



## OptumRx NCPDP Version D.0 Payer Sheet

**This Payer Sheet applies to BIN 610279 Only**

|  |              |   |              |
|--|--------------|---|--------------|
| Payer Name: OptumRx  |              | Date: 01/01/2014  |              |
| United Healthcare Employer and Individual  |              | BIN 610279  | PCN: 9999    |
| United Healthcare Employer and Individual – Contraceptive Services Only                                |              | BIN 610279  | PCN: CONTRAC |
| Processor: OptumRx   |              |   |              |
| Effective as of: 01/01/2014  |              | NCPDP Telecommunication Standard Version/Release #: D.0             |              |
| NCPDP Data Dictionary Version Date: October 2013   |              | NCPDP External Code List Version Date: <a href="#">October 2013</a> |              |
| Contact/Information Source: Network Phone Number; <a href="http://www.optumrx.com">www.optumrx.com</a> |              |   |              |
| Certification Testing Window: Certification not required   |              |   |              |
| Pharmacy Help Desk Medicaid  | 888-306-3243 | Pharmacy Help Desk Student Resources                                | 888-290-5416 |
| Pharmacy Help Desk Sierra  | 855-816-6617 | Pharmacy Help Desk UHC River Valley                                 | 855-816-6616 |
| Pharmacy Help Desk UHC Commercial  | 888-290-5416 | Pharmacy Help Desk Oxford   | 855-816-6615 |
| Pharmacy Help Desk OptumRx   | 800-788-7871 |   |              |
| Other versions supported: ONLY D.0   |              |   |              |

| Field # | Transaction Header Segment       | Value               | Payer Usage | Claim Billing/Claim Rebill |
|---------|----------------------------------|---------------------|-------------|----------------------------|
|         | <i>NCPDP Field Name</i>          |                     |             | <i>Payer Situation</i>     |
| 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           |                            |

| Field # | Insurance Segment Segment Identification (111-AM) = "Ø4" | Value | Payer Usage | Claim Billing/Claim Rebill                |
|---------|--|-------|-------------|---|
|         | <i>NCPDP Field Name</i>                                  |       |             | <i>Payer Situation</i>                    |
| 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           |   |



|              | <b>Patient Segment<br/>Segment Identification (111-AM) = "Ø1"</b> |              |                    | <b>Claim Billing/Claim Rebill</b> |
|--------------|---|--------------|--------------------|-----------------------------------|
| <i>Field</i> | <i>NCPDP Field Name</i>   | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i>            |
| 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                  |                                   |

|                | <b>Claim Segment<br/>Segment Identification (111-AM) = "Ø7"</b> |                      |                    | <b>Claim Billing/Claim Rebill</b>  |
|----------------|---|----------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>         | <i>Payer Usage</i> | <i>Payer Situation</i>   |
| 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  |                      | RW                 | <i>Varies by plan</i>  |
| 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                  |  |
| 3Ø8-C8         | OTHER COVERAGE CODE   | 00<br>02<br>03<br>08 | RW                 | Required for Coordination of Benefits.<br><br><i>Varies by plan</i>      |
| 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                  |  |
| 418-DI         | LEVEL OF SERVICE  |                      | O                  |  |
| 461-EU         | PRIOR AUTHORIZATION TYPE CODE                                   |                      | RW                 | <i>Varies by plan</i>  |
| 462-EV         | PRIOR AUTHORIZATION NUMBER SUBMITTED                            |                      | RW                 | <i>Varies by plan</i>  |
| 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           |   |

For BIN 610297 we will select **one** of the following COB options:  
**Scenario 1 - Other Payer Amount Paid Repetitions Only.**  
**Scenario 2 – Other Payer -Patient Responsibility Amount Repetitions**

|         | Coordination of Benefits/Other<br>Payments Segment<br>Segment Identification (111-AM) = "Ø5" |                     |             | Claim Billing/Claim Rebill<br>Scenario 1 - Other Payer Amount Paid<br>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           | <b>Other payer BIN</b>  |
| 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<br>Payments Segment<br>Segment Identification (111-AM) = "Ø5" |                      |             | Claim Billing/Claim Rebill<br>Scenario 2- Other Payer-Patient<br>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          | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.  |
| 34Ø-7C  | OTHER PAYER ID   |                      | RW          | <i>Other Payer BIN</i>  |
| 443-E8  | OTHER PAYER DATE   |                      | R           | <i>Imp Guide:</i> 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          | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is                       |



|         | Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "05" |       |             | Claim Billing/Claim Rebill<br>Scenario 2- Other Payer-Patient Responsibility Amount Repetitions  |
|---------|---|-------|-------------|--|
| Field # | NCPDP Field Name