New Hampshire Tuberculosis Program (TB) D.0 Payer Specification

July 30, 2015

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

General Information

Payer Name: New Hampshire TB	**Date:** 04/15/2015	
Plan Name/Group Name: New Hampshire TB / Tuberculosis	**BIN:** ØØ9513	**PCN:** P079006482
Processor: Magellan Medicaid Administration		
Effective as of: 04/15/2015	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: June 2010	**NCPDP External Code List Version Date:** June 2010	
Contact/Information Source: https://nhadap.magellanmedicaid.com/		
Certification Testing Window: N/A		
Certification Contact Information: 804-548-0130		
Provider Relations Help Desk Info: 800-424-7901		
Other versions supported: None		

Other Transactions Supported

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

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Re-Bill
E1	Eligibility Verification

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.

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	ØØ9513	M	
1Ø2-A2	VERSION/RELEASE NUMBER	D.Ø	M	
1Ø3-A3	TRANSACTION CODE	▪ B1 Billing ▪ B2 Reversal ▪ B3 Re-bill ▪ E1 Eligibility Verification	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	P079006482	M	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Medicaid Administration

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) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID	Soundex number/code	M	Soundex number/code <patient specific>
3Ø1-C1	GROUP ID	TB	R	

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

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
331-CX	PATIENT ID QUALIFIER		RW	*Imp Guide*: Required if Patient ID (332-CY) is used. *Payer Requirement:* Same as *Imp Guide*.
332-CY	PATIENT ID		RW	*Imp Guide*: Required if necessary for state/federal/regulatory agency programs to validate dual eligibility. *Payer Requirement:* Same as *Imp Guide*.
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	▪ Ø = Not Specified ▪ 1 = Male ▪ 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide*: Required when the patient has a first name. *Payer Requirement*: Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide*: Required when the patient has a last name. *Payer Requirement*: Required for patient name validation.
3Ø7-C7	PLACE OF SERVICE		RW	*Imp Guide*: Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement*: Same as *Imp Guide* (Replaces Patient Location code). https://www.cms.gov/Medicare/Coding/place-of-service-codes/index.html
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	*Imp Guide:* May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. *Payer Requirement*: Same as *Imp Guide*.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	Partial Fill are currently accepted per New Hampshire TB.

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	*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	12 BYTES	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	▪ ØØ = Not specified for Compound Claims ▪ Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID	'0' for compound claims NDC for non-compound claims.	M	

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	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). *Payer Requirement:* Partial Fill currently accepted per New Hampshire TB
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	*Imp Guide:* 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. *Payer Requirement:* Partial Fill currently accepted per New Hampshire TB
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
4Ø3-D3	FILL NUMBER	▪ Ø = Original dispensing ▪ 1–99 = Refill number – Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	▪ Ø = No Product Selection Indicated ▪ 1 = Substitution Not Allowed by Prescriber ▪ 2 = Substitution Allowed-Patient Requested Product Dispensed ▪ 3 = Substitution Allowed-Pharmacist	R	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Selected Product Dispensed ▪ 4 = Substitution Allowed-Generic Drug Not in Stock ▪ 5 = Substitution Allowed-Brand Drug Dispensed as a Generic ▪ 6 = Override ▪ 7 = Substitution Not Allowed-Brand Drug Mandated by Law ▪ 8 = Substitution Allowed-Generic Drug Not Available in Marketplace ▪ 9 = Substitution Allowed By Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product To Be Dispensed		
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	▪ Ø = No refills authorized ▪ 1–99 = Authorized Refill number – with 99 being as needed, refills unlimited	M	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Same as *Imp Guide*.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
419-DJ	PRESCRIPTION ORIGIN CODE	▪ Ø = Not Known ▪ 1 = Written ▪ 2 = Telephone ▪ 3 = Electronic ▪ 4 = Facsimile ▪ 5 = Pharmacy	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required for claims processing.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Required if Field # 42Ø-DK is sent.
42Ø-DK	SUBMISSION CLARIFICATION CODE	▪ 1 = No Override ▪ 2 = Other Override ▪ 3 = Vacation Supply ▪ 4 = Lost Prescription ▪ 5 = Therapy Change ▪ 6 = Starter Dose ▪ 7 = Medically Necessary ▪ 8 = Process Compound For Approved Ingredients ▪ 9 = Encounters ▪ 1Ø = Meets Plan Limitations ▪ 11 = Certification on File ▪ 12 = DME Replacement Indicator ▪ 13 = Payer-Recognized Emergency/Disaster Assistance Request ▪ 14 = Long-Term	RW***	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). *Payer Requirement:* Required when need to provide additional information for coverage purposes. ▪ 3, 4, and 5 used for early refills.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Care Leave of Absence ▪ 15 = Long-Term Care Replacement Medication ▪ 16 = Long-Term Care Emergency box (kit) or automated dispensing machine ▪ 17 = Long-Term Care Emergency supply remainder ▪ 18 = Long-Term Care Patient Admit/Readmit Indicator ▪ 19 = Split Billing ▪ 2Ø = 340B ▪ 99 = Other		
3Ø8-C8	OTHER COVERAGE CODE	▪ Ø = Not Specified by patient ▪ 2 = Other coverage exists – payment collected	R	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Same as *Imp Guide*. Only OCC 0 and OCC 2 are acceptable for the TB Program. All others will deny

