OptumRx
1600 McConnor Parkway
Schaumburg, IL 60173-6801

OPTUMRX NON – MEDICARE PART D PAYER SHEET
NCPDP VERSION D.Ø

DEPT. OF VETERANS AFFAIRS CHAMPVA PROGRAM

REQUEST CLAIM BILLING/CLAIM REBILL

GENERAL INFORMATION

Payer Name: **OptumRx**	Date: 01/05/2023				
Plan Name/Group Name: Dept. of Veterans Affairs CHAMPVA	**BIN:**	**610593**	**VA**	*	VA specific:
For OptumRx Medicare Part D- Please see the OptumRxMed D specific payer sheet for processing					
Plan Name:	**BIN:**			**PCN:**	
Plan Name:	**BIN:**			**PCN:**	
Plan Name:	**BIN:**			**PCN:**	
Processor: OptumRx Inc.					
Effective as of: Date that the Plan will begin accepting transactions using this payer sheet Ø1/Ø1/2Ø14	NCPDP Telecommunication Standard Version/Release #: D.Ø				
NCPDP Data Dictionary Version Date: July, 2ØØ7	NCPDP External Code List Version Date: October 2Ø11				
Contact Information : Customer Service: 1-8ØØ-88Ø-1188 Provider Relations: 1-877-633-47Ø1 or Provider.Relations@OptumRx.com Website: www.optumrx.com/pharmacies					
Certification Testing Window: No Certification Required					
Certification Contact Information: provider.relations@optumrx.com					
Other versions supported: Other versions 5.1 Telecommunication Standard Supported until 1/1/2Ø12. Refer to the v5.1 payer sheet.					

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction Header Segment	Check	Claim Billing
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued	X	Use value for Switch's requirements. If submitting claim without a switch, populate with blanks.
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	Use value for Switch's requirements. If submitting claim without a switch, populate with blanks.

	Transaction Header Segment			**Claim Billing**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER		M	BIN listed in General Information
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1- Claim B3 - Rebill	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	Required from ID card
1Ø9-A9	TRANSACTION COUNT	Ø1,Ø2,Ø3,Ø 4	M	Accept up to 1 to 4 transactions per transmission except for Multi-Ingredient Compound claims which should be only 1 transaction.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1- NPI - National Provider ID	M	Only value 'Ø1' (NPI) accepted.
2Ø1-B1	SERVICE PROVIDER ID		M	NPI OF PHARMACY required
4Ø1-D1	DATE OF SERVICE		M	YYYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use value for Switch's requirements. If submitting claim without a switch, populate with blanks.

Insurance Segment	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This payer does support partial fills	X	

	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
115-N5	MEDICAID ID NUMBER		RW	Required, if known, when patient has Medicaid coverage. *Payer Requirement:* Refer to on-line response for additional detail
3Ø1-C1	GROUP ID		M	Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. *Payer Requirement:* Required from ID card

3Ø2-C2	CARDHOLDER ID		M	
3Ø3-C3	PERSON CODE		RW	Required if needed to uniquely identify the family members within the Cardholder ID. *Payer Requirement:* Refer to on-line response for additional detail
3Ø6-C6	PATIENT RELATIONSHIP CODE		M	Required if needed to uniquely identify the relationship of the Patient to the Cardholder. *Payer Requirement:* Refer to on-line response for additional detail
	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Billing/Claim Rebill**
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. *Payer Requirement:* Refer to on-line response for additional detail
312-CC	CARDHOLDER FIRST NAME		RW	Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name. *Payer Requirement:* Refer to on-line response for additional detail
313-CD	CARDHOLDER LAST NAME		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
314-CE	HOME PLAN		RW	Required if needed for receiver billing/encounter validation and/or determination for Blue Cross or Blue Shield, if a Patient has coverage under more than one plan, to distinguish each plan. *Payer Requirement:* Refer to on-line response for additional detail
359-2A	MEDIGAP ID		RW	Required, if known, when patient has Medigap coverage. *Payer Requirement:* Refer to on-line response for additional detail
36Ø-2B	MEDICAID INDICATOR		RW	Required, if known, when patient has Medicaid coverage. *Payer Requirement:* Refer to on-line response for additional detail
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail

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524-FO	PLAN ID		RW	Optional. *Payer Requirement:* Refer to on-line response for additional detail
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	Required if specified in trading partner agreement. *Payer Requirement:* Refer to on-line response for additional detail

Patient Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent	X	

	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
331-CX	PATIENT ID QUALIFIER		RW	Required if Patient ID (332-CY) is used. *Payer Requirement:* Refer to on-line response for additional detail
332-CY	PATIENT ID		RW	Required if necessary for state/federal/regulatory agency programs to validate dual eligibility. *Payer Requirement:* Refer to on-line response for additional detail
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	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	Optional. *Payer Requirement:* Refer to on-line response for additional detail
323-CN	PATIENT CITY ADDRESS		RW	Optional. *Payer Requirement:* Refer to on-line response for additional detail
324-CO	PATIENT STATE/ PROVINCE ADDRESS		RW	Optional. *Payer Requirement:* Refer to on-line response for additional detail
325-CP	PATIENT ZIP/ POSTAL ZONE		RW	Optional. *Payer Requirement:* Refer to on-line response for additional detail

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326-CQ	PATIENT PHONE NUMBER		RW	Optional. *Payer Requirement:* Refer to on-line response for additional detail
3Ø7-C7	PLACE OF SERVICE	See Appendix for accepted values	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required for Long Term Care Claims
	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
333-CZ	EMPLOYER ID		RW	Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule - Thursday, December 28, 2ØØØ, page 828Ø3 and following, and Wednesday, August 14, 2ØØ2, page 53267 and following.) *Payer Requirement:* Refer to on-line response for additional detail
335-2C	PREGNANCY INDICATOR		RW	Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule- Thursday, December 28, 2ØØØ, page 828Ø3 and following, and Wednesday, August 14, 2ØØ2, page 53267 and following.) *Payer Requirement:* Refer to on-line response for additional detail
35Ø-HN	PATIENT EMAIL ADDRESS		RW	May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. *Payer Requirement:* Refer to on-line response for additional detail
384-4X	PATIENT RESIDENCE	See Appendix for accepted values	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail

