

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES (MEDICAID)

Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet

GENERAL INFORMATION

| | | | |
|---|--|--|----------------------------|
| Payer Name: Ohio Department of Job and Family Services | | Date: Date of Publication of this Template | |
| Plan Name/Group Name: Ohio Medicaid | | BIN: 610084 | PCN: DROHPROD = Production |
| Plan Name/Group Name: Ohio Medicaid (test) | | BIN: 610084 | PCN: DROHACCP = Test |
| Processor: ACS, A Xerox Company | | | |
| Effective as of: 1/1/1012 | | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: Date of Publication | | NCPDP External Code List Version Date: Date of Publication | |
| Contact/Information Source: Other references such as Provider Manuals, Payer phone number, web site, etc. | | | |
| Certification Testing Window: Certification Testing Dates | | | |
| Certification Contact Information: Certification phone number and information | | | |
| Provider Relations Help Desk Info: 877-518-1545 | | | |
| Other versions supported: 5.1 supported through 12/31/2011 | | | |

OTHER TRANSACTIONS SUPPORTED

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

| Transaction Code | Transaction Name |
|------------------|------------------|
| B1 | Billing |
| B3 | Rebilling |

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

| Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill <i>Payer Situation</i> |
|---------|---|--|-------------|--|
| 101-A1 | BIN NUMBER | 610084 | M | |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1 = Billing B3 = Rebill | M | Claim Billing, Claim Rebill |
| 104-A4 | PROCESSOR CONTROL NUMBER | DROHPROD = Production DROHACCPD0 = D.0 Test DROHACCP = Test | M | Use DROHACCPD0 for D.0 testing through 12/31/2011 Use DROHACCP for all testing after 1/1/2012 |
| 109-A9 | TRANSACTION COUNT | 1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 – National Provider Identifier (NPI) | M | |

| Transaction Header Segment | | | Claim Billing/Claim Rebill | |
|----------------------------|----------------------------------|---|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 201-B1 | SERVICE PROVIDER ID | NPI Number | M | |
| 401-D1 | DATE OF SERVICE | CCYYMMDD | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | This will be provided by the provider's software vender | M | If no number is supplied, populate with zeros |

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

| Insurance Segment Identification (111-AM) = "04" | | | Claim Billing/Claim Rebill | |
|--|------------------|----------------------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | 12 digit Medicaid ID | M | |
| 301-C1 | GROUP ID | OHMEDICAID | R | |

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

| Patient Segment Identification (111-AM) = "01" | | | Claim Billing/Claim Rebill | |
|--|---------------------|--|----------------------------|--|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | DATE OF BIRTH | CCYYMMDD | R | |
| 305-C5 | PATIENT GENDER CODE | Ø=Not Specified 1=Male 2=Female | R | |
| 311-CB | PATIENT LAST NAME | | R | Required field in D.Ø |
| 335-2C | PREGNANCY INDICATOR | 2=Pregnant | RW | Required when needed to override copayment on a claim for a pregnant member |
| 384-4X | PATIENT RESIDENCE | 3 = Nursing Facility 9 = Intermediate Care Facility/Mentally Retarded 11 = Hospice | RW | Required when needed to override copayment for a patient in a long-term care facility or hospice program |

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

| Claim Segment Identification (111-AM) = "07" | | | Claim Billing/Claim Rebill | |
|--|--|---|----------------------------|---|
| 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 | Number Assigned by the Pharmacy | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | Ø3 = National Drug Code | M | |
| 407-D7 | PRODUCT/SERVICE ID | National Drug Code (NDC) | M | |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | Rx number of the associated partial fill claim | RW | Required for the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C"). |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | Used when submitting a claim for a partial fill | RW | Date of the Associated Prescription/Service Reference Number. |
| 442-E7 | QUANTITY DISPENSED | Metric Decimal Quantity | R | |
| 403-D3 | FILL NUMBER | Ø = Original Dispensing 1-99 = Refill number | R | |
| 405-D5 | DAYS SUPPLY | | R | |
| 406-D6 | COMPOUND CODE | 1= Not a compound 2 = Compound | R | |
| 408-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT | | R | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill | |
|---|---|--|----------------------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | SELECTION CODE | | | |
| 414-DE | DATE PRESCRIPTION WRITTEN | CCYYMMDD | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | Ø = Not specified 1-99=number of refill | R | |
| 419-DJ | PRESCRIPTION ORIGIN CODE | 1=Written 2= Telephone 3=Electronic 4=Facsimile 5=Pharmacy | R | This field must be submitted effective 1/1/2012 Claims submitted with value "0" will deny |
| 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 | 8=Process Compound for Approved Ingredients | RW | Required when needed to provide additional information for coverage purposes. |
| 3Ø8-C8 | OTHER COVERAGE CODE | Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected | RW | Required when submitting a claim for a recipient who has other coverage. |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | 5=Exemption from Rx | RW | Required to override Medicaid limits for COB claims if Primary Paid Amount > \$0 |
| 343-HD | DISPENSING STATUS | P = Initial Fill C = Completion Fill | RW | Required for the partial fill or the completion of a partial fill. |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | | RW | Required when submitting a partial fill or the completion of a partial fill. |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | | RW | Required when submitting a partial fill or the completion of a partial fill. |
| 995-E2 | ROUTE OF ADMINISTRATION | SNOMED CT Value | RW | Required when the Rx is a compound |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill | |
|---|----------------------------|-------------------------------|----------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | | R | Format=s\$\$\$\$\$cc Zero is a valid value for pandemic and seasonal flu vaccination. |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | Vaccine administration charge | RW | Required when submitting for vaccine administration. |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | |
| 43Ø-DU | GROSS AMOUNT DUE | | R | Format=s\$\$\$\$\$cc Example: If the gross amount due is \$14.95, this field would reflect: 149E. |

