# OptumRx
# NCPDP Version D.0 Payer Sheet

# United Healthcare Community
# (COB Processing with Other Patient Responsibility Billing)

| | |
|---|---|
| Payer Name: OptumRx | Date: 01/01/2024 | |
| United Healthcare Community Plan of Kansas (Dual Eligible Only) | BIN: 610494 | PCN: 4848 |
| United Healthcare Community Plan of New York | BIN: 610494 | PCN: 4800 |
| United Healthcare Community Plan of Pennsylvania | BIN: 610494 | PCN: 4200 |
| United Healthcare Community Plan of Hawaii | BIN: 610494 | PCN: 4500 |
| United Healthcare Community Plan of Washington | BIN: 610494 | PCN: 4600 |
| United Healthcare Community Plan of New Jersey | BIN: 610494 | PCN: 4343 |
| United Healthcare Community Plan of Florida | BIN: 610494 | PCN: 4300 |
| Health Plan of Nevada Medicaid | BIN: 610494 | PCN: 4700 |
| United Healthcare Community Plan Maryland Medicaid | BIN: 610084 | PCN: RXSOLPRD |
| Processor: OptumRx | | |
| Effective as of: 12/1/2017 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: October 2016 | NCPDP External Code List Version Date: October 2016 | |
| Contact/Information Source: Network Phone Number; www.optumrx.com | | |
| Certification Testing Window: Certification not required | | |
| Pharmacy Help Desk Medicaid          888-306-3243 | | |
| Other versions supported: ONLY D.0 | | |
| | | |
| | | |
| | | |

| | Transaction Header Segment | | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | (see above) | | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | | M | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | See above | | M | Required for All Claims |
| 1Ø9-A9 | TRANSACTION COUNT | Up to 4 | | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | 01 | | M | NPI ONLY |
| 2Ø1-B1 | SERVICE PROVIDER ID | 10 digit NPI number | | M | |
| 4Ø1-D1 | DATE OF SERVICE | | | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | | | O | |

| | Insurance Segment Segment Identification (111-AM) = "Ø4" | | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | | Payer Usage | Payer Situation |
| 3Ø2-C2 | CARDHOLDER ID | | | M | |
| 312-CC | CARDHOLDER FIRST NAME | | | M | |
| 313-CD | CARDHOLDER LAST NAME | | | M | |
| 314-CE | HOME PLAN | | | O | |
| 524-FO | PLAN ID | | | O | |
| 3Ø1-C1 | GROUP ID | | | M | Always required.  Refer to Member ID Card. |
| 3Ø3-C3 | PERSON CODE | | | O | |

| | Insurance Segment<br>Segment Identification (111-AM) = "Ø4" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø6-C6 | PATIENT RELATIONSHIP CODE | | R | |
| 359-2A | MEDIGAP ID | | O | |
| 36Ø-2B | MEDICAID INDICATOR | | O | |
| 361-2D | PROVIDER ACCEPT ASSIGNMENT INDICATOR | | O | |
| 997-G2 | CMS PART D DEFINED QUALIFIED FACILITY | | O | |
| 115-N5 | MEDICAID ID NUMBER | | O | |

| | Patient Segment<br>Segment Identification (111-AM) = "Ø1" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 331-CX | PATIENT ID QUALIFIER | | O | |
| 332-CY | PATIENT ID | | O | |
| 3Ø4-C4 | DATE OF BIRTH | | R | |
| 3Ø5-C5 | PATIENT GENDER CODE | | R | |
| 31Ø-CA | PATIENT FIRST NAME | | R | |
| 311-CB | PATIENT LAST NAME | | R | |
| 322-CM | PATIENT STREET ADDRESS | | O | |
| 323-CN | PATIENT CITY ADDRESS | | O | |
| 324-CO | PATIENT STATE / PROVINCE ADDRESS | | O | |
| 325-CP | PATIENT ZIP/POSTAL ZONE | | O | |
| 326-CQ | PATIENT PHONE NUMBER | | O | |
| 3Ø7-C7 | PLACE OF SERVICE | | S | |
| 333-CZ | EMPLOYER ID | | O | |
| 384-4X | PATIENT RESIDENCE | | O | |

| | Claim Segment<br>Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | Ø1 = Rx Billing | M | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 4Ø3-D3 | FILL NUMBER | | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | | O | |
| 419-DJ | PRESCRIPTION ORIGIN CODE | | R | |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | O | Required if Submission Clarification Code (42Ø-DK) is used. |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | | O | |
| 46Ø-ET | QUANTITY PRESCRIBED | | RW | Effective 09/21/2020<br>Required when claim is for Schedule II drugs or when a compound contains a Schedule II drug. |
| 3Ø8-C8 | OTHER COVERAGE CODE | 00, 03, 04, 08 | RW | |
| 453-EJ | ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | | O | Required if Originally Prescribed Product/Service Code (455-EA) is used. |
| 445-EA | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE | | O | |