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
429-DT	SPECIAL PACKAGING INDICATOR	▪ Ø = Not Specified ▪ 1 = Not Unit Dose ▪ 2 = Manufacturer Unit Dose ▪ 3 = Pharmacy Unit Dose ▪ 4 = Custom Packaging ▪ 5 = Multi-drug compliance packaging	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*.
6ØØ-28	UNIT OF MEASURE	▪ EA = Each ▪ GM = Grams ▪ ML = Milliliters	R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*.
418-DI	LEVEL OF SERVICE	▪ Ø = Not Specified ▪ 1 = Patient consultation ▪ 2 = Home delivery ▪ 3 = Emergency ▪ 4 = 24–hour service ▪ 5 = Patient consultation regarding generic product selection ▪ 6 = In-Home Service	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when needed to identify emergency conditions. ▪ 3 = Emergency

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
461-EU	PRIOR AUTHORIZATION TYPE CODE	▪ Ø = Not Specified ▪ 1 = Prior Authorization ▪ 2 = Medical Certification ▪ 3 = EPSDT (Early Periodic Screening Diagnosis Treatment ▪ 4 = Exemption from Co-pay and/or Coinsurance ▪ 5 = Exemption from RX ▪ 6 = Family Planning Indicator ▪ 7 = TANF (Temporary Assistance for Needy Families) ▪ 8 = Payer Defined Exemption ▪ 9 = Emergency Preparedness	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Partial Fill currently accepted per New Hampshire TB.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Partial Fill currently accepted per New Hampshire TB.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
357-NV	DELAY REASON CODE	▪ 1 = Proof of eligibility unknown or unavailable ▪ 2 = Litigation ▪ 3 = Authorization delays ▪ 4 = Delay in certifying provider ▪ 5 = Delay in supplying billing forms ▪ 6 = Delay in delivery of custom-made appliances ▪ 7 = Third-party processing delay ▪ 8 = Delay in eligibility determination ▪ 9 = Original claims rejected or denied due to a reason unrelated to the billing limitation rules ▪ 1Ø = Administration delay in the prior approval process ▪ 11 = Other ▪ 12 = Received late with no exceptions ▪ 13 = Substantial damage by fire, etc to provider records ▪ 14 = Theft, sabotage/other	RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed. *Payer Requirement:* Same as *Imp Guide*.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		willful acts by employee		
995-E2	ROUTE OF ADMINISTRATION		RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Required when submitting compound claims.
147-U7	PHARMACY SERVICE TYPE	▪ 1 = Community/ Retail Pharmacy Services ▪ 2 = Compounding Pharmacy Services ▪ 3 = Home Infusion Therapy Provider Services ▪ 4 = Institutional Pharmacy Services ▪ 5 = Long-Term Care Pharmacy Services ▪ 6 = Mail Order Pharmacy Services ▪ 7 = Managed Care Organization Pharmacy Services ▪ 8 = Specialty Care Pharmacy Services ▪ 99 = Other	RW	*Imp Guide:* Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. *Payer Requirement:* Same as *Imp Guide*.

