1. NCPDP VERSION D.0 CLAIM BILLING

1.1 REQUEST CLAIM BILLING

GENERAL INFORMATION

Payer Name: **American Health Care**	Date: January 2016	
Plan Name/Group Name: **SEE APPENDIX**	BIN: **SEE APPENDIX**	PCN: **SEE APPENDIX**
Processor: **Catamaran**		
Effective as of: **Jan 1, 2016**	NCPDP Telecommunication Standard Version/Release #: **D.0**	
NCPDP Data Dictionary Version Date: **October 2012**	NCPDP External Code List Version Date: **October 2012**	
Contact/Information Source: **Claims Administration Representative 1-800-872-8276 , pharmacysupport@americanhealthcare.com**		
Provider Relations Help Desk Info: ProviderR@americanhealthcare.com		
Other versions supported: None		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1	Billing
B2	Reversal

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

CLAIM BILLING TRANSACTION

Transaction Header Segment Questions	Check	Claim Billing 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		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Refer to APPENDIX	M	Use value as printed on ID card or as communicated by AHC.
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Refer to APPENDIX	M	Use value as printed on ID card or as communicated by AHC.
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01= NPI	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		M	Use value as printed on ID card or as communicated by AHC.
3Ø1-C1	GROUP ID		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Use value as printed on ID card or as communicated by AHC.
36Ø-2B	MEDICAID INDICATOR	Refer to ECL for complete list	RW	*Imp Guide:* Required, if known, when patient has Medicaid coverage.

Patient Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	x	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	1= Male 2= Female	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	
323-CN	PATIENT CITY ADDRESS		RW	
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	
325-CP	PATIENT ZIP/POSTAL ZONE		RW	
335-2C	PREGNANCY INDICATOR	Blank 1= Not pregnant 2= Pregnant	RW	

Claim Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00= Blank 03=NDC	M	If billing for a multi-ingredient prescription, use 00
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	0= Not Specified 1= Not a Compound 2= Compound	RW	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
419-DJ	PRESCRIPTION ORIGIN CODE	0= Not Specified 1= Written 2= Telephone 3= Electronic 4= Facsimile	R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	Refer to ECL for complete list	RW	01= No Override 03= Vacation Supply 04= Lost Prescription 05= Therapy Changes 06= Starter Dose 07= Medically Necessary 10= Meets Plan Limitations Required if clarification is needed.
3Ø8-C8	OTHER COVERAGE CODE	0= Not Specified by patient 1= No other coverage 2= Other coverage exists-payment collected 3= Other coverage billed= claim not covered 4= Other coverage exists-payment not collected 8= Claim is billing for patient financial responsibility only	RW	Required for Coordination of Benefits.

Pricing Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Refer to ECL for complete list.	RW	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	Refer to ECL for complete list.		*Imp Guide:* Required if needed for receiver claim/encounter adjudication.

Pharmacy Provider Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	x	
This Segment is situational		

	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	01= NPI	R	*Imp Guide:* Required if Provider ID (444-E9) is used.
444-E9	PROVIDER ID		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription.

Prescriber Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	x	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	01= NPI	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used.
411-DB	PRESCRIBER ID		R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility.
427-DR	PRESCRIBER LAST NAME		RW	*Imp Guide:* Required when the Prescriber ID (411-DB) is not known.
364-2J	PRESCRIBER FIRST NAME		RW	*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing 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		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	x	
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER	Maximum count of 9.	M	
	PAYMENTS COUNT			
338-5C 339-6C	OTHER PAYER COVERAGE TYPE OTHER PAYER ID QUALIFIER	03= Bank Information Number (BIN)	M R	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	Benefit Stage Repetitions Only *Payer Situation*
34Ø-7C	OTHER PAYER ID		R	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		R	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE	Refer to ECL for complete list.	R	*Imp Guide:* Required when the other payer has denied the payment for the billing.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	R	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-P	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Refer to ECL for complete list.	R	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-Q	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	*Imp Guide:* Required if necessary for patient financial responsibility only billing.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	R	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER	Refer to ECL for complete list.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. Required for all Medicare Part D clients.
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.

