AscellaHealth

NCPDP vD.0 Payer Sheet

Claim Billing / Claim Re-bill

GENERAL INFORMATION

Payer Name: **AscellaHealth**	Date: 01/01/2022	
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 877-962-4333**		
Pharmacy Help Desk Info: 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 Only Billing)	*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*
				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: 01/01/2022	
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:

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****

AscellaHealth
NCPDP vD.0 Payer Sheet Claim Reversal

GENERAL INFORMATION

Payer Name: **AscellaHealth**	Date: 01/01/2022	
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:

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
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	

CLAIM REVERSAL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Transaction Header Segment			Claim Reversal
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	B2	M	

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	

Claim Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
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 "B2", 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	
4Ø7-D7	PRODUCT/SERVICE ID	11 digit NDC	M	
4Ø3-D3	FILL NUMBER	New = 00 (zeros must be sent)	R	*Imp Guide:* Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day

**** End of Request Claim Reversal (B2) Payer Sheet Template****

NCPDP vD.0 Payer Sheet Claim Reversal Response

GENERAL INFORMATION

Payer Name: **AscellaHealth**	Date: 01/01/2022	
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:

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.Ø*.

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

	Response Transaction Header Segment			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	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 Reversal – Accepted/Approved** 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 Reversal – Accepted/Approved**
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 Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent	**X**	

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	*Imp Guide:* Required if needed to identify the transaction.

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

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Reversal – Accepted/Approved**
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 "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	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 Reversal - 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 Reversal – 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 Status Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
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*

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

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

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Reversal – 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 "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	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 Reversal – 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 Reversal – 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 Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
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*

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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 Claim Reversal (B2) Response Payer Sheet Template****