AscellaHealth

NCPDP vD.0 Payer Sheet

Claim Billing / Claim Re-bill

GENERAL INFORMATION

Payer Name: **AscellaHealth**	Date: 01/18/2021	
Plan Name/Group Name: **Varies by plan**	BIN: **017522**	PCN: **AC**
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Processor: **Change Healthcare**		
Effective as of:	NCPDP Telecommunication Standard Version/Release #: **D.0**	
NCPDP Data Dictionary Version Date: **9/2010**	NCPDP External Code List Version Date: **9/2010**	
Contact/Information Source: **AscellaHealth Bill Wright 561-308-7516**		
Pharmacy Help Desk Info: for BIN 020644 PharmPix **1-888-344-0977** for BIN 017522 Change Healthcare **1-877-962-4333**		
Other versions supported: 5.1 Telecommunication Standard Supported until 12/31/2011. Refer to the 5.1 payer sheet.		

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Billing Transaction
B2	Reversal Transaction
B3	Re-Bill Transaction

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

Fields that are not used in the Claim Billing/Claim Re-bill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM RE-BILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Re-bill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	**Check**	**Claim Billing/Claim Re-bill** If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Transaction Header Segment			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	See values listed in BIN field in General Information	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 OR B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See values listed in PCN field in General Information	M	
1Ø9-A9	TRANSACTION COUNT	1 - 4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	ALL SPACES	M	

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

	Insurance Segment Segment Identification (111-AM) = "Ø4"			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		R	*Imp Guide: Required if necessary for state/federal/regulatory agency programs.* *Required if needed for pharmacy claim processing and payment.*
3Ø3-C3	PERSON CODE		RW	*Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID.* *Payer Requirement : Same as Imp Guide*
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	*Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.* *Payer Requirement: Same as Imp Guide*

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, *Payer Situation*
This Segment is always sent	**X**	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			**Claim Billing/Claim Re-bill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide: Required when the patient has a first name.*
311-CB	PATIENT LAST NAME		R	

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, *Payer Situation*
This Segment is always sent	**X**	
This payer supports partial fills		
This payer does not support partial fills	**X**	

	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 - NDC	M	00 if Compound Code (406-D6) = 2
4Ø7-D7	PRODUCT/SERVICE ID	11 digit NDC	M	0 if Compound Code (406-D6) = 2
442-E7	**QUANTITY DISPENSED****	**Format 9(7)V999**	**R**	
4Ø3-D3	FILL NUMBER	New = 00 (zeros must be sent)	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Refer to Compound Segment when Compound Code (406-D6) = 2
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	*Imp Guide: Required if necessary for plan benefit administration*.
419-DJ	PRESCRIPTION ORIGIN CODE		R	*Imp Guide: Required if necessary for plan benefit administration.*
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.* *Payer Requirement: Same as Imp Guide*

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
42Ø-DK	**SUBMISSION CLARIFICATION CODE**	**2,6*** **	RW	*Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø).* *If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-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: Same as Imp Guide*
3Ø8-C8	OTHER COVERAGE CODE	0 = Not specified by patient 3 = Other coverage exist – claim not covered* 8 = Claim is Billing for Patient Financial Responsibility - Copay Only Billing	RW	*Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.* *Required for Coordination of Benefits.* *Payer Requirement: Same as Imp Guide.* **requires COB segment to be sent.*
46Ø-ET	QUANTITY PRESCRIBED		RW	*Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug.*
461-EU	PRIOR AUTHORIZATION TYPE CODE	1 = Prior Authorization, if applicable	RW	*Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.* *Payer Requirement: Same as Imp Guide*
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	If applicable to Rx	RW	*Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.* *Payer Requirement: Same As Imp Guide*
995-E2	ROUTE OF ADMINISTRATION		RW	*Imp Guide: Required if specified in trading partner agreement.* *Payer Requirement: When compound code (406-D6) = 2*