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
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as *Imp Guide*.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Required for claims processing.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	▪ ØØ = Default ▪ Ø1 = AWP ▪ Ø2 = Local Wholesaler ▪ Ø3 = Direct ▪ Ø4 = EAC (Estimated Acquisition Cost) ▪ Ø5 = Acquisition ▪ Ø6 = MAC (Maximum Allowable Cost) ▪ Ø7 = Usual & Customary ▪ Ø8 = 34ØB/ Disproportionate Share Pricing ▪ Ø9 = Other ▪ 1Ø = ASP (Average Sales Price) ▪ 11 = AMP (Average Manufacturer Price) ▪ 12 = WAC (Wholesale Acquisition Cost) ▪ 13 = Special Patient Pricing	RW	*Imp Guide*: Required if needed for receiver claim/encounter adjudication. *Payer Requirement*: Same as *Imp Guide*.

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

Prescriber Segment 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 = National Provider Identifier (NPI)	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Same as *Imp Guide*.
411-DB	PRESCRIBER ID	NPI	R	*Imp Guide*: Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement*: Same as *Imp Guide*.
368-2P	PRESCRIBER ZIP/POSTAL ZONE	Code defining international postal zone excluding punctuation and blanks.	RW	*Payer Requirement*: Same as *Imp Guide*.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc. claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER	Maximum count of 9.	M	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
	PAYMENTS COUNT			
338-5C	OTHER PAYER COVERAGE TYPE	▪ Blank = Not Specified ▪ Ø1 = Primary – First ▪ Ø2 = Secondary – Second ▪ Ø3 = Tertiary – Third ▪ Ø4 = Quaternary – Fourth ▪ Ø5 = Quinary – Fifth ▪ Ø6 = Senary – Sixth ▪ Ø7 = Septenary – Seventh ▪ Ø8 = Octonary – Eighth ▪ Ø9 = Nonary – Ninth	R	
339-6C	OTHER PAYER ID QUALIFIER	99 = Other	R	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide*.
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide*. 1. A 10 byte Other Payer ID required field.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				adjudication. 2. *Payer Requirement:* Same as *Imp Guide*.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. 3. *Payer Requirement:* Same as *Imp Guide*.
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 Submitted ▪ 1Ø = Sales Tax	RW***	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. 4. *Payer Requirement:* Same as *Imp Guide*.
431-DV	OTHER PAYER AMOUNT PAID		RW***	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. 5. *Payer Requirement:* Same as *Imp Guide*.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. 6. *Payer Requirement:* Same as *Imp Guide*.
472-6E	OTHER PAYER REJECT CODE		RW***	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed –

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				claim not covered). 7. *Payer Requirement:* Same as *Imp Guide*.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. 8. *Payer Requirement:* Same as *Imp Guide*.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	▪ Blank = Not Specified ▪ Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer ▪ Ø2 = Amount Attributed to Product Selection/ Brand Drug (134-UK) as reported by previous payer ▪ Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer ▪ Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer ▪ Ø5 = Amount of Co-pay (518-FI) as reported by previous payer ▪ Ø6 = Patient Pay	RW***	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. 9. *Payer Requirement:* Same as *Imp Guide*.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Amount (5Ø5-F5) as reported by previous payer ▪ Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer ▪ Ø8 = Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer ▪ Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer ▪ 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer ▪ 11 = Amount Attributed to Product Selection/ Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer ▪ 12 = Amount		

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap ▪ 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW***	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. 10. *Payer Requirement:* Same as *Imp Guide*.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. 11. *Payer Requirement:* Same as *Imp Guide*.
393-MV	BENEFIT STAGE QUALIFIER	▪ Ø1 = Deductible ▪ Ø2 = Initial Benefit ▪ Ø3 = Coverage Gap ▪ Ø4 = Catastrophic	RW***	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. 12. *Payer Requirement:* Same as *Imp Guide*.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Coverage		
394-MW	BENEFIT STAGE AMOUNT		RW***	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. 13. *Payer Requirement:* Same as *Imp Guide*.