Claim Segment	Check	Claim Billing/Claim Rebill

This Segment is always sent	X	
This payer supports partial fills	X	

	Claim Segment **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	Ø1 = Rx Billing	M	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	
	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
436-E1	PRODUCT/SERVICE ID QUALIFIER	**ØØ – If Compound** **Ø1 – Universal Product Code (UPC)** **Ø3 = National Drug Code (NDC)**	M	
4Ø7-D7	PRODUCT/SERVICE ID	Ø = If Compound, otherwise 11 digit NDC	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Refer to on-line response for additional detail
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Refer to on-line response for additional detail
458-SE	PROCEDURE MODIFIER CODE COUNT		RW	Required if Procedure Modifier Code (459-ER) is used. *Payer Requirement:* Refer to on-line response for additional detail
459-ER	PROCEDURE MODIFIER CODE		RW	Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted. *Payer Requirement:* Refer to on-line response for additional detail
442-E7	QUANITITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø = New - Original 1-99 =Refill number	R	
4Ø5-D5	DAYS SUPPLY		R	

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4Ø6-D6	COMPOUND CODE	**1 =** NOT A COMPOUND 2 = COMPOUND	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Required if necessary for plan benefit administration. *Payer Requirement:* Refer to on-line response for additional detail
	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
419-DJ	PRESCRIPTION ORIGIN CODE	1 = Written – Prescription obtained via paper. 2 = Telephone – Prescription obtained via oral instructions or interactive voice response using a phone. 3 = Electronic – Prescription obtained via SCRIPT or HL7 Standard transactions 4 = Facsimile – Prescription obtained via transmission using a fax machine.	M	Required if necessary for plan benefit administration. *Payer Requirement:* Refer to on-line response for additional detail
354-NX	SUBMISSION CLARIFICATION CODE COUNT		RW	Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Required when Submission Clarification Code value is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	08 = Process Compound For Approved Ingredients	RW	Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. *Payer Requirement:* Refer to on-line response for additional detail
46Ø-ET	QUANTITY PRESCRIBED		RW	Required for all Medicare Part D claims for drugs dispensed as Schedule II. May be used by trading partner agreement for claims for drugs dispensed as Schedule II only. *Payer Requirement:* Refer to on-line response for additional detail

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3Ø8-C8	OTHER COVERAGE CODE	1= No other Coverage 2 = Other coverage exists-payment collected – Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment received 3=Exists-Claim not Covered 4=Exists-Payment not Collected 8=Claim Billing for Patient Financial Responsibility Only	RW	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: Required for COB Option 3 (Government Programs). Refer to on-line response for additional detail
429-DT	UNIT DOSE INDICATOR		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail
	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Required if Originally Prescribed Product/Service Code (455-EA) is used. *Payer Requirement:* Refer to on-line response for additional detail
445-EA	ORIGINIALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed. *Payer Requirement:* Refer to on-line response for additional detail
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities. *Payer Requirement:* Refer to on-line response for additional detail
6ØØ-28	UNIT OF MEASURE		RW	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:* Refer to on-line response for additional detail
418-DI	LEVEL OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail

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461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail
462-EV	SUBMIT PRIOR AUTHORIZATION NUMBER		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		RW	Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary. *Payer Requirement:* Refer to on-line response for additional detail
	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
464-EX	INTERMEDIARY AUTHORIZATION ID		RW	Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary. *Payer Requirement:* Refer to on-line response for additional detail
343-HD	DISPENSING STATUS	P = Partial Fill C = Completion of Partial Fill	RW	*Required for the partial fill or the completion fill of a prescription.* *Payer Requirement:* Refer to on-line response for additional detail
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Required for the partial fill or the completion fill of a prescription.* *Payer Requirement: Payer Requirement:* Refer to on-line response for additional detail
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Required for the partial fill or the completion fill of a prescription.* *Payer Requirement:* Refer to on-line response for additional detail
357-NV	DELAY REASON CODE		RW	Required when needed to specify the reason that submission of the transaction has been delayed. *Payer Requirement:* Refer to on-line response for additional detail
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		RW	Required when the claims adjudicator does not assume the patient assigned his/her benefits to the provider or when the claims adjudicator supports a patient determination of whether he/she wants to assign or retain his/her benefits. *Payer Requirement:* Refer to on-line response for additional detail

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995-E2	ROUTE OF ADMINISTRATION		RW	Required if specified in trading partner agreement. *Payer Requirement:* Refer to on-line response for additional detail
996-G1	COMPOUND TYPE		RW	Required if specified in trading partner agreement. *Payer Requirement:* Refer to on-line response for additional detail
147-U7	PHARMACY SERVICE TYPE		RW	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. *Payer Requirement:* Refer to on-line response for additional detail

Pricing Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent	X	

	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		M	
412-DC	DISPENSING FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Refer to on-line response for additional detail
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement: For Vaccine Billing claims*
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement: For Vaccine Billing claims*
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT		RW	Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. *Payer Requirement:* Refer to on-line response for additional detail
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Required if Other Amount Claimed Submitted (48Ø-H9) is used. *Payer Requirement:* Refer to on-line response for additional detail

48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Refer to on-line response for additional detail
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Refer to on-line response for additional detail
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Refer to on-line response for additional detail
	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). *Payer Requirement:* Refer to on-line response for additional detail
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* Refer to on-line response for additional detail

Pharmacy Provider Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is situational	X	This segment may be required as determined by benefit design.

