# UTAH MEDICAID NCPDP VERSION D.Ø PAYER SHEET

## *REQUEST CLAIM BILLING/CLAIM REBILL*

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

**GENERAL INFORMATION**

| | | |
|---|---|---|
| Payer Name: Utah Department of Health | Date: May 12, 2Ø23 | |
| Plan Name/Group Name: Utah Medicaid | BIN: Ø15855 | PCN: UTPOP |
| Processor: Goold Health Systems (GHS) | | |
| Effective as of: May 12, 2Ø23 | NCPDP Telecommunication Standard Version/Release #: D.Ø | |
| NCPDP Data Dictionary Version Date: July 2ØØ7 | NCPDP External Code List Version Date: July 2Ø13 | |
| Contact/Information Source: Bureau of Healthcare Policy and Authorization | | |
| Certification Testing Window: | | |
| Certification Contact Information: 877-553-8455 POS Tech Support | | |
| Provider Relations Help Desk Info: 1-8ØØ-662-9651 or 1-8Ø1-538-6155 | | |
| Other versions supported: NCPDP Telecommunications Standard v5.1 until Ø3/28/2Ø12 | | |

**OTHER TRANSACTIONS SUPPORTED**

| Transaction Code | Transaction Name |
|---|---|
| B2 | Claim 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 |

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

## CLAIM BILLING/CLAIM REBILL TRANSACTION

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

| Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill<br>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 | X | |

| | Transaction Header Segment | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 1Ø1-A1 | BIN NUMBER | Ø15855 | M | BIN for Utah Medicaid |

| | | | | |
|---|---|---|---|---|
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | M | B1 – Claim Billing B3<br>– Claim Rebill |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | UTPOP | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Ø1- Ø4 | M | Ø1=One Occurrence<br>Ø2=Two Occurrences<br>Ø3=Three Occurrences<br>Ø4= Four Occurrences |
| | **Transaction Header Segment** | | | **Claim Billing/Claim Rebill** |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1=National Provider Identifier (NPI) | M | Only the NPI is supported |
| 2Ø1-B1 | SERVICE PROVIDER ID | | M | NPI of the submitting pharmacy |
| 4Ø1-D1 | DATE OF SERVICE | | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank Fill | M | No other values required |

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

| | **Insurance Segment**<br>**Segment Identification (111-AM) = "Ø4"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 3Ø2-C2 | CARDHOLDER ID | | M | |

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

| | **Patient Segment**<br>**Segment Identification (111-AM) = "Ø1"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *Field* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 3Ø4-C4 | DATE OF BIRTH | | R | Must Match DOB in Recipient File |
| 3Ø5-C5 | PATIENT GENDER CODE | | R | |
| 31Ø-CA | PATIENT FIRST NAME | | RW | *Payer Requirement:* First 5 characters must match to Recipient File |
| 311-CB | PATIENT LAST NAME | | R | *Payer Requirement:* First 5 characters must match to Recipient File |
| 335-2C | PREGNANCY INDICATOR | | RW | *Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. |
| 384-4X | PATIENT RESIDENCE | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>*Payer Requirement:* Required when known |

| Claim Segment Questions | Check | Claim Billing/Claim Rebill<br>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<br>Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *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 | ØØ=Compound<br>Ø1=UPC<br>Ø2=HRI<br>Ø3=NDC | M | Use 'ØØ' only when submitting claims for compounded prescriptions, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7. |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | Use 'Ø' only when submitting claims for compounded prescriptions, in all other instances use the ID of the product being dispensed. |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 4Ø3-D3 | FILL NUMBER | Ø=Original Dispensing 1 to 99 = Refill Number | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | 1=Not a Compound<br>2=Compound | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | 1-Dispense as Written | R | Allowed when drug is tagged with DAWPA. |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | Ø=No Refills Authorized 1 through 99, with 99 being as needed, refills unlimited | RW | *Imp Guide:* Required if necessary for plan benefit administration.<br><br>*Payer Requirement:* Required when available on first fill. |
| 419-DJ | PRESCRIPTION ORIGIN CODE | | RW | *Imp Guide:* Required if necessary for plan benefit administration.<br><br>*Payer Requirement:* Required when known |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | *Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |

