

## GENERAL INFORMATION

Payer Name: <b>Summa Script</b>	Date: <b>01/01/2021</b>
Plan Name/Group Name: <b>SSBD</b>	BIN: <b>610747</b> PCN: <b>SS6938</b>
Processor: <b>ProPBM</b>	
Effective as of: <b>04/01/2021</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>October 2019</b>
Provider Relations Help Desk Info: <b>800-819-3444</b>	
Other versions supported: <b>None</b>	

## OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1, B2	Claim Billing, Reversal
<b>B3 NOT ACCEPTED</b>	

<b>Partial fills not supported</b>	
Days from date filled/dispensed to date submitted:	10 Days
Reversal Window:	30 Days

## 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
OPTIONAL	<b>O</b>	<i>Optional</i> (conditional based on data content) but may be Required by the Payer	Yes
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*.

# Summa Script

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

Field #	Transaction Header Segment	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	610747	M	
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	SS6938	M	
109-A9	TRANSACTION COUNT	1	M	Maximum of 1
202-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	
201-B1	SERVICE PROVIDER ID	10-Digit NPI	M	
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Space Filled

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

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
301-C1	GROUP ID		R	
303-C3	PERSON CODE		R	
306-C6	PATIENT RELATIONSHIP CODE		R	

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

Field #	Patient Segment Segment Identification (111-AM) = "Ø1"	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
331-CX	PATIENT ID QUALIFIER		R	
332-CY	PATIENT ID		R	
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	
323-CN	PATIENT CITY ADDRESS		R	
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
326-CQ	PATIENT PHONE NUMBER		R	
307-C7	PLACE OF SERVICE		O	
333-CZ	EMPLOYER ID		O	
335-2C	PREGNANCY INDICATOR		O	
350-HN	PATIENT E-MAIL ADDRESS		O	
384-4X	PATIENT RESIDENCE		O	

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

Field #	Claim Segment Segment Identification (111-AM) = "07"	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = 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).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03=NDC	M	For multi-ingredient Rx '00' (zeros)
407-D7	PRODUCT/SERVICE ID		M	For multi-ingredient Rx, this field = 0 (zero)
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER			Partial Fills not accepted
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE			Partial Fills not accepted
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
419-DJ	PRESCRIPTION ORIGIN CODE		O	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		
420-DK	SUBMISSION CLARIFICATION CODE			
460-ET	QUANTITY PRESCRIBED		RW	Required for all claims for drugs dispensed as Schedule II.
308-C8	OTHER COVERAGE CODE	0 or 1	RW	Primary Transactions Only
418-DI	LEVEL OF SERVICE		RW	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	
995-E2	ROUTE OF ADMINISTRATION		RW	
996-G1	COMPOUND TYPE		RW	
147-U7	PHARMACY SERVICE TYPE		RW	

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

Field #	Pricing Segment Segment Identification (111-AM) = "11"	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

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

Field #	Prescriber Segment Segment Identification (111-AM) = "03"	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01=NPI	R	
411-DB	PRESCRIBER ID	10-Digit NPI	R	

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

Field #	Compound Segment Segment Identification (111-AM) = "10"	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1-3	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		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

## 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, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE		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		<i>Provide general information when used for transmission-level messaging.</i>

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
504-F4	MESSAGE		RW	

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		

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
301-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	
302-C2	CARDHOLDER ID		RW	

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		

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
310-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
304-C4	DATE OF BIRTH		RW	

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

Field #	Response Status Segment Identification (111-AM) = "21" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	
547-5F	APPROVED MESSAGE CODE COUNT		RW	
548-6F	APPROVED MESSAGE CODE		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
550-8F	HELP DESK PHONE NUMBER		RW	

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

Field #	Response Claim Segment Identification (111-AM) = "22" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT		RW	
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	
553-AR	PREFERRED PRODUCT ID		RW	
554-AS	PREFERRED PRODUCT INCENTIVE		RW	
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	

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	

Field #	Response Pricing Segment Identification (111-AM) = "23" NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	
557-AV	TAX EXEMPT INDICATOR		RW	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	
521-FL	INCENTIVE AMOUNT PAID		RW	
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.		

