

NCPDP Transmission Specifications

Payer Sheet - Medicaid

General Information

Payer Name: AmeriHealth Caritas District of Columbia	Release Date: 4/17/2023
Processor: AmeriHealth Caritas District of Columbia	Standard: NCPDP D.Ø
Switches: Emdeon & RelayHealth	
PerformRx Customer Services / Providers Department: 1-888-602-3741	
AmeriHealth District of Columbia Provider Services: 1-888-602-3741	
AmeriHealth District of Columbia Alliance Provider Services: 1-888-987-5821	
PerformRx Provider Relations Help Desk (contracting issues only): 1-800-555-5690	
PerformRx Provider Relations Contact: pharmacynetworkcontracting@performrx.com	
Providers Portal: https://prx.darwinrx.com/providers	
Abarca Technical Issues (POS, Provider Portal Connectivity Issues Only): 1-866-286-6765	

Supported Transmissions

B1	Claim Billing
B2	Claim Reversal

Overview

This document contains important information for pharmacy claim submission at the point of sale for Medicaid plans.

The following specifications are based on the NCPDP D.Ø standard and are intended to explain how Abarca Health’s processor handles supported transmissions. This document supplements, but does not contradict nor supersede, the official NCPDP Telecommunication Standard Version D.Ø implementation guide.

Users of this document should consult the NCPDP related documents listed below for further information and/or clarification:

NCPDP Telecommunication Implementation Guide Version D.Ø
Data Dictionary Full reference to all fields and values used in the NCPDP standard with examples.
External Code List Full reference to values used in the NCPDP standard.

Segment & Field Designation

This document lists segments and fields necessary for the proper composition of a transmission (see Supported Transmissions.) Depending on their designation, the sender should always (or conditionally) include some of them. This document uses the following designations:

M	Mandatory Fields required in accordance with the NCPDP Telecommunication Implementation Guide Version D.Ø.
R	Required Fields defined as situational by the NCPDP Telecommunication Implementation Guide Version D.Ø but required by Abarca Health’s processor.
RW	Required When Conditional fields that are required based on a specific transmission scenario. Make sure to check the Comments and Value columns to understand when and how these fields should be included.
O	Optional Field may or may not be sent.
R	Repetition One or more values can be specified.

Optional fields defined by the NCPDP Telecommunication Implementation Guide Version D.Ø not included in this document can still be sent, but will not be observed by the processor’s business logic. However, they must contain values that conform to the NCPDP standard.

Claim Billing Transmissions

These transmissions are used by the service provider to request payment from the processor for a specific patient for claims billed according to appropriate plan parameters.

A maximum of 1 (one) transaction per transmission is permitted for Compounds, Vaccine Administration, and any claim with Coordination of Benefits (COB).

Transaction Header Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
1Ø1-A1	Bin Number	M	019595	
1Ø2-A2	Version Release Number	M	DØ	
1Ø3-A3	Transaction Code	M	B1	B1 = Billing
1Ø4-A4	Processor Control Number	M	06280000	
1Ø9-A9	Transaction Count	M	1	Only 1 claim per transaction allowed. A maximum of 1 (one) transaction per Compound, COB, and Vaccine Administration transmission is allowed, otherwise will reject.
2Ø2-B2	Service Provider ID Qualifier	M	Ø1	Ø1 = NPI Only NPI will be accepted
2Ø1-B1	Service Provider ID	M		National Provider ID (NPI)
4Ø1-D1	Date of Service	M		CCYYMMDD format
11Ø-AK	Software Vendor / Certification ID	M		Blanks are accepted

Insurance Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø4	Insurance segment
3Ø2-C2	Cardholder ID	M		Use value as printed on the beneficiary's ID Card.
312-CC	Cardholder First Name	O		Imp Guide: Required if necessary for state/federal/regulatory agency