	Pharmacy Provider Segment **Segment Identification (111-AM) = "Ø2"**			**Claim Billing/Claim Rebill**

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465-EY	Provider ID Qualifier		R	Required if Provider ID (444-E9) is used. *Payer Requirement:* Refer to on-line response for additional detail
444-E9	Provider ID		R	Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting.

Prescriber Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is situational	X	This segment may be required as determined by benefit design.

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER		M	Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Refer to on-line response for additional detail
411-DB	PRESCRIBER ID		M	Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
427-DR	PRESCRIBER LAST NAME		M	Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. *Payer Requirement:* Refer to on-line response for additional detail

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498-PM	PRESCRIBER PHONE NUMBER		RW	Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber. Required if needed for Prior Authorization process. *Payer Requirement:* Refer to on-line response for additional detail
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	Required if Primary Care Provider ID (421-DL) is used. *Payer Requirement:* Refer to on-line response for additional detail
421-DL	PRIMARY CARE PROVIDER ID		RW	Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	Required if this field is used as an alternative for Primary Care Provider ID (421-DL) when ID is not known. Required if needed for Primary Care Provider ID (421-DL) validation/clarification. *Payer Requirement:* Refer to on-line response for additional detail
364-2J	PRESCRIBER FIRST NAME		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
365-2K	PRESCRIBER STREET ADDRESS		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail

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366-2M	PRESCRIBER CITY ADDRESS		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
368-2P	PRESCRIBER ZIP/POSTAL ZONE		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail

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Coordination of Benefits/Other Payments Segment	Check	Claim Billing
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Rather than provide separate payer sheets that are very repetitive, we have opted to indicate here the 3 types of COB methods for billing that are supported by the plans in the General Information section.		
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

Scenario 1 - Other Payer Amount Paid Repetitions Only

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** **Scenario 1 - Other Payer Amount Paid Repetitions Only**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	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	M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Refer to on-line response for additional detail
34Ø-7C	OTHER PAYER ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Refer to on-line response for additional detail
443-E8	OTHER PAYER DATE		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Refer to on-line response for additional detail
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Refer to on-line response for additional detail
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Refer to on-line response for additional detail

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	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** **Scenario 1 - Other Payer Amount Paid Repetitions Only**
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Refer to on-line response for additional detail
471-5E	OTHER PAYER REJECT COUNT		RW	Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Refer to on-line response for additional detail
472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing. *Payer Requirement:* Refer to on-line response for additional detail

Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** **Scenario 2 - Other Payer – Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
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	M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Refer to on-line response for additional detail
34Ø-7C	OTHER PAYER ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Refer to on-line response for additional detail

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	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2 - Other Payer – Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
443-E8	OTHER PAYER DATE		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Refer to on-line response for additional detail
471-5E	OTHER PAYER REJECT COUNT		RW	Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Refer to on-line response for additional detail
472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing. *Payer Requirement:* Refer to on-line response for additional detail
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT		RW	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Refer to on-line response for additional detail
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Refer to on-line response for additional detail
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required if necessary for patient financial responsibility only billing. *Payer Requirement:* Refer to on-line response for additional detail
392-MU	BENEFIT STAGE COUNT		RW	Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Refer to on-line response for additional detail
393-MV	BENEFIT STAGE QUALIFIER		RW	Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Refer to on-line response for additional detail
394-MW	BENEFIT STAGE AMOUNT		RW	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. *Payer Requirement:* Refer to on-line response for additional detail

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Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** **Scenario 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*
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		R	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		R	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		R	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	R	Required if Other Payer Amount Paid Qualifier (342-HC) is used. Payer Requirement: Required for COB Option 3 (Government Programs). Refer to on-line response for additional detail
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		R	Required if Other Payer Amount Paid (431-DV) is used. Payer Requirement: Required for COB Option 3 (Government Programs). Refer to on-line response for additional detail
431-DV	OTHER PAYER AMOUNT PAID		R	Required if other payer has approved payment for some/all of the billing. Payer Requirement: Required for COB Option 3 (Government Programs). Refer to on-line response for additional detail
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required if Other Payer Reject Code (472-6E) is used.

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472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing.
	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			***Claim Billing/Claim Rebill*** ***Scenario 3 - Other Payer Amount Paid,***
Field #	NCPDP Field Name	Value	Pay er Usa	*Payer Situation*
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	R	*Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	*Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.*
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	*Required if necessary for patient financial responsibility only billing.*
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Required if Benefit Stage Amount (394-MW) is used.*
393-MV	BENEFIT STAGE QUALIFIER		RW	*Required if Benefit Stage Amount (394-MW) is used.*
394-MW	BENEFIT STAGE AMOUNT		RW	*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.*

Workers' Compensation Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		
This Segment is situational	X	This segment may be required as determined by benefit design.

	Workers' Compensation Segment **Segment Identification (111-AM) = "Ø6"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
434-DY	ATE OF INJURY		M	
315-CF	EMPLOYER NAME		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
316-CG	EMPLOYER STREET ADDRESS		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
317-CH	EMPLOYER CITY ADDRESS		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail

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318-CI	EMPLOYER STATE/PROVINCE ADDRESS		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
319-CJ	EMPLOYER ZIP/POSTAL ZONE		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
32Ø-CK	EMPLOYER PHONE NUMBER		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
321-CL	EMPLOYER CONTACT NAME		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
327-CR	CARRIER ID		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
	Workers' Compensation Segment **Segment Identification (111-AM) = "Ø6"**			**Claim Billing/Claim Rebill**
435-DZ	CLAIM/REFERENCE ID		RW	Required if needed to process a claim/encounter for a work related injury or condition. *Payer Requirement:* Refer to on-line response for additional detail
117-TR	BILLING ENTITY TYPE INDICATOR		R	
118-TS	PAY TO QUALIFIER		RW	Required if Pay To ID (119-TT) is used. *Payer Requirement:* Refer to on-line response for additional detail *Payer Requirement:* (any unique payer requirement(s))
119-TT	PAY TO ID		RW	Required if transaction is submitted by a provider or agent, but paid to another party. *Payer Requirement:* Refer to on-line response for additional detail