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

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R	*Imp Guide:* Required if DUR/PPS Segment is used. *Payer Requirement:* Same as *Imp Guide*.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
439-E4	REASON FOR SERVICE CODE	▪ DD ▪ ID ▪ ER	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. *Payer Requirement:* Required when needed to communicate DUR information.
44Ø-E5	PROFESSIONAL SERVICE CODE	▪ 00 / No Intervention ▪ CC / Coordination of Care ▪ M0/Prescriber Consulted ▪ PE / Patient Education/instruction ▪ PH / Patient Medication History ▪ P0/Patient Consulted ▪ R0/Physician Consulted Other	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. *Payer Requirement:* Required when needed to communicate DUR information.
441-E6	RESULT OF SERVICE CODE	▪ 1A/filled as is, false positive ▪ 1B/filled prescription as is ▪ 1C/filled, with different dose ▪ 1D/filled, different direction ▪ 1F/filled, different quantity ▪ 1G/filled, prescriber	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. *Payer Requirement:* Required when needed to communicate DUR information.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		approved ▪ 2A/prescription not filled ▪ 3B/recommendation not accepted ▪ 3C/discontinued drug		
474-8E	DUR/PPS LEVEL OF EFFORT	▪ Ø = Not Specified ▪ 11 = Level 1 (Lowest) ▪ 12 = Level 2 ▪ 13 = Level 3 ▪ 14 = Level 4 ▪ 15 = Level 5 (Highest)	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. *Payer Requirement:* Same as *Imp Guide*.

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

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	▪ Blank = Not Specified ▪ Ø1 = Capsule ▪ Ø2 = Ointment ▪ Ø3 = Cream ▪ Ø4 = Suppository ▪ Ø5 = Powder ▪ Ø6 = Emulsion ▪ Ø7 = Liquid ▪ 1Ø = Tablet ▪ 11 = Solution	M	

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 12 = Suspension ▪ 13 = Lotion ▪ 14 = Shampoo ▪ 15 = Elixir ▪ 16 = Syrup ▪ 17 = Lozenge ▪ 18 = Enema		
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) – Formatted 11 digits (N)	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound.	M	
449-EE	COMPOUND INGREDIENT DRUG COST	Enter the ingredient drug cost for each product used in making the compound.	RW***	*Imp Guide*: Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement*: Required for each ingredient.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	▪ ØØ = Default ▪ Ø1 = AWP ▪ Ø2 = Local Wholesaler ▪ Ø3 = Direct ▪ Ø4 = EAC (Estimated Acquisition Cost) ▪ Ø5 = Acquisition ▪ Ø6 = MAC (Maximum Allowable Cost) ▪ Ø7 = Usual &	RW***	*Imp Guide*: Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement*: Required for each ingredient.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Customary ▪ Ø8 = 34ØB/ Disproportionate Share Pricing ▪ Ø9 = Other ▪ 1Ø = ASP (Average Sales Price) ▪ 11 = AMP (Average Manufacturer Price) ▪ 12 = WAC (Wholesale Acquisition Cost) ▪ 13 = Special Patient Pricing		

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	It is used to specify diagnosis information associated with the Claim Billing or Encounter transaction.

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	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Same as *Imp Guide*.
492-WE	DIAGNOSIS CODE QUALIFIER	▪ ØØ = Not Specified ▪ Ø1 = ICD9 ▪ Ø2 = ICD1Ø	RW***	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Same as *Imp Guide*.
424-DO	DIAGNOSIS CODE		RW***	*Imp Guide:* Required if this field could result in different coverage,

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				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. *Payer Requirement:* Same as *Imp Guide*.
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	RW	*Imp Guide:* Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4). *Payer Requirement:* Same as *Imp Guide*.
494-ZE	MEASUREMENT DATE		RW***	*Imp Guide:* Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
495-H1	MEASUREMENT TIME		RW***	*Imp Guide:* Required if Time is known or has impact on measurement. Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
497-H3	MEASUREMENT UNIT	▪ Blank = Not Specified ▪ Ø1 = Inches (In)	RW***	*Imp Guide:* Required if Measurement Dimension (496-H2) and Measurement Value (499-H4)