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

| Prescriber Segment Segment Identification (111-AM) = "Ø3" | | | Claim Billing/Claim Rebill | |
|--|------------------|-------|----------------------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | |

| | Prescriber Segment Segment Identification (111-AM) = "Ø3" | | | Claim Billing/Claim Rebill |
|----------------|--|---------------------------------------|--------------------|-----------------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 466-EZ | PRESCRIBER ID QUALIFIER | Ø1=National Provider Identifier (NPI) | R | |
| 411-DB | PRESCRIBER ID | NPI | R | |

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

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

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill |
|----------------|---|--|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| | | | | Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs) |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum = 9 | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary, etc. | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | Ø3=Bank Information Number (BIN) | RW | Required if Other Payer ID (34Ø-7C) is used. |
| 34Ø-7C | OTHER PAYER ID | BIN | RW | BIN number of previous payer |
| 443-E8 | OTHER PAYER DATE | CCYYMMDD | RW | Required when billing for COB Required when there is payment or denial from another source. |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | | RW | Required if Other Payer Amount Paid Qualifier (342-HC) is used. |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø9=Compound Preparation Cost 1Ø=Sales Tax | RW | Required when there is payment from another source All Values allowed |
| 431-DV | OTHER PAYER AMOUNT PAID | S\$\$\$\$\$cc | RW | Required if other payer has approved payment for some/all of the billing. |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | Required if Other Payer Reject Code (472-6E) is used. |
| 472-6E | OTHER PAYER REJECT CODE | | RW | Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is situational | X | |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | | | Claim Billing/Claim Rebill |
|---|---------------------------|---|-------------|--|
| 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 | See Attached list of valid Values | RW | Required when there is a conflict to resolve or reason for service to be explained (Max 9) |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | See Attached list of valid Values Use MA for vaccine administration | RW | Required when there is a professional service to be identified (Max 9) |
| 441-E6 | RESULT OF SERVICE CODE | See Attached list of valid Values | RW | Required when there is a result of service to be Submitted (Max = 9). |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is situational | X | Required when billing for a compound |

| Compound Segment Segment Identification (111-AM) = "1Ø" | | | | Claim Billing/Claim Rebill |
|--|---|---|-------------|----------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | 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 | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | 1=Each 2=Grams 3=Milliliters | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø3= National Drug Code (NDC) | M | |
| 489-TE | COMPOUND PRODUCT ID | | M | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | M | |

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

Additional Claim Information

- **M = Mandatory per the NCPDP Version D.0 Claim Format Standard. These fields must be populated in order for the claim to be processed.**
- **R = Required above the Standard. These data fields must also be populated in order to have the claim processed.**
- **RW = Required When. These fields depend on other claim information or eligibility information to determine if they are required.**
- **ACS POS Help Desk: 1-877-518-1545**

DUR Codes

Reason for Service Codes (439-E4): DUR Conflict Codes

| Code | Meaning | Code | Meaning |
|------|----------------------------------|------|-----------------------------|
| AT | Additive Toxicity | LD | Low Dose Alert |
| CH | Call Help Desk | LR | Under Use Precaution |
| DA | Drug Allergy Alert | MC | Drug Disease Precaution |
| DC | Inferred Drug Disease Precaution | MN | Insufficient Duration Alert |
| DD | Drug-Drug Interaction | MX | Excessive Duration Alert |
| DF | Drug Food Interaction | OH | Alcohol Precaution |
| DI | Drug Incombatability | PA | Drug Age Precaution |
| DL | Drug Lab Conflict | PG | Drug Pregnancy Alert |
| DS | Tobacco Use Precaution | PR | Prior Adverse Drug Reaction |
| ER | Over Use Conflict | SE | Side Effect Alert |
| HD | High Dose Alert | SX | Drug Gender Alert |
| IC | Iatrogenic Condition Alert | TD | Therapeutic Duplication |
| ID | Ingredient Duplication | | |