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12Ø-TU	PAY TO NAME		RW	Required if transaction is submitted by a provider or agent, but paid to another party. *Payer Requirement:* Refer to on-line response for additional detail *Payer Requirement:* (any unique payer requirement(s))
121-TV	PAY TO STREET ADDRESS		RW	Required if transaction is submitted by a provider or agent, but paid to another party. *Payer Requirement:* Refer to on-line response for additional detail
122-TW	PAY TO CITY ADDRESS		RW	Required if transaction is submitted by a provider or agent, but paid to another party. *Payer Requirement:* Refer to on-line response for additional detail
123-TX	PAY TO STATE/PROVINCE ADDRESS		RW	Required if transaction is submitted by a provider or agent, but paid to another party. *Payer Requirement:* Refer to on-line response for additional detail
124-TY	PAY TO ZIP/POSTAL ZONE		RW	Required if transaction is submitted by a provider or agent, but paid to another party. *Payer Requirement:* Refer to on-line response for additional detail
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER		RW	Required if Generic Equivalent Product ID (126-UA) is used. *Payer Requirement:* Refer to on-line response for additional detail
	Workers' Compensation Segment **Segment Identification (111-AM) = "Ø6"**			**Claim Billing/Claim Rebill**
126-UA	GENERIC EQUIVALENT PRODUCT ID		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail

DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill**
This Segment is situational	X	Segment required for Vaccine Claim Billing Also used if notifying processor of drug utilization, drug evaluations, or information on the appropriate selection to process the claim/encounter.

	DUR/PPS Segment **Segment Identification (111-AM) = "Ø8"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	M	Required if DUR/PPS Segment is used. *Payer Requirement:* Refer to on-line response for additional detail
439-E4	REASON FOR SERVICE CODE		R	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:* Refer to on-line response for additional detail
44Ø-E5	PROFESSIONAL SERVICE CODE	MA = Medication Administration	R	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:* Refer to on-line response for additional detail
441-E6	RESULT OF SERVICE CODE		R	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:* Refer to on-line response for additional detail
	DUR/PPS Segment **Segment Identification (111-AM) = "Ø8"**			**Claim Billing/Claim Rebill**
474-8E	DUR/PPS LEVEL OF EFFORT		R	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:* Refer to on-line response for additional detail
475-J9	DUR CO-AGENT ID QUALIFIER		RW	Required if DUR Co-Agent ID (476-H6) is used. *Payer Requirement:* Refer to on-line response for additional detail

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476-H6	DUR CO-AGENT ID		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Refer to on-line response for additional detail

Coupon Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is situational	X	Plan varies, Refer to on-line response for additional detail

	Coupon Segment **Segment Identification (111-AM) = "Ø9"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
485-KE	COUPON TYPE		M	
486-ME	COUPON NUMBER		M	
487-NE	COUPON VALUE AMOUNT		RW	Required if needed for receiver claim/encounter determination when a coupon value is known. Required if this field could result in different pricing and/or patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail

Compound Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		
This Segment is situational	X	This segment is required when submitting a claim for a multi- ingredient compound (Compound Code = 2 on the Claim Segment).

	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	

488-RE 489-TE

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448-ED	COMPOUND PRODUCT ID QUALIFIER	Ø3 = NDC -National Drug Code	M
	COMPOUND PRODUCT ID		M
	COMPOUND INGREDIENT QUANTITY		M

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449-EE	COMPOUND INGREDIENT DRUG COST		R	Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Refer to on-line response for additional detail
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent. *Payer Requirement:* Refer to on-line response for additional detail
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail

Clinical Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is situational	X	This segment may be required as determined by benefit design.

	Clinical Segment **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	Effective 10/01/15 ICD-10 values are required Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Refer to on-line response for additional detail
492-WE	DIAGNOSIS CODE QUALIFIER		RW	Effective 10/01/15 ICD-10 values are required Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Refer to on-line response
	Clinical Segment **Segment Identification (111-AM) = "13"**			**Claim Billing/Claim Rebill**

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424-DO	DIAGNOSIS CODE		RW	Effective 10/01/15 ICD-10 values are required Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs.
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	RW	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:* Refer to on-line response for additional detail
494-ZE	MEASUREMENT DATE		RW	Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
495-H1	MEASUREMENT TIME		RW	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:* Refer to on-line response for additional detail
496-H2	MEASUREMENT DIMENSION		RW	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome. Required if necessary for patient’s weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). *Payer Requirement:* Refer to on-line response for additional detail
	Clinical Segment **Segment Identification (111-AM) = “13”**			**Claim Billing/Claim Rebill**

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497-H3	MEASUREMENT UNIT		RW	Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) 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:* Refer to on-line response for additional detail
499-H4	MEASUREMENT VALUE		RW	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:* Refer to on-line response for additional detail

Additional Documentation Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		
This Segment is situational	X	

	Additional Documentation Segment **Segment Identification (111-AM) = "13"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
369-2Q	ADDITIONAL DOCUMENTATION TYPE ID		M	
374-2V	REQUEST PERIOD BEGIN DATE		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
375-2W	REQUEST PERIOD RECERT/REVISED DATE		RW	Required if necessary for state/federal/regulatory agency programs. Required if the Request Status (373-2U) = "2" (Revision) or "3" (Recertification). *Payer Requirement:* Refer to on-line response for additional detail
	Additional Documentation Segment **Segment Identification (111-AM) = "13"**			**Claim Billing/Claim Rebill**