| | | | | |
|---|---|---|---|---|
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | Ø2= Other Override: First dose of a two-dose vaccine<br>Ø5=RTS Therapy Change<br>Ø6=Starter Dose<br>Ø7=Medically Necessary<br>Ø8=Process Compound for Approved Ingredients<br>2Ø=340B | RW | *Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø).<br><br>Ø2= Used when authorized by the payer in business cases not currently addressed by other SCC values.<br><br>Ø5= Change in therapy resulting in a refill too soon rejection: the pharmacist is indicating the physician has determined a change in therapy was required<br><br>Ø6= The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment.<br><br>Ø7= The pharmacist is indicating that this medication has been determined by the physician to be medically necessary. |
| | **Claim Segment<br>Segment Identification (111-AM) = "Ø7"** | | | **Claim Billing/Claim Rebill** |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| | | | | Ø8= Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multiingredient compound and Payer Situation<br><br>13= ~~Indicates that an override is needed based on an emergency/disaster situation recognized by the payer~~ (SCC 13 has been disabled/discontinued)<br><br>2Ø= Indicates that the product being billed was purchased pursuant to rights available under Section 340B of the Public Health Act of 1992<br><br>*Payer Requirement:* Same as Imp. Guide |
| 46Ø-ET | QUANTITY PRESCRIBED | | RW | *Imp Guide:* Schedule II Drugs Prescribed |

| | | | | |
|---|---|---|---|---|
| 3Ø8-C8 | OTHER COVERAGE CODE | Ø=Not specified<br>1=No Other Coverage<br>2=Other Coverage Existspayment collected<br>3=Other Coverage Billed-claim not covered 4=Other Coverage Existspayment not collected | RW | *Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.<br><br>Required for Coordination of Benefits.<br><br>*Payer Requirement:* Value greater than 1 required when claim is submitted for coordination of benefits, another payer has already adjudicated the claim, and the COB segment is included in this claim submission. |

| | | | | |
|---|---|---|---|---|
| 429-DT | SPECIAL PACKAGING INDICATOR | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. |
| 6ØØ-28 | UNIT OF MEASURE | | RW | *Imp Guide:* Required if necessary for state/federal/regulatory agency programs.<br><br>Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>*Payer Requirement*: Recommended to submit if compounded prescription claim and Compound Code (4Ø6-D6) = 2. |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | Ø=Not Specified<br>1=Prior Authorization<br>2=Medical Certification<br>4=Copay Exempt | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>Payer Requirement:<br>Value 1 = Prior Auth for clarifying State defined value in PA number submitted (462-EV)<br><br>Value 2 = Medical Certification Required when submitting claim for emergency fill, submit corresponding “72” in PA Number Submitted field (462-EV).<br><br>Value 4=Exemption from copay required when submitting reason for exemption from copay, in PA Number Submitted field (462-EV) submit corresponding “111” for |
| | | | | ACO clients that have met their copay accumulation limit.. |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | 72=72 Hour Override<br>111= ACO Client has Met Copay Limit | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>Payer Requirement: Submit the value provided by UTPOP staff when needed to override standard rules of coverage, pricing and/or patient financial responsibility. |
| 463-EW | INTERMEDIARY AUTHORIZATION TYPE ID | Ø=Not specified<br>99= Other Override | RW | Required if Intermediary Authorization ID (464-EX) is used. |
| 464-EX | INTERMEDIARY AUTHORIZATION ID | Blank= Emergency Limit 3 day supply (when 463-EW = 99) | RW | *Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 343-HD | DISPENSING STATUS | | RW | |
| 995-E2 | ROUTE OF ADMINISTRATION | | RW | *Imp Guide:* Required if specified in trading partner agreement.<br><br>*Payer Requirement:* Same as Imp. Guide |

| | | | | |
|---|---|---|---|---|
| 147-U7 | PHARMACY SERVICE TYPE | | RW | *Imp Guide:* Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.<br><br>*Payer Requirement:* Same as Imp Guide |

