Judi Rx – NCPDP D.0 Payer Sheet

Medicare Primary Billing & MSP (Medicare as Secondary Payer)

1.0 Intended Use

This document must be used in conjunction with the associated NCPDP Implementation Guides. The instructions in this companion guide are not intended to be stand-alone requirements documents. Judi Rx and the Department do not provide the NCPDP Implementation Guides. Access to the Implementation Guides requires an NCPDP membership. These guides are available at http://www.ncpdp.org/standards.

NCPDP VERSION D.0 Request Claim Billing Payer Sheet Template

Start of Request Claim Billing (B1) Payer Sheet

General Information

Payer Name: Judi Rx	**Updated:** October 1, 2022	
Medicare	**BIN:** 610770	**PCN:** CRXMD
Processor: Judi Rx		
Effective as of: 01/01/2023	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: In accordance with NCPDP Version Standards	**NCPDP External Code List Version Date:** In accordance with NCPDP Version Standards	
Contact/Information Source: www.judi.health		
Certification Testing Window: Certification Not Required		
Certification Contact Information: Certification Not Required		
Provider Relations Help Desk Info: (888) 832-2779		
Other versions supported: No other versions supported		

Field Legend for Columns

PAYER USAGE COLUMN	VALUE	EXPLANATION
MANDATORY	M	Mandatory as defined by NCPDP
REQUIRED	R	Required as defined by the Processor
QUALIFIED REQUIREMENT	RW	Situational as defined by Plan

Transaction Header Segment – Mandatory

TRANSACTION HEADER SEGMENT		CLAIM BILLING/CLAIM RE-BILL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN Number	610770	M	
1Ø1-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 B2	M	B1 Billing B2 Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	CRXMD	M	
1Ø9-A9	TRANSACTION COUNT	1 = One occurrence	M	One transaction (Only one claim occurrence per detail record is allowed in a batch)
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	M	Ø1 – NPI
2Ø1-B1	SERVICE PROVIDER ID		M	National Provider ID Number assigned to the dispensing pharmacy
4Ø1-D1	DATE OF SERVICE		M	CCYYMMDD

Insurance Segment – Mandatory

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	12-Byte alpha/ numeric ID	M	
312-CC	CARDHOLDER FIRST NAME		RW	Required when necessary for state/federal/regulatory agency programs
313-CD	CARDHOLDER LAST NAME		RW	Required when necessary for state/federal/regulatory agency programs
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Submitted when requested by processor
301-C1	GROUP ID		R	As printed on the ID card or as communicated
3Ø3-C3	PERSON CODE		R	As printed on the ID card or as communicated
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	Required when necessary for plan benefit administration

Patient Segment – Required

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	Format = CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified (Unknown) 1 = Male 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
323-CN	PATIENT CITY ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
324-CO	PATIENT STATE/PROVINCE ADDRESS		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
325-CP	PATIENT ZIP/POSTAL ZONE		R	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
3Ø7-C7	PLACE OF SERVICE		RW	Required when necessary for plan benefit administration
335-2C	PREGNANCY INDICATOR	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	Required for some federal programs
384-4X	PATIENT RESIDENCE		R	Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment: Mandatory

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	M	1 = Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	12 Bytes	M	Rx Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3	M	If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero (ØØ)
4Ø7-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero (Ø)
442-E7	QUANTITY DISPENSED		R	
460-ET	QUANTITY PRESCRIBED		RW	Effective 09/21/2020 Currently Accepted Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	1 = Not a Compound 2 =Compound
4Ø8-D8	DAW / PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		R	Ø = No refills authorized 1–99 = Authorized
419-DJ	PRESCRIPTION ORIGIN CODE	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	RW	Required when necessary for plan benefit administration
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW***	Required if field # 420- DK is used
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Required for specific overrides or when requested by processor Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer

Claim Segment: Mandatory (cont.)

