

Virginia Medicaid NCPDP Version D.0 Claim Billing / Re-Bill D.0 Payer Specifications

September 21, 2017

General Information

Payer Name: Virginia Medicaid	Date: October 1 st , 2017	
Plan Name/Group Name: Virginia Medicaid Plans	BIN: 010900	PCN: 8263342243 NEW!
Processor: Magellan Medicaid Administration		
Effective as of: 10/01/2017	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October 2016	NCPDP External Code List Version Date: October 2016	
Contact Information Source: Girija Karri (GKarri@Magellanhealth.com)		
Certification Testing Window: September 5, 2017 through September 19, 2017		
Certification Contact Information: Girija Karri (GKarri@Magellanhealth.com)		
Provider Relations Help Desk Info: 1-888-829-5373		
Other versions supported: No		

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	Reversal
B3	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 if x," "Not required if y").	Yes

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

NCPDP

Claim Billing/Claim Re-bill Transaction

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill if Situational, Payer Situation
This segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	010900	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	8263342243	M	NEW
1Ø9-A9	TRANSACTION COUNT		M	One transaction for B2 or compound claim; Four allowed for B1 or B3

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/ CERTIFICATION ID	The provider's software vendor will provide this	M	Required when vendor is certified with Magellan Rx Management – otherwise submit all zeroes

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

Insurance Segment Segment Identification (111-AM) = "04"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
301-C1	GROUP ID	VAMEDICAID	R	NEW!
306-C6	PATIENT RELATIONSHIP CODE		R	

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent	X	

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		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
307-C7	PLACE OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
335-2C	PREGNANCY INDICATOR	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
384-4X	PATIENT RESIDENCE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is always sent	X	
This plan accepts 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	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	'03' = National Drug Code (NDC) '00' = Not Specified (Use for Compounds)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	'0' for Compounds NEW!

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" [Completed]). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" [Completed]). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Required if clarification is needed and value submitted is greater than zero (Ø).
3Ø8-C8	OTHER COVERAGE CODE	'00' = Not specified '01' = No other coverage '02' = Other coverage exists – payment collected '03' = Other coverage exists – claim not covered '04' = Other coverage exists – payment not collected	RW	Required for Coordination of Benefits. OCC 8 is not allowed. VA Medicaid is always the payer of last resort.
6ØØ-28	UNIT OF MEASURE	EA = Each GM = Grams ML = Milliliters	R	
418-DI	LEVEL OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
343-HD	DISPENSING STATUS		RW	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.
995-E2	ROUTE OF ADMINISTRATION		RW	Required if specified in trading partner agreement. Payer Requirement: Required when submitting Compounds

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	NOT REQUIRED; DO NOT SEND
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3	RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Required if Other Amount Claimed Submitted (480-H9) is used. Use '04-Administrative Cost' for Clozaril.

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		RW	Required if needed for receiver claim/encounter adjudication.

Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is not sent	X	

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Prescriber Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = NPI	R	
411-DB	PRESCRIBER ID	Prescriber's individual NPI	R	Must submit valid NPI
427-DR	PRESCRIBER LAST NAME		RW	Required when the Prescriber ID (411-DB) known.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 1 – Other Payer Amount Paid Repetitions	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Required if COB segment is used.
443-E8	OTHER PAYER DATE		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	R	Required on all COB claims with Other Coverage Code of 2 or 4. Required if Other Payer Amount Paid Qualifier (342HC) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 1 – Other Payer Amount Paid Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		R	Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		R	Required if other payer has approved payment for some/all of the billing. Required on all COB claims with Other Coverage Code of 2 or 4.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	Required if Other Payer Reject Code (472-6E) is used. Required on all COB claims with Other Coverage Code of 3.
472-6E	OTHER PAYER REJECT CODE		RW	Required on all COB claims with Other Coverage Code of 3

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Submitted if required to affect outcome of claim related to DUR intervention.

DUR/PPS 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 if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE		RW***	Required when needed to communicate DUR information.
44ø-E5	PROFESSIONAL SERVICE CODE		RW***	Required when needed to communicate DUR information.
441-E6	RESULT OF SERVICE CODE		RW***	Required when needed to communicate DUR information.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This segment is situational	X	It is used for multi-ingredient prescriptions, when each ingredient is reported.

Compound Segment Identification (111-AM) = "1ø"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT		M	Maximum 25 ingredients
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		M	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER		RW***	Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		RW***	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.

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: Virginia Medicaid	Date: 10/01/2017	
Plan Name/Group Name: Virginia Medicaid Plans	BIN: 010900	PCN: 8263342243

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) If Situational, Payer Situation
This Segment is always sent	X	

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

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent if additional information is available from the payer/processor.