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

| | **Pricing Segment**<br>**Segment Identification (111-AM) = "11"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | | R | |
| 43Ø-DU | GROSS AMOUNT DUE | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | *Imp Guide:* Required if its value has an effect on the Gross Amount Due (43ØDU) calculation.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.<br><br>*Payer Requirement:* Same as Imp Guide |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | RW | *Imp Guide:* Required if needed per trading partner agreement.<br><br>*Payer Requirement:* Utah Medicaid agreements require submission of Usual and Customary Charge. |
| 423-DN | BASIS OF COST DETERMINATION | Ø8=340B<br>15= Free product or no associated cost | | *Imp Guide:* Required if needed for receiver claim/encounter adjudication.<br><br>*Payer Requirement: Code indicating the method by which 'Ingredient Cost* |
| | **Pricing Segment**<br>**Segment Identification (111-AM) = "11"** | | | **Claim Billing/Claim Rebill** |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| | | | | *Submitted' (Field* 4Ø9-D9) was calculated. |
| 478-H7 | OTHER AMOUNT CLAIMED SUBMITTED COUNT | Maximum count of 3 | RW | *Required if Other Amount Claimed Submittd Qualifier (479-H8) is used.* |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | Ø1 = Delivery Fee Ø3 = Postage Fee | RW | *Required if Other Amount claimed Submitted (48Ø-*H9) is used. |
| 48Ø-H9 | OTHER AMOUNT CLAIMED SUBMITTED | | RW | *Required if its value has an effect on the Gross Amount Due (43Ø-*DU) calculation Zero (Ø) is a valid value |

| **Prescriber Segment Questions** | **Check** | **Claim Billing/Claim Rebill**<br>If Situational, *Payer Situation* |
|---|---|---|

| | | |
|---|---|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | **Prescriber Segment**<br>**Segment Identification (111-AM) = "Ø3"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 466-EZ | PRESCRIBER ID QUALIFIER | Ø1=National Provider Identifier | RW | *Imp Guide:* Required if Prescriber ID (411-DB) is used.<br><br>*Payer Requirement:* Field should always be sent |
| 411-DB | PRESCRIBER ID | National Provider ID | RW | *Imp Guide:* Required if this field could result in different coverage or patient financial responsibility.<br><br>Required if necessary for state/federal/regulatory agency programs.<br><br>*Payer Requirement:* NPI of prescriber is required. |
| 427-DR | PRESCRIBER LAST NAME | | RW | *Imp Guide:* Required when the Prescriber ID (411-DB) is not known.<br><br>Required if needed for Prescriber ID (411DB) validation/clarification.<br><br>*Payer Requirement:* UT Medicaid requires submission |

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

| | **Coordination of Benefits/Other Payments Segment**<br>**Segment Identification (111-AM) = "Ø5"** | | | **Claim Billing/Claim Rebill**<br><br>Scenario 1 - Other Payer Amount Paid Repetitions Only |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9. | M | |
| | **Coordination of Benefits/Other Payments Segment**<br>**Segment Identification (111-AM) = "Ø5"** | | | **Claim Billing/Claim Rebill**<br><br>Scenario 1 - Other Payer Amount Paid Repetitions Only |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |

| | | | | |
|---|---|---|---|---|
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | *Payer Requirement:* Submit qualifier appropriate to the value submitted in Other Payer ID (34Ø-7C). |
| 34Ø-7C | OTHER PAYER ID | | RW | *Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. |
| 443-E8 | OTHER PAYER DATE | | RW | *Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.<br><br>*Payer Requirement:* Payment or denial date of the claim submitted to the other payer. |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | | *Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used.<br><br>*Payer Requirement:* Required when Other Payer Amount Paid Qualifier (342HC) is used. |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Only Ø7= Drug Benefit | | *Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used.<br><br>*Payer Requirement:* Required when Other Payer Amount Paid (431-DV) is used. |
| 431-DV | OTHER PAYER AMOUNT PAID | | | *Payer Requirement:* Required if other payer has returned a paid response. If OCC=2 (308-C8), value > Ø . |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | *Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.<br><br>*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 – claim not covered).<br><br>*Payer Requirement:* Submit as many reject codes as were returned by the other payer, up to the maximum identified in Other Payer Reject Count (471-5E) |

| **DUR/PPS Segment Questions** | **Check** | **Claim Billing/Claim Rebill**<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