				programs when the cardholder has a first name.
313-CD	Cardholder Last Name	O		Imp Guide: Required if necessary for state/federal/regulatory agency programs.
314-CE	Home Plan	RW		Imp Guide: Required if needed for receiver billing/encounter validation and/or determination for Blue Cross or Blue Shield, if a Patient has coverage under more than one plan, to distinguish each plan.
524-FO	Plan Id	O		Imp Guide: Optional.
309-C9	Eligibility Clarification Code	RW		Imp Guide: Required if needed for receiver inquiry validation and/or determination when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage.
301-C1	Group ID	R	ALNC1 MCAID1	GFIRST – ASES First Medical MCO GMMM – ASES MMM Holdings MCO GSMEN – ASES Plan de Salud Menonita MCO GTSSS – ASES Triple-S MCO
303-C3	Person Code	RW		Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID.
306-C6	Patient Relationship Code	RW		Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.
359-2A	Medigap Id	RW		Imp Guide: Required, if known, when patient has Medigap coverage.
360-2B	Medicaid Indicator	RW		Imp Guide: Required, if known, when patient has Medicaid coverage.
361-2D	Provider Accept Assignment Indicator	RW		Imp Guide: Required if necessary for state/federal/regulatory agency programs.
997-G2	CMS Part D Defined Qualified Facility	RW		Imp Guide: Required if specified in trading partner agreement.

115-N5	Medicaid Id Number	RW		Imp Guide: Required, if known, when patient has Medicaid coverage.
--------	--------------------	----	--	--

Patient Segment

Required

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø1	Patient segment
3Ø4-C4	Date of Birth	R		CCYYMMDD format
3Ø5-C5	Patient Gender Code	R	1 or 2	1 = Male 2 = Female
3Ø7-C7	Place of Service	O		Imp Guide: Required if this field could result in different coverage, pricing or patient financial responsibility.
31Ø-CA	Patient First Name	O		
311-CB	Patient Last Name	O		
322-CM	PATIENT STREET ADDRESS	O		
323-CN	PATIENT CITY ADDRESS	O		
324-CO	PATIENT STATE / PROVINCE ADDRESS	O		
325-CP	PATIENT ZIP/POSTAL ZONE	O		
326-CQ	PATIENT PHONE NUMBER	O		
335-2C	PREGNANCY INDICATOR	RW		Imp Guide: Required if pregnancy could result in different coverage, pricing or patient financial responsibility.
384-4X	Patient Residence	RW		Imp Guide: Required if this field could result in different coverage, pricing or patient financial responsibility.

Claim Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø7	Claim segment
455-EM	Prescription / Service Reference Number Qualifier	M	1	1 = Rx Billing Blank value will be treated as Ø1 (Rx Billing).
4Ø2-D2	Prescription / Service Reference Number	M		
436-E1	Product / Service ID Qualifier	M	Ø3	Ø3 = NDC Only NDC will be accepted
4Ø7-D7	Product / Service ID	M		National Drug Code (NDC). Use Ø (zero) for multi-ingredient (compound) prescriptions. Format = MMMMMDDDDPP
456-EN	Associated Prescription / Service Reference Number	RW		Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Required if transaction is the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).
457-EP	Associated Prescription / Service Date	RW		Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Required if transaction is the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).
460-ET	Quantity Prescribed	RW		Used to identify "incremental fills" for Schedule II drug claims, as required under CMS-0055-F Quantity Prescribed final rule.
442-E7	Quantity Dispensed	R		
4Ø3-D3	Fill Number	R	Ø to 11	Ø = Original 1 to 11 = Refill number
4Ø5-D5	Days Supply	R		

406-D6	Compound Code	R	1 or 2	1 = Not Compound 2 = Compound Ø is not an acceptable value and will be rejected.
408-D8	Dispense as Written (DAW) / Product Selection Code	R	Ø to 9	Refer to External Code List for value definitions.
414-DE	Date Prescription Written	R		CCYYMMDD format
415-DF	Number of Refills Authorized	R	Ø to 11	
419-DJ	Prescription Origin Code	RW	1 to 5	Imp Guide: Required if necessary for plan benefit administration. 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy
354-NX	Submission Clarification Code Count	RW	1 to 3	Maximum count of 3. Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	Submission Clarification Code	RW	2Ø = 34ØB	2Ø = Required when designating the product being billed is purchased pursuant to rights under Section 340B of the Public Health Service Act of 1992.
3Ø8-C8	Other Coverage Code	R	0 = Not Specified 1 = No Other Coverage Identified 2 = Other Coverage exists – Payment Collected 3 = Other Coverage exists- this claim not covered 4 = Other Coverage exists- payment not collected	Values 5, 6 and 7 not allowed. Value 8 only allowed if other payer amount paid is submitted and not the Other Payer Patient responsibility.

