

# NCPDP VERSION D CLAIM BILLING/CLAIM REBILL REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET

\*\* Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet \*\*

## GENERAL INFORMATION

Payer Name: <b>AscellaHealth</b>		Date: <b>04/19/2021</b>	
Plan Name/Group Name: <b>Healthy Transportation Foundation (HTF)</b>		BIN: <b>600428</b>	PCN: <b>AH</b>
Processor: <b>SS&amp;C Health</b>			
Effective as of: <b>05/20/2021</b>		NCPDP Telecommunication Standard Version/Release #: <b>D.0</b>	
NCPDP Data Dictionary Version Date: <b>July, 2007</b>		NCPDP External Code List Version Date: <b>March, 2010</b>	
Contact/Information Source: <b>SS&amp;C Health Help Desk at 1-866-921-7286</b>			
Certification Testing Window: <b>Certification Not Required.</b>			
Certification Contact Information: <b>Certification Not Required.</b>			
Provider Relations Help Desk Info: <b>SS&amp;C Health Help Desk at 1-866-921-7286</b>			
Other versions supported:			

## OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
<b>B2</b>	<b>Reversal</b>

## FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	<b>M</b>	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	<b>R</b>	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	<b>RW</b>	"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 Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

## 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 <i>If Situational, Payer Situation</i>
This Segment is always sent	<b>X</b>	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		<b>Certification Not Required.</b>
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	600428	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	AH	M	
1Ø9-A9	TRANSACTION COUNT	1 - 4	M	1 - 4 transactions for transmissions

Transaction Header Segment			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	SERVICE PROVIDER ID QUALIFIER	01	M	Only value '01' (NPI) accepted.
201-B1	SERVICE PROVIDER ID		M	NPI of pharmacy
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	601DN30Y	M	601DN30Y

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		R	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.
313-CD	CARDHOLDER LAST NAME		R	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.
301-C1	GROUP ID		RW	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.  Required if needed for pharmacy claim processing and payment.  <i>Payer Requirement: As printed on the card</i>

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	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	<i>Imp Guide:</i> Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	

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		

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Billing/Claim Rebill Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1 = Rx Billing	M	<i>Imp Guide:</i> 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	ØØ – Not Specified Ø3-National Drug Code (NDC)	M	ØØ = Multi-Ingredient Compound billing
4Ø7-D7	PRODUCT/SERVICE ID	Ø = If Compound, otherwise 11 digit NDC	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement: Same as Imp Guide.</i>
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement: Same as Imp Guide.</i>
422-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1=Not a Compound;	R	Program does not support compound processing.
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			<i>Imp Guide:</i> Required if necessary for plan benefit administration.  <i>Payer Requirement: Required on original Rx. Optional on refill Rx.</i>
460-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide* :</i> 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).  <i>Payer Requirement: .</i> <i>• Effective 09/21/2020, field is required for Schedule II drugs</i>
3Ø8-C8	OTHER COVERAGE CODE	Value:	RW	<i>Imp Guide:</i> Required if needed by receiver, to

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		00 = Not Specified 01 = No Other Coverage		communicate a summation of other coverage information that has been collected from other payers.  Required for Coordination of Benefits.  <i>Payer Requirement: Same as Imp Guide.</i>
343-HD	DISPENSING STATUS		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.  <i>Payer Requirement: (Same as Imp Guide)</i>
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.  <i>Payer Requirement: (Same as Imp Guide).</i>
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.  <i>Payer Requirement: (Same as Imp Guide).</i>

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
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.  <i>Payer Requirement: Same as Imp Guide</i>
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement: Same as Imp Guide</i>
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430—DU) calculation.  <i>Payer requirement: Same as Imp Guide.</i> <b>Vaccine Administration: Pharmacy must submit value greater than \$0.00 to request reimbursement for vaccine administration.</b>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.  <i>Payer Requirement: Same as Imp Guide</i>
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.

	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
				<i>Payer Requirement: Same as Imp Guide</i>
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide:</i> 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)  <i>Payer Requirement: ( Same as Imp Guide</i>
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<i>Imp Guide:</i> 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)  <i>Payer Requirement: Same as Imp Guide</i>
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Imp Guide:</i> Required if needed per trading partner agreement.  <i>Payer Requirement: (Same as Imp Guide)</i> For partial fill claims, submit U&C for intended quantity dispensed for both initial and completion claims
430-DU	GROSS AMOUNT DUE		R	

<b>DUR/PPS Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational	X	To be sent if additional information is needed to be sent.

	<b>DUR/PPS Segment Segment Identification (111-AM) = "08"</b>			<b>Claim Billing/Claim Rebill</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	<i>Imp Guide:</i> Required if DUR/PPS Segment is used.  <i>Payer Requirement: (Same as Imp Guide).</i>
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> 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: Same as Imp Guide.</i> <i>Vaccine Administration: Pharmacy must submit</i>

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				a value of PH – Preventative Health Care indicating that the pharmacist is certified to provide the service.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	<p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for or documentation of professional pharmacy service.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.  Vaccine Administration: Pharmacy must submit a value of MA – Medication Administration to indicate an action of supplying a vaccine.</p>
441-E6	RESULT OF SERVICE CODE		RW	<p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for or documentation of professional pharmacy service.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.  Vaccine Administration: Pharmacy must submit a value of 3N – Medication Administered to reflect cognitive service.</p>

\*\* End of Request Claim Billing/Claim Rebill (B1/B3) 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/B3) Payer Sheet \*\*

#### GENERAL INFORMATION

Payer Name: <b>AscellaHealth</b>	Date: <b>04/19/2021</b>	
Plan Name/Group Name: <b>Healthy Transportation Foundation (HTF)</b>	BIN: <b>600428</b>	PCN: <b>AH</b>

#### 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) <i>If Situational, Payer Situation</i>
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	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Patient Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Returned when any of the field data is known.