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373-2U	REQUEST STATUS		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
371-2S	LENGTH OF NEED QUALIFIER		RW	Required if Length of Need (37Ø-2R) is used. *Payer Requirement:* Refer to on-line response for additional detail
37Ø-2R	LENGTH OF NEED		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
372-2T	PRESCRIBER/SUPPLIER DATE SIGNED		RW	Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Refer to on-line response for additional detail
376-2X	SUPPORTING DOCUMENTATION		RW	Required if necessary for state/federal/regulatory agency programs (using Section C of Medicare's CMN forms). *Payer Requirement:* Refer to on-line response for additional detail
377-2Z	QUESTION NUMBER/LETTER COUNT	Maximum count of 5Ø.	RW	Required if needed to provide response to narratives. *Payer Requirement:* Refer to on-line response for additional detail
378-4B	QUESTION NUMBER/LETTER		RW	Required if necessary for state/federal/regulatory agency programs to respond to questions included on a Medicare form. Required if Question Number/Letter Count (377-2Z) is greater than Ø. *Payer Requirement:* Refer to on-line response for additional detail
379-4D	QUESTION PERCENT RESPONSE		RW	Required if necessary for state/federal/regulatory agency programs to respond to questions included on a Medicare form that requires a percent as the response. *Payer Requirement:* Refer to on-line response for additional detail
38Ø-4G	QUESTION DATE RESPONSE		RW	Required if necessary for state/federal/regulatory agency programs to respond to questions included on a Medicare form that requires a date as the response. *Payer Requirement:* Refer to on-line response for additional detail
	Additional Documentation Segment Segment Identification (111-AM) = "13"			**Claim Billing/Claim Rebill**

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381-4H	QUESTION DOLLAR AMOUNT RESPONSE		RW	Required if necessary for state/federal/regulatory agency programs to respond to questions included on a Medicare form that requires a dollar amount as the response. *Payer Requirement:* Refer to on-line response for additional detail
382-4J	QUESTION NUMERIC RESPONSE		RW	Required if necessary for State/federal/regulatory agency programs to respond to questions included on a Medicare form that requires a numeric as the response. *Payer Requirement:* Refer to on-line response for additional detail
383-4K	QUESTION ALPHANUMERIC RESPONSE		RW	Required if necessary for state/federal/regulatory agency programs to respond to questions included on a Medicare form that requires an alphanumeric as the response. *Payer Requirement:* Refer to on-line response for additional detail

Facility Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		
This Segment is situational	X	

	Facility Segment **Segment Identification (111-AM) = "15"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
336-8C	FACILITY ID		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
385-3Q	FACILITY NAME		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
386-3U	FACILITY STREET ADDRESS		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
	Facility Segment **Segment Identification (111-AM) = "15"**			**Claim Billing/Claim Rebill**

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388-5J	FACILITY CITY ADDRESS		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
387-3V	FACILITY STATE/PROVINCE ADDRESS		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
389-6D	FACILITY ZIP/POSTAL ZONE		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail

Narrative Segment	**Check**	**Claim Billing/Claim Rebill**
This Segment is always sent		
This Segment is situational	X	

	Facility Segment **Segment Identification (111-AM) = "16"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
39Ø-BM	NARRATIVE MESSAGE		RW	Required if necessary only to support exception handling of pharmacy claims for Medicare Part B claim billing. *Payer Requirement:* Refer to on-line response for additional detail

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

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

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

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

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	Returned when additional message text is provided for clarification.

	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		R	Required if text is needed for clarification or detail. *Payer Requirement:* Refer to on-line response for additional detail

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	

	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*
3Ø1-C1	GROUP ID		RW	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:* Refer to on-line response for additional detail

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	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*
524-FO	PLAN ID		RW	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:* Refer to on-line response for additional detail
545-2F	NETWORK REIMBURSEMENT ID		RW	Required if needed to identify the network for the covered member. 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. *Payer Requirement:* Refer to on-line response for additional detail
568-J7	PAYER ID QUALIFIER		RW	Required if Payer ID (569-J8) is used. *Payer Requirement:* Refer to on-line response for additional detail
569-J8	PAYER ID		RW	Required to identify the ID of the payer responding. *Payer Requirement:* Refer to on-line response for additional detail
3Ø2-C2	CARDHOLDER ID		RW	Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Refer to on-line response for additional detail
524-FO	PLAN ID		RW	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.

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	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*
3Ø2-C2	CARDHOLDER ID		RW	Required if the identification to be used in future transactions is different than what was submitted on the request.

Response Patient Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	This segment is returned if the patient is successfully identified within the claim adjudication system. The information returned is based on information within the adjudication system and not based on information sent on the request.

	Response Patient Segment Segment Identification (111-AM) = "29"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		RW	Required if known. *Payer Requirement:* Refer to on-line response for additional detail
311-CB	PATIENT LAST NAME		RW	Required if known. *Payer Requirement:* Refer to on-line response for additional detail
3Ø4-C4	DATE OF BIRTH		RW	Required if known. *Payer Requirement:* Refer to on-line response for additional detail

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 D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	Required if needed to identify the transaction. *Payer Requirement:* Refer to on-line response for additional detail
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Refer to on-line response for additional detail

.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Refer to on-line response for additional detail
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Refer to on-line response for additional detail
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Refer to on-line response for additional detail
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail. *Payer Requirement:* Refer to on-line response for additional detail
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	A value of '+' is used to indicate message continuance when necessary.	RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Required if Help Desk Phone Number (55Ø-8F) is used.* *Payer Requirement:* Refer to on-line response for additional detail
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Required if needed to provide a support telephone number to the receiver.* *Payer Requirement:* Refer to on-line response for additional detail

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 = RxBilling	M	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	Required if Preferred Product ID (553-AR) is used. *Payer Requirement:* Refer to on-line response for additional detail

.