461-EU	Prior Authorization Type Code	RW	1	1 = Prior Authorization Required when Prior Authorization Number Submitted (462-EV) is used.
462-EV	Prior Authorization Number Submitted	O		Prior Authorization (PA) code provided by the processor when a claim has been rejected and can be overridden without clinical intervention. When a PA code is available, it will be sent in the rejected claim's Response Status Segment via Additional Message Information (526-FQ).
343-HD	Dispensing Status	RW	P, C	Required for the partial fill or the completion fill of a prescription.
344-HF	Quantity Intended To Be Dispensed	RW		Required for the partial fill or the completion fill of a prescription.
345-HG	Days Supply Intended To Be Dispensed	RW		Required for the partial fill or the completion fill of a prescription.
429-DT	Special Packaging Indicator	RW		Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.
453-EJ	Originally Prescribed Product/Service Id Qualifier	RW		Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	Originally Prescribed Product/Service Code	RW		Imp Guide: Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.
446-EB	Originally Prescribed Quantity	RW		Imp Guide: Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
600-28	Unit Of Measure	RW		Imp Guide: Required if necessary for state/federal/regulatory agency programs.

				Required if this field could result in different coverage, pricing, or patient financial responsibility.
418-DI	Level Of Service	RW		Imp Guide: Required if this field could result in different coverage, pricing or patient financial responsibility.
995-E2	Route Of Administration	RW		Imp Guide: Required if specified in trading partner agreement.
147-U7	Pharmacy Service Type	RW		Imp Guide: Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.

Pricing Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	11	Pricing segment
409-D9	Ingredient Cost Submitted	R		
412-DC	Dispensing Fee Submitted	RW		Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
438-E3	Incentive Amount Submitted	RW		Imp Guide: Required if its value effects the Gross Amount Due (430-DU) calculation. Required when Vaccine Administration transmissions are sent. Contains the pharmacy administration fee amount. <i>Must also populate the Professional Service code (440-E5 from DUR / PPS Segment) with 'MA'.</i>
426-DQ	Usual And Customary Charge	RW		Imp Guide: Required when there's a trading partner agreement.
430-DU	Gross Amount Due	R		

478-H7	Other Amount Claimed Submitted Count	RW	Maximum count of 3.	Imp Guide: Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	Other Amount Claimed Submitted Qualifier	RW		Imp Guide: Required if Other Amount Claimed Submitted (480-H9) is used.
480-H9	Other Amount Claimed Submitted	RW		Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
481-HA	Flat Sales Tax Amount Submitted	RW		Imp Guide: Required if its value effects the Gross Amount Due (430-DU) calculation. Required when flat sales tax is applicable to the product dispensed.
482-GE	Percentage Sales Tax Amount Submitted	RW		Imp Guide: Required if its value effects the Gross Amount Due (430-DU) calculation. Required when submitting Percentage Sales Tax Rate Submitted (483-HE) and Percentage Sales Tax Basis Submitted (484-JE).
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. Format s9(3)v4 Example: 11.5% tax should be submitted as 11500{ Required when the percentage sales tax rate is applicable to the product dispensed.
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.
423-DN	Basis of Cost Determination	RW		Imp Guide: Required if needed for receiver claim/encounter adjudication.

Pharmacy Provider Segment

Required When

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø2	Pharmacy Provider segment
465-EY	Provider Id Qualifier	R		Imp Guide: Required if Provider ID (444-E9) is used.
444-E9	Provider Id	R		Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting.

Prescriber Segment

Required

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø3	Prescriber segment
466-EZ	Prescriber ID Qualifier	R	Ø1, Ø8 or 12	Ø1 = National Provider ID (NPI) Ø8 = State License 12 = Drug Enforcement Administration (DEA) License
411-DB	Prescriber ID	R		
427-DR	Prescriber Last Name	RW		Imp Guide: Required if needed for Prescriber ID (411-DB) validation/clarification.
367-2N	Prescriber State / Province Address	RW		Imp Guide: Required if needed to assist in identifying the prescriber.
468-2E	Primary Care Provider Id Qualifier	RW		Imp Guide: Required if Primary Care Provider ID (421-DL) is used.
421-DL	Primary Care Provider Id	RW		Imp Guide: Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.