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	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</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>
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	
565-J4	OTHER AMOUNT PAID		RW	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	
514-FE	REMAINING BENEFIT AMOUNT		RW	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	
518-FI	AMOUNT OF COPAY		RW	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	
347-HJ	BASIS OF CALCULATION—COPAY		RW	
348-HK	BASIS OF CALCULATION—FLAT SALES TAX		RW	
349-HM	BASIS OF CALCULATION— PERCENTAGE SALES TAX		RW	
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	
575-EQ	PATIENT SALES TAX AMOUNT		RW	
574-2Y	PLAN SALES TAX AMOUNT		RW	
572-4U	AMOUNT OF COINSURANCE		RW	
573-4V	BASIS OF CALCULATION- COINSURANCE		RW	
392-MU	BENEFIT STAGE COUNT		RW	
393-MV	BENEFIT STAGE QUALIFIER		RW	
394-MW	BENEFIT STAGE AMOUNT		RW	
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	

## CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

# Summa Script

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	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	X	
This Segment is situational		

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected Payer Situation
504-F4	MESSAGE		RW	

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected Payer Situation
301-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
545-2F	NETWORK REIMBURSEMENT ID		RW	
568-J7	PAYER ID QUALIFIER		RW	
569-J8	PAYER ID		RW	
302-C2	CARDHOLDER ID		RW	

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected Payer Situation
310-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
304-C4	DATE OF BIRTH		RW	

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	



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Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
550-8F	HELP DESK PHONE NUMBER		RW	
987-MA	URL		RW	

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	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT		RW	
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	
553-AR	PREFERRED PRODUCT ID		RW	
554-AS	PREFERRED PRODUCT INCENTIVE		RW	
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
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
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER-- ASSIGNED		RW	

## CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

# Summa Script

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Rejected/Rejected Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	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	

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Rejected/Rejected Payer Situation
504-F4	MESSAGE		RW	

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

Field #	NCPDP Field Name	Value	Payer Usage	Claim Billing/Claim Rebill Rejected/Rejected Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
550-8F	HELP DESK PHONE NUMBER		RW	

## CLAIM REVERSAL TRANSACTION

# Summa Script

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

Transaction Header Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
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 NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
1Ø1-A1	BIN NUMBER	610747	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SS6938	M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	Maximum of 4
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 - NPI	M	
2Ø1-B1	SERVICE PROVIDER ID	10-Digit NPI	M	
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Space Filled

Insurance Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
3Ø2-C2	CARDHOLDER ID			M	
3Ø1-C1	GROUP ID				
359-2A	MEDIGAP ID				

Claim Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		Rx Number	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		03=NDC	M	For multi-ingredient Rx '00' (zeros)
4Ø7-D7	PRODUCT/SERVICE ID			M	For multi-ingredient Rx, this field = 0 (zero)
4Ø3-D3	FILL NUMBER				
3Ø8-C8	OTHER COVERAGE CODE		0 or 1		Primary Transactions Only
147-U7	PHARMACY SERVICE TYPE				

Pricing Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational		

# Summa Script

	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Reversal</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
438-E3	INCENTIVE AMOUNT SUBMITTED			
430-DU	GROSS AMOUNT DUE			

<b>Coordination of Benefits/Other Payments Segment Questions</b>	<b>Check</b>	<b>Claim Reversal If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational	X	Primary Transactions Only

	<b>Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"</b>			<b>Claim Reversal</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

<b>DUR/PPS Segment Questions</b>	<b>Check</b>	<b>Claim Reversal If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational		

	<b>DUR/PPS Segment Segment Identification (111-AM) = "08"</b>			<b>Claim Reversal</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.		
439-E4	REASON FOR SERVICE CODE			
440-E5	PROFESSIONAL SERVICE CODE			
441-E6	RESULT OF SERVICE CODE			
474-8E	DUR/PPS LEVEL OF EFFORT			

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	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 Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Field #	Response Message Segment Segment Identification (111-AM) = “20” NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
504-F4	MESSAGE		RW	

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = “21” NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	
547-5F	APPROVED MESSAGE CODE COUNT		RW	
548-6F	APPROVED MESSAGE CODE		RW	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
550-8F	HELP DESK PHONE NUMBER		RW	

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Claim Segment Segment Identification (111-AM) = “22” NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

# Summa Script

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
521-FL	INCENTIVE AMOUNT PAID		RW	
509-F9	TOTAL AMOUNT PAID		RW	