| | Claim Segment<br>Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill | |
|---|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation | |
| 446-EB | ORIGINALLY PRESCRIBED QUANTITY | | O | | |
| 418-DI | LEVEL OF SERVICE | | O | | |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | RW | Varies by plan | |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | Varies by plan | |
| 995-E2 | ROUTE OF ADMINISTRATION | | O | | |
| 996-G1 | COMPOUND TYPE | | O | | |
| 147-U7 | PHARMACY SERVICE TYPE | | O | | |

| | Prescriber Segment<br>Segment Identification (111-AM) = "Ø3" | | | Claim Billing/Claim Rebill | |
|---|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation | |
| 466-EZ | PRESCRIBER ID QUALIFIER | | M | | |
| 411-DB | PRESCRIBER ID | | M | NPI should be submitted whenever possible | |
| 427-DR | PRESCRIBER LAST NAME | | O | | |
| 498-PM | PRESCRIBER PHONE NUMBER | | O | | |
| 468-2E | PRIMARY CARE PROVIDER ID QUALIFIER | | O | | |
| 421-DL | PRIMARY CARE PROVIDER ID | | O | | |
| 47Ø-4E | PRIMARY CARE PROVIDER LAST NAME | | O | | |
| 364-2J | PRESCRIBER FIRST NAME | | O | | |
| 365-2K | PRESCRIBER STREET ADDRESS | | O | | |
| 366-2M | PRESCRIBER CITY ADDRESS | | O | | |
| 367-2N | PRESCRIBER STATE/PROVINCE ADDRESS | | O | | |
| 368-2P | PRESCRIBER ZIP/POSTAL ZONE | | O | | |

## Scenario 2- Other Payer-Patient Responsibility Amount Repetitions

| | Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill<br><br>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 | | M | | |
| 339-6C | OTHER PAYER ID QUALIFIER | | R | | |
| 34Ø-7C | OTHER PAYER ID | | R | | |
| 443-E8 | OTHER PAYER DATE | | R | | |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | Imp Guide: Required if Other Payer Reject Code (472-6E) is used. | |
| 472-6E | OTHER PAYER REJECT CODE | | RW | Imp Guide: Required when the other payer has denied the payment for the billing. | |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | RW | Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.<br><br>Payer Requirement: (any unique payer requirement(s)) | |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | | RW | Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.<br><br>Payer Requirement: (any unique payer requirement(s)) | |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | R | | |

| | Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill<br><br>Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | | |
| 393-MV | BENEFIT STAGE QUALIFIER | | | |
| 394-MW | BENEFIT STAGE AMOUNT | | | |

| | Pricing Segment<br>Segment Identification (111-AM) = "11" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *This segment is always sent* |
| 4Ø9-D9 | INGREDIENT COST SUBMITTED | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | R | |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | O | |
| 481-HA | FLAT SALES TAX AMOUNT SUBMITTED | | O | |
| 482-GE | PERCENTAGE SALES TAX AMOUNT SUBMITTED | | O | |
| 483-HE | PERCENTAGE SALES TAX RATE SUBMITTED | | S | |
| 484-JE | PERCENTAGE SALES TAX BASIS SUBMITTED | | S | |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | M | |
| 43Ø-DU | GROSS AMOUNT DUE | | M | |
| 423-DN | BASIS OF COST DETERMINATION | | R | |

| | DUR/PPS Segment<br>Segment Identification (111-AM) = "Ø8" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | RW | |
| 439-E4 | REASON FOR SERVICE CODE | | RW | |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | RW | |
| 441-E6 | RESULT OF SERVICE CODE | | RW | |

| | Compound Segment<br>Segment Identification (111-AM) = "1Ø" | Optional Segment<br>Required for Compounds | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | RW | Required when compound is being submitted. |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | RW | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | RW | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | | RW | |
| 489-TE | COMPOUND PRODUCT ID | | RW | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | RW | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | RW | Required if needed for receiver claim determination when multiple products are billed. |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | | RW | *Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. |
| 362-2G | COMPOUND INGREDIENT MODIFIER CODE COUNT | Maximum count of 1Ø. | O | *Imp Guide:* Required when Compound Ingredient Modifier Code (363-2H) is sent. |
| 363-2H | COMPOUND INGREDIENT MODIFIER CODE | | O | |

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| | Clinical Segment<br>Segment Identification (111-AM) = "13" | | | Claim Billing/Claim Rebill |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 491-VE | DIAGNOSIS CODE COUNT | Maximum count of 5. | O | *Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE | DIAGNOSIS CODE QUALIFIER | | O | *Imp Guide:* Required if Diagnosis Code (424-DO) is used. |
| 424-DO | DIAGNOSIS CODE | | O | |

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

| | 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 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 | | S | Imp Guide: Required if text is needed for clarification or detail. |

| | 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 | | R | |
| 524-FO | PLAN ID | | S | Part-D Commercial |
| 3Ø2-C2 | CARDHOLDER ID | | S | Imp Guide: Required if the identification to be used in future transactions is different than what was submitted 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 | | | |
| 311-CB | PATIENT LAST NAME | | | |
| 3Ø4-C4 | DATE OF BIRTH | | | |

| | 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 | |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | S | |
| 548-6F | APPROVED MESSAGE CODE | | S | |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | | |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | | |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | | |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | | |

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| | Response Claim Segment<br>Segment Identification (111-AM) = "22" | | | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of Paid) |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | Imp Guide: For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 551-9F | PREFERRED PRODUCT COUNT | Maximum count of 6. | S | |
| 552-AP | PREFERRED PRODUCT ID QUALIFIER | | S | |
| 553-AR | PREFERRED PRODUCT ID | | S | |
| 554-AS | PREFERRED PRODUCT INCENTIVE | | S | |
| 555-AT | PREFERRED PRODUCT COST SHARE INCENTIVE | | S | |
| 556-AU | PREFERRED PRODUCT DESCRIPTION | | S | |

| | Response Pricing Segment<br>Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill –<br>Accepted/Paid (or Duplicate of Paid) |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 5Ø5-F5 | PATIENT PAY AMOUNT | | R | |
| 5Ø6-F6 | INGREDIENT COST PAID | | R | |
| 5Ø7-F7 | DISPENSING FEE PAID | | R | |
| 558-AW | FLAT SALES TAX AMOUNT PAID | | S | |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | S | |
| 56Ø-AY | PERCENTAGE SALES TAX RATE PAID | | S | Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 561-AZ | PERCENTAGE SALES TAX BASIS PAID | | | Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). |
| 521-FL | INCENTIVE AMOUNT PAID | | S | Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | S | Imp Guide: Required if Other Amount Paid (565-J4) is used. |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | S | Imp Guide: Required if Other Amount Paid (565-J4) is used. |
| 565-J4 | OTHER AMOUNT PAID | | S | Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | S | Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | S | Required if Basis of Cost Determination (432-DN) is submitted on billing. |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | S | Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | | S | |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | S | |
| 514-FE | REMAINING BENEFIT AMOUNT | | S | |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | S | |
| 518-FI | AMOUNT OF COPAY | | S | |
| 52Ø-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | S | |
| 572-4U | AMOUNT OF COINSURANCE | | S | |
| 577-G3 | ESTIMATED GENERIC SAVINGS | | S | |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | | S | |

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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* |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | S | |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | S | |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | | S | |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | S | |

| | **Response DUR/PPS Segment** **Segment Identification (111-AM) = "24"** | **Situation Segment** | | **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. | S | |
| 439-E4 | REASON FOR SERVICE CODE | | S | |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | S | |
| 529-FT | OTHER PHARMACY INDICATOR | | S | |
| 53Ø-FU | PREVIOUS DATE OF FILL | | S | |
| 531-FV | QUANTITY OF PREVIOUS FILL | | S | |
| 532-FW | DATABASE INDICATOR | | S | |
| 533-FX | OTHER PRESCRIBER INDICATOR | | S | |
| 544-FY | DUR FREE TEXT MESSAGE | | S | |
| 57Ø-NS | DUR ADDITIONAL TEXT | | S | |

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## CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

**CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE**

| | **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** <br> **Segment Identification (111-AM) = "2Ø"** | **Situation Segment** | | **Claim Billing/Claim Rebill Rejected/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 5Ø4-F4 | MESSAGE | | S | |

| | **Response Status Segment** <br> **Segment Identification (111-AM) = "21"** | | | **Claim Billing/Claim Rebill Rejected/Rejected** |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | M | |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | | |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | | |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | | |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | | |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | | |

# CLAIM REVERSAL TRANSACTION

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

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

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| | Insurance Segment<br>Segment Identification (111-AM) = "Ø4" | | | Claim Reversal | |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 3Ø2-C2 | CARDHOLDER ID | | M | |
| 3Ø1-C1 | GROUP ID | | S | |

| | Claim Segment<br>Segment Identification (111-AM) = "Ø7" | | | Claim Reversal | |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 | M | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| 4Ø3-D3 | FILL NUMBER | | M | |
| 3Ø8-C8 | OTHER COVERAGE CODE | | M | |

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

| | DUR/PPS Segment<br>Segment Identification (111-AM) = "Ø8" | Situational Segment | | Claim Reversal | |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | | |
| 439-E4 | REASON FOR SERVICE CODE | | | |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | | |
| 441-E6 | RESULT OF SERVICE CODE | | | |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | | |

## CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

| | 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 | |

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| | Response Message Segment<br>Segment Identification (111-AM) = "2Ø" | | | Claim Reversal – Accepted/Approved |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 5Ø4-F4 | MESSAGE | | R | *Reversal Accepted* |

| | Response Status Segment<br>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 | |

| | Response Claim Segment<br>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 | |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

## CLAIM REVERSAL REJECTED RESPONSE

| | 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<br>Segment Identification (111-AM) = "2Ø" | | | Claim Reversal – Accepted/Rejected |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 5Ø4-F4 | MESSAGE | | R | *Reversal Not Processed* |

| | Response Status Segment<br>Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Rejected |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | R | |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |

| | Response Claim Segment<br>Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Rejected |
|---|---|---|---|---|
| *Field #* | *NCPDP Field Name* | *Value* | *Payer Usage* | *Payer Situation* |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = RxBilling | M | *Imp Guide:* For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |