

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

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

## GENERAL INFORMATION

|  |  |  |
|--|--|--|
| Payer Name: <b>Prestige Choice Health</b>                                |  | Date: <b>02/07/2017</b>  |
| Plan Name/Group Name: <b>Prestige Choice Health</b>                      |  | BIN: <b>600428</b> PCN: <b>07550000</b>                        |
| Plan Name/Group Name:  |  | BIN:      PCN:   |
| Plan Name/Group Name:  |  | BIN:      PCN:   |
| Plan Name/Group Name:  |  | BIN:      PCN:   |
| Processor: <b>Argus Health Systems</b>                                   |  |  |
| Effective as of: <b>12/01/2016</b>                                       |  | NCPDP Telecommunication Standard Version/Release #: <b>D.0</b> |
| NCPDP Data Dictionary Version Date: <b>July, 2007</b>                    |  | NCPDP External Code List Version Date: <b>March, 2010</b>      |
| Contact/Information Source: <b>Perform Rx Call Center 1-855-371-3963</b> |  |  |
| Certification Testing Window: <b>Certification Not Required.</b>         |  |  |
| Certification Contact Information: <b>Certification Not Required.</b>    |  |  |
| Provider Relations Help Desk Info: <b>855-371-3963</b>                   |  |  |
| Other versions supported:  |  |  |

## OTHER TRANSACTIONS SUPPORTED

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

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

## FIELD LEGEND FOR COLUMNS

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

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

## CLAIM BILLING/CLAIM REBILL TRANSACTION

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

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

| Field # | Transaction Header Segment<br><i>NCPDP Field Name</i> | Value    | Payer Usage | Claim Billing/Claim Rebill<br><i>Payer Situation</i> |
|---------|---|----------|-------------|--|
| 1Ø1-A1  | BIN NUMBER  | 600428   | M           |  |
| 1Ø2-A2  | VERSION/RELEASE NUMBER                                | DØ       | M           |  |
| 1Ø3-A3  | TRANSACTION CODE                                      | B1, B3   | M           |  |
| 1Ø4-A4  | PROCESSOR CONTROL NUMBER                              | 07550000 | M           |  |
| 1Ø9-A9  | TRANSACTION COUNT                                     | 1 - 4    | M           | 1 - 4 transactions for transmissions                 |

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

| Insurance Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X     |   |

| Insurance Segment<br>Segment Identification (111-AM) = "04" |                           |                 | Claim Billing/Claim Rebill |  |
|---|---------------------------|-----------------|----------------------------|--|
| Field #   | NCPDP Field Name          | Value           | Payer Usage                | Payer Situation  |
| 302-C2  | CARDHOLDER ID             |                 | M                          |  |
| 306-C6  | PATIENT RELATIONSHIP CODE | 01 – Cardholder | R                          | Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.<br><br>Payer Requirement: <b>always 01</b> |

| Patient Segment Questions   | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X     |   |
| This Segment is situational |       |   |

| Patient Segment<br>Segment Identification (111-AM) = "01" |                     |       | Claim Billing/Claim Rebill |                 |
|---|---------------------|-------|----------------------------|-----------------|
| Field   | NCPDP Field Name    | Value | Payer Usage                | Payer Situation |
| 304-C4  | DATE OF BIRTH       |       | R                          |                 |
| 305-C5  | PATIENT GENDER CODE |       | R                          |                 |
| 311-CB  | PATIENT LAST NAME   |       | R                          |                 |

| Claim Segment Questions                   | Check | Claim Billing/Claim Rebill<br>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<br>Segment Identification (111-AM) = "07" |                  |       | Claim Billing/Claim Rebill |                 |
|---|------------------|-------|----------------------------|-----------------|
| Field #   | NCPDP Field Name | Value | Payer Usage                | Payer Situation |