	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*
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Required if Preferred Product ID (553-AR) is used. *Payer Requirement:* Refer to on-line response for additional detail
553-AR	PREFERRED PRODUCT ID		RW	Required if a product preference exists that needs to be communicated to the receiver via an ID. *Payer Requirement:* Refer to on-line response for additional detail
554-AS	PREFERRED PRODUCT INCENTIVE		RW	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:* Refer to on-line response for additional detail
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	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:* Refer to on-line response for additional detail
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR). *Payer Requirement:* Refer to on-line response for additional detail
554-AS	PREFERRED PRODUCT INCENTIVE		R W	Required if there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		R W	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).
556-AU	PREFERRED PRODUCT DESCRIPTION		R W	Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

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 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 D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction. *Payer Requirement:* Refer to on-line response for additional detail
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Refer to on-line response for additional detail
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Refer to on-line response for additional detail
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Refer to on-line response for additional detail
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Refer to on-line response for additional detail
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail. *Payer Requirement:* Refer to on-line response for additional detail
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Refer to on-line response for additional detail
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Refer to on-line response for additional detail
55Ø-8F	HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Refer to on-line response for additional detail

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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 = RxBilling	M	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	Required if Preferred Product ID (553-AR) is used. *Payer Requirement:* Refer to on-line response for additional detail
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Required if Preferred Product ID (553-AR) is used. *Payer Requirement:* Refer to on-line response for additional detail
553-AR	PREFERRED PRODUCT ID		RW	Required if a product preference exists that needs to be communicated to the receiver via an ID. *Payer Requirement:* Refer to on-line response for additional detail
554-AS	PREFERRED PRODUCT INCENTIVE			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:* Refer to on-line response for additional detail
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE			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:* Refer to on-line response for additional detail
556-AU	PREFERRED PRODUCT DESCRIPTION			Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR). *Payer Requirement:* Refer to on-line response for additional detail

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	

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	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	
5Ø7-F7	DISPENSING FEE PAID		RW	Required if this value is used to arrive at the final reimbursement. *Payer Requirement:* Refer to on-line response for additional detail
557-AV	TAX EXEMPT INDICATOR		RW	Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. *Payer Requirement:* Refer to on-line response for additional detail
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. *Payer Requirement:* Refer to on-line response for additional detail
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used. *Payer Requirement:* Refer to on-line response for additional detail
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). *Payer Requirement:* Refer to on-line response for additional detail
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). *Payer Requirement:* Refer to on-line response for additional detail
521-FL	INCENTIVE AMOUNT PAID		RW	Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). *Payer Requirement:* Refer to on-line response for additional detail
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Refer to on-line response for additional detail
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Refer to on-line response for additional detail

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	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*
565-J4	OTHER AMOUNT PAID		RW	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:* Refer to on-line response for additional detail
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. *Payer Requirement:* Refer to on-line response for additional detail
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	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:* Refer to on-line response for additional detail
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	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. *Payer Requirement:* Refer to on-line response for additional detail
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	Provided for informational purposes only. *Payer Requirement:* Refer to on-line response for additional detail
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	Provided for informational purposes only. *Payer Requirement:* Refer to on-line response for additional detail
514-FE	REMAINING BENEFIT AMOUNT		RW	Provided for informational purposes only. *Payer Requirement:* Refer to on-line response for additional detail
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	Required if Patient Pay Amount (5Ø5-F5) includes deductible *Payer Requirement:* Refer to on-line response for additional detail
518-FI	AMOUNT OF COPAY		RW	Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail

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	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*
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. *Payer Requirement:* Refer to on-line response for additional detail
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Refer to on-line response for additional detail
347-HJ	BASIS OF CALCULATION—COPAY		RW	Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Refer to on-line response for additional detail
348-HK	BASIS OF CALCULATION—FLAT SALES TAX		RW	Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Flat Sales Tax Amount Paid (558-AW) is greater than zero (Ø). *Payer Requirement:* Refer to on-line response for additional detail
349-HM	BASIS OF CALCULATION—PERCENTAGE SALES TAX		RW	Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). *Payer Requirement:* Refer to on-line response for additional detail
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	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. *Payer Requirement:* Refer to on-line response for additional detail
575-EQ	PATIENT SALES TAX AMOUNT		RW	Used when necessary to identify the Patient's portion of the Sales Tax. Provided for informational purposes only. *Payer Requirement:* Refer to on-line response for additional detail
574-2Y	PLAN SALES TAX AMOUNT		RW	Used when necessary to identify the Plan's portion of the Sales Tax. Provided for informational purposes only. *Payer Requirement:* Refer to on-line response for additional detail
572-4U	AMOUNT OF COINSURANCE		RW	Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility. *Payer Requirement:* Refer to on-line response for additional detail

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	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*
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Refer to on-line response for additional detail
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Refer to on-line response for additional detail
393-MV	BENEFIT STAGE QUALIFIER		RW	Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Refer to on-line response for additional detail
394-MW	BENEFIT STAGE AMOUNT		RW	Required when a Medicare Part D payer applies financial amounts 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. *Payer Requirement:* Refer to on-line response for additional detail
577-G3	ESTIMATED GENERIC SAVINGS		RW	This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic. *Payer Requirement:* Refer to on-line response for additional detail
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount. *Payer Requirement:* Refer to on-line response for additional detail
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	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. *Payer Requirement:* Refer to on-line response for additional detail
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	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 *Payer Requirement:* Refer to on-line response for additional detail

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	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*
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug. *Payer Requirement:* Refer to on-line response for additional detail
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. *Payer Requirement:* Refer to on-line response for additional detail
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	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. *Payer Requirement:* Refer to on-line response for additional detail
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	Required when the patient's financial responsibility is due to the coverage gap. *Payer Requirement:* Refer to on-line response for additional detail
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency. *Payer Requirement:* Refer to on-line response for additional detail
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency. *Payer Requirement:* Refer to on-line response for additional detail

Response DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
This Segment is situational	X	The segment is used when drug utilization review information is to be provided

	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	Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Refer to on-line response for additional detail

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	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*
439-E4	REASON FOR SERVICE CODE		RW	Required if utilization conflict is detected. *Payer Requirement:* Refer to on-line response for additional detail
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Refer to on-line response for additional detail
529-FT	OTHER PHARMACY INDICATOR		RW	Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Refer to on-line response for additional detail
53Ø-FU	PREVIOUS DATE OF FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Refer to on-line response for additional detail
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement:* Refer to on-line response for additional detail
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Refer to on-line response for additional detail
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Refer to on-line response for additional detail
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Refer to on-line response for additional detail
57Ø-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Refer to on-line response for additional detail

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is situational	X	Used if COB or Other Payment Information is to be sent.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) =			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)

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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	Required when other coverage is known which is after the Date of Service submitted.