Professional Service Codes (440-E5): Intervention Codes

| Code | Meaning | Code | Meaning |
|------|--|------|---|
| MA | Medication Administration – use for Vaccine Administration | PØ | Patient Consulted - patient interaction |
| MØ | Prescriber Consulted - MD Interface | RØ | Pharmacist Consulted Other Source - Pharmacist reviewed |

Result of Service Codes (441-E6): Intervention Codes

| Code | Meaning | Code | Meaning |
|------|----------------------------------|------|-----------------------------------|
| 1A | Filled As Is – False Positive | 1F | Filled – Different Quantity |
| 1B | Filled Prescription As Is | 1G | Filled after prescriber approval |
| 1C | Filled With Different Dose | 2A | Prescription Not Filled |
| 1D | Filled With Different Directions | 2B | Not Filled – Directions Clarified |

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET TEMPLATE

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

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

GENERAL INFORMATION

| | | |
|--|-----------------------|--|
| Payer Name: Ohio Department of Job and Family Services | Date: January 1, 2012 | |
| Plan Name/Group Name: Ohio Medicaid | BIN: 610084 | PCN: DROHPROD = Production |
| Plan Name/Group Name: Ohio Medicaid (test) | BIN: 610084 | PCN: DROHACCP = Test (after 1/1/2012) PCN: DROHACCPD0 (thru 12/31/2011 for D.0 testing) |

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

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

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

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|--|--------------------------|-------------|---|
| 102-A2 | VERSION/RELEASE NUMBER | D0 | 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 Rebill Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is situational | X | Segment sent if required for clarification |

| Field # | Response Message Segment Segment Identification (111-AM) = "20" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|--|--------------|-------------|---|
| 504-F4 | MESSAGE | Text Message | RW | Required if text is needed for clarification or detail. |

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

| Field # | Response Insurance Segment Segment Identification (111-AM) = "25" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|--|-------|-------------|---|
| 301-C1 | GROUP ID | | R | Used to identify the group number used in claim adjudication. |
| 524-FO | PLAN ID | | R | Used to identify the actual plan ID that was used in claim adjudication. |

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

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i> |
|---------|---|-------|-------------|---|
|---------|---|-------|-------------|---|

| 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 | 17-digit TCN | R | |
| 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 Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) 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 Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|------------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|---|-------|-------------|---|
| 505-F5 | PATIENT PAY AMOUNT | | R | |
| 506-F6 | INGREDIENT COST PAID | | R | |
| 507-F7 | DISPENSING FEE PAID | | R | |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | R | Populated with zeros |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) 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 (Ø). |
| 514-FE | REMAINING BENEFIT AMOUNT | | R | Populated with zeros. |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | R | Populated with zeros. |
| 518-FI | AMOUNT OF COPAY | | R | Patient Copay |
| 520-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | R | Populated with zeros. |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|---|
| This Segment is situational | X | Sent to provide information about DUR conflicts |

| | Response DUR/PPS Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill – 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 | CCYYMMDD | RW | Required if needed to supply additional information for the utilization conflict. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | Required if needed to supply additional information for the utilization conflict. |
| 532-FW | DATABASE INDICATOR | 1 = First DataBank – a drug database company | 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. |

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|-------------------------------------|--------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | 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 Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is situational | X | Segment sent if required for reject clarification |

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

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

| Response Insurance Segment Segment Identification (111-AM) = "25" | | | | Claim Billing/Claim Rebill Accepted/Rejected |
|--|------------------|-------|----------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 301-C1 | GROUP ID | | R | Used to identify the actual group ID used during adjudication. |
| 524-FO | PLAN ID | | R | Used to identify the actual plan ID used during adjudication. |

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

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---|---|----------------------|----------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | 17-digit TCN | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | | Required if a repeating field is in error, to identify repeating field occurrence. |
| 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 Rebill Accepted/Rejected If Situational, Payer Situation |
|----------------------------------|-------|---|
| This Segment is always sent | X | |

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

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational | X | |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | | Claim Billing/Claim Rebill 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. |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|--------|--|--|----|---|
| 530-FU | PREVIOUS DATE OF FILL | CCYYMMDD | RW | Required if needed to supply additional information for the utilization conflict. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | Required if needed to supply additional information for the utilization conflict. |
| 532-FW | DATABASE INDICATOR | 1 = First DataBank – a drug database company | 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. |

1.1.1 CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

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

| Response Message Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is situational | X | Segment sent if required for reject clarification |

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

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

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Rejected/Rejected |
|---------|---|----------------------|----------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | 17-digit TCN | RW | Required if needed to identify the transaction. |
| 510-FA | REJECT COUNT | Maximum count of 5. | 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 | Maximum count of 25. | RW | Required if Additional Message Information (526-FQ) is used. |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Rejected/Rejected |
|----------------|---|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 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. |

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