

New York Elderly Pharmaceutical Insurance Coverage (EPIC) D.0 Payer Specification

NCPDP Version D Claim Billing/Claim Re-bill Template

Request Claim Billing/Claim Re-bill Payer Sheet Template

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

General Information

| | | |
|--|--|------------------------|
| Payer Name: New York EPIC | Date: 10/16/2014 | |
| Plan Name/Group Name: NYEPIC | BIN: 012345 | PCN: P024012345 |
| Processor: Processor/Fiscal Intermediary | | |
| Effective as of: 10/18/2014 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: June 2010 | NCPDP External Code List Version Date: June 2010 | |
| Contact/Information Source: Magellan Health Services – Albany, NY | | |
| Certification Testing Window: To be determined | | |
| Certification Contact Information: 804-217-7900 | | |
| Provider Relations Help Desk Info: 866-254-1669 | | |
| Other versions supported: NCPDP Telecommunication version 5.1 until TBD | | |

Other Transactions Supported

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

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

Field Legend for Columns

| Payer Usage Column | Value | Explanation | Payer Situation Column |
|-----------------------|-------|--|------------------------|
| MANDATORY | M | The Field is mandatory for the Segment in the designated Transaction. | No |
| Required | R | The Field has been designated with the situation of "Required" for the Segment in the designated Transaction. | No |
| Qualified Requirement | RW | "Required when." The situations designated have qualifications for usage ("Required when x," "Not required when y"). | Yes |
| Repeating Field | *** | The "***" indicates that the field is repeating. One of the other designators, "M", "R" or "RW" will precede it. | Yes |

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

Claim Billing/Claim Re-bill Transaction

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

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

| Transaction Header Segment | | Claim Billing/Claim Re-bill | | |
|----------------------------|----------------------------------|--|-------------|---------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN NUMBER | 012345 | M | 012345 – New York EPIC |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | Mandatory |
| 103-A3 | TRANSACTION CODE | B1 Billing B2 Reversal B3 Re-bill | M | Mandatory |
| 104-A4 | PROCESSOR CONTROL NUMBER | P024012345 | M | Mandatory |
| 109-A9 | Transaction Count | 01 = One occurrence 02 = Two occurrences 03 = Three occurrences 04 = Four occurrences | M | Mandatory |
| 202-B2 | Service Provider ID Qualifier | 01 - National Provider Identifier (NPI) | M | Mandatory |
| 201-B1 | Service Provider ID | NPI | M | Mandatory |
| 401-D1 | DATE OF SERVICE | Format = CCYYMMDD | M | Mandatory |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Assigned by Magellan Health Services. | M | Assigned by Magellan Health Services. |

| Patient Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is situational | X | Required for B1 and B3 transactions |

| Patient Segment Segment Identification (111-AM) = "01" | | Claim Billing/Claim Re-bill | | |
|---|---------------------|-----------------------------|-------------|----------------------------|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | DATE OF BIRTH | Format = CCYYMMDD | R | Required for this program. |
| 305-C5 | PATIENT GENDER CODE | 1 = Male 2 = Female | R | Required for this program. |
| 310-CA | PATIENT FIRST NAME | Required for this program. | R | Required for this program. |
| 311-CB | PATIENT LAST NAME | Required for this program. | R | Required for this program. |

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

| Insurance Segment Segment Identification (111-AM) = "04" | | Claim Billing/Claim Re-bill | | |
|---|-----------------------|-----------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | EPIC Cardholder ID | M | NY EPIC Number <patient specific> Format = EPNNNNNNN |
| 312-CC | CARDHOLDER FIRST NAME | Required for this program. | R | Required for this program. |
| 313-CD | CARDHOLDER LAST NAME | Required for this program. | R | Required for this program. |

| Insurance Segment Segment Identification (111-AM) = "Ø4" | | Claim Billing/Claim Re-bill | | |
|---|------------------|-----------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø1-C1 | GROUP ID | NY EPIC | M | NY EPIC |

| Claim Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |
| This payer supports partial fills | X | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|--|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | 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 | Mandatory | M | Mandatory |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø3 = National Drug Code (NDC) ØØ = Compound | M | Mandatory |
| 4Ø7-D7 | PRODUCT/SERVICE ID | Mandatory | M | One "Ø" when submitting compound |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. | RW | Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when Associated Prescription/Service Reference Number (456-EN) is used. Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. | RW | Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when Associated Prescription/Service Reference Number (456-EN) is used. Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. |
| 442-E7 | QUANTITY DISPENSED | Required for this program. | R | Required for this program. |
| 4Ø3-D3 | FILL NUMBER | Ø = Original dispensing 1-99 = Refill number - Number of the replenishment | R | Required for this program. |
| 4Ø5-D5 | DAYS SUPPLY | Required for this program. | R | Required for this program. |
| 4Ø6-D6 | COMPOUND CODE | 1 = Not a Compound 2 = Compound | R | Required for this program. |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug | R | Required for this program. |

| Claim Segment Segment Identification (111-AM) = "07" | | Claim Billing/Claim Re-bill | | |
|---|--------------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace 9 = Substitution Allowed By Prescriber but Plan Requests Brand – Patient’s Plan Requested Brand Product To Be Dispensed | | |
| 414-DE | DATE PRESCRIPTION WRITTEN | Format = CCYYMMDD | R | Required for this program. |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | 0 = No refills authorized 1-99 = Authorized Refill number - with 99 being as needed, refills unlimited | RW | Required when necessary for plan benefit administration. |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | Required when Submission Clarification Code (420-DK) is used. |
| 420-DK | SUBMISSION CLARIFICATION CODE | ‘2 = Other Override’ required to override select Plan Limitations Exceeded for Maximum edits ‘7 = Medically Necessary’ required for FluMist age limit overrides ‘8 = Process Compound For Approved Ingredients’ required to override and accept payments only for covered items within a compound | R | ‘2 = Other Override’ required to override select Plan Limitations Exceeded for Maximum edits ‘7 = Medically Necessary’ required for FluMist age limit overrides ‘8 = Process Compound For Approved Ingredients’ required to override and accept payments only for covered items within a compound |
| 308-C8 | OTHER COVERAGE CODE | 3 = Other Coverage Billed – Claim not Covered 8 = Claim is billing for patient financial responsibility only | R | 3 = Other Coverage Billed – Claim not Covered 8 = Claim is billing for patient financial responsibility only |
| 343-HD | DISPENSING STATUS | P = Partial Fill C = Completion of Partial Fill | R | Required for the partial fill or the completion fill of a prescription. |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | Required for this program. | R | Required for the partial fill or the completion fill of a prescription. |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | Required for this program. | R | Required for the partial fill or the completion fill of a prescription. |
| 357-NV | DELAY REASON CODE | 1 = Proof of eligibility unknown or unavailable 2 = Litigation 3 = Authorization delays 4 = Delay in certifying provider 5 = Delay in supplying billing forms 6 = Delay in delivery of custom-made appliances 7 = Third-party processing delay | RW | Required when needed to specify the reason that submission of the transaction has been delayed. |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|-------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | 8 = Delay in eligibility determination 9 = Original claims rejected or denied due to a reason unrelated to the billing limitation rules 1Ø = Administration delay in the prior approval process 11 = Other 12 = Received late with no exceptions 13 = Substantial damage by fire, etc. to provider records 14 = Theft, sabotage/other willful acts by employee | | |
| 995-E2 | ROUTE OF ADMINISTRATION | SNOMED | RW | Required when specified in trading partner agreement. <i>Payer Requirement:</i> (any unique payer requirement(s)) |
| 996-G1 | COMPOUND TYPE | Ø1 = Anti-infective Ø2 = Iontropic Ø3 = Chemotherapy Ø4 = Pain management Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition Ø6 = Hydration Ø7 = Ophthalmic 99 = Other | RW | Required when submitting a new compound. <i>Payer Requirement:</i> Same as implementation guide: Same as <i>Imp Guide</i> . |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-bill | | |
|---|--|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | Mandatory | M | Mandatory |
| 412-DC | DISPENSING FEE SUBMITTED | Mandatory | M | Mandatory |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | Maximum count of 3. | RW*** | Required when Other Amount Claimed Submitted Qualifier (479-H8) is used. |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | Blank 01 = Delivery Cost 02 = Shipping Cost 03 = Postage Cost 04 = Administrative Cost 09 = Compound Preparation Cost Submitted | RW*** | Required when Other Amount Claimed Submitted (48Ø-H9) is used. |
| 48Ø- | OTHER AMOUNT CLAIMED | Required when its value has an effect on | RW*** | Required when its value has an effect on the |

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-bill | | |
|---|----------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| H9 | SUBMITTED | the Gross Amount Due (430-DU) calculation. | | Gross Amount Due (430-DU) calculation. |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | Required when needed per trading partner agreement. | RW | Required when needed per trading partner agreement. |
| 430-DU | GROSS AMOUNT DUE | Mandatory | M | Mandatory |

| Prescriber Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|------------------------------|-------|--|
| This Segment is situational | X | Required for B1 and B3 transactions |