47Ø-4E	Primary Care Provider Last Name	RW		Imp Guide: Required if needed for Primary Care Provider ID (421-DL) validation/clarification.
--------	---------------------------------	----	--	---

COB / Other Payments Segment

Required When

Used only when transmission is sent to a secondary, tertiary, etc. payer. Never send to primary payer. Only 1 (one) transaction per transmission is permitted when this segment is used. Vaccine administration transmissions cannot be sent with this segment. COB Scenario 2 must be used.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø5	COB / Other Payments segment
337-4C	COB / Other Payments Count	M	1 to 9	Maximum count of 9
338-5C	Other Payer Coverage Type	M**R**	Ø1 to Ø9	Refer to External Code List for value definitions.
339-6C	Other Payer ID Qualifier	R**R**	Ø1, Ø2, Ø3, Ø4, Ø5, 99	Refer to External Code List for value definitions.
34Ø-7C	Other Payer ID	R**R**		Required on COB claims submitted with Other Coverage Codes 2, 3, 4, or 8.
443-E8	Other Payer Date	O**R**		CCYYMMDD format
341-HB	Other Payer Amount Paid Count	R		Maximum count of 9
342-HC	Other PAYER Amount Qualifier	RW		Required if Other Payer Amount Paid (431-DV) is used
431-DV	Other Payer Amount Paid	RW		Required if Other Payer has approved payment for some/all the billing.
472-6E	Other Payer Reject Code	RW		Required when the Other Payer Has denied the payment for billing, designated with Other Coverage Code (308-C8) =3 (Other Coverage Billed-claim not covered).
471-5E	Other Payer Reject Count	RW	1 to 5	Maximum count of 5. Required when Other Payer Reject Code (472-6E) is used.
392-MU	Benefit Stage Count	RW	Maximum count of 4.	Imp Guide: Required if Benefit Stage Amount (394-MW) is used.

393-MV	Benefit Stage Qualifier	RW		Imp Guide: Required if Benefit Stage Amount (394-MW) is used.
394-MW	Benefit Stage Amount	RW		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.

DUR / PPS Segment

Required When

Segment required only when a Vaccine Administration transmission is sent. The following segment specifications are tailored for vaccine administration transmissions. Must also populate Incentive Amount Submitted (438-E3 from Pricing segment) with an amount greater than Ø (zero).

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø8	DUR / PPS segment
473-7E	DUR / PPS Code Counter	M	1 to 9	Imp Guide: Required if DUR/PPS Segment is used. Only 1 (one) is required for vaccine administration.
439-E4	Reason for Service Code	RW		Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.
44Ø-E5	Professional Service Code	RW		Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. MA = Medication Administration (for vaccine administrations)
441-E6	Result of Service Code	RW		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	RW		
475-J9	Dur Co-Agent Id Qualifier	RW		
476-H6	Dur Co-Agent Id	RW		

Compound Segment

Required When

Segment required only when a Compound transmission is sent. Include segment when Compound Code (4Ø6-D6 from Claim segment) is sent with value of 2 (two).

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	1Ø	Compound segment
45Ø-EF	Compound Dosage Form Description Code	M	Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, 1Ø, 11, 12, 13, 14, 15, 16, 17, 18	Refer to External Code List for value definitions. Blank is accepted.
451-EG	Compound Dispensing Unit Form Indicator	M	1 to 3	1 = Each 2 = Grams 3 = Milliliters
447-EC	Compound Ingredient Component Count	M	2 to 25	Minimum of 2 and a maximum of 25 ingredients per transmission.
488-RE	Compound Product ID Qualifier	M**R**	Ø3	Ø3 = National Drug Code (NDC)
489-TE	Compound Product ID	M**R**		National Drug Code (NDC).
448-ED	Compound Ingredient Quantity	M**R**		
449-EE	Compound Ingredient Drug Cost	RW		Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	Compound Ingredient Basis Of Cost Determination	RW		Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
362-2G	Compound Ingredient Modifier Code Count	RW	Maximum count of 1Ø.	Imp Guide: Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	Compound Ingredient Modifier Code	RW		Imp Guide: Required if necessary for state/federal/regulatory agency programs.

Clinical Segment

Required When

Segment required only when additional information is needed (112-AN) is A (accepted), P (paid) or D (duplicate of paid).

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	RW	13	Clinical Segment
491-VE	Diagnosis Code Count	RW	Maximum Count 5	Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. Payer Requirement: (Same as Imp Guide).
492-WE	Diagnosis Code Qualifier	RW		Imp Guide: Required if Diagnosis Code (424- DO) is used. Payer Requirement: (Same as Imp Guide).
424-DO	Diagnosis Code	RW		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 professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs.