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	

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Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is situational	X	Returned when additional message text is provided for clarification.

	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		R	Required if text is needed for clarification or detail.

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

	Response Insurance Segment **Segment Identification (111-AM) = "25"**			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID		RW	Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist.
524-FO	PLAN ID		RW	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.
545-2F	NETWORK REIMBURSEMENT ID		RW	Required if needed to identify the network for the covered member.
568-J7	PAYER ID QUALIFIER		RW	Required if Payer ID (569-J8) is used.
569-J8	PAYER ID		RW	Required to identify the ID of the payer responding.
3Ø2-C2	CARDHOLDER ID		RW	*Required if the identification to be used in future transactions is different than what was submitted on the request.*

Response Patient Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is situational	X	This segment is returned if the patient is successfully identified within the claim adjudication system. The information returned is based on information within the adjudication system and not based on information sent on the request.

	Response Patient Segment **Segment Identification (111-AM) = "29"**			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME		R	Required if known.
311-CB	PATIENT LAST NAME		R	Required if known.

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3Ø4-C4	DATE OF BIRTH		RW	Required if known.

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 = Rejected	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	Required if needed to identify the transaction.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	A value of '+' is used to indicate message continuance when necessary.	RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Required if Help Desk Phone Number (55Ø-8F) is used.*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Required if needed to provide a support telephone number to the receiver.*

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

	Response Claim Segment **Segment Identification (111-AM) = "22"**			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	Required if Preferred Product ID (553-AR) is used.

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552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID		RW	Required if a product preference exists that needs to be communicated to the receiver via an ID.
554-AS	PREFERRED PRODUCT INCENTIVE		RW	Required if there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	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).
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

Response DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
This Segment is situational	X	The segment is used when drug utilization review information is to be provided

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

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531-FV	QUANTITY OF PREVIOUS FILL		RW	Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT		RW	Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
This Segment is situational	X	Used if Prior Authorization Segment is sent

	Response Prior Authorization Segment **Segment Identification (111-AM) = "26"**			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
498-PY	PRIOR AUTHORIZATION NUMBER–ASSIGNED		RW	Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim. *Payer Requirement:* Refer to on-line response for additional detail

Response Coordination of Benefits/Other Payers Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
This Segment is situational	X	Used if COB or Other Payment Information is to be sent.

	Response Coordination of Benefits/Other Payers Segment **Segment Identification (111-AM) = "28"**			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

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339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	Required when other coverage is known which is after the Date of Service submitted.

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 additional message text is provided for clarification.

	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		R	Required if text is needed for clarification or detail.

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

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

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55Ø-8F	HELP DESK PHONE NUMBER		RW	*Required if needed to provide a support telephone number to the receiver.*

NCPDP VERSION D CLAIM REVERSAL

REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE

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

GENERAL INFORMATION

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Varies by plan

CLAIM REVERSAL TRANSACTION

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

	Transaction Header Segment			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	603286	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	MEDD	M	
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank	M	Use value for Switch's requirements. If submitting claim without a switch, populate with blanks.

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

	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		M	

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3Ø1-C1	GROUP ID		RW	Required if needed to match the reversal to the original billing transaction. *Payer Requirement:* Refer to on-line response for additional detail
359-2A	MEDIGAP ID		RW	Required, if known, when patient has Medigap coverage. *Payer Requirement:* Refer to on-line response for additional detail

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

	Claim Segment **Segment Identification (111-AM) =**			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	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		R	Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. Payer Requirement: Required for claim reversal.
3Ø8-C8	OTHER COVERAGE CODE		RW	Required if needed by receiver to match the claim that is being reversed. *Payer Requirement:* Refer to on-line response for additional detail
147-U7	PHARMACY SERVICE TYPE		RW	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. *Payer Requirement:* Refer to on-line response for additional detail

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*
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required if this field could result in contractually agreed upon payment.

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	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Refer to on-line response for additional detail
43Ø-DU	GROSS AMOUNT DUE		RW	Required if this field could result in contractually agreed upon payment. *Payer Requirement:* Refer to on-line response for additional detail

Coordination of Benefits/Other Payments Segment Questions	**Check**	**Claim Reversal** If Situational, *Payer Situation*
This Segment is situational	X	Used if COB or Other Payment Information is to be sent.

	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	THER 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	Used if DUR/PPS Information is to be sent.

	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	Required if DUR/PPS Segment is used. *Payer Requirement:* Refer to on-line response for additional detail
439-E4	REASON FOR SERVICE CODE		RW	Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
441-E6	RESULT OF SERVICE CODE		R	Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail
474-8E	DUR/PPS LEVEL OF EFFORT		R	Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Refer to on-line response for additional detail

RESPONSE CLAIM REVERSAL PAYER SHEET

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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	Returned when additional message text is provided for clarification.

	Response Message Segment **Segment Identification (111-AM) = "2Ø"**			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		R	Required if text is needed for clarification or detail.

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

	Response Status Segment **Segment Identification (111-AM) = "21"**			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
	Response Status Segment **Segment Identification (111-AM) = "21"**			**Claim Reversal – Accepted/Approved**
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.