	Response Patient Segment Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Same as Imp Guide
311-CB	PATIENT LAST NAME		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> ( Same as Imp Guide
304-C4	DATE OF BIRTH		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Same as Imp Guide

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, 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

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
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: Same as 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: Same as 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: Same as Imp Guide</i> <b>Note: Current NCPDP and SS&amp;C Health count supported = maximum of 9.</b>
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 (550-8F) is used.  <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement: Same as Imp Guide</i> <b>Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.</b>

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

	<b>Response Claim Segment Segment Identification (111-AM) = "22"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> 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, Payer Situation
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		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  <i>Payer Requirement: Same as Imp Guide</i>
558-AW	FLAT SALES TAX AMOUNT PAID		RW	<i>Imp Guide:</i> Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.  <i>Payer Requirement: Same as Imp Guide</i>
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).  Required if Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.  <i>Payer Requirement: Same as Imp Guide</i>
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).  <i>Payer Requirement: Same as Imp Guide</i>
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).  <i>Payer Requirement: Same as Imp Guide</i>
521-FL	INCENTIVE AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).  <i>Payer Requirement: Same as Imp Guide</i>
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.  <i>Payer Requirement: Same as Imp Guide</i>
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.  <i>Payer Requirement: Same as Imp Guide</i>
565-J4	OTHER AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  Required if Other Amount Claimed Submitted (480-H9) is greater than zero (Ø).  <i>Payer Requirement: Same as Imp Guide</i>

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
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.  <i>Payer Requirement: Same as Imp Guide</i>
509-F9	TOTAL AMOUNT PAID		RW	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<i>Imp Guide:</i> Required if Ingredient Cost Paid (506-F6) is greater than zero (Ø).  Required if Basis of Cost Determination (432-DN) is submitted on billing.  <i>Payer Requirement: Same as Imp Guide</i>
518-FI	AMOUNT OF COPAY		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.  <i>Payer Requirement: Same as Imp Guide</i>
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	<i>Imp Guide:</i> Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.  <i>Payer Requirement: Same as Imp Guide</i>
572-4U	AMOUNT OF COINSURANCE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.  <i>Payer Requirement: Same as Imp Guide</i>
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.  <i>Payer Requirement: Same as Imp Guide</i>

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Used when needed to relay DUR information to the pharmacy.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"				Claim Billing/Claim Rebill – 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	<i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.  <i>Payer Requirement: Same as Imp Guide</i>
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected.  <i>Payer Requirement: Same as Imp Guide</i>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>

	<b>Response DUR/PPS Segment Segment Identification (111-AM) = "24"</b>			<b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
529-FT	OTHER PHARMACY INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide
530-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  Required if Quantity of Previous Fill (531-FV) is used.  <i>Payer Requirement:</i> Same as Imp Guide
531-FV	QUANTITY OF PREVIOUS FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  Required if Previous Date Of Fill (530-FU) is used.  <i>Payer Requirement:</i> Same as Imp Guide
532-FW	DATABASE INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide
544-FY	DUR FREE TEXT MESSAGE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide
570-NS	DUR ADDITIONAL TEXT		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide

## CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

### CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

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

<b>Response Insurance Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational	X	Returned if Network Reimbursement ID is applicable.

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
545-2F	NETWORK REIMBURSEMENT ID		RW	<p><i>Imp Guide:</i> Required if needed to identify the network for the covered member.</p> <p>Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.</p> <p>Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>

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	Used if Patient information is known.

	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	<p><i>Imp Guide:</i> Required if known.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
311-CB	PATIENT LAST NAME		RW	<p><i>Imp Guide:</i> Required if known.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
304-C4	DATE OF BIRTH		RW	<p><i>Imp Guide:</i> Required if known.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>

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	<p><i>Imp Guide:</i> Required if needed to identify the transaction.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR			<p><i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<p><i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.</p> <p><i>Payer Requirement:</i> Same as Imp Guide Note: Current NCPDP and SS&amp;C Health count supported = maximum of 9.</p>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<p><i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<p><i>Imp Guide:</i> Required when additional text is needed for clarification or detail.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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>
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: Same as Imp Guide</i> <i>Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.</i>

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	<i>Imp Guide:</i> For Transaction Code of "B1", 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 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	To be sent if additional information is to be sent to the pharmacy.

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	<i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.  <i>Payer Requirement: Same as Imp Guide</i>
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected.  <i>Payer Requirement: Same as Imp Guide</i>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>
529-FT	OTHER PHARMACY INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
53Ø-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  Required if Quantity of Previous Fill (531-FV) is used.  <i>Payer Requirement: Same as Imp Guide</i>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  Required if Previous Date Of Fill (53Ø-FU) is used.  <i>Payer Requirement: Same as Imp Guide</i>
532-FW	DATABASE INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>
544-FY	DUR FREE TEXT MESSAGE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>
57Ø-NS	DUR ADDITIONAL TEXT		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement: Same as Imp Guide</i>

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	To be sent if Prior Authorization information is needed.

	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	<i>Imp Guide:</i> Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.  <i>Payer Requirement: Same as Imp Guide</i> <i>Note: Prior Authorization Number may continue to be returned in 526-FQ Additional Message Information field.</i>

## CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

### CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	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 Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Used If additional messaging is needed.

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-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
130-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
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 (550-8F) is used.  Payer Requirement: Same as Imp Guide

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/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 Imp Guide <i>Note:</i> Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.

\*\* End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet \*\*

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