Facility Segment

Required When

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	RW	15	Facility Segment
336-8c	Facility Id	RW		Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility and/or drug utilization review outcome.
385-3q	Facility Name	RW		
386-3u	Facility Street Address	RW		

A B  R C A

388-5j	Facility City Address	RW		
387-3v	Facility State/Province Address	RW		
389-6d	Facility Zip/Postal Zone	RW		

Claim Reversal Transmissions

The reversal transmission is used to “back out” a previously paid prescription. One reversal transaction per transmission is permitted. A transmission containing multiple reversals for multiple patients will not be allowed.

Matching for a claim to be reversed is done by: Processor Control Number, Service Provider ID, Date of Service, Cardholder ID, Prescription / Service Reference Number, Product / Service ID, and Fill Number (all inclusive). Failing to provide all these details with precision will cause a rejection in most cases.

All reversals are final and cannot be un-done. We strongly advise to double check all reversals before submission to avoid any unintended consequences.

Transaction Header Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
1Ø1-A1	Bin Number	M	61Ø674	
1Ø2-A2	Version Release Number	M	DØ	
1Ø3-A3	Transaction Code	M	B2	B2 = Reversal
1Ø4-A4	Processor Control Number	M	ABARCA	
1Ø9-A9	Transaction Count	M	1	
2Ø2-B2	Service Provider ID Qualifier	M	Ø1	Ø1 = NPI Only NPI will be accepted
2Ø1-B1	Service Provider ID	M		National Provider ID (NPI)
4Ø1-D1	Date of Service	M		CCYYMMDD format
11Ø-AK	Software Vendor / Certification ID	M		Blanks are accepted

Insurance Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø4	Insurance segment
3Ø2-C2	Cardholder ID	M		Use value as printed on the beneficiary’s ID Card
3Ø1-C1	Group ID	R	GFIRST, GMMM, GSMEN, GTSSS	GFIRST – ASES First Medical MCO GMMM – ASES MMM Holdings MCO GSMEN – ASES Plan de Salud Menonita MCO GTSSS – ASES Triple-S MCO

359-2A	Medigap ID	RW		Imp Guide: Required, if known, when patient has Medigap coverage.
--------	------------	----	--	---

Claim Segment

Mandatory

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø7	Claim segment
455-EM	Prescription / Service Reference Number Qualifier	M	1	1 = Rx Billing Blank value will be defaulted to 1 (Rx Billing)
4Ø2-D2	Prescription / Service Reference Number	M		
436-E1	Product / Service ID Qualifier	M	Ø3	Ø3 = NDC Only NDC will be accepted
4Ø7-D7	Product / Service ID	M		National Drug Code (NDC). Use Ø (zero) for multi-ingredient (compound) prescriptions.
4Ø3-D3	Fill Number	R	Ø to 11	Ø = Original 1 to 11 = Refill number
3Ø8-C8	Other Coverage Code	RW		Imp Guide: Required if needed by receiver to match the claim that is being reversed.
147-U7	Pharmacy Service Type	RW		Imp Guide: Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.

Pricing Segment

Required When

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	11	Pricing segment
438-E3	Incentive Amount Submitted	RW		Imp Guide: Required if this field could result in contractually agreed upon payment.
430-DU	Gross Amount Due	RW		Imp Guide: Required if this field could result in contractually agreed upon payment.

COB / Other Payments Segment

Required When

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø5	COB / Other Payments Segment
337-4C	COB / Other Payments Count	M	Maximum count of 9.	
338-5C	Other Payer Coverage Type	M		

DUR / PPS Segment

Required When

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	Ø8	DUR / PPS segment
473-7E	DUR / PPS Code Counter	M	1 to 9	Imp Guide: Required if DUR/PPS Segment is used. Only 1 (one) is required for vaccine administration.
439-E4	Reason for Service Code	RW		Imp Guide: Required if this field is needed to report drug utilization review outcome.
44Ø-E5	Professional Service Code	RW		Imp Guide: Required if this field is needed to report drug utilization review outcome.
441-E6	Result of Service Code	RW		<i>Imp Guide: Required if this field is needed to report drug utilization review outcome.</i>
474-8E	Dur/Pps Level Of Effort	RW		Imp Guide: Required if this field is needed to report drug utilization review outcome.