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526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	A value of '+' is used to indicate message continuance when necessary.	RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Required if Help Desk Phone Number (55Ø-8F) is used.*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Required if needed to provide a support telephone number to the receiver.*

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

	Response Claim Segment **Segment Identification (111-AM) = "22"**			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx
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		
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*
521-FL	INCENTIVE AMOUNT PAID		RW	Required if this field is reporting a contractually agreed upon payment. *Payer Requirement:* Refer to on-line response for additional detail
5Ø9-F9	TOTAL AMOUNT PAID		RW	Required if any other payment fields sent by the sender. *Payer Requirement:* Refer to on-line response for additional detail

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	

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	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 additional message text is provided for clarification.

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

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

	Response Status Segment **Segment Identification (111-AM) = "21"**			**Claim Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Rejected	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	Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
	Response Status Segment **Segment Identification (111-AM) = "21"**			**Claim Reversal – Accepted/Rejected**
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	A value of '+' is used to indicate message continuance when necessary.	RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.

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549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Required if Help Desk Phone Number (55Ø-8F) is used.*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Required if needed to provide a support telephone number to the receiver.*

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

	Response Claim Segment **Segment Identification (111-AM) = "22"**			**Claim Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx
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	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 Reversal – Rejected/Rejected** If Situational, *Payer Situation*
This Segment is situational	X	Returned when additional message text is provided for clarification.

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

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

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	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 = Rejected	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	Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	A value of ‘+’ is used to indicate message continuance when necessary.	RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Required if Help Desk Phone Number (55Ø-8F) is used.*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Required if needed to provide a support telephone number to the receiver.*

GENERAL NOTES:

- A “situational” data element means the NCPDP standard does not require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The “Mandatory” and “Required” fields within a “Situational” segment are only mandatory IF the segment is being utilized.

- Situational segments can be transmitted; however, not all segments are supported. Please contact the information number for more information regarding the support of claim segments.

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- Prior Authorization (P1, P2, P3) and Controlled Substance Reporting (C1, C2, C3) data elements are not supported.

Appendix I

Patient Residence Codes

CODE - DESCRIPTION

Ø - Not Specified : Other patient residence not identified below.

1 - Home: Location, other than a hospital or other facility, where the patient receives drugs or services in a private residence.

2 - Skilled Nursing Facility: A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative service but does not provide the level of care or treatment available in a hospital.

3 - Nursing Facility: A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.

4 - Assisted Living Facility: Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.

5 - Custodial Care Facility: A facility which provides room, board and other personal assistance services, generally on a long - term basis, and which does not include a medical component.

6 - Group Home: Congregate residential foster care setting for children and adolescents in state custody that provides some social, health care, and educational support services and that promotes rehabilitation and reintegration of residents into the community.

7 - Inpatient Psychiatric Facility: A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

8 - Psychiatric Facility – Partial Hospitalization: A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.

9 - Intermediate Care Facility/Mentally Retarded: A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.

1Ø - Residential Substance Abuse Treatment Facility: A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.

11- Hospice: A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.

12 - Psychiatric Residential Treatment Facility: A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

13 - Comprehensive Inpatient Rehabilitation Facility: A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational t herapy, speech pathology, social or psychological services, and orthotics and prosthetics services.

14 - Homeless Shelter: A facility or location whose primary purpose is to provide temporary housing to homeless individuals

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(e.g., emergency shelters, individual or family shelters).

15 - Correctional Institution: A facility that provides treatment and rehabilitation of offenders through a program of penal custody.

Place of Service Codes

CODE - DESCRIPTION

1 - Pharmacy: A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.

3 - School: A facility whose primary purpose is education.

4 - Homeless Shelter: A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).

5 - Indian Health Service Free-standing Facility: A facility or location owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.

6 - Indian Health Service Provider-based Facility: A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.

7 - Tribal 638 Free-standing Facility: A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation service to tribal members who do not require hospitalization.

8 - Tribal 638 Provider-based Facility: A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.

11 - Office: Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

12 - Home: Location, other than a hospital or other facility, where the patient receives care in a private residence.

13 - Assisted Living Facility: Congregate residential facility with self-contained living units providing assessment of each resident’s needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.

14 - Group Home: Congregate residential foster care setting for children and adolescents in state custody that provides some social , health care, and educational support services and that promotes rehabilitation and reintegration of residents into the community.

15 - Mobile Unit: A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.

2Ø - Urgent Care Facility: Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.

21 - Inpatient Hospital: A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.

22 - Outpatient Hospital: A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

23 - Emergency Room Hospital: A portion of a hospital where emergency diagnosis and treatment of illness or injury is

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provided.

24 - Ambulatory Surgical Center: A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

25 - Birthing Center: A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of new born infants.

26 - Military Treatment Facility: A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).

31 - Skilled Nursing Facility: A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.

32 - Nursing Facility: A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.

33 - Custodial Care Facility: A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.

34 - Hospice: A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.

41 - Ambulance-Land: A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

42 - Ambulance-Air or Water: An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

49 - Independent Clinic: A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.

5Ø - Federally Qualified Health Center: A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

51 - Inpatient Psychiatric Facility: A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.

52 - Psychiatric Facility – Partial Hospitalization: A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.

53 - Community Mental Health Center: A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services;

54 - Intermediate Care Facility/Mentally Retarded: A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.

55 - Residential Substance Abuse Treatment Facility: A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.

56 - Psychiatric Residential Treatment Center: A facility or distinct part of a facility for psychiatric care which provides a total

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24-hour therapeutically planned and professionally staffed group living and learning environment.

57 - Non-residential Substance Abuse Treatment: A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and Facility * counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.

6Ø - Mass Immunization Center: A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.

61 - Comprehensive Inpatient Rehabilitation Facility: A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.

62 - Comprehensive Outpatient Rehabilitation Facility: A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.

65 - End-Stage Renal Disease: A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.

71 - Public Health Clinic: A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.

72 - Rural Health Clinic: A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.

81 - Independent Laboratory: A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.

99 - Other Place of Service: Other place of service not identified above.