OptumRx
NCPDP Version D.0 Payer Sheet

COMMERCIAL AND MEDICAID

Payer Name: OptumRx	Date: 01/01/2024	
Commercial, Medicaid and MA Only	BIN: 610494	PCN: 9999
Community Health	BIN: 610613	PCN: 2417
United Healthcare Community Plan of Indiana	BIN: 610494	PCN: 4841
United Healthcare Community Plan of Texas	BIN: 610494	PCN: 4400
United Healthcare Community Plan of Arizona	BIN: 610494	PCN: 4100
United Healthcare Community Plan of Virginia	BIN: 610494	PCN: 4900
United Healthcare Community Plan of Mississippi	BIN: 610494	PCN: 4646 PCN: 4747
UnitedHealthcare Community and State of MN	BIN: 610494	PCN: 4846
United Healthcare Community & State of North Carolina Medicaid	BIN: 610494	PCN: 4949
United Healthcare Community Plan of Rhode Island	BIN: 610494	PCN: 4201
United Healthcare Community & State of New Mexico	BIN: 610494	PCN: 4941
UHCGP	BIN: 610494	PCN: 2222
MedalistRx	BIN: 016580	PCN: <NA>
BCBS of MI	BIN: 610011	PCN: Varies – Never "IRX"
Mass General Brigham Health Plans	BIN: 610011	PCN: ORX
Heritage Health Solutions - VA Camp Lejeune FMP	BIN: 610011	PCN: HHS - COB Scenario 2 only
AARP	BIN: 610652	PCN: Varies – refer to ID card
SavaScript Value Services	BIN: 023153	PCN: HT
CerpassRx	BIN: 022485	PCN: STL
CareCard	BIN: 025796	PCN: Varies by plan – refer to ID card
Ohio Bureau of Workers Compensation	BIN: 012592	PCN: OHBWC
MedlessRx	BIN: 019827	PCN: HT
Ascella Health	BIN: 017522	PCN: AC
LDI / CastiaRx	BIN: 020321 BIN: 800010	PCN: COM PCN: LDI
TennCare	BIN: 001553	PCN: TNM CKDS
Arizona Medicaid Fee For Service	BIN: 001553	PCN: AZM AIRAZM SPCAZM AZMCMDP AZMDDD AZMREF
OptumRx	BIN: 610127	PCN: 02330000 01960000 01990000 02330088 COSF GASF MASF NCCSI NCSF NWSF SCCSI SCSF OHSF 04000013

Former Catalyst, informedRx and HealthTrans	BIN:	BIN:	PCN: Varies by plan – refer to ID card.
	004428	610182	
	005947	610593	
	009992	610679	
	011297	014681	
	011867	015839	
	012353	018643	
	004469	600471	
	006524	603286	
	008985	610140	
	010553	610527	
	011321	610619	
	012155	610604	
	012502	014872	
	004919	015756	
	007110	020768	
	009117	003650	
	010876	009951	
	011677	018704	
	001553	601577	
	021684	606464	
	003452	610171	
	012163	610548	
	012882	610621	
	005757	610704	
	007887	015814	
	009299	017267	
	011198	060646	
	011792	601683	
	012295	610011	
	012924	610173	
	012957	610560	
	013907	610652	
	014186	020149	
	014189	024045	
	017933	021049	
	600428	021916	
	603017	021825	

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Processor: OptumRx	
Effective as of: 06/01/2015	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: October 2017	NCPDP External Code List Version Date: October 2017
Website: www.optumrx.com	
Contract Information: Independent Contracting Contact: independent.contracting@optum.com Website: https://professionals.optumrx.com	
Certification Testing Window: Certification not required	
Pharmacy Help Desk Information: Medicaid: 888-306-3243 OptumRx: 800-788-7871 FlexScripts: 800-603-7796 ProAct: 877-635-9545 MedalistRx: 855-633-2579	
Other versions supported: ONLY D.0	

CLAIM BILLING/CLAIM REBILL TRANSACTION

	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		S	Varies by plan
3Ø6-C6	PATIENT RELATIONSHIP CODE		S	Varies by plan
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	

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	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		O	
332-CY	PATIENT ID		O	
3Ø4-C4	DATE OF BIRTH		O	
3Ø5-C5	PATIENT GENDER CODE		O	
31Ø-CA	PATIENT FIRST NAME		O	
311-CB	PATIENT LAST NAME		O	
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		O	
333-CZ	EMPLOYER ID		O	
384-4X	PATIENT RESIDENCE	84 Administration Only	RW	Varies by Plan. Required when billing for additional administration services

	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	
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		R	
419-DJ	PRESCRIPTION ORIGIN CODE		RW	*Varies by plan*
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	should be populated with a '20' for 340B claims
46Ø-ET	QUANTITY PRESCRIBED		RW	Effective 09/21/2020 Required when claim is for Schedule II drugs or when a compound contains a Schedule II drug.
3Ø8-C8	OTHER COVERAGE CODE	00 02 03 04 08	RW	Required for Coordination of Benefits. Varies by plan
429-DT	SPECIAL PACKAGING INDICATOR		O	
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	
446-EB	ORIGINALLY PRESCRIBED QUANTITY		O	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Required when required by state or local law/regulations
6ØØ-28	UNIT OF MEASURE		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*

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
995-E2	ROUTE OF ADMINISTRATION		O	
996-G1	COMPOUND TYPE		O	
147-U7	PHARMACY SERVICE TYPE		O	

	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	
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	

<p style="text-align:center;color:red;">COB Scenario 1 and 2 are accepted based on plan design:
Scenario 1 - Other Payer Amount Paid Repetitions Only.
Scenario 2 – Other Payer -Patient Responsibility Amount Repetitions</p>

	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*	*Situational*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	RM	
338-5C	OTHER PAYER COVERAGE TYPE		RM	
339-6C	OTHER PAYER ID QUALIFIER		R	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		R	*Other payer BIN*
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		M	Required if other payer has approved payment for some/all of the billing.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 2 - Other Payer - Patient Responsibility Amount Repetitions
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		RW	Imp Guide: Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		R	Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
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.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. Per the NCPDP, it is recommended that each of the component pieces of the patient pay be submitted with their applicable qualifier OR, if the itemized components do not sum to the patient pay amount, then submit with the qualifier value of "06" (Other Payer-Patient Responsibility Amount Qualifier (351-NP)), with the appropriate total Patient Pay Amount (505-F5), as reported by previous payer, instead of submitting each component.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Imp Guide: Required if necessary for patient financial responsibility only billing. Not used if Other Payer Amount Paid (431-DV) is submitted along with other coverage code 02 or 03.

	Pricing Segment 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 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	

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	Compound Segment Segment Identification (111-AM) = "1Ø"	Optional Segment 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	

	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.	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	

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			

	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	*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	*Future capabilities*
552-AP	PREFERRED PRODUCT ID QUALIFIER		S	*Future capabilities*
553-AR	PREFERRED PRODUCT ID		S	*Future capabilities*
554-AS	PREFERRED PRODUCT INCENTIVE		S	*Future capabilities*
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		S	*Future capabilities*
556-AU	PREFERRED PRODUCT DESCRIPTION		S	*Future capabilities*

	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		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.

	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
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	
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	

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 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 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	

	Insurance Segment 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 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 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 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 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 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 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 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 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 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	