**** For Pfizer-BioNTech COVID-19 Vaccine 30MCG/0.3ml, the Quantity Dispensed (442-E7) submitted = 0.3 ml per dose administered. This will be applied for the first and second doses of the vaccine. For Moderna COVID-19 Vaccine Intramuscular Suspension 100 MCG/0.5ML, the Quantity Dispensed (442-E7) submitted = 0.5 ml per dose administered. This will be applied for the first and second doses of the vaccine.**

***To submit the claim for the COVID -19 Vaccine second dose, the following codes must be submitted to identify whether the claim is for the first dose or the second dose of the vaccine.**

A. For the first dose: A Submission Clarification Code of 2 is required. This is used to indicate the first dose of a two-dose vaccine is being administered.
B. For the second dose: A Submission Clarification Code of 6 is required. This is used when the pharmacist indicates that a previous medication was a starter dose and know additional medication is needed to continue treatment.

Note: For a single-dose vaccine, the Submission Clarification Code values are (2,6) or leave blank.

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

	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	*Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.*
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	*Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.*
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	*Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.* *Payer Requirement: Same as Imp Guide*
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	*Imp Guide: Required if Other Amount Claimed Submitted (48Ø-H9) is used.* *Payer Requirement: Same as Imp Guide*
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	*Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.* *Payer Requirement: Same as Imp Guide*
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	*Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.* *Payer Requirement: Same as Imp Guide*
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	*Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.* *Payer Requirement: Same as Imp Guide*

	Pricing Segment Segment Identification (111-AM) = "11"			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	*Imp Guide: 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).* *Payer Requirement: Same as Imp Guide*
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	*Imp Guide: 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).* *Payer Requirement: Same as Imp. Guide*
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide: Required if needed per trading partner agreement.*
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	*Imp Guide: Required if needed for receiver claim/encounter adjudication.*

Prescriber Segment Questions	**Check**	**Claim Billing/Claim Re-bill** If Situational, *Payer Situation*
This Segment is always sent	**X**	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01 – NPI 12 - DEA	R	*Imp Guide: Required if Prescriber ID (411-DB) is used.*
411-DB	PRESCRIBER ID		R	*Imp Guide: Required if this field could result in different coverage or patient financial responsibility.* *Required if necessary for state/federal/regulatory agency programs.*

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			**Claim Billing/Claim Re-bill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
427-DR	PRESCRIBER LAST NAME		RW	*Imp Guide: Required when the Prescriber ID (411-DB) is not known.* *Required if needed for Prescriber ID (411-DB) validation/clarification.* *Payer Requirement: Required when submitting DEA*
364-2J	PRESCRIBER FIRST NAME		RW	*Imp Guide: Required if needed to assist in identifying the prescriber.* *Required if necessary for state/federal/regulatory agency programs.* *Payer Requirement: Required when submitting DEA*
365-2K	PRESCRIBER STREET ADDRESS		RW	*Imp Guide: Required if needed to assist in identifying the prescriber.* *Required if necessary for state/federal/regulatory agency programs.* *Payer Requirement: Required when submitting DEA*
366-2M	PRESCRIBER CITY ADDRESS		RW	*Imp Guide: Required if needed to assist in identifying the prescriber.* *Required if necessary for state/federal/regulatory agency programs.* *Payer Requirement: Required when submitting DEA*
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	*Imp Guide: Required if needed to assist in identifying the prescriber.* *Required if necessary for state/federal/regulatory agency programs.* *Payer Requirement: Required when submitting DEA*
368-2P	PRESCRIBER ZIP/POSTAL ZONE		RW	*Imp Guide: Required if needed to assist in identifying the prescriber.* *Required if necessary for state/federal/regulatory agency programs.* *Payer Requirement: Required when submitting DEA*