| Prescriber Segment Segment Identification (111-AM) = "03" | | Claim Billing/Claim Re-bill | | |
|--|-------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | 01 = National Provider Identifier (NPI) 08 = State License 12 = Drug Enforcement Administration (DEA) Number | M | Mandatory |
| 411-DB | PRESCRIBER ID | NPI State License DEA Number | M | Format: NPI =NNNNNNNNN State License = NNNNNNN DEA Number = AANNNNNNN |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|---|-------|--|
| This Segment is situational | X | Required only for secondary, tertiary, etc., claims. Required for B1 and B3 transactions when there is other payer information. |
| Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only | X | |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05" | | Claim Billing/Claim Re-bill | | |
|--|---|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9. | M | Mandatory |
| 338-5C | OTHER PAYER COVERAGE TYPE | Blank = Not Specified 01 = Primary – First 02 = Secondary – Second 03 = Tertiary – Third | M*** | Mandatory |
| 339-6C | OTHER PAYER ID QUALIFIER | 03 = Bank Information Number (BIN) Card Issuer ID | RW | Required when Other Payer ID (340-7C) is used. |
| 340-7C | OTHER PAYER ID | Other Payer Bank Information Number (BIN). | R | Required for this program. |
| 443-E8 | OTHER PAYER DATE | Required for this program. | R | Required for this program. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill | | |
|---|---|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | Required when Other Payer Reject Code (472-6E) is used. |
| 472-6E | OTHER PAYER REJECT CODE | NCPDP Reject Code (511-FB) values | RW | Required for this program when the Other Coverage Code (3Ø8-C8) of "3" is used. |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | RW | Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | Blank=Not Specified Ø1=Amount Applied to Periodic Deductible (517-FH) as reported by previous payer Ø2=Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer Ø3=Amount Attributed to Sales Tax (523-FN) as reported by previous payer Ø4=Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer Ø5=Amount of Co-pay (518-FI) as reported by previous payer Ø7=Amount of Coinsurance (572-4U) as reported by previous payer Ø8=Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer Ø9=Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer 1Ø=Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer 11=Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer 12=Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap 13=Amount Attributed to Processor Fee (571-NZ) as reported by previous payer | RW | Required when Other Payer-Patient Responsibility Amount (352-NQ) is used. These values will be the only ones accepted by EPIC. Any other values, will deny |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | Required when necessary for patient financial responsibility only billing. Not used when Other Payer Amount Paid (431-DV) is submitted. | RW | Required when necessary for patient financial responsibility only billing. Not used when Other Payer Amount Paid (431-DV) is submitted. |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | RW | Required when Benefit Stage Amount (394-MW) is used. |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill | | |
|---|-------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 393-MV | BENEFIT STAGE QUALIFIER | Ø1 = Deductible Ø2 = Initial Benefit Ø3 = Coverage Gap Ø4 = Catastrophic Coverage | RW | Required when Benefit Stage Amount (394-MW) is used. |
| 394-MW | BENEFIT STAGE AMOUNT | Required when 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. | RW | Required when 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. |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is situational | X | Required for B1 and B3 transactions when there is DUR information. |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Billing/Claim Re-bill | | |
|---|---------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | RW*** | Required when DUR/PPS Segment is used. |
| 439-E4 | REASON FOR SERVICE CODE | Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service | RW*** | Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service. |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service. | RW*** | Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service. |
| 441-E6 | RESULT OF SERVICE CODE | ØØ = Not Specified 1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1E = Filled, With Different Drug 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval 1H = Brand-to-Generic Change 1J = Rx-to-OTC Change 1K = Filled with Different Dosage Form 2A = Prescription Not Filled 2B = Not Filled, Directions Clarified | RW*** | Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service. |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Billing/Claim Re-bill | | |
|---|------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | 3A = Recommendation Accepted 3B = Recommendation Not Accepted 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3F = Therapy Changed 3G = Drug Therapy Unchanged 3H = Follow-Up/Report 3J = Patient Referral 3K = Instructions Understood 3M = Compliance Aid Provided 3N = Medication Administered 4A = Prescribed with acknowledgements | | |

| Compound Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is situational | X | It is used for multi-ingredient prescriptions, when each ingredient is reported. The Segment is mandatory for B1/B3 transactions when required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim. |

| Compound Segment Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-bill | | |
|--|--|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | Blank = Not Specified Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema | M | Mandatory |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | 1 = Each 2 = Grams 3 = Milliliters | M | Mandatory |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | Mandatory |

| Compound Segment Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-bill | | |
|--|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø3 | M | Ø3 = National Drug Code (NDC) - Formatted 11 digits (N) |
| 489-TE | COMPOUND PRODUCT ID | Mandatory | M | Mandatory |
| 448-ED | COMPOUND INGREDIENT QUANTITY | Amount expressed in metric decimal units of the product included in the compound. | M | Mandatory |
| 449-EE | COMPOUND INGREDIENT DRUG COST | Enter the ingredient drug cost for each product used in making the compound. | RW | Required when needed for receiver claim determination when multiple products are billed. |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | ØØ = Default Ø1 = AWP Ø2 = Local Wholesaler Ø3 = Direct Ø4 = EAC (Estimated Acquisition Cost) Ø5 = Acquisition Ø6 = MAC (Maximum Allowable Cost) Ø7 = Usual & Customary Ø8 = 34ØB/Disproportionate Share Pricing Ø9 = Other 1Ø = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing | M | Mandatory |
| 362-2G | COMPOUND INGREDIENT MODIFIER CODE COUNT | Maximum count of 1Ø. | RW | Required when Compound Ingredient Modifier Code (363-2H) is sent. |
| 363-2H | COMPOUND INGREDIENT MODIFIER CODE | HCPCS | R | Required for this program. |