|         | Claim Segment<br>Segment Identification (111-AM) = "Ø7" |   |             | Claim Billing/Claim Rebill  |
|---------|---|---|-------------|---|
| Field # | NCPDP Field Name  | Value   | Payer Usage | Payer Situation   |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER         | Ø1 = Rx Billing                                     | M           | <i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).   |
| 4Ø2-D2  | PRESCRIPTION/SERVICE REFERENCE NUMBER                   |   | M           |   |
| 436-E1  | PRODUCT/SERVICE ID QUALIFIER                            | ØØ = Unspecified<br>Ø3 = NDC                        | M           | ØØ = Multi-Ingredient Compound billing  |
| 4Ø7-D7  | PRODUCT/SERVICE ID                                      | Ø = If Compound, otherwise 11 digit NDC             | M           |   |
| 442-E7  | QUANTITY DISPENSED                                      |   | R           |   |
| 4Ø3-D3  | FILL NUMBER   | Ø = Original;<br>Ø1- 99 Refill                      | R           |   |
| 4Ø5-D5  | DAYS SUPPLY   |   | R           |   |
| 4Ø6-D6  | COMPOUND CODE   | Ø=Not Specified;<br>1=Not a Compound;<br>2=Compound | R           |   |
| 4Ø8-D8  | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE        |   | R           |   |
| 414-DE  | DATE PRESCRIPTION WRITTEN                               |   | R           |   |
| 415-DF  | NUMBER OF REFILLS AUTHORIZED                            |   | RW          | <i>Imp Guide:</i> Required if necessary for plan benefit administration.<br><br><i>Payer Requirement: Same as Imp Guide.</i>  |
| 419-DJ  | PRESCRIPTION ORIGIN CODE                                |   | RW          | <i>Imp Guide:</i> Required if necessary for plan benefit administration.<br><br><i>Payer Requirement: RW Required on original Rx.</i><br><i>When Fill Number is 'Ø' (Original Prescription), the POC requires a value of 1 – 5.</i><br><i>Optional on refill Rx. When Fill Number is Ø1 – 99 (Refill Prescription), the POC may be submitted with values of 1 – 5.</i><br><i>Note: POC editing for Original Rx varies by customer. If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code)</i> |
| 354-NX  | SUBMISSION CLARIFICATION CODE COUNT                     | Maximum count of 3                                  | RW          | <i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used.<br><br><i>Payer Requirement: Same as Imp Guide.</i>   |
| 42Ø-DK  | SUBMISSION CLARIFICATION CODE                           |   | RW          | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø).<br><br>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.<br><br><i>Payer Requirement:</i>            |

| Claim Segment<br>Segment Identification (111-AM) = "Ø7" |   |   | Claim Billing/Claim Rebill |  |
|---|---|---|----------------------------|--|
| Field #   | NCPDP Field Name                        | Value   | Payer Usage                | Payer Situation  |
| 3Ø8-C8  | OTHER COVERAGE CODE                     | 2 = Other coverage exists-<br>payment collected – Code used in<br>coordination of benefits<br>transactions to convey that other<br>coverage is available, the payer<br>has been billed and payment<br>received.<br>3 = Other Coverage Billed – claim<br>not covered – Code used in<br>coordination of benefits<br>transactions to convey that other<br>coverage is available, the payer<br>has been billed and payment<br>denied because the service is not<br>covered.<br>4 = Other coverage exists-<br>payment not collected – Code<br>used in coordination of benefits<br>transactions to convey that other<br>coverage is available, the payer<br>has been billed and payment has<br>not been received. | RW                         | <i>Imp Guide:</i> Required if needed by receiver, to<br>communicate a summation of other coverage<br>information that has been collected from other<br>payers.<br><br>Required for Coordination of Benefits.<br><br><i>Payer Requirement: Same as Imp Guide.</i> |
| 461-EU  | PRIOR AUTHORIZATION TYPE CODE           |   | RW                         | <i>Imp Guide:</i> Required if this field could result in<br>different coverage, pricing, or patient financial<br>responsibility.<br><br><i>Payer Requirement: Same as Imp Guide</i>  |
| 462-EV  | PRIOR AUTHORIZATION NUMBER<br>SUBMITTED |   | RW                         | <i>Imp Guide:</i> Required if this field could result in<br>different coverage, pricing, or patient financial<br>responsibility.<br><br><i>Payer Requirement: Required when prior<br/>authorization number is issued.</i>  |
| 147-U7  | PHARMACY SERVICE TYPE                   |   | RW                         | <i>Imp Guide:</i> Required when the submitter must<br>clarify the type of services being performed as<br>a condition for proper reimbursement by the<br>payer.<br><br><i>Payer Requirement: (Same as Imp Guide).</i>   |

| Pricing Segment Questions   | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X     |   |