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
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) = "Ø5"			**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	
339-6C	OTHER PAYER ID QUALIFIER		R	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:*
34Ø-7C	OTHER PAYER ID		R	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:*
443-E8	OTHER PAYER DATE		R	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:*
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW (Other Payer Reject Code (472-6E) is used)	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:*
472-6E	OTHER PAYER REJECT CODE		RW (Other Payer Reject Count (471-5E) is used)	*Imp Guide:* Required when the other payer has denied the payment for the billing. *Payer Requirement:*
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW (Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used)	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW (Other Payer-Patient Responsibility Amount (352-NQ) is used)	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:*
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW (Necessary for Patient Financial Responsibility	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**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*
			Only Billing)	Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:*
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:*
393-MV	BENEFIT STAGE QUALIFIER			*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:*
394-MW	BENEFIT STAGE AMOUNT			*Imp Guide:* Required if the previous payer has financial amounts that apply 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. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:*

DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Re-bill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	for use to define professional services or override clinical edits

	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	*Imp Guide: Required if DUR/PPS Segment is used.*
439-E4	REASON FOR SERVICE CODE		R	*Imp Guide: 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.*

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Re-bill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
44Ø-E5	**PROFESSIONAL SERVICE CODE**		**R**	*Imp Guide: 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.* ***Professional Service Code (440-E5) value of "MA" (Medication Administered) required for COVID-19 Vaccines***
441-E6	RESULT OF SERVICE CODE		R	*Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.* *Required if this field affects payment for or documentation of professional pharmacy service.*
474-8E	DUR/PPS LEVEL OF EFFORT		R	*Imp Guide: 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*.
475-J9	DUR CO-AGENT ID QUALIFIER		R	*Imp Guide: Required if DUR Co-Agent ID (476-H6) is used.*
476-H6	DUR CO-AGENT ID		R	*Imp Guide: 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*.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Required when Compound Code (406-D6) = 2

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Re-bill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03 - NDC	M	
489-TE	COMPOUND PRODUCT ID	11 digit NDC	M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	*Imp Guide: Required if needed for receiver claim determination when multiple products are billed*.

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

NCPDP vD.0 Payer Sheet
Claim Billing / Claim Re-bill Response

GENERAL INFORMATION

Payer Name: **AscellaHealth**	Date: 01/01/2019	
Plan Name/Group Name: **Heritage Health Solutions**	BIN: **017522**	PCN: **HH**
Plan Name/Group Name:	BIN: 020644	PCN: AHRX
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:

CLAIM BILLING/CLAIM RE-BILL PAID (OR DUPLICATE OF PAID) RESPONSE

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

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

	Response Transaction Header Segment			**Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	1 - 4	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Provide general information when used for transmission level messaging.

	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	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement: Same as Imp Guide*

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Provide Network ID when available

	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*
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
Ø3-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction.
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*
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*

	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*
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 Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* 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 Pricing Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Re-bill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		R	*Imp Guide: Required if this value is used to arrive at the final reimbursement.*

	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*
557-AV	TAX EXEMPT INDICATOR		RW	*Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.* *Payer Requirement: Same as Imp Guide*
558-AW	FLAT SALES TAX AMOUNT PAID		RW	*Imp Guide: 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.* *Payer Requirement: Same as Imp Guide*
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	*Imp Guide: 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 (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.* *Payer Requirement: Same as Imp Guide*
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	*Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).* *Payer Requirement: Same as Imp. Guide*
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	*Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).* *Payer Requirement: Same as Imp Guide*
521-FL	INCENTIVE AMOUNT PAID		RW	*Imp Guide: Required if this value is used to arrive at the final reimbursement.* *Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).* *Payer Requirement: Same as Imp Guide*
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	*Imp Guide: Required if Other Amount Paid (565-J4) is used.* *Payer Requirement: Same as Imp Guide*
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	*Imp Guide: Required if Other Amount Paid (565-J4) is used.* *Payer Requirement: Same as Imp Guide*