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

| | **DUR/PPS Segment**<br>**Segment Identification (111-AM) = "Ø8"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 439-E4 | REASON FOR SERVICE CODE | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for or documentation of professional pharmacy service.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for or documentation of professional pharmacy service.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 441-E6 | RESULT OF SERVICE CODE | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for or documentation of professional pharmacy service.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for or documentation of professional pharmacy service.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | | RW | *Imp Guide:* Required if DUR Co-Agent ID (476-H6) is used.<br><br>*Payer Requirement: Same as Imp. Guide* |
| 476-H6 | DUR CO-AGENT ID | | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for or documentation of professional pharmacy service.<br><br>*Payer Requirement:* Same as Imp. Guide |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required when the pharmacy is dispensing a compound of multiple ingredients and requesting payment for the prescribed compound from Utah Medicaid |

| | **Compound Segment<br>Segment Identification (111-AM) = "1Ø"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø1=UPC<br>Ø2=HRI<br>Ø3=NDC | M | |
| 489-TE | COMPOUND PRODUCT ID | | M | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | M | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | RW | *Imp Guide:* Required if needed for receiver claim determination when multiple products are billed.<br><br>*Payer Requirement:* Required when the pharmacy is seeking compensation for the individual ingredient. |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | 08=340B | RW | *Imp Guide:* Required if needed for receiver claim determination when multiple products are billed.<br><br>*Payer Requirement:* Required when a value is submitted in Compound Ingredient Drug Cost (449-EE) |

| Clinical Segment Questions | Check | Claim Billing/Claim Rebill<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is situational | X | Segment required to capture necessary information for Subrogation |

| | **Clinical Segment<br>Segment Identification (111-AM) = "13"** | | | **Claim Billing/Claim Rebill** |
|---|---|---|---|---|
| *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.<br><br>*Payer Requirement:* Same as Imp. Guide |

| | | | | |
|---|---|---|---|---|
| 492-WE | DIAGNOSIS CODE QUALIFIER | Ø1=ICD9 Ø2=ICD1Ø | RW | *Imp Guide:* Required if Diagnosis Code (424-DO) is used.<br><br>ICD9 codes valid for dates of service prior to 1Ø/Ø1/2Ø15<br><br>ICD1Ø codes valid for dates of service effective 1Ø/Ø1/2Ø15<br><br>*Payer Requirement:* Same as Imp. Guide |
| 424-DO | DIAGNOSIS CODE | G89.3= Cancer related pain | RW | *Imp Guide:* Required if this field could result in different coverage, pricing, patient |
| | **Clinical Segment**<br>**Segment Identification (111-AM) = "13"** | | | **Claim Billing/Claim Rebill** |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| | | | | financial responsibility, and/or drug utilization review outcome.<br><br>Required if this field affects payment for professional pharmacy service.<br><br>Required if this information can be used in place of prior authorization.<br><br>Required if necessary for state/federal/regulatory agency programs.<br><br>ICD9 codes valid for dates of service prior to 1Ø/Ø1/2Ø15<br><br>ICD1Ø codes valid for dates of service effective 1Ø/Ø1/2Ø15<br><br>*Payer Requirement:* Same as Imp. Guide |

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

# Response Claim Billing/Claim Rebill Payer Sheet

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

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

**GENERAL INFORMATION**

| | | |
|---|---|---|
| Payer Name: Utah Department of Health | Date: May 12, 2Ø23 | |
| Plan Name/Group Name: Utah Medicaid | BIN: Ø15855 | PCN:UTPOP |

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

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

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

| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill – 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/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Return when needed for transmission level messaging. |

| | Response Message Segment Segment Identification (111-AM) = "2Ø" | | | Claim Billing/Claim Rebill – 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.<br><br>*Payer Requirement:* Will be returned when text information needs to be sent. |