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

|                | <b>Pricing Segment<br/>Segment Identification (111-AM) = "11"</b> |              |                        | <b>Claim Billing/Claim Rebill</b>  |
|----------------|---|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i> | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
|                |   |              |                        | <i>Payer Requirement: (Same as Imp Guide).</i><br>-  |
| 479-H8         | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER                          |              | RW                     | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted (48Ø-H9) is used.<br><br><i>Payer Requirement: (Same as Imp Guide).</i><br>-  |
| 48Ø-H9         | OTHER AMOUNT CLAIMED SUBMITTED                                    |              | RW                     | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.<br><br><i>Payer Requirement: (Same as Imp Guide).</i><br>-   |
| 481-HA         | FLAT SALES TAX AMOUNT SUBMITTED                                   |              | RW                     | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.<br><br><i>Payer Requirement: (Same as Imp Guide) .</i>   |
| 482-GE         | PERCENTAGE SALES TAX AMOUNT SUBMITTED                             |              | RW                     | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.<br><br><i>Payer Requirement: Same as Imp Guide</i>   |
| 483-HE         | PERCENTAGE SALES TAX RATE SUBMITTED                               |              | RW                     | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.<br><br>Required if this field could result in different pricing.<br><br>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).<br><br><i>Payer Requirement: Same as Imp Guide</i> |
| 484-JE         | PERCENTAGE SALES TAX BASIS SUBMITTED                              |              | RW                     | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.<br><br>Required if this field could result in different pricing.<br><br>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).<br><br><i>Payer Requirement: Same as Imp Guide</i>  |
| 426-DQ         | USUAL AND CUSTOMARY CHARGE  |              | R                      | <i>Imp Guide:</i> Required if needed per trading partner agreement.<br><br><i>Payer Requirement: Same as Imp Guide</i>   |
| 43Ø-DU         | GROSS AMOUNT DUE  |              | R                      |  |
| 423-DN         | BASIS OF COST DETERMINATION                                       |              | RW                     | <i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication.<br><br><i>Payer Requirement: (Same as Imp Guide).</i><br>-   |

| <b>Prescriber Segment Questions</b> | <b>Check</b> | <b>Claim Billing/Claim Rebill<br/>If Situational, Payer Situation</b> |
|-------------------------------------|--------------|---|
| This Segment is always sent         | X            |   |
| This Segment is situational         |              |   |

|  | <b>Prescriber Segment<br/>Segment Identification (111-AM) = "Ø3"</b> |  |  | <b>Claim Billing/Claim Rebill</b> |
|--|--|--|--|-----------------------------------|
|--|--|--|--|-----------------------------------|

| Field # | NCPDP Field Name        | Value                          | Payer Usage | Payer Situation  |
|---------|-------------------------|--------------------------------|-------------|--|
| 466-EZ  | PRESCRIBER ID QUALIFIER | 01 – NPI<br>14 - Plan Specific | R           | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used.<br><br><i>Payer Requirement:</i> Same as Imp Guide   |
| 411-DB  | PRESCRIBER ID           |                                | R           | <i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility.<br><br>Required if necessary for state/federal/regulatory agency programs.<br><br><i>Payer Requirement:</i> Prescriber NPI required. Extended OTC Benefit – Submit -MC1111111 . |

| 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  | X     |  |
| Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only  |       |  |
| Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) |       |  |

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts. See section [Coordination of Benefits \(COB\) Processing](#) for more information.

| Field # | NCPDP Field Name  | Value               | Payer Usage | Claim Billing/Claim Rebill  |
|---------|---|---------------------|-------------|---|
|         | <b>Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"</b> |                     |             | Scenario 1 – Other Payer Amount Paid Repetitions Only   |
| 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  |                     | RW          | <i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used.<br><br><i>Payer Requirement:</i> (Same as Imp Guide).  |
| 340-7C  | OTHER PAYER ID  |                     | RW          | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication.<br><br><i>Payer Requirement:</i> (Same as Imp Guide).      |
| 443-E8  | OTHER PAYER DATE  |                     | RW          | <i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.<br><br><i>Payer Requirement:</i> (Same as Imp Guide). |
| 341-HB  | OTHER PAYER AMOUNT PAID COUNT   | Maximum count of 9. | RW          | <i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used.<br><br><i>Payer Requirement:</i> (Same as Imp Guide).                                   |
| 342-HC  | OTHER PAYER AMOUNT PAID QUALIFIER   |                     | RW          | <i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used.<br><br><i>Payer Requirement:</i> (Same as Imp Guide).   |
| 431-DV  | OTHER PAYER AMOUNT PAID   |                     | RW          | <i>Imp Guide:</i> Required if other payer has approved payment for some/all of the billing.   |

| Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" |                          |                     |             | Claim Billing/Claim Rebill  |
|---|--------------------------|---------------------|-------------|---|
| Field #   | NCPDP Field Name         | Value               | Payer Usage | Payer Situation   |
|   |                          |                     |             | Scenario 1 – Other Payer Amount Paid Repetitions Only<br><br>Not used for patient financial responsibility only billing.<br><br>Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.<br><br><i>Payer Requirement: (Same as Imp Guide).</i> |
| 471-5E  | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW          | <i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used.<br><br><i>Payer Requirement: (Same as Imp Guide).</i>   |
| 472-6E  | OTHER PAYER REJECT CODE  |                     | RW          | <i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).<br><br><i>Payer Requirement: (Same as Imp Guide).</i>   |

| Compound Segment Questions  | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent |       |   |
| This Segment is situational | X     | To be sent if claim is for a compound.                        |

| Compound Segment<br>Segment Identification (111-AM) = "1Ø" |   |                        |             | Claim Billing/Claim Rebill   |
|--|---|------------------------|-------------|--|
| 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                   | Ø3=NDC                 | M           |  |
| 489-TE   | COMPOUND PRODUCT ID                             |                        | M           |  |
| 448-ED   | COMPOUND INGREDIENT QUANTITY                    |                        | M           |  |
| 449-EE   | COMPOUND INGREDIENT DRUG COST                   |                        | RW          | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.<br><br><i>Payer Requirement: (Same as Imp Guide).</i> |
| 49Ø-UE   | COMPOUND INGREDIENT BASIS OF COST DETERMINATION |                        | RW          | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.<br><br><i>Payer Requirement: Same as Imp Guide).</i>  |

| Clinical Segment Questions  | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent |       |   |
| This Segment is situational | X     | Send when additional information is needed.                   |

| Clinical Segment<br>Segment Identification (111-AM) = "13" |  |  |  | Claim Billing/Claim Rebill |
|--|--|--|--|----------------------------|
|--|--|--|--|----------------------------|

| Field # | NCPDP Field Name         | Value               | Payer Usage | Payer Situation  |
|---------|--------------------------|---------------------|-------------|--|
| 491-VE  | DIAGNOSIS CODE COUNT     | Maximum count of 5. | RW          | <p><i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.</p> <p><i>Payer Requirement:</i> (Same as Imp Guide).</p>   |
| 492-WE  | DIAGNOSIS CODE QUALIFIER |                     | RW          | <p><i>Imp Guide:</i> Required if Diagnosis Code (424-DO) is used.</p> <p><i>Payer Requirement:</i> (Same as Imp Guide).</p>  |
| 424-DO  | DIAGNOSIS CODE           |                     | RW          | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for professional pharmacy service.</p> <p>Required if this information can be used in place of prior authorization.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p> <p><i>Payer Requirement:</i> <b>Required when submitting Injectable or Neurontin</b></p> |

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



# RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

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

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

|   |                         |                      |
|---|-------------------------|----------------------|
| Payer Name: <b>Prestige Choice Health</b>           | Date: <b>02/07/2017</b> |                      |
| Plan Name/Group Name: <b>Prestige Choice Health</b> | BIN: <b>600428</b>      | PCN: <b>07550000</b> |

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

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

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

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

| Response Insurance Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br><i>If Situational, Payer Situation</i> |
|---|-------|---|
| This Segment is always sent                 |       |   |
| This Segment is situational                 | X     | Used to provide Network Reimbursement ID when applicable.   |

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

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

| Response Patient Segment Segment Identification (111-AM) = "29" | Value                   | Payer Usage  | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)<br><i>Payer Situation</i> |
|---|-------------------------|--------------|---|
| <i>Field #</i>  | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Situation</i>  |