	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*
565-J4	OTHER AMOUNT PAID		RW	*Imp Guide: Required if this value is used to arrive at the final reimbursement.* *Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).* *Payer Requirement: Same as Imp Guide*
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	*Imp Guide: 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.* *Payer Requirement: Same as Imp Guide*
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	*Imp Guide: Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).* *Required if Basis of Cost Determination (432-DN) is submitted on billing.*
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	*Imp Guide: Required if 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.* *Payer Requirement: Same as Imp Guide*
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes deductible* *Payer Requirement: Same as Imp Guide*
518-FI	AMOUNT OF COPAY		R	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility.*
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	*Imp Guide:* Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. *Payer Requirement: Same as Imp Guide*
575-EQ	PATIENT SALES TAX AMOUNT		RW	*Imp Guide: Used when necessary to identify the Patient's portion of the Sales Tax. Provided for informational purposes only.* *Payer Requirement: Same As Imp Guide*

	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*
574-2Y	PLAN SALES TAX AMOUNT		RW	*Imp Guide: Used when necessary to identify the Plan's portion of the Sales Tax. Provided for informational purposes only.* *Payer Requirement: Same As Imp Guide*
572-4U	AMOUNT OF COINSURANCE		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.* *Payer Requirement: Same As Imp Guide*
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another* *Payer Requirement: Same As Imp Guide*
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.* *Payer Requirement: Same As Imp Guide*
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.* *Payer Requirement: Same As Imp Guide*
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.* *Payer Requirement: Same As Imp Guide*
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	*Imp Guide: Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.* *Payer Requirement: Same As Imp Guide*
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	*Imp Guide: Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.* *Payer Requirement: Same As Imp Guide*

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) 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 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	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement: Same As Imp Guide*
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide: Required if utilization conflict is detected.* *Payer Requirement: Same As Imp Guide*
528-FS	CLINICAL SIGNIFICANCE CODE		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement: Same As Imp Guide*
529-FT	OTHER PHARMACY INDICATOR		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement: Same As Imp Guide*
53Ø-FU	PREVIOUS DATE OF FILL		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Required if Quantity of Previous Fill (531-FV) is used.* *Payer Requirement: Same As Imp Guide*
531-FV	QUANTITY OF PREVIOUS FILL		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Required if Previous Date Of Fill (53Ø-FU) is used.* *Payer Requirement: Same As Imp Guide*
532-FW	DATABASE INDICATOR		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement : Same As Imp Guide*
533-FX	OTHER PRESCRIBER INDICATOR		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement: Same As Imp Guide*

	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*
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement: Same As Imp Guide*

CLAIM BILLING/CLAIM RE-BILL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Response Transaction Header Segment			Claim Billing/Claim Re-bill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Provide general information when used for transmission level messaging.

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Re-bill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement: Same As Imp Guide*

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	Provide Network ID when available

545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide: Required if needed to identify the network for the covered member.* *Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.* *Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.*

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Re-bill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction.
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*
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*
987-MA	URL		RW	*Imp Guide: Provided for informational purposes only to relay health care communications via the Internet.* *Payer Requirement: Same As Imp Guide*

Response Claim Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Re-bill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* 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 Re-bill 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 Re-bill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement: Same As Imp Guide*
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide: Required if utilization conflict is detected.* *Payer Requirement: Same As Imp Guide*
528-FS	CLINICAL SIGNIFICANCE CODE		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement: Same As Imp Guide*
529-FT	OTHER PHARMACY INDICATOR		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Payer Requirement: Same As Imp Guide*
53Ø-FU	PREVIOUS DATE OF FILL		RW	*Imp Guide: Required if needed to supply additional information for the utilization conflict.* *Required if Quantity of Previous Fill (531-FV) is used.* *Payer Requirement: Same As Imp Guide*

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

CLAIM BILLING/CLAIM RE-BILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Re-bill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission level messaging.

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Re-bill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*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 Re-bill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Re-bill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Re-bill Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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*
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*

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