| Clinical Segment Questions | Check | Claim Billing/Claim Re-bill When Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is situational | | Segment May be Required at a Future Date for These Transactions: B1 and B3 When Designated Clinical Information is Needed for Drug Coverage Consideration |

| Clinical Segment Segment Identification (111-AM) = "13" | | Claim Billing/Claim Re-bill | | |
|--|------------------|-----------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| Intentionally not listed. | | | | |

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

Response Claim Billing/Claim Re-bill Payer Sheet Template

Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) Response

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

General Information

| | | |
|--|--|------------------------|
| Payer Name: New York EPIC | Date: 10/16/2014 | |
| Plan Name/Group Name: NYEPIC | BIN: 012345 | PCN: P024012345 |
| Processor: Processor/Fiscal Intermediary | | |
| Effective as of: 10/18/2014 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: June 2010 | NCPDP External Code List Version Date: June 2010 | |
| Contact/Information Source: Magellan Health Services – Albany, NY | | |
| Certification Testing Window: | | |
| Certification Contact Information: 804-217-7900 | | |
| Provider Relations Help Desk Info: 866-254-1669 | | |
| Other versions supported: NCPDP Telecommunication version 5.1 until TBD | | |

Claim Billing/Claim Re-bill PAID (or Duplicate of PAID) Response

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

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

| Response Transaction Header Segment | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|-------------------------------------|-------------------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | Version/Release Number | D0 | M | Mandatory |
| 103-A3 | Transaction Code | B1, B3 | M | Mandatory |
| 109-A9 | Transaction Count | Same value as in request | M | Mandatory |
| 501-F1 | Header Response Status | A = Accepted | M | Mandatory |
| 202-B2 | Service Provider ID Qualifier | Same value as in request | M | Mandatory |
| 201-B1 | Service Provider ID | Same value as in request | M | Mandatory |
| 401-D1 | Date of Service | Same value as in request | M | Mandatory |

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

| Response Message Segment Segment Identification (111-AM) = "20" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | Required when text is needed for clarification or detail | RW | Required when text is needed for clarification or detail. |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation |
|--------------------------------------|-------|--|
| This Segment is situational | X | |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 301-C1 | GROUP ID | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. | RW | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |
| 524-FO | PLAN ID | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. | RW | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |
| 545-2F | NETWORK REIMBURSEMENT ID | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. | RW | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |
| 568-J7 | PAYER ID QUALIFIER | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. | RW | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |
| 569-J8 | PAYER ID | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. | RW | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |
| 302-C2 | CARDHOLDER ID | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. | RW | Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. |

| Response Patient Segment Questions | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational | X | |

| Response Patient Segment Segment Identification (111-AM) = "29" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------|---|-------------|----------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 310-CA | PATIENT FIRST NAME | Required when known. | RW | Required when known. |
| 311-CB | PATIENT LAST NAME | Required when known. | RW | Required when known |
| 304-C4 | DATE OF BIRTH | Format = CCYYMMDD | RW | Required when known |

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|------------------|---|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | P = Paid D = Duplicate of Paid | M | Mandatory |
| 503-F3 | AUTHORIZATION NUMBER | Required when needed to identify the transaction. | RW | Required when needed to identify the transaction. |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | Required when Approved Message Code (548-6F) is used. |
| 548-6F | APPROVED MESSAGE CODE | Required when Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. | RW | Required when Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | Required when Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | Required when Additional Message Information (526-FQ) is used. | RW | Required when Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | Required when additional text is needed for clarification or detail. | RW | Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | Required when and only 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. | RW | Required when and only 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 | Required when Help Desk Phone Number (550-8F) is used. | RW | Required when Help Desk Phone Number (550-8F) is used. |
| 550-8F | HELP DESK PHONE NUMBER | Required when needed to provide a support telephone number to the receiver. | RW | Required when needed to provide a support telephone number to the receiver. |