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

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

| Response Status Segment<br>Segment Identification (111-AM) = "21" |   |                               |             | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of Paid)  |
|---|---|-------------------------------|-------------|---|
| Field #   | NCPDP Field Name                          | Value                         | Payer Usage | Payer Situation   |
| 112-AN  | TRANSACTION RESPONSE STATUS               | P=Paid<br>D=Duplicate of Paid | M           |   |
| 503-F3  | AUTHORIZATION NUMBER                      |                               | RW          | Imp Guide: Required if needed to identify the transaction.<br>Payer Requirement: (Same as Imp Guide)  |
| 547-5F  | APPROVED MESSAGE CODE COUNT               | Maximum count of 5            | RW          | Imp Guide: Required if Approved Message Code (548-6F) is used.<br>Payer Requirement: Same as Imp Guide  |
| 548-6F  | APPROVED MESSAGE CODE                     |                               | RW          | Imp Guide: Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.<br>Payer Requirement: Same as Imp Guide   |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION COUNT      | Maximum count of 25.          | RW          | Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>Payer Requirement: (Same as Imp Guide)<br>Note: Current NCPDP and Argus count supported = maximum of 9.  |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION QUALIFIER  |                               | RW          | Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>Payer Requirement: (Same as Imp Guide)   |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION            |                               | RW          | Imp Guide: Required when additional text is needed for clarification or detail.<br>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.<br>Payer Requirement: (Same as Imp Guide) |
| 549-7F  | HELP DESK PHONE NUMBER QUALIFIER          |                               | RW          | Imp Guide: Required if Help Desk Phone Number (550-8F) is used.<br>Payer Requirement: (Same as Imp Guide)   |

|                | <b>Response Status Segment<br/>Segment Identification (111-AM) = "21"</b> |              |                    | <b>Claim Billing/Claim Rebill –<br/>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>  |
| 55Ø-8F         | HELP DESK PHONE NUMBER  |              | RW                 | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.<br><br><i>Payer Requirement: (Same as Imp Guide)</i><br><i>Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.</i> |

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

|                | <b>Response Claim Segment<br/>Segment Identification (111-AM) = "22"</b> |               |                    | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of Paid)</b>   |
|----------------|--|---------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>  | <i>Payer Usage</i> | <i>Payer Situation</i>   |
| 455-EM         | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER                          | 1 = RxBilling | M                  | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2         | PRESCRIPTION/SERVICE REFERENCE NUMBER                                    |               | M                  |  |

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

|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b> |              |                    | <b>Claim Billing/Claim Rebill –<br/>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>  |
| 5Ø5-F5         | PATIENT PAY AMOUNT   |              | R                  |   |
| 5Ø6-F6         | INGREDIENT COST PAID   |              | R                  |   |
| 5Ø7-F7         | DISPENSING FEE PAID  |              | RW                 | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 558-AW         | FLAT SALES TAX AMOUNT PAID   |              | RW                 | <i>Imp Guide:</i> Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 559-AX         | PERCENTAGE SALES TAX AMOUNT PAID   |              | RW                 | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).<br><br>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 56Ø-AY         | PERCENTAGE SALES TAX RATE PAID   |              | RW                 | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |

|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b> |                     |                    | <b>Claim Billing/Claim Rebill –<br/>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>   |
| 561-AZ         | PERCENTAGE SALES TAX BASIS PAID  |                     | RW                 | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 521-FL         | INCENTIVE AMOUNT PAID  |                     | RW                 | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br>Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 563-J2         | OTHER AMOUNT PAID COUNT  | Maximum count of 3. | RW                 | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 564-J3         | OTHER AMOUNT PAID QUALIFIER  |                     | RW                 | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 565-J4         | OTHER AMOUNT PAID  |                     | RW                 | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 566-J5         | OTHER PAYER AMOUNT RECOGNIZED  |                     | RW                 | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.<br><br>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 5Ø9-F9         | TOTAL AMOUNT PAID  |                     | RW                 |  |
| 522-FM         | BASIS OF REIMBURSEMENT DETERMINATION                                       |                     | RW                 | <i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).<br><br>Required if Basis of Cost Determination (432-DN) is submitted on billing.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 512-FC         | ACCUMULATED DEDUCTIBLE AMOUNT  |                     | RW                 | <i>Imp Guide:</i> Provided for informational purposes only.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 513-FD         | REMAINING DEDUCTIBLE AMOUNT  |                     | RW                 | <i>Imp Guide:</i> Provided for informational purposes only.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 514-FE         | REMAINING BENEFIT AMOUNT   |                     | RW                 | <i>Imp Guide:</i> Provided for informational purposes only.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 517-FH         | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE                                      |                     | RW                 | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes deductible<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 518-FI         | AMOUNT OF COPAY  |                     | RW                 | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |

|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b>     |              |                    | <b>Claim Billing/Claim Rebill –<br/>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>  |
| 52Ø-FK         | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM                                      |              | RW                 | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 571-NZ         | AMOUNT ATTRIBUTED TO PROCESSOR FEE   |              | RW                 | <i>Imp Guide:</i> Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>                         |
| 572-4U         | AMOUNT OF COINSURANCE  |              | RW                 | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 128-UC         | SPENDING ACCOUNT AMOUNT REMAINING  |              | RW                 | <i>Imp Guide:</i> This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>                                 |
| 129-UD         | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT   |              | RW                 | <i>Imp Guide:</i> Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 133-UJ         | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION                                |              | RW                 | <i>Imp Guide:</i> 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<br><br><i>Payer Requirement: (Same as Imp Guide)</i>                               |
| 134-UK         | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG                              |              | RW                 | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 135-UM         | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION       |              | RW                 | <i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 136-UN         | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION |              | RW                 | <i>Imp Guide:</i> 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.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 148-U8         | INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT                                 |              | RW                 | <i>Imp Guide:</i> 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.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>       |

|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b> |              |                    | <b>Claim Billing/Claim Rebill –<br/>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>  |
| 149-U9         | DISPENSING FEE<br>CONTRACTED/REIMBURSABLE<br>AMOUNT                        |              | RW                 | <i>Imp Guide:</i> 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.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |

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

|                | <b>Response DUR/PPS Segment<br/>Segment Identification (111-AM) = "24"</b> |                                  |                    | <b>Claim Billing/Claim Rebill – Accepted/Paid<br/>(or Duplicate of Paid)</b>  |
|----------------|--|----------------------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>                     | <i>Payer Usage</i> | <i>Payer Situation</i>  |
| 567-J6         | DUR/PPS RESPONSE CODE COUNTER  | Maximum 9 occurrences supported. | RW                 | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 439-E4         | REASON FOR SERVICE CODE  |                                  | RW                 | <i>Imp Guide:</i> Required if utilization conflict is detected.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 528-FS         | CLINICAL SIGNIFICANCE CODE   |                                  | RW                 | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 529-FT         | OTHER PHARMACY INDICATOR   |                                  | RW                 | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 530-FU         | PREVIOUS DATE OF FILL  |                                  | RW                 | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br>Required if Quantity of Previous Fill (531-FV) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 531-FV         | QUANTITY OF PREVIOUS FILL  |                                  | RW                 | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br>Required if Previous Date Of Fill (530-FU) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>     |
| 532-FW         | DATABASE INDICATOR   |                                  | RW                 | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 533-FX         | OTHER PRESCRIBER INDICATOR   |                                  | RW                 | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |

|  | Response DUR/PPS Segment<br>Segment Identification (111-AM) = "24" |       |  | Claim Billing/Claim Rebill – Accepted/Paid<br>(or Duplicate of Paid)   |
|--|--|-------|--|--|
| Field #  | NCPDP Field Name   | Value | Payer<br>Usage   | Payer Situation  |
| 544-FY   | DUR FREE TEXT MESSAGE  |       | RW   | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement:</i> (Same as Imp Guide) |
| 57Ø-NS   | DUR ADDITIONAL TEXT  |       | RW   | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement:</i> (Same as Imp Guide) |
| Response Coordination of Benefits/Other Payers Segment Questions |  | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)<br>If Situational, Payer Situation |  |
| This Segment is always sent                                      |  |       |  |  |
| This Segment is situational                                      |  | X     | Used if COB or Other Payment Information is to be sent.  |  |