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

| | Response Insurance Segment Segment Identification (111-AM) = "25" | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 568-J7 | PAYER ID QUALIFIER | | RW | *Imp Guide:* Required if Payer ID (569-J8) is used.<br><br>*Payer Requirement:* Same as Imp Guide |

| | | | | |
|---|---|---|---|---|
| 569-J8 | PAYER ID | | RW | *Imp Guide:* Required to identify the ID of the payer responding.<br><br>*Payer Requirement:* Same as Imp Guide |
| 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.<br><br>*Payer Requirement:* Same as Imp. Guide |

| **Response Status Segment Questions** | **Check** | **Claim Billing/Claim Rebill 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 Rebill – Accepted/Paid (or Duplicate of Paid)** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid<br>D=Duplicate of Paid | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | *Imp Guide:* Required if needed to identify the transaction.<br><br>*Payer Requirement:* Will be returned |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | *Imp Guide:* Required if Additional Message Information (526-FQ) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |
| | **Response Status Segment Segment Identification (111-AM) = "21"** | | | **Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)** |
| *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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | *Imp Guide:* Required when additional text is needed for clarification or detail.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | *Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>*Payer Requirement:* Will be returned |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | *Imp Guide:* Required if needed to provide a support telephone number to the receiver.<br><br>*Payer Requirement:* Will be returned |

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

| | **Response Claim Segment Segment Identification (111-AM) = "22"** | | | **Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | *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 Rebill 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 Rebill – 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 | |

| | **Response Pricing Segment Segment Identification (111-AM) = "23"** | | | **Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |

| | | | | |
|---|---|---|---|---|
| 5Ø7-F7 | DISPENSING FEE PAID | | RW | *Imp Guide:* Required if this value is used to arrive at the final reimbursement.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | All Values Supported | RW | *Imp Guide:* Required if Other Amount Paid (565-J4) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 565-J4 | OTHER AMOUNT PAID | | RW | *Imp Guide:* Required if this value is used to arrive at the final reimbursement.<br><br>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).<br><br>*Payer Requirement:* Same as Imp Guide, but will never be greater than Ø. |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | *Imp Guide:* Required if this value is used to arrive at the final reimbursement.<br><br>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.<br><br>*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).<br><br>Required if Basis of Cost Determination (432-DN) is submitted on billing.<br><br>*Payer Requirement:* Same as Imp Guide |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.<br><br>*Payer Requirement:* Same as Imp Guide |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes deductible<br><br>*Payer Requirement:* Same as Imp Guide |

| | **Response Pricing Segment Segment Identification (111-AM) = "23"** | | | **Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 518-FI | AMOUNT OF COPAY | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility.<br><br>*Payer Requirement:* Must be zeros, else co-pay amount<br><br>Co-pay not charged on completion of partial fill |
| 52Ø-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.<br><br>*Payer Requirement:* Same as Imp Guide |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSOR FEE | | RW | *Imp Guide:* Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.<br><br>*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.*<br><br>*Payer Requirement:* Same as Imp Guide |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | | RW | *Imp Guide:* Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero.<br><br>*Payer Requirement:* Same as Imp Guide |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another<br><br>*Payer Requirement:* Same as Imp Guide |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.<br><br>*Payer Requirement:* Same as Imp Guide |
| | **Response Pricing Segment** | | | **Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)** |

| | **Segment Identification (111-AM) = "23"** | | | |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NONPREFERRED FORMULARY SELECTION | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.<br><br>*Payer Requirement:* Same as Imp Guide |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | RW | *Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.<br><br>*Payer Requirement:* Same as Imp Guide |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | | RW | *Imp Guide:* Required when the patient's financial responsibility is due to the coverage gap.<br><br>*Payer Requirement:* Same as Imp Guide |

| **Response DUR/PPS Segment Questions** | **Check** | **Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