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ Ø2 = Centimeters (cm) ▪ Ø3 = Pounds (lb) ▪ Ø4 = Kilograms (kg) ▪ Ø5 = Celsius (C) ▪ Ø6 = Fahrenheit (F) ▪ Ø7 = Meters squared (m^2) ▪ Ø8 = Milligrams per deciliter (mg/dl) ▪ Ø9 = Units per milliliter (U/ml) ▪ 1Ø = Millimeters of mercury (mmHg) ▪ 11 = Centimeters squared (cm^2) ▪ 12 = Milliliters per minute (ml/min) ▪ 13 = Percent (%) ▪ 14 = Milliequivalents per milliliter (mEq/ml) ▪ 15 = International units per liter (IU/L) ▪ 16 = Micrograms per milliliter (mcg/ml) ▪ 17 = Nanograms per milliliter (ng/ml) ▪ 18 = Milligrams per milliliter (mg/ml ▪ 19 = Ratio ▪ 2Ø = SI Units ▪ 21 = Millimoles/liter		are used. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		(mmol/l) ▪ 22 = Seconds ▪ 23 = Grams per deciliter (g/dl) ▪ 24 = Cells per cubic millimeter (cells/cu mm) ▪ 25 = 1,ØØØ,ØØØ cells per cubic millimeter (million cells/cu mm) ▪ 26 = Standard deviation ▪ 27 = Beats per minute		
499-H4	MEASUREMENT VALUE		RW***	*Imp Guide:* Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
****End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****				

Response Claim Billing/Claim Re-bill Payer Sheet Template

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

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

General Information

Payer Name: New Hampshire TB	**Date:** 04/15/2015	
Plan Name/Group Name: New Hampshire TB/Tuberculosis	**BIN:** ØØ9513	**PCN:** P079006482

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.Ø*.

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
5Ø1-F1	HEADER RESPONSE STATUS	▪ A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	▪ Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	

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

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

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		
This Segment is situational	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID	TB	R	*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. *Payer Requirement:* Same as *Imp Guide*.

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**
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. *Payer Requirement:* Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as *Imp Guide.*
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as *Imp Guide.*
3Ø2-C2	CARDHOLDER ID	Soundex code/number	R	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Same as *Imp Guide.*

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		
This Segment is situational	X	Required for B1 and B3 transactions

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**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.

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**
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH		RW	*Imp Guide:* Required if known. *Payer Requirement:* Not Currently required for claim submission.

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 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	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW***	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide*.
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.

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 = 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/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**
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	*Imp Guide*: Required if this value is used to arrive at the final reimbursement. *Payer Requirement*: Same as *Imp Guide*.
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*.

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***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). *Payer Requirement:* Same as *Imp Guide*.
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. *Payer Requirement:* Same as *Imp Guide*.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	*Imp Guide:* Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. *Payer Requirement:* Same as *Imp Guide*.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
514-FE	REMAINING BENEFIT AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.

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**
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	*Imp Guide:* Required if Patient Pay Amount (505-F5) includes deductible. *Payer Requirement:* Same as *Imp Guide*.
518-FI	AMOUNT OF COPAY		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*.
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. *Payer Requirement:* Same as *Imp Guide*.
346-HH	BASIS OF CALCULATION – DISPENSING FEE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*.
347-HJ	BASIS OF CALCULATION – COPAY		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*.
572-4U	AMOUNT OF COINSURANCE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*.

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**
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*.

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions if there is DUR information

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	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide*.
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide*.
528-FS	CLINICAL SIGNIFICANCE CODE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
529-FT	OTHER PHARMACY INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.

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**
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. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
532-FW	DATABASE INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
533-FX	OTHER PRESCRIBER INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
544-FY	DUR FREE TEXT MESSAGE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
57Ø-NS	DUR ADDITIONAL TEXT		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – National provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required if text is needed for clarification or detail

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill 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. *Payer Requirement:* Same as *Imp Guide*.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	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**
3Ø1-C1	GROUP ID	TB	RW	*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. *Payer Requirement:* 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. *Payer Requirement:* Same as *Imp Guide*.