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		RW	Required if text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	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		RW	
524-FO	PLAN ID		RW	
302-C2	CARDHOLDER ID		RW	

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

Response 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		RW	Required if known.
311-CB	PATIENT LAST NAME		RW	Required if known.

304-C4	DATE OF BIRTH		RW	Required if known.
Response Status Segment Questions		Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation	
This Segment is always sent		X		

Response Status Segment 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	
503-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5	RW	Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Required if 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 if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.

Response Claim Segment Questions		Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation	
This Segment is always sent		X		
Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	Required if this value is used to arrive at the final reimbursement.
521-FL	INCENTIVE AMOUNT PAID		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
563-J2	OTHER AMOUNT PAID COUNT		RW	Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Required if Other Amount Paid (565-J4) is used.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
565-J4	OTHER AMOUNT PAID		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (0) and Coordination of Benefits/Other Payments Segment is supported.
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	Required if Ingredient Cost Paid (506-F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.
518-FI	AMOUNT OF COPAY		RW	Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
346-HH	BASIS OF CALCULATION- DISPENSING FEE		RW	
347-HJ	BASIS OF CALCULATION- COPAY		RW	
573-AV	BASIS OF CALCULATION- COINSURANCE		RW	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent when DUR intervention is encountered during claim processing.

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 if Reason for Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR ADDITIONAL TEXT		RW	Required if 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) If Situational, Payer Situation
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This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claims processing.
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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		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

Claim Billing/Claim Re-Bill Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"	Claim Billing/Claim Re-Bill Accepted/Rejected

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.
Response Insurance Segment Questions		Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation	
This Segment is always sent		X		

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		R	Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverage exist.
302-C2	CARDHOLDER ID		RW	Required if the identification to be used in future transactions is different than what was submitted on the request.

Response Patient Segment Questions		Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation	
This Segment is situational		X	Sent when known by plan	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	Required if known.
311-CB	PATIENT LAST NAME		RW	Required if known.
304-C4	DATE OF BIRTH		RW	Required if known.

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER			Required if needed to identify the transaction.
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	Required if Additional Message Information (526FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

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

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Prior Authorization Segment Segment Identification (111-AM) = "26"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claim processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (3407C) is used.
340-7C	OTHER PAYER ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	Required if 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		RW	Required if needed to provide a support telephone number of the other payer to the receiver.

Claim Billing/Claim Re-Bill Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if text is needed for clarification or detail.

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	Required if Additional Message Information (526FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

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

NCPDP Version D.0 Claim Reversal Template

Request Claim Reversal Payer Sheet Template

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

General Information

Payer Name: Virginia Medicaid	Date: 10/01/2017	
Client Name/Group Name: Virginia Medicaid Plans	BIN: 010900	PCN: 8263342243

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	010900	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	8263342243	M	NEW!
109-A9	TRANSACTION COUNT		M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = NPI	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
110-AK	SOFTWARE VENDOR/ CERTIFICATION ID	This will be provided by the provider's software vendor	M	If no number is supplied, populate with zeros

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		M	
301-C1	GROUP ID	VAMEDICAID	RW	NEW! Required if needed to match the reversal to the original billing transaction.

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

Claim Segment Segment Identification (111-AM) = "07"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø3-D3	FILL NUMBER	Ø = Original Dispensing 1-99 = Number of refills	R	
3Ø8-C8	OTHER COVERAGE CODE		RW	Required if needed by receiver to match the claim that is being reversed.

Pricing Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is not sent	X	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 1 – Other Payer- Amount Paid Repetitions Only	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

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

Response Claim Reversal Payer Sheet Template

Claim Reversal Accepted/Approved Response

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

General Information

Payer Name: VA Medicaid	Date: 10/01/2017	
Plan Name/Group Name: Virginia Medicaid Plans	BIN: 010900	PCN: 8263342243

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		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

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 Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if 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 Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT		RW	Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Required if 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		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if 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		M	For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	INCENTIVE AMOUNT PAID		RW	Required if this field is reporting a contractually agreed upon payment.
509-F9	TOTAL AMOUNT PAID		RW	Required if 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		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	Required if 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 Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if 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		M	For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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 Identification (111-AM) = "05"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT		M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

Claim Reversal Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER		M	
103-A3	TRANSACTION CODE		M	
109-A9	TRANSACTION COUNT		M	
501-F1	HEADER RESPONSE STATUS		M	
202-B2	SERVICE PROVIDER ID QUALIFIER		M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

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		RW	Imp Guide: Required if text is needed for clarification or detail. Payer Requirement: Same as Imp Guide

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS		M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT		R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT		RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver.

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