| | **Response DUR/PPS Segment Segment Identification (111-AM) = "24"** | | | **Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | Imp Guide: Required if Reason For Service Code (439-E4) is used.<br><br>Payer Requirement: Same as Imp Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | Imp Guide: Required if utilization conflict is detected.<br><br>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.<br><br>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.<br><br>Required if Quantity of Previous Fill (531FV) is used.<br><br>Payer Requirement: Same as Imp Guide |
| | **Response DUR/PPS Segment Segment Identification (111-AM) = "24"** | | | **Claim Billing/Claim Rebill – 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.<br><br>Required if Previous Date Of Fill (53ØFU) is used.<br><br>Payer Requirement: Same as Imp Guide |
| 532-FW | DATABASE INDICATOR | | RW | Imp Guide: Required if needed to supply additional information for the utilization conflict.<br><br>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.<br><br>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.<br><br>Payer Requirement: Same as Imp Guide |

## CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

| | **Response Transaction Header Segment** | | | **Claim Billing/Claim Rebill Accepted/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |

| | | | | |
|---|---|---|---|---|
| 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/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission level messaging |

| | **Response Message Segment Segment Identification (111-AM) = "2Ø"** | | | **Claim Billing/Claim Rebill 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.<br><br>*Payer Requirement:* Same as Imp. Guide |

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

| | **Response Insurance Segment Segment Identification (111-AM) = "25"** | | | **Claim Billing/Claim Rebill Accepted/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 568-J7 | PAYER ID QUALIFIER | | RW | *Imp Guide:* Required if Payer ID (569-J8) is used.<br><br>*Payer Requirement:* Will be returned |
| 569-J8 | PAYER ID | | RW | *Imp Guide:* Required to identify the ID of the payer responding.<br><br>*Payer Requirement:* Will be returned |
| 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.<br><br>*Payer Requirement:* Same as Imp. Guide |

| **Response Status Segment Questions** | **Check** | **Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation* |
|---|---|---|

| | | |
|---|---|---|
| This Segment is always sent | X | |

| | **Response Status Segment Segment Identification (111-AM) = "21"** | | | **Claim Billing/Claim Rebill Accepted/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | *Imp Guide:* Required if needed to identify the transaction.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| | **Response Status Segment Segment Identification (111-AM) = "21"** | | | **Claim Billing/Claim Rebill 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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | *Imp Guide:* Required if Additional Message Information (526-FQ) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | *Imp Guide:* Required when additional text is needed for clarification or detail.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | *Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>*Payer Requirement:* Will be returned |

| | | | | |
|---|---|---|---|---|
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | *Imp Guide:* Required if needed to provide a support telephone number to the receiver.<br><br>*Payer Requirement:* Will be returned |

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

| | **Response Claim Segment Segment Identification (111-AM) = "22"** | | | **Claim Billing/Claim Rebill Accepted/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | 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 | |

## CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

| | **Response Transaction Header Segment** | | | **Claim Billing/Claim Rebill Rejected/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 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/Claim Rebill Rejected/Rejected** If Situational, *Payer Situation* |
|---|---|---|
| This Segment is situational | X | Returned when needed for transmission level messaging |

| | **Response Message Segment Segment Identification (111-AM) = "2Ø"** | | | **Claim Billing/Claim Rebill 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.<br><br>*Payer Requirement:* Will be returned when text information needs to be sent |

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

| | **Response Status Segment Segment Identification (111-AM) = "21"** | | | **Claim Billing/Claim Rebill Rejected/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | *Imp Guide:* Required if needed to identify the transaction.<br><br>*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.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | *Imp Guide:* Required if Additional Message Information (526-FQ) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |
| | **Response Status Segment Segment Identification (111-AM) = "21"** | | | **Claim Billing/Claim Rebill 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.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | *Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>*Payer Requirement:* Will be returned |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | *Imp Guide:* Required if needed to provide a support telephone number to the receiver.<br><br>*Payer Requirement:* Will be returned |

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

# UTAH MEDICAID NCPDP VERSION D.Ø CLAIM REVERSAL

## *REQUEST CLAIM REVERSAL PAYER SHEET*

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

**GENERAL INFORMATION**

| | | |
|---|---|---|
| Payer Name: Utah Department of Health | Date: May 12, 2Ø23 | |
| Plan Name/Group Name: Utah Medicaid | BIN: Ø15855 | PCN:UTPOP |

