



NCPDP VERSION D CLAIM BILLING/CLAIM REBILL

Request Claim Billing/Claim Rebill Payer Sheet

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

GENERAL INFORMATION

Payer Name: Judi Rx	Date: July 10, 2026	
Plan Name/Group Name: Medicare Prescription Payment Plan	BIN: 610770	PCN: MPPPCRXX
Effective as of: January 1 st , 2025	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.cap-rx.com		
Certification Testing Window: Certification Not Required		
Certification Contact Information:		
Provider Relations Help Desk Info: (888) 832-2779		
Other versions supported: No other versions supported		

FIELD LEGEND FOR COLUMNS

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



CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill • If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used		

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	610770	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	MPPPCRXX	M	
109-A9	TRANSACTION COUNT	1	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
201-B1	SERVICE PROVIDER ID	National Provider ID Number assigned to the dispensing pharmacy	M	
401-D1	DATE OF SERVICE		M	

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

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		RW	Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.
313-CD	CARDHOLDER LAST NAME		RW	Required if necessary for state/federal/regulatory agency programs.
309-C9	ELIGIBILITY CLARIFICATION CODE		RW	Submitted when requested by processor

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		RW	Refer to Group ID returned within the last occurrence of the Response COB Other Payer Segment from the Medicare Part D Claim Response.
303-C3	PERSON CODE		RW	Required if needed to uniquely identify the family members within the Cardholder ID.
306-C6	PATIENT RELATIONSHIP CODE		R	
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	Required if specified in trading partner agreement.

Patient Segment Questions	Check	Claim Billing/Claim Rebill • If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	CCYYMMDD
305-C5	PATIENT GENDER CODE		R	
310-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		RW	Required for some federal programs, when submitting Sales Tax, or Emergency Override code
307-C7	PLACE OF SERVICE		RW	Required when necessary for plan benefit administration
335-2C	PREGNANCY INDICATOR		RW	Required if pregnancy could result in different coverage, pricing or patient financial responsibility.

	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.501 definitions (45 CFR Parts 160 and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule-Thursday, December 28, 2000, page 82803 and following, and Wednesday, August 14, 2002, page 53267 and following.)
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 Rebill • If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	If billing for a multi-ingredient prescription, Product/Service ID (Qualifier 436-E1) is zero (00)
407-D7	PRODUCT/SERVICE ID		M	If billing for a multi-ingredient prescription, Product/Service ID (407-D7) is zero (0)
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	1 or 2	R	1 – Not a Compound • 2 – Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	CCYYMMDD
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		RW	Required when necessary for plan benefit administration

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
420-DK	SUBMISSION CLARIFICATION CODE		RW	Required if clarification is needed and value submitted is greater than zero (0). If the Date of Service (401-D1) contains the subsequent payer coverage date, the Submission Clarification Code (420-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. Payer Requirement: 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
460-ET	QUANTITY PRESCRIBED		RW	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS- 0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).
308-C8	OTHER COVERAGE CODE	08 = claim is billing for patient financial responsibility only	R	
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required if this field could result in different coverage, pricing or patient financial responsibility.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Follow state regulatory guidance for products that require a scheduled prescription ID number
418-DI	LEVEL OF SERVICE		RW	Required if this field could result in different coverage, pricing or patient financial responsibility.
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.
995-E2	ROUTE OF ADMINISTRATION		RW	Required when submitting compound claims
996-G1	COMPOUND TYPE		RW	Required when known for compound preparation
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 Rebill • If Situational, Payer Situation
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	Imp Guide: Required if this field could result in different coverage, pricing or patient financial responsibility. Payer Requirement: (any unique payer requirement(s))
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value effects the Gross Amount Due (430-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value effects the Gross Amount Due (430-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value effects the Gross Amount Due (430-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).
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	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill • If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER		R	
411-DB	PRESCRIBER ID		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill • If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		
This Segment is not supported		
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing/Claim Rebill 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		M	
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	R	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	R	
393-MV	BENEFIT STAGE QUALIFIER		R	
394-MW	BENEFIT STAGE AMOUNT		R	

Compound Segment Questions	Check	Claim Billing/Claim Rebill • If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing/Claim Rebill
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	Maximum 25 ingredients	M	
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	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 10.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Required if necessary for state/ federal/regulatory agency programs.

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

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	
492-WE	DIAGNOSIS CODE QUALIFIER		R	
424-DO	DIAGNOSIS CODE		R	

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



RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) Response

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

GENERAL INFORMATION

Payer Name: Judi Rx	Date: December 10, 2024		
Plan Name/Group Name: Medicare Prescription Payment Plan	BIN: 610770	PCN: MPPPCR	

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

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

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

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

Response Message Segment Questions	Check	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) • If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Message Segment Segment Identification (111-AM) = “20”			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		R	

Response Insurance Segment Questions	Check	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) • If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Insurance Segment Segment Identification (111-AM) = “25”			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
301-C1	GROUP ID		R	
545-2F	NETWORK REIMBURSEMENT ID		R	

Response Patient Segment Questions	Check	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) • If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Response Patient Segment Segment Identification (111-AM) = “29”			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
304-C4	DATE OF BIRTH		R	

Response Status Segment Questions	Check	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) • If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = “21”			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) • If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = “22”			Claim Billing/Claim Rebill – 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	For Transaction Code of “B1” in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is “1” (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) • If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = “23”			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		RW	
506-F6	INGREDIENT COST PAID		R	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	DISPENSING FEE PAID		R	Required if this value is used to arrive at the final reimbursement.
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Required if this value is used to arrive at the final reimbursement.
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0).
521-FL	INCENTIVE AMOUNT PAID		RW	Required if this value is used to arrive at the final reimbursement.
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION			Required if Ingredient Cost Paid (506- F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.
518-FI	AMOUNT OF COPAY		R	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	Required if Patient Pay Amount (505- F5) includes amount exceeding periodic benefit maximum.
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	Required if Dispensing Status (343- HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
347-HJ	BASIS OF CALCULATION—COPAY		RW	Required if Dispensing Status (343- HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).

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



CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

Claim Billing/Claim Rebill | Accepted/Rejected Response

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

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

Response Message Segment Questions	Check	Claim Billing/Claim Rebill 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 Billing/Claim Rebill – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE	R		

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

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		RW	Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.
545-2F	NETWORK REIMBURSEMENT ID		RW	Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.

Response Patient Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected • If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

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

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.
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 Rebill Accepted/Rejected • If Situational, Payer Situation
This Segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	For Transaction Code of "B1" in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	Required if Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Required if Preferred Product ID (553-AR) is used.

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
553-AR	PREFERRED PRODUCT ID		RW	Required if a product preference exists that needs to be communicated to the receiver via an ID.
554-AS	PREFERRED PRODUCT INCENTIVE		RW	Required if there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	Required if there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553- AR) and/or Preferred Product Description (556- AU).
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected • If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected • <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	

	Response Prior Authorization Segment Segment Identification (111-AM) = "26"			Claim Billing/Claim Rebill – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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.