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

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | Prescription/Service Reference Number Qualifier | 1 = Rx Billing | M | Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | Prescription/Service Reference Number | Mandatory | M | Mandatory |
| 551-9F | PREFERRED PRODUCT COUNT | Maximum count of 6. | RW | Required when Preferred Product ID (553-AR) is used. |
| 552-AP | PREFERRED PRODUCT ID QUALIFIER | Required when Preferred Product ID (553-AR) is used. | RW | Required when Preferred Product ID (553-AR) is used. |
| 553-AR | PREFERRED PRODUCT ID | Required when a product preference exists that needs to be communicated to the receiver via an ID. | RW | Required when a product preference exists that needs to be communicated to the receiver via an ID. |

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 554-AS | PREFERRED PRODUCT INCENTIVE | Required when there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU). | RW | Required when there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU). |
| 555-AT | PREFERRED PRODUCT COST SHARE INCENTIVE | Required when there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU). | RW | Required when there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU). |
| 556-AU | PREFERRED PRODUCT DESCRIPTION | Required when a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR). | RW | Required when a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR). |

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

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|----------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 505-F5 | PATIENT PAY AMOUNT | Required for this program. | R | Required for this program. |
| 506-F6 | INGREDIENT COST PAID | Required for this program. | R | Required for this program. |
| 507-F7 | DISPENSING FEE PAID | Required when this value is used to arrive at the final reimbursement | RW | Required when this value is used to arrive at the final reimbursement. |
| 557-AV | TAX EXEMPT INDICATOR | Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. | RW | Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. |
| 558-AW | FLAT SALES TAX AMOUNT PAID | Required when Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or when Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. | RW | Required when Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or when Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | Required when this value is used to arrive at the final reimbursement. Required when Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (0). Required when Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used. | RW | Required when this value is used to arrive at the final reimbursement. Required when Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (0). Required when Percentage Sales Tax Rate Paid (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used. |
| 560-AY | PERCENTAGE SALES TAX RATE PAID | Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0). | RW | Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0). |
| 561-AZ | PERCENTAGE SALES TAX BASIS PAID | Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0). | RW | Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (0). |
| 521-FL | INCENTIVE AMOUNT PAID | Required when this value is used to arrive at the final reimbursement. | RW | Required when this value is used to arrive at the final reimbursement. |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø). | | Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø). |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | RW | Required when Other Amount Paid (565-J4) is used. |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | Required when Other Amount Paid (565-J4) is used. | RW | Required when Other Amount Paid (565-J4) is used. |
| 565-J4 | OTHER AMOUNT PAID | Required when this value is used to arrive at the final reimbursement. Required when Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). | RW | Required when this value is used to arrive at the final reimbursement. Required when Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | Required when this value is used to arrive at the final reimbursement. Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. | RW | Required when this value is used to arrive at the final reimbursement. Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. |
| 5Ø9-F9 | TOTAL AMOUNT PAID | Required for this program. | R | Required for this program. |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | Required when Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required when Basis of Cost Determination (432-DN) is submitted on billing. | RW | Required when Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required when Basis of Cost Determination (432-DN) is submitted on billing. |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | Required when Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. | RW | Required when Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | Provided for informational purposes only. | RW | Provided for informational purposes only. |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | Provided for informational purposes only. | RW | Provided for informational purposes only. |
| 514-FE | REMAINING BENEFIT AMOUNT | Provided for informational purposes only. | RW | Provided for informational purposes only. |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | Required when Patient Pay Amount (5Ø5-F5) includes deductible. | RW | Required when Patient Pay Amount (5Ø5-F5) includes deductible. |
| 518-FI | AMOUNT OF COPAY | Required when Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility. | RW | Required when Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility. |
| 52Ø-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | Required when Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. | RW | Required when Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. |
| 346-HH | BASIS OF CALCULATION—DISPENSING FEE | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). | RW | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). |
| 347-HJ | BASIS OF CALCULATION—COPAY | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or | RW | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | "C" (Completion of Partial Fill). | | (Completion of Partial Fill). |
| 348-HK | BASIS OF CALCULATION— FLAT SALES TAX | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Flat Sales Tax Amount Paid (558-AW) is greater than zero (Ø). | RW | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Flat Sales Tax Amount Paid (558-AW) is greater than zero (Ø). |
| 349-HM | BASIS OF CALCULATION— PERCENTAGE SALES TAX | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). | RW | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSOR FEE | Required when the customer is responsible for 100 percent of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. | RW | Required when the customer is responsible for 100 percent of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. |
| 575-EQ | PATIENT SALES TAX AMOUNT | Required when necessary to identify the Patient's portion of the Sales Tax. | RW | Required when necessary to identify the Patient's portion of the Sales Tax. |
| 574-2Y | PLAN SALES TAX AMOUNT | Required when necessary to identify the Plan's portion of the Sales Tax. | RW | Required when necessary to identify the Plan's portion of the Sales Tax. |