DUR/PPS Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent	x	
This Segment is situational		

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	Refer to ECL for complete list.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
44Ø-E5	PROFESSIONAL SERVICE CODE	Refer to ECL for complete list.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Use MA= Medication administration for vaccines
441-E6	RESULT OF SERVICE CODE	Refer to ECL for complete list.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
474-8E	DUR/PPS LEVEL OF EFFORT	Refer to ECL for complete list.	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

Clinical Segment Questions	Check	Claim Billing If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	Refer to ECL for complete list.	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

1.2 RESPONSE CLAIM BILLING PAYER SHEET

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

GENERAL INFORMATION

Payer Name: AHC Corporation	Date: January 2016	
Plan Name/Group Name: **SEE APPENDIX**	BIN: **SEE APPENDIX**	PCN: **SEE APPENDIX**
Processor: Catamaran		
Effective as of: January 1, 2016	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October 2012	NCPDP External Code List Version Date: October 2012	
Contact/Information Source: **Claims Administration Representative 1-888-311-7632, extension 4101; CAR@publichealthrx.com**		
Provider Relations Help Desk Info: SEE APPENDIX by program Sponsor		
Other versions supported: None		

CLAIM BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

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

Response Transaction Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		R	

Response Insurance Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		RW	
524-FO	PLAN ID		RW	
3Ø2-C2	CARDHOLDER ID		RW	

Response Patient Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Patient Segment Segment Identification (111-AM) = "29"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	
311-CB	PATIENT LAST NAME		RW	
3Ø4-C4	DATE OF BIRTH		RW	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing – 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	
5Ø3-F3	AUTHORIZATION NUMBER		R	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	
548-6F	APPROVED MESSAGE CODE		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	

Response Claim Segment Questions	Check	Claim Billing 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 – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	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).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	Claim Billing 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 – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		R	
557-AV	TAX EXEMPT INDICATOR		RW	
558-AW	FLAT SALES TAX AMOUNT PAID		RW	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	
561-AZ	PERCENTAGE SALES TAX BASIS PAID			
521-FL	INCENTIVE AMOUNT PAID		RW	
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	
565-J4	OTHER AMOUNT PAID		RW	
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	
5Ø9-F9	TOTAL AMOUNT PAID		RW	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	
514-FE	REMAINING BENEFIT AMOUNT		RW	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	
518-FI	AMOUNT OF COPAY		RW	

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	
347-HJ	BASIS OF CALCULATION—COPAY		RW	
348-HK	BASIS OF CALCULATION—FLAT SALES TAX		RW	
349-HM	BASIS OF CALCULATION—PERCENTAGE SALES TAX		RW	
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	
575-EQ	PATIENT SALES TAX AMOUNT		RW	
574-2Y	PLAN SALES TAX AMOUNT		RW	
572-4U	AMOUNT OF COINSURANCE		RW	
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	
393-MV	BENEFIT STAGE QUALIFIER		RW	
394-MW	BENEFIT STAGE AMOUNT		RW	
577-G3	ESTIMATED GENERIC SAVINGS		RW	
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	

Response DUR/PPS Segment Questions	**Check**	**Claim Billing Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing – 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	*Imp Guide:* Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
531-FV	QUANTITY OF PREVIOUS FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing – 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	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	*Imp Guide:* 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	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	*Imp Guide:* Required if 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		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted.

1.2.2 CLAIM BILLING ACCEPTED/REJECTED RESPONSE

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			**Claim Billing Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Claim Billing Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Message Segment **Segment Identification (111-AM) = "2Ø"**			**Claim Billing Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail.

Response Insurance Segment Questions	**Check**	**Claim Billing Accepted/Rejected** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Insurance Segment **Segment Identification (111-AM) = "25"**			**Claim Billing Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		RW	*Imp Guide:* 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 coverages exist.
524-FO	PLAN ID		RW	*Imp Guide:* Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverages exist. Required if needed to contain the actual plan ID if unknown to the receiver.
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used.
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding.

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		RW	*Imp Guide:* 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 Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Patient Segment Segment Identification (111-AM) = "29"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required if known.
311-CB	PATIENT LAST NAME		RW	*Imp Guide:* Required if known.
3Ø4-C4	DATE OF BIRTH		RW	*Imp Guide:* Required if known.

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver.
987-MA	URL		RW	*Imp Guide:* Provided for informational purposes only to relay health care communications via the Internet.

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	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).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response DUR/PPS Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing Accepted/Rejected
531-FV	QUANTITY OF PREVIOUS FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
142-UV	OTHER PAYER PERSON CODE		RW	*Imp Guide:* 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	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	*Imp Guide:* Required if 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		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted.

1.2.3 CLAIM BILLING REJECTED/REJECTED RESPONSE

CLAIM BILLING REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Billing Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	x	*Sent based on benefit design.*

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail.

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver.

Appendix

BIN	PCN	3Ø8-C8 Other Civerage Code Values Accepted Without Auth.	44Ø-E5 Professional Service Code	424-DO Diagnosis Code Accepted in lieu of Claims Authorization
020032	AHC	0, 8	N/A	YES
018240	AH3C	0, 8	N/A	YES
018240	2K44	0, 8	N/A	YES
018240	63C5	0, 8	N/A	YES
610118	AHC	0, 8	N/A	YES
014872	AHC	0, 8	N/A	YES