**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 |
| NOT USED | **NA** | The Field is not used for the Segment in the designated Transaction.<br><br>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?) | Utah Medicaid will accept reversal/ resubmission within a one 1 year time period from date of service on the claim |

## 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<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | X | |

| | Transaction Header Segment | | | Claim Reversal |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 1Ø1-A1 | BIN NUMBER | Ø15855 | M | BIN for UT Medicaid |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | UTPOP | M | |

| | | | | |
|---|---|---|---|---|
| 1Ø9-A9 | TRANSACTION COUNT | Ø1-Ø4 | M | Ø1=One Occurrence<br>Ø2=Two Occurrences<br>Ø3=Three Occurrences<br>Ø4= Four Occurrences |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1=National Provider Identifier | M | Only the National Provider ID (NPI) is supported |
| 2Ø1-B1 | SERVICE PROVIDER ID | | M | NPI of submitting pharmacy |
| 4Ø1-D1 | DATE OF SERVICE | Must be calendar date and not in the future | M | |
| | **Transaction Header Segment** | | | **Claim Reversal** |
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill | M | No other values supported |

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

| | **Insurance Segment**<br>**Segment Identification (111-AM) = "Ø4"** | | | **Claim Reversal** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 3Ø2-C2 | CARDHOLDER ID | Same value as original Claim Billing | M | |

| **Claim Segment Questions** | **Check** | **Claim Reversal**<br>If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | X | |

| | **Claim Segment**<br>**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 | ØØ – For compound submissions<br>Ø1 – Universal Product Code (UPC)<br>Ø2 – Health Related Item (HRI)<br>Ø3 – National Drug Code (NDC) | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |

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

# *RESPONSE CLAIM REVERSAL PAYER SHEET* CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

**GENERAL INFORMATION**

| | | |
|---|---|---|
| Payer Name: Utah Department of Health | Date: May 12, 2Ø23 | |
| Plan Name/Group Name: Utah Medicaid | BIN: Ø15855 | PCN:UTPOP |

**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 | Provide general information when used for transmission-level messaging. |

| | **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.<br><br>*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 | | RW | *Imp Guide:* Required if needed to identify the transaction.<br><br>*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.<br><br>*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* |
| 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.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | *Imp Guide:* Required if Additional Message Information (526-FQ) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | *Imp Guide:* Required when additional text is needed for clarification or detail.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | *Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>*Payer Requirement:* Will be returned |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | *Imp Guide:* Required if needed to provide a support telephone number to the receiver.<br><br>*Payer Requirement:* Will be returned |

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

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Approved |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | *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 | |

## 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 | 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/Rejected If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission level messaging |

| | 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.<br><br>*Payer Requirement:* Will be returned when text information needs to be sent. |

| **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.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | *Imp Guide:* Required if Additional Message Information (526-FQ) is used.<br><br>*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.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | *Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>*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.<br><br>*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 = Rx Billing | 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 | |

## 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 | 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 – Rejected/Rejected** If Situational, *Payer Situation* |
|---|---|---|
| This Segment is situational | X | Returned when needed for transmission level messaging |

| | **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.<br><br>*Payer Requirement:* Same as Imp. Guide |

| **Response Status Segment Questions** | **Check** | **Claim Reversal - Rejected/Rejected**<br>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.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | *Imp Guide:* Required if Additional Message Information (526-FQ) is used.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | *Imp Guide:* Required when additional text is needed for clarification or detail.<br><br>*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.<br><br>*Payer Requirement:* Same as Imp. Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | *Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>*Payer Requirement:* Will be returned |
| | **Response Status Segment Segment Identification (111-AM) = "21"** | | | **Claim Reversal – Rejected/Rejected** |

| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
|---|---|---|---|---|
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | *Imp Guide:* Required if needed to provide a support telephone number to the receiver.<br><br>*Payer Requirement:* Will be returned |

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