|         | Response Coordination of Benefits/Other Payers Segment<br>Segment Identification (111-AM) = "28" |                     |                | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)   |
|---------|--|---------------------|----------------|---|
| Field # | NCPDP Field Name   | Value               | Payer<br>Usage | Payer Situation   |
| 355-NT  | OTHER PAYER ID COUNT   | Maximum count of 3. | M              |   |
| 338-5C  | OTHER PAYER COVERAGE TYPE  |                     | M              |   |
| 339-6C  | OTHER PAYER ID QUALIFIER   |                     | RW             | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.<br><br><i>Payer Requirement:</i> Same as Imp Guide   |
| 34Ø-7C  | OTHER PAYER ID   |                     | RW             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.<br><br><i>Payer Requirement:</i> Same as Imp Guide                                   |
| 991-MH  | OTHER PAYER PROCESSOR CONTROL NUMBER   |                     | RW             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.<br><br><i>Payer Requirement:</i> Same as Imp Guide                                   |
| 356-NU  | OTHER PAYER CARDHOLDER ID  |                     | RW             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.<br><br><i>Payer Requirement:</i> Same as Imp Guide                                   |
| 992-MJ  | OTHER PAYER GROUP ID   |                     | RW             | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.<br><br><i>Payer Requirement:</i> Same as Imp Guide                                   |
| 142-UV  | OTHER PAYER PERSON CODE  |                     | RW             | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.<br><br><i>Payer Requirement:</i> Same as Imp Guide |
| 127-UB  | Other Payer Help Desk Phone Number   |                     | RW             | <i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver.<br><br><i>Payer Requirement:</i> Same as Imp Guide                         |
| 144-UX  | OTHER PAYER Benefit Effective Date   |                     | RW             | <i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.<br><br><i>Payer Requirement:</i> Same as Imp Guide                                  |
| 145-UY  | OTHER PAYER Benefit Termination Date   |                     | RW             | <i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.<br><br><i>Payer Requirement:</i> Same as Imp Guide                                  |

## CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE



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

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

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

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

| Response Patient Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent        |       |  |
| This Segment is situational        | X     | Used if Patient information is known.  |

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

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent       | X     |  |

| Field # | Response Status Segment<br>Segment Identification (111-AM) = "21"<br><i>NCPDP Field Name</i> | Value      | Payer Usage | Claim Billing/Claim Rebill Accepted/Rejected<br><i>Payer Situation</i> |
|---------|--|------------|-------------|--|
| 112-AN  | TRANSACTION RESPONSE STATUS  | R = Reject | M           |  |



| Response Status Segment<br>Segment Identification (111-AM) = "21" |   |                      |                | Claim Billing/Claim Rebill<br>Accepted/Rejected   |
|---|---|----------------------|----------------|---|
| Field #   | NCPDP Field Name                          | Value                | Payer<br>Usage | Payer Situation   |
| 503-F3  | AUTHORIZATION NUMBER                      |                      | RW             | <i>Imp Guide:</i> Required if needed to identify the transaction.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 510-FA  | REJECT COUNT                              | Maximum count of 5.  | R              |   |
| 511-FB  | REJECT CODE                               |                      | R              |   |
| 546-4F  | REJECT FIELD OCCURRENCE INDICATOR         |                      |                | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION COUNT      | Maximum count of 25. | RW             | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i><br><b>Note: Current NCPDP and Argus count supported = maximum of 9.</b>   |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION QUALIFIER  |                      | RW             | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 526-FQ  | ADDITIONAL MESSAGE INFORMATION            |                      | RW             | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 131-UG  | ADDITIONAL MESSAGE INFORMATION CONTINUITY |                      | RW             | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 549-7F  | HELP DESK PHONE NUMBER QUALIFIER          |                      | RW             | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 550-8F  | HELP DESK PHONE NUMBER                    |                      | RW             | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.<br><br><i>Payer Requirement: (Same as Imp Guide)</i><br><b>Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.</b>   |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent      | X     |   |

| Response Claim Segment<br>Segment Identification (111-AM) = "22" |   |               |                | Claim Billing/Claim Rebill<br>Accepted/Rejected  |
|--|---|---------------|----------------|--|
| Field #  | NCPDP Field Name                                | Value         | Payer<br>Usage | Payer Situation  |
| 455-EM   | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M              | <i>Imp Guide:</i> For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2   | PRESCRIPTION/SERVICE REFERENCE NUMBER           |               | M              |  |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent        |       |   |
| This Segment is situational        | X     | To be sent if additional information is to be sent to the pharmacy.             |