| 572-4U | AMOUNT OF COINSURANCE | Required when Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility | RW | Required when Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility. |
| 573-4V | BASIS OF CALCULATION- COINSURANCE | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). | RW | Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | RW | Required when Benefit Stage Amount (394-MW) is used. |
| 393-MV | BENEFIT STAGE QUALIFIER | Required when Benefit Stage Amount (394-MW) is used. | RW | Required when Benefit Stage Amount (394-MW) is used. |
| 394-MW | BENEFIT STAGE AMOUNT | Required when a Medicare Part D payer applies financial amounts 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 when necessary for state/federal/regulatory agency programs. | RW | Required when a Medicare Part D payer applies financial amounts 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 when necessary for state/federal/regulatory agency programs. |
| 577-G3 | ESTIMATED GENERIC SAVINGS | Required when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic. | RW | Required when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic. |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | This dollar amount will be provided, when known, to the receiver when the transaction had spending account dollars reported as part of the patient pay | RW | This dollar amount will be provided, when known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount. |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | amount. | | |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero. | RW | Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero. |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another. | RW | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another. |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a brand drug. | RW | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a brand drug. |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. | RW | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a brand non-preferred formulary product. | RW | Required when Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a brand non-preferred formulary product. |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | Required when the patient's financial responsibility is due to the coverage gap. | RW | Required when the patient's financial responsibility is due to the coverage gap. |
| 148-U8 | INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT | 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. | RW | 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. |
| 149-U9 | DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT | 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. | RW | 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. |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational | X | |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|-------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | Required when Reason For Service Code (439-E4) is used. |
| 439-E4 | REASON FOR SERVICE CODE | Required when utilization conflict is detected. | RW | Required when utilization conflict is detected. |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|----------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 528-FS | CLINICAL SIGNIFICANCE CODE | Required when needed to supply additional information for the utilization conflict. | RW | Required when needed to supply additional information for the utilization conflict. |
| 529-FT | OTHER PHARMACY INDICATOR | Required when needed to supply additional information for the utilization conflict. | RW | Required when needed to supply additional information for the utilization conflict. |
| 530-FU | PREVIOUS DATE OF FILL | Required when Quantity of Previous Fill (531-FV) is used. | RW | Required when Quantity of Previous Fill (531-FV) is used. |
| 531-FV | QUANTITY OF PREVIOUS FILL | Required when Previous Date Of Fill (530-FU) is used. | RW | Required when Previous Date Of Fill (530-FU) is used. |
| 532-FW | DATABASE INDICATOR | Required when needed to supply additional information for the utilization conflict. | RW | Required when needed to supply additional information for the utilization conflict. |
| 533-FX | OTHER PRESCRIBER INDICATOR | Required when needed to supply additional information for the utilization conflict. | RW | Required when needed to supply additional information for the utilization conflict. |
| 544-FY | DUR FREE TEXT MESSAGE | Required when needed to supply additional information for the utilization conflict. | RW | Required when needed to supply additional information for the utilization conflict. |
| 570-NS | DUR ADDITIONAL TEXT | Required when needed to supply additional information for the utilization conflict. | RW | Required when needed to supply additional information for the utilization conflict. |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation |
|--|-------|--|
| This Segment is situational | X | |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | Mandatory |
| 338-5C | OTHER PAYER COVERAGE TYPE | Mandatory | M | Mandatory |
| 339-6C | OTHER PAYER ID QUALIFIER | Required when Other Payer ID (340-7C) is used. | RW | Required when Other Payer ID (340-7C) is used. |
| 340-7C | OTHER PAYER ID | Required when other insurance information is available for coordination of benefits. | RW | Required when other insurance information is available for coordination of benefits. |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | Required when other insurance information is available for coordination of benefits. | RW | Required when other insurance information is available for coordination of benefits. |
| 356-NU | OTHER PAYER CARDHOLDER ID | Required when other insurance information is available for coordination of benefits. | RW | Required when other insurance information is available for coordination of benefits. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---------------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 992-MJ | OTHER PAYER GROUP ID | Required when other insurance information is available for coordination of benefits. | RW | Required when other insurance information is available for coordination of benefits. |
| 142-UV | OTHER PAYER PERSON CODE | Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. | RW | Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB | OTHER PAYER HELP DESK PHONE NUMBER | Required when needed to provide a support telephone number of the other payer to the receiver. | RW | Required when needed to provide a support telephone number of the other payer to the receiver. |
| 143-UW | OTHER PAYER PATIENT RELATIONSHIP CODE | Required when needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. | RW | Required when needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. |
| 144-UX | OTHER PAYER BENEFIT EFFECTIVE DATE | Required when other coverage is known, which is after the Date of Service submitted. | RW | Required when other coverage is known, which is after the Date of Service submitted. |
| 145-UY | OTHER PAYER BENEFIT TERMINATION DATE | Required when other coverage is known, which is after the Date of Service submitted. | RW | Required when other coverage is known, which is after the Date of Service submitted. |

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

NCPDP Version D Claim Reversal Template

Request Claim Reversal Payer Sheet Template

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

General Information

| | | |
|---|-------------------------|------------------------|
| Payer Name: New York EPIC | Date: 10/18/2014 | |
| Plan Name/Group Name: NYEPIC | BIN: 012345 | PCN: P024012345 |
| Plan Name/Group Name: Plan Name/Group Name | BIN: | PCN: |

| Question | Answer |
|--|----------|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | 365 Days |

Claim Reversal Transaction

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

| Transaction Header Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued | X | |

| Transaction Header Segment | | Claim Reversal | | |
|----------------------------|----------------------------------|--|-------------|--------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN NUMBER | 012345 | M | 012345 – New York EPIC |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | Mandatory |
| 103-A3 | TRANSACTION CODE | B2-Reversal | M | Mandatory |
| 104-A4 | PROCESSOR CONTROL NUMBER | P024012345 | M | Mandatory |
| 109-A9 | TRANSACTION COUNT | Mandatory | M | Mandatory |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 = National Provider Indicator (NPI) | M | Mandatory |
| 201-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | Mandatory |
| 401-D1 | DATE OF SERVICE | Format = CCYYMMDD | M | Mandatory |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Assigned by Magellan Health Services | M | Assigned by Magellan Health Services |

| Insurance Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |

| Insurance Segment Segment Identification (111-AM) = "04" | | Claim Reversal | | |
|---|------------------|--------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | EPIC Cardholder ID | M | NY EPIC Number < patient specific > Format = EPNNNNNNN |

| Insurance Segment Segment Identification (111-AM) = "Ø4" | | Claim Reversal | | |
|---|---|--|--|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø1-C1 | GROUP ID | NYEPIC | RW | Required when needed to match the reversal to the original billing transaction. |
| Claim Segment Questions | | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation | |
| This Segment is always sent | | X | | |
| This payer supports partial fills | | X | | |
| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Reversal | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RX Billing | M | For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | Mandatory | M | Mandatory |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | ØØ = Compound Ø3 = National Drug Code | M | If reversal is for multi-ingredient prescription, the value must be ØØ. |
| 4Ø7-D7 | PRODUCT/SERVICE ID | NDC – for non-compound claims 'Ø' – for compound claims | M | Mandatory |
| Pricing Segment Questions | | Check | Claim Reversal If Situational, Payer Situation | |
| This Segment is always sent | | X | | |
| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Reversal | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| Coordination of Benefits/Other Payments Segment Questions | | Check | Claim Reversal If Situational, Payer Situation | |
| This Segment is situational | | X | | |
| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Reversal | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| DUR/PPS Segment Questions | | Check | Claim Reversal If Situational, Payer Situation | |
| This Segment is situational | | X | | |
| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Reversal | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| **End of Request Claim Reversal (B2) Payer Sheet Template** | | | | |

Response Claim Reversal Payer Sheet Template

Claim Reversal Accepted/Approved Response

****Start of Response Claim Reversal (B2) Payer Sheet Template****

Claim Reversal accepted/Approved Response

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

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

| Response Transaction Header Segment | | Claim Reversal Accepted/Approved | | |
|-------------------------------------|-------------------------------|----------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | Mandatory |
| 103-A3 | TRANSACTION CODE | B2 | M | Mandatory |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | Mandatory |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | Mandatory |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | Mandatory |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request | M | Mandatory |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | Mandatory |

| Response Message Segment Questions | Check | Claim Reversal Accepted/Approved If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational | X | Provide general information when used for transmission-level messaging. |

| Response Message Segment Identification (111-AM) = "20" | | Claim Reversal Accepted/Approved | | |
|---|------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | Required when text is needed for clarification or detail. | RW | Required when text is needed for clarification or detail. |

| Response Status Segment Questions | Check | Claim Reversal Accepted/Approved If Situational, Payer Situation |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Status Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Approved | | |
|--|-----------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved | M | Mandatory |
| 503-F3 | AUTHORIZATION NUMBER | Required when needed to identify the transaction. | RW | Required when needed to identify the transaction. |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Approved | | |
|---|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW*** | Required when Approved Message Code (548-6F) is used. |
| 548-6F | APPROVED MESSAGE CODE | Required when Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. | RW*** | Required when Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | Required when Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | Required when Additional Message Information (526-FQ) is used. | RW*** | Required when Additional Message Information (526-FQ) is used. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | Required when additional text is needed for clarification or detail. | RW*** | Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | 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. | RW*** | Required only 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 | Required when Help Desk Phone Number (550-8F) is used. | RW | Required when Help Desk Phone Number (550-8F) is used. |
| 550-8F | HELP DESK PHONE NUMBER | Required when needed to provide a support telephone number to the receiver. | RW | Required when needed to provide a support telephone number to the receiver. |