CLAIM SEGMENT SEGMENT IDENTIFICATION (111-AM) = Ø7		CLAIM BILLING/CLAIM RE-BILL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø8-C8	OTHER COVERAGE CODE		RW	**Values Ø and 1 required when necessary for plan benefit administration.** Ø – Not specified by patient Ø1 – No other coverage **Values Ø2, Ø3 and Ø4 required when necessary for plan benefit administration of MSP claims** Ø2 – Other coverage exists, payment collected Ø3 – Other coverage billed, claim not covered Ø4 – Other coverage exists, payment not collected
429-DT	SPECIAL PACKAGING INDICATOR		RW	Long-Term Care brand drug claims should be dispensed as a 14 day or less supply unless drug is on the exception list
418-DI	LEVEL OF SERVICE		RW	Required for specific overrides or when requested by processor
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Required when requested by processor
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required for specific overrides or when requested by processor
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required for specific overrides or when requested by processor
995-E2	ROUTE OF ADMINISTRATION		RW	Required when Compound Code – 2
996-G1	COMPOUND TYPE		RW	Required when Compound Code – 2
147-U7	PHARMACY SERVICE TYPE		R	Required for some federal programs, when submitting Sales Tax, or Emergency Override code Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer

Pricing Segment – Mandatory

PRICING SEGMENT SEGMENT IDENTIFICATION (111-AM) = 11		CLAIM BILLING/CLAIM RE-BILL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, then Data Element Professional Service Code (44Ø-E5) must also be transmitted
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE)
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE)
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required when provider is claiming sales tax Required when submitting Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE)
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

Prescriber Segment – Required

PRESCRIBER SEGMENT SEGMENT IDENTIFICATION (111-AM) = 03		CLAIM BILLING/CLAIM RE-BILL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 – NPI (Required) 17 – Foreign Prescriber Identifier (Required when accepted by plan)	R	
411-DB	PRESCRIBER ID		R	Required; must submit valid NPI
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		R	

Coordination of Benefits/Other Payments – Situational Required only for MSP Claims

COORDINATION OF BENEFITS/OTHER PAYMENTSSEGMENT SEGMENT IDENTIFICATION (111-AM) = Ø5		CLAIM BILLING/CLAIM RE-BILL IF SITUATIONAL, PAYER SITUATION		
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 when identification of the Other Payer is necessary for claim/encounter adjudication
443-E8	OTHER PAYER DATE	CCYYMMDD	RW	Required if identification of the Other Payer Date is necessary for claim/ encounter adjudication, CCYYMMDD
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	Required when Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required when Other Payer Amount Paid (431-DV) is used

Coordination of Benefits/Other Payments – Situational Required only for MSP Claims (cont.)

COORDINATION OF BENEFITS/OTHER PAYMENTSSEGMENT SEGMENT IDENTIFICATION (111-AM) = Ø5		CLAIM BILLING/CLAIM RE-BILL IF SITUATIONAL, PAYER SITUATION		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing. Required on all COB claims with Other Coverage Code of 2 or 4. • OCC = 2 must submit > $0.01; • OCC = 4 must submit = 0.
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, designated with Other Coverage Code (3Ø8-C8) – 3
353-NR	OTHER PAYER – PATIENT RESPONSIBILITY AMOUNT COUNT		RW	Required when Other Payer- Patient Responsibility Amount Qualifier (351-NP) is used
351-NP	OTHER PAYER – PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Required When Other Payer- Patient Responsibility Amount (352-NQ) is used
352-NQ	OTHER PAYER – PATIENT RESPONSIBILITY AMOUNT		RW	Required when necessary for Patient Financial Responsibility Only Billing

DUR/PPS Segment – Situational

DUR/PPS SEGMENT SEGMENT IDENTIFICATION (111-AM) = Ø8		CLAIM BILLING/CLAIM RE-BILL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	R	Required if DUR/PPS Segment is used
439-E4	REASON FOR SERVICE CODE		RW	Required when billing for Medicare Part D Primary and Secondary Vaccine Administration billing. If populated, Professional Service Code (44Ø-E5) must also be transmitted
441-E6	PROFESSIONAL SERVICE CODE		RW	Value of MA required for Primary and Secondary Medicare Part D Vaccine Administration billing transactions. MA value must be in first occurrence of DUR/PPS segment
441-E6	RESULT OF SERVICE CODE		RW	Submitted when requested by processor
474-8E	DUR/PPS LEVEL OF EFFORT		RW	Required when submitting compound claims

Compound Segment: Situational
Required when multi-ingredient compound is submitted

COMPOUND SEGMENT SEGMENT IDENTIFICATION (111-AM) = 1Ø		CLAIM BILLING/CLAIM RE-BILL IF SITUATIONAL, PAYER SITUATION		
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 count of 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		R	Required when requested by processor
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Max of 1Ø	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Required when necessary for state/federal/regulatory agency programs

Clinical Segment: Situational
Required when requested to submit clinical information to plan

CLINICAL SEGMENT SEGMENT IDENTIFICATION (111-AM) = 13		CLAIM BILLING/CLAIM RE-BILL IF SITUATIONAL, PAYER SITUATION		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	R	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2	R	Ø2 – International Classification of Diseases (ICD10)
424-DO	DIAGNOSIS CODE		R	

**** START OF RESPONSE CLAIM BILLING/CLAIM RE-BILL (B1/B3) ****

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.*

Transaction Header Segment: Mandatory

RESPONSE TRANSACTION HEADERSEGMENT		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	M	Same value as request billing
1Ø9-A9	TRANSACTION COUNT		M	Same value as request billing
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	Same value as request billing
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	Same value as request billing
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	Same value as in request billing – CCYYMMDD

Response Message Segment: Situational

RESPONSE MESSAGE SEGMENT SEGMENT IDENTIFICATION (111-AM) = 2Ø		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/PAID (OR DUPLICATE OF PAID)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

Response Insurance Segment: Situational

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**
3Ø1-C1	GROUP ID		RW	• Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. • Required to identify the actual group that was used when multiple group coverage exist.
545-2F	Network Reimbursement Id		RW	Returned if known

Response Patient Segment: Situational

RESPONSE PATIENT SEGMENT SEGMENT IDENTIFICATION (111-AM) = 29		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/PAID (OR DUPLICATE OF PAID)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		RW	Required if known.
311-CB	PATIENT LAST NAME		RW	Required if known.
3Ø4-C4	DATE OF BIRTH		RW	Required when needed to clarify eligibility – CCYYMMDD

Response Status Segment: Mandatory

RESPONSE STATUS SEGMENT SEGMENT IDENTIFICATION (111-AM) = 21		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/PAID (OR DUPLICATE OF PAID)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	P = Paid D = Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	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 for Medicare Part D transitional fill process. See ECL for codes
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.
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: Mandatory

RESPONSE CLAIM SEGMENT SEGMENT IDENTIFICATION (111-AM) = 22		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/PAID (OR DUPLICATE OF PAID)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	1- Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Rx Number

Response Pricing Segment: Mandatory

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	This data element will be returned on all paid claims.
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	Required if this value is used to arrive at the final reimbursement.
558-AW	Flat Sales Tax Amount Paid		RW	Required when Flat Sales Tax Amount Submitted (48Ø-HA) is greater than zero (Ø) or if the Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement
559-AX	Percentage Sales Tax Amount Paid		RW	Required when this value is used to arrive at the final reimbursement
56Ø-AY	Percentage Sales Tax Rate Paid		RW	Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero(Ø)
521-FL	INCENTIVE AMOUNT PAID		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID		RW	Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø).

Response Pricing Segment: Mandatory (cont.)

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**
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).
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	Required when Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	Returned if known
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	Returned if known
514-FE	REMAINING BENEFIT AMOUNT		RW	Returned if known
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 (5Ø5-F5) includes co-pay as patient financial responsibility.
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.
572-4U	AMOUNT OF COINSURANCE		RW	Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.
392-MU	BENEFIT STAGE COUNT		RW	Required if Benefit Stage Amount (394- MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		RW	Required if Benefit Stage Amount (394- MW) is used
394-MW	BENEFIT STAGE AMOUNT		RW	Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts

Response DUR/PPS Segment: Situational

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 needed to supply additional information for the utilization conflict-CCYYMMDD
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict.
532-FW	DATABASE INDICATOR	1= First DataBank – drug database company	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 Segment: Situational

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.
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.

Response Transaction Header Segment - Mandatory

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	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 - Situational

RESPONSE MESSAGE SEGMENT SEGMENTIDENTIFICATION(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	Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

Response Insurance Segment - Situational

RESPONSE INSURANCE 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		RW	This field may contain the Group ID echoed from the request

Response Patient Segment - Situational

RESPONSE PATIENT SEGMENT IDENTIFICATION (111-AM) = "29"		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/PAID (OR DUPLICATE OF PAID)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	Patient First Name		RW	Required when needed to clarify eligibility
311-CB	Patient Last Name		RW	Required when needed to clarify eligibility
3Ø4-C4	Date of Birth		RW	Required when needed to clarify eligibility – CCYYMMDD

Response Status Segment - Mandatory

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	Imp Guide: Required if needed to identify the transaction. Payer Requirement: Same as Imp Guide
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. Payer Requirement: Same as Imp Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide

Response Status Segment - Mandatory (cont.)