| Response DUR/PPS Segment<br>Segment Identification (111-AM) = "24" |                               |                                  |                | Claim Billing/Claim Rebill<br>Accepted/Rejected   |
|--|-------------------------------|----------------------------------|----------------|---|
| Field #  | NCPDP Field Name              | Value                            | Payer<br>Usage | Payer Situation   |
| 567-J6   | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW             | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 439-E4   | REASON FOR SERVICE CODE       |                                  | RW             | <i>Imp Guide:</i> Required if utilization conflict is detected.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 528-FS   | CLINICAL SIGNIFICANCE CODE    |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 529-FT   | OTHER PHARMACY INDICATOR      |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 53Ø-FU   | PREVIOUS DATE OF FILL         |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br>Required if Quantity of Previous Fill (531-FV) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 531-FV   | QUANTITY OF PREVIOUS FILL     |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br>Required if Previous Date Of Fill (53Ø-FU) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>     |
| 532-FW   | DATABASE INDICATOR            |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 533-FX   | OTHER PRESCRIBER INDICATOR    |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 544-FY   | DUR FREE TEXT MESSAGE         |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |
| 57Ø-NS   | DUR ADDITIONAL TEXT           |                                  | RW             | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>  |

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

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

|         | Response Prior Authorization Segment<br>Segment Identification (111-AM) = "26" |       |                | Claim Billing/Claim Rebill<br>Accepted/Rejected  |
|---------|--|-------|----------------|--|
| Field # | NCPDP Field Name   | Value | Payer<br>Usage | Payer Situation  |
| 498-PY  | PRIOR AUTHORIZATION NUMBER-<br>ASSIGNED  |       | RW             | <p><i>Imp Guide:</i> Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.</p> <p><i>Payer Requirement:</i> (Same as Imp Guide)<br/> <i>Note:</i> Prior Authorization Number may continue to be returned in 526-FQ Additional Message Information field.</p> |

## CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

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

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

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected<br>If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent        |       |   |
| This Segment is situational        | X     | Used If additional messaging is needed.   |

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

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

|         | Response Status Segment<br>Segment Identification (111-AM) = "21" |                      |                | Claim Billing/Claim Rebill<br>Rejected/Rejected  |
|---------|---|----------------------|----------------|--|
| Field # | NCPDP Field Name  | Value                | Payer<br>Usage | Payer Situation  |
| 112-AN  | TRANSACTION RESPONSE STATUS                                       | R = Reject           | M              |  |
| 510-FA  | REJECT COUNT  | Maximum count of 5.  | R              |  |
| 511-FB  | REJECT CODE   |                      | R              |  |
| 546-4F  | REJECT FIELD OCCURRENCE<br>INDICATOR                              |                      | RW             | <p><i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.</p> <p><i>Payer Requirement:</i> (Same as Imp Guide)</p> |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION<br>COUNT                           | Maximum count of 25. | RW             | <p><i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.</p> <p><i>Payer Requirement:</i> (Same as Imp Guide)</p>                       |

|                | <b>Response Status Segment<br/>Segment Identification (111-AM) = "21"</b> |              |                        | <b>Claim Billing/Claim Rebill<br/>Rejected/Rejected</b>   |
|----------------|---|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i> | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>  |
| 132-UH         | ADDITIONAL MESSAGE INFORMATION<br>QUALIFIER                               |              | RW                     | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 526-FQ         | ADDITIONAL MESSAGE INFORMATION  |              | RW                     | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 131-UG         | ADDITIONAL MESSAGE INFORMATION<br>CONTINUITY                              |              | RW                     | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.<br><br><i>Payer Requirement: (Same as Imp Guide)</i> |
| 549-7F         | HELP DESK PHONE NUMBER<br>QUALIFIER                                       |              | RW                     | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.<br><br><i>Payer Requirement: (Same as Imp Guide)</i>   |
| 55Ø-8F         | HELP DESK PHONE NUMBER  |              | RW                     | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.<br><br><i>Payer Requirement: (Same as Imp Guide)</i><br><i>Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.</i>   |

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

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