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

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Reversal Accepted/Approved | | |
|--|---|-------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RX Billing | M | Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | Mandatory | M | Mandatory |

| Response Pricing Segment Questions | Check | Claim Reversal Accepted/Approved If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is situational | X | |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Reversal Accepted/Approved | | |
|--|-------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 509-F9 | TOTAL AMOUNT PAID | Required when any other payment fields sent by the sender. | RW | Required when any other payment fields sent by the sender. |

Claim Reversal Accepted/Rejected Response

| Response Transaction Header Segment Questions | | Check | Claim Reversal Accepted/Rejected If Situational, Payer Situation | |
|---|--|---|--|--|
| This Segment is always sent | | X | | |
| Response Transaction Header Segment | | Claim Reversal Accepted/Rejected | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | Mandatory |
| 103-A3 | TRANSACTION CODE | B2 = Reversal | M | Mandatory |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | Mandatory |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | Mandatory |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 = National Provider Indicator (NPI) | M | Mandatory |
| 201-B1 | SERVICE PROVIDER ID | Same value as in request. | M | Mandatory |
| 401-D1 | DATE OF SERVICE | Format = CCYYMMDD | M | Mandatory |
| Response Message Segment Questions | | Check | Claim Reversal Accepted/Rejected If Situational, Payer Situation | |
| This Segment is situational | | X | | |
| Response Message Segment Identification (111-AM) = "2Ø" | | Claim Reversal Accepted/Rejected | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | Required when text is needed for clarification or detail. | RW | Required when text is needed for clarification or detail. |
| Response Status Segment Questions | | Check | Claim Reversal Accepted/Rejected If Situational, Payer Situation | |
| This Segment is always sent | | X | | |
| Response Status Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Rejected | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Rejected | M | Mandatory |
| 503-F3 | AUTHORIZATION NUMBER | Required for this program. | R | Required for this program. |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | Required for this program. |
| 511-FB | REJECT CODE | Required for this program. | R | Required for this program. |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | Required when a repeating field is in error, to identify repeating field occurrence | RW*** | Required when a repeating field is in error, to identify repeating field occurrence. |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | Required when Additional Message Information (526-FQ) is used. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | Required when Additional Message Information (526-FQ) is used. | RW*** | Required when Additional Message Information (526-FQ) is used. |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Rejected | | |
|---|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | Required when additional text is needed for clarification or detail. | RW*** | Required when additional text is needed for clarification or detail. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | Required only 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. | RW*** | Required only 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 | Required when Help Desk Phone Number (550-8F) is used | RW | Required when Help Desk Phone Number (550-8F) is used. |
| 550-8F | HELP DESK PHONE NUMBER | Required when needed to provide a support telephone number to the receiver | RW | Required when needed to provide a support telephone number to the receiver. |

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

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Reversal Accepted/Rejected | | |
|--|---|-------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1= RX Billing | M | Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | Mandatory | M | Mandatory |

Claim Reversal Rejected/Rejected Response

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

| Response Transaction Header Segment | | Claim Reversal Rejected/Rejected | | |
|-------------------------------------|-------------------------------|---------------------------------------|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | Mandatory |
| 103-A3 | TRANSACTION CODE | B2 | M | Mandatory |
| 109-A9 | TRANSACTION COUNT | Same value as in request | M | Mandatory |
| 501-F1 | HEADER RESPONSE STATUS | A = Accepted | M | Mandatory |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01=National Provider Identifier (NPI) | M | Mandatory |
| 201-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | Mandatory |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | Mandatory |

| Response Message Segment Questions | | Check | Claim Reversal Rejected/Rejected If Situational, Payer Situation | |
|---|---|--|--|---|
| This Segment is situational | | X | | |
| Response Message Segment Segment Identification (111-AM) = "20" | | Claim Reversal Rejected/Rejected | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | Required when text is needed for clarification or detail. | RW | Required when text is needed for clarification or detail. |
| Response Status Segment Questions | | Check | Claim Reversal Rejected/Rejected If Situational, Payer Situation | |
| This Segment is always sent | | X | | |
| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Rejected/Rejected | | |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | Mandatory |
| 503-F3 | AUTHORIZATION NUMBER | Required for this program. | R | Required for this program. |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | Required for this program. |
| 511-FB | REJECT CODE | Required for this program. | R | Required for this program. |
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| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Required when Help Desk Phone Number (550-8F) is used. | RW | Required when Help Desk Phone Number (550-8F) is used. |
| 550-8F | HELP DESK PHONE NUMBER | Required when needed to provide a support telephone number to the receiver. | RW | Required when needed to provide a support telephone number to the receiver. |
| **End of Claim Reversal (B2) Response Payer Sheet Template** | | | | |