Response Transmission

Response Header Segment				Mandatory
Field ID	Name	Desig.	Value(s)	Comments
102-A2	Version Release Number	M	DØ	
103-A3	Transaction Code	M	B1, B2	B1 = Billing B2 = Reversal
109-A9	Transaction Count	M	1	The response transaction will match of the request transaction sent in the billing or reversal transmission.
501-F1	Header Response Status	M	A, D, R	A = Accepted D = Duplicate of Paid R = Rejected
202-B2	Service Provider ID Qualifier	M	Ø1	Ø1 = NPI
201-B1	Service Provider ID	M		National Provider ID (NPI) to which the response is being sent.
401-D1	Date of Service	M		CCYYMMDD format

Response Message Segment				Optional
Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	2Ø	Response Message segment
504-F4	Message	O		Transmission level clarification details if needed. In most cases the patient name will be sent.

Response Insurance Segment				Optional
Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	25	Response Insurance segment
524-FO	Plan ID	O		

A response status segment will be included for each transaction contained in the request transmission.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	21	Response Status segment
112-AN	Transaction Response Status	M	P, A, D, R	P = Paid A = Approved D = Duplicate of Paid R = Rejected
503-F3	Authorization Number	RW		Internal Claim Number (ICN). Only sent when a billing or reversal record was generated in the processor's claim system.
510-FA	Reject Count	RW		Maximum count of 5. Required when Reject Code (511-FB) is used.
511-FB	Reject Code	RW		Required when Transaction Response Status (112-AN) is R (Rejected).
547-5F	Approved Message Code Count	RW		Required when Approved Message Code (548-6F) is used.
548-6F	Approved Message Code	O	001, 002, 003, 004, 005, 006, 019, 021	Refer to External Code List for value definitions. Optionally sent when Transaction Response Status (112-AN) is P (Paid).
130-UF	Additional Message Information Count	RW	1 to 25	Maximum count of 25. Required when Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier	RW **R**	01 to 09	Refer to External Code List for value definitions. Required when Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information	RW **R**		Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity	RW **R**	+ (plus sign)	Required when 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.
549-7F	Help Desk Phone Number Qualifier	RW	03	03 = Processor / PBM

				Required when Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	Help Desk Phone Number	O		Only sent when the Transaction Response Status (112-AN) is R (Rejected).

Response Claim Segment

Required When

Required when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid).

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	22	Response Claim segment
455-EM	Prescription / Service Reference Number Qualifier	M	1	1 = Rx Billing
4Ø2-D2	Prescription / Service Reference Number	M		Same value sent in the original billing or reversal transaction.
551-9F	Preferred Product Count	RW	1 to 6	Maximum count of 6. Required when Preferred Product ID (553-AR) is used.
552-AP	Preferred Product ID Qualifier	RW **R**	Ø3	Ø3 = National Drug Code (NDC). Required when Preferred Product ID (553-AR) is used.
553-AR	Preferred Product ID	O**R**		National Drug Code (NDC)
554-AS	Preferred Product Incentive	O**R**		
555-AT	Preferred Product Cost Share Incentive	O**R**		
556-AU	Preferred Product Description	O**R**		

Response Pricing Segment

Required When

Required when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid). Not included in reversal responses.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	23	Response Pricing segment
5Ø5-F5	Patient Pay Amount	R		Amount the patient is expected to pay (out of pocket).

506-F6	Ingredient Cost Paid	R		
507-F7	Dispensing Fee Paid	R		In the case of vaccine administrations, if there is a vaccine flat price contracted with the service provider, the field will contain Ø (zero).
557-AV	Tax Exempt Indicator	O	1	1 = Payer / Plan is tax exempt
558-AW	Flat Sales Tax Amount Paid	RW		Required when Flat Sales Tax Amount Submitted (481-HA) is greater than Ø (zero) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. Otherwise Ø (zero) will be sent.
559-ZX	Percentage Sales Tax Amount Paid	RW		Required when Percentage Sales Tax Amount Submitted (482-GE) is greater than Ø (zero). Otherwise Ø (zero) will be sent.
560-AY	Percentage Sales Tax Rate Paid	RW		Required when Percentage Sales Tax Amount Paid (559-AX) is greater than Ø (zero).
561-AZ	Percentage Sales Tax Rate Paid	RW	Ø2, Ø3	Ø2 = Ingredient Cost Ø3 = Ingredient Cost + Dispensing Fee Required when Percentage Sales Tax Amount Paid (559-AX) is greater than Ø (zero).
521-FL	Incentive Amount Paid	RW		Required when a vaccine administration claim is processed. It contains the administration fee. If there is a vaccine flat price contracted with the service provider, the field will contain Ø (zero).
566-J5	Other Payer Amount Recognized	RW		Required when the billing claim had Coordination of Benefits (COB) amounts.
509-F9	Total Amount Paid	R		Amount covered by the plan.
522-FM	Basis of Reimbursement Determination	RW	Ø to 21	Required when Ingredient Cost Paid (506-F6) is greater than Ø (zero). Refer to External Code List for value definitions.
517-FH	Amount Applied to Periodic Deductible	RW		Required when the Patient Pay Amount (505-F5) includes deductible.

518-FI	Amount of Copay	RW		Required when the Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	Amount Exceeding Periodic Benefit Maximum	RW		Required when the Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.
575-EQ	Patient Sales Tax Amount	O		Used when necessary to identify the Patient's portion of the Sales Tax.
574-2Y	Plan Sales Tax Amount	O		Used when necessary to identify the Plan's portion of the Sales Tax.
572-4U	Amount of Coinsurance	RW		Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
134-UK	Amount Attributed to Product Selection / Brand Drug	RW		Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
136-UN	Amount Attributed to Product Selection / Brand Non-Preferred Formulary Selection	RW		Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
148-U8	Ingredient Cost Contracted / Reimbursable Amount	RW		Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount).
149-U9	Dispensing Fee Contracted / Reimbursable Amount	RW		Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount).

Response DUR / PPS Segment

Optional

Optionally used when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid). Not included in reversal responses.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	24	Response DUR / PPS segment
567-J6	DUR / PPS Response Code Counter	RW **R**	1 to 9	Maximum counter of 9. Required when segment is used.

439-E4	Reason for Service Code	RW **R**	Refer to External Code List for all possible values.	Required when utilization conflict is detected.
528-FS	Clinical Significance Code	RW **R**	1, 2, 3, 9	1 = Major 2 = Moderate 3 = Minor 9 = Undetermined Required when needed to supply additional information for the utilization conflict.
530-FU	Previous Date Filled	RW **R**		CCYYMMDD format. Required when needed to supply additional information for the utilization conflict.
531-FV	Quantity of Previous Fill	RW **R**		Required when needed to supply additional information for the utilization conflict.
532-FW	Database Indicator	R**R**	2	2 = Medispan
544-FY	DUR Free Text Message	RW **R**		Required when needed to supply additional information for the utilization conflict.

Response COB / Other Payer Segment

Optional

Optionally used when the Transaction Response Status (112-AN) is A (accepted), P (paid) or D (duplicate of paid). Not included in reversal responses.

Field ID	Name	Desig.	Value(s)	Comments
111-AM	Segment Identification	M	28	Response DUR / PPS segment
355-NT	Other Payer ID Count	M	1 to 3	Maximum count of 3.
338-5C	Other Payer Coverage Type	M**R**	Blank, 01 to 09	Refer to External Code List for value definitions.
339-6C	Other Payer ID Qualifier	R**R**	01, 02, 03, 04, 05, 99	Refer to External Code List for value definitions.
340-7C	Other Payer ID	R**R**		Required on COB claims submitted with Other Coverage Codes 2, 3, 4, or 8.
991-MH	Other Payer Processor Control Number	O**R**		
356-NU	Other Payer Cardholder ID	O**R**		

A B  R C A

992-MJ	Other Payer Group ID	O**R**		
142-UV	Other Payer Person Code	O**R**		
144-UX	Other Payer Benefit Effective Date	O**R**		CCYYMMDD format.
145-UY	Other Payer Benefit Termination Date	O**R**		CCYYMMDD format.

Release Date	Notable Changes
5/1/2022	Initial Version Payer Sheet for Medicaid clients - Plan de Salud Vital del Gobierno de Puerto Rico (ASES)
9/26/2022	Added fields due to changes to COB.
4/17/2023	340B requirement of participating pharmacies to identify 340B claims by submitting clarification code 20.