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. *Payer Requirement:* Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as *Imp Guide*.
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as *Imp Guide*.
3Ø2-C2	CARDHOLDER ID	Soundex code/number	RW	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Same as *Imp Guide*.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH		RW	*Imp Guide:* Required if known. *Payer Requirement:* Not currently required for claim submission.

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	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
987-MA	URL		RW	*Imp Guide:* Provided for informational purposes only to relay health care communications via the Internet. *Payer Requirement:* Same as *Imp Guide*.

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	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	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	*Imp Guide:* Required if Preferred Product ID (553-AR) is used. *Payer Requirement:* Same as *Imp Guide*.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	*Imp Guide:* Required if Preferred Product ID (553-AR) is used. *Payer Requirement:* Same as *Imp Guide*.
553-AR	PREFERRED PRODUCT ID		RW	*Imp Guide:* Required if a product preference exists that needs to be communicated to the receiver via an ID. *Payer Requirement:* Same as *Imp Guide*.

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

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions if there is DUR information

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	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide*.
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide*.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
529-FT	OTHER PHARMACY INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
532-FW	DATABASE INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.

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**
533-FX	OTHER PRESCRIBER INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
544-FY	DUR FREE TEXT MESSAGE		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
57Ø-NS	DUR ADDITIONAL TEXT		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.

Claim Billing/Claim Re-bill Rejected/Rejected Response

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – National provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	

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

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill 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. *Payer Requirement:* Same as *Imp Guide*.

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	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.
****End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****				

NCPDP Version D Claim Reversal Template

Request Claim Reversal Payer Sheet Template

Start of Request Claim Reversal (B2) Payer Sheet Template

General Information

Payer Name: New Hampshire TB	**Date:** 04/15/2015	
Plan Name/Group Name: New Hampshire TB/New Hampshire TB	**BIN:** ØØ9513	**PCN:** 079006482

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 REQUIREMENTE	**RW**	"Required when." The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

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

Claim Reversal Transaction

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

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 (11Ø-AK) is Payer Issued	X	

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	ØØ9513	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	P079006482	M	
1Ø9-A9	TRANSACTION COUNT		M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Medicaid Administration

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

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID	Soundex code/number	M	
3Ø1-C1	GROUP ID	TB	RW	*Imp Guide:* Required if needed to match the reversal to the original billing transaction. *Payer Requirement:* Same as *Imp Guide*.

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

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	*Imp Guide:* For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		RW	*Imp Guide:* Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. *Payer Requirement:* Same as *Imp Guide*.
3Ø8-C8	OTHER COVERAGE CODE		RW	*Imp Guide:* Required if needed by receiver to match the claim that is being reversed. *Payer Requirement:* Same as *Imp Guide*.

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
43Ø-DU	GROSS AMOUNT DUE		RW	*Imp Guide:* Required if this field could result in contractually agreed upon payment. *Payer Requirement:* Same as *Imp Guide*.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

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	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

DUR/PPS Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Reversal		
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. *Payer Requirement:* Same as *Imp Guide*.
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
441-E6	RESULT OF SERVICE CODE		RW	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
474-8E	DUR/PPS LEVEL OF EFFORT		RW	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*.
****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: New Hampshire TB	**Date:** 04/15/2015	
Plan Name/Group Name: New Hampshire TB	**BIN:** ØØ9513	**PCN:** P079006482

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.Ø*.

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	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 Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent		

This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-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 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	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide*.
548-6F	APPROVED MESSAGE CODE		RW	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.

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**

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	*Imp Guide:* For Transaction Code of "B2," 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 Reversal Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø9-F9	TOTAL AMOUNT PAID		RW	*Imp Guide:* Required if any other payment fields sent by the sender. *Payer Requirement:* Same as *Imp Guide*.

Claim Reversal Accepted/Rejected Response

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – National provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	

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

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Reversal 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. *Payer Requirement:* Same as *Imp Guide*.

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	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
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. *Payer Requirement:* Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.

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

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	*Imp Guide:* For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).

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

Claim Reversal Rejected/Rejected Response

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 – National provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	

Response Message Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation

This Segment is always sent	X	
This Segment is situational		

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Reversal 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. *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	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
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. *Payer Requirement:* Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
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. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.
****End of Claim Reversal (B2) Response Payer Sheet Template****				