW	Required if needed for receiver claim/encounter adjudication.

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	NPI	R	
427-DR	PRESCRIBER LAST NAME		RW	Required when the Prescriber ID (411-DB) is not known.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc., claims
Scenario 1 – Other Payer Amount Paid Repetitions Only		

Coordination of Benefits/Other Payments Segment Identification (111-AM) = “Ø5”		Claim Billing/Claim Re-bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		RW	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 if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7 = Drug Benefit	R	Required if Other Payer Amount Paid (431-DV) is used.
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 if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	

DUR/PPS 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. (‘1’ – Maximum of one allowed)	R***	Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW***	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW***	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
441-E6	RESULT OF SERVICE CODE		RW***	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement: Required for Compounds</i>

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	

Compound Segment Segment Identification (111-AM) = “10”		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-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***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R***	

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	

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. (‘1’ – Maximum of one allowed)	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. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs.
493-XE	CLINICAL INFORMATION COUNTER		RW***	Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4).
494-ZE	MEASUREMENT DATE		RW***	Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
495-H1	MEASUREMENT TIME		RW***	Required if Time is known or has impact on measurement. Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
496-H2	MEASUREMENT DIMENSION		RW***	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN).
497-H3	MEASUREMENT UNIT		RW***	<p>Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used.</p> <p>Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN).</p> <p>Required if necessary when this field could result in different coverage and/or drug utilization review outcome.</p>
499-H4	MEASUREMENT VALUE		RW***	<p>Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used.</p> <p>Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN).</p> <p>Required if necessary when this field could result in different coverage and/or drug utilization review outcome.</p>

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

Claim Reversal Accepted/Approved Response

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

General Information

Payer Name: Prime Therapeutics Pharmacy Solutions LLC		
Plan Name/Group Name: Varies, refer to Patient ID Card	BIN: 016523	PCN: P042

Claim Reversal Accepted/Approved Response

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP

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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	1–4 Max of '1' allowed for compound transactions.	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	

401-D1	DATE OF SERVICE	Same value as in request	M	
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Response Transaction Header 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 Transaction Header Segment Identification (111-AM) = "20"		Claim Reversal Accepted/Approved		
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 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	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW***	<i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
548-6F	APPROVED MESSAGE CODE		RW***	<i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	<i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<i>Guide.</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i>
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i>

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	M	<i>Imp Guide:</i> 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	

Response Transaction Header 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	<i>Imp Guide:</i> Required if this field is reporting a contractually agreed upon payment. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
509-F9	TOTAL AMOUNT PAID		RW	<i>Imp Guide:</i> Required if any other payment fields sent by the sender. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

Claim Reversal Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Reversal Accepted/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	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
201-B1	SERVICE PROVIDER ID	National Provider	M	

		Identifier (NPI)		
401-D1	DATE OF SERVICE	Same value as in request	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	<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 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***	<i>Imp Guide:</i> Required if a repeating field is in error, to

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				identify repeating field occurrence. <i>Payer Requirement: Same as Imp Guide.</i>
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement: Same as Imp Guide.</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement: Same as Imp Guide.</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement: Same as Imp Guide.</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	<i>Imp Guide:</i> 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. <i>Payer Requirement: Same as Imp Guide.</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement: Same as Imp Guide.</i>

Response Status Segment Segment Identification (111-AM) = “21”		Claim Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

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	M	<i>Imp Guide:</i> 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	

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	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 - National Provider Identifier (NPI)
201-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response 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: Same as Imp Guide.</i>
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Response Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Message 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***	<i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide.</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25	RW***	<i>Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide.</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	<i>Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide.</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	<i>Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide.</i>

Response Message Segment Segment Identification (111-AM) = "21"		Claim Reversal Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<i>Guide.</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	<i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i>
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i>
End of Claim Reversal Response (B2) Payer Sheet				

Revision History

Date	Name	Comments
01/01/2013	Implementation team	Initial creation
07/24/2020	Steven Giera	Added quantity prescribed field (# 460-ET) required for Schedule II drugs in Claim Segment Ø7
	Documentation Management team	Rebranded; reformatted; updated and standardized naming conventions; and added Revision History table
12/08/2020	Steven Giera	Updated payer situation for 42Ø-DK field
10/11/2022	Documentation Management team	Updated document to reference current company name.