RESPONSE STATUS SEGMENT SEGMENT IDENTIFICATION (111-AM) = "21"		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/REJECTED		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. Payer Requirement: Same as Imp Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. Payer Requirement: Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used. Payer Requirement: Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. Payer Requirement: Same as Imp Guide

Response Claim Segment: Mandatory

RESPONSE CLAIM SEGMENT IDENTIFICATION (111-AM) = "22"		CLAIM BILLING/CLAIM RE-BILL ACCEPTED/REJECTED		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1	M	1 – Rx Billing
4Ø2-D2	Prescription/Service Reference Number		M	Rx Number

RESPONSE DUR/PPS 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	Max of 9	RW	Required when Reason for Service Code (439-E4) is used
439-E4	Reason for Service Code		RW	Required when utilization conflict is detected
528-FS	Clinical Significance Code		RW	Required when needed to supply additional information for the utilization conflict
529-FT	Other Pharmacy Indicator		RW	Required when needed to supply additional information for the utilization conflict
53Ø-FU	Previous Date of Fill		RW	Required when needed to supply additional information for the utilization conflict – CCYYMMDD
531-FV	Quantity of Previous Fill		RW	Required when needed to supply additional information for the utilization conflict
532-FW	Database Indicator		RW	Required when needed to supply additional information for the utilization conflict
533-FX	Other Prescriber Indicator		RW	Required when needed to supply additional information for the utilization conflict
544-FY	DUR Free Text Message		RW	Required when needed to supply additional information for the utilization conflict
57Ø-NS	DUR Additional Text		RW	Required when Reason for Service Code (439-E4) is used

RESPONSE COORDINATION OF BENEFITS 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	Max of 3	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required when Other Payer ID (34Ø-7C) is used
34Ø-7C	Other Payer ID		RW	Required when other insurance information is available for coordination of benefits
991-MH	Other Payer Processor Control Number		RW	Required when other insurance information is available for coordination of benefits
356-NU	Other payer Cardholder ID		RW	Required when other insurance information is available for coordination of benefits
992-MJ	Other Payer Group ID		RW	Required when other insurance information is available for coordination of benefits
142-UV	Other payer Person Code		RW	Required when 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 when needed to provide a support telephone number of the other payer to the receiver
143-UW	Other Payer Patient Relationship Code		RW	Required when needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer

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		

TRANSACTION HEADER SEGMENT		CLAIM REVERSAL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	610770	M	The same value in the request billing
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	The same value in the request billing
1Ø9-A9	TRANSACTION COUNT	1 = One Occurrence	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	NPI Number
4Ø1-D1	DATE OF SERVICE		M	The same value in the request billing – CCYYMMDD

INSURANCE SEGMENT QUESTIONS	CHECK	CLAIM REVERSAL IF SITUATIONAL, PAYER SITUATION
This Segment is always sent	X	
This Segment is situational		

INSURANCE SEGMENT SEGMENT IDENTIFICATION (111-AM) = Ø4		CLAIM REVERSAL		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	Required when segment is sent
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	

INSURANCE 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	1 – Rx Billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Same value as in request billing
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	Same value as in request billing
4Ø7-D7	PRODUCT/SERVICE ID		M	Same value as in request billing
4Ø3-D3	FILL NUMBER		R	Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.
3Ø8-C8	OTHER COVERAGE CODE		RW	Required if needed by receiver to match the claim that is being reversed.
147-U7	PHARMACY SERVICE TYPE		RW	Same value as in request billing

**** END OF REQUEST CLAIM REVERSAL (B2) ****

4.0 Definitions, Acronyms, Abbreviations

ACRONYM OR TERM	DEFINITION
NCPDP	National Council for Prescription Drug Programs
DHCPF	Department of Health Care Policy and Financing
ID	Identification
MCO	Managed Care Organization
POS	Point-of-Sale
QA	Quality Assurance
SFTP	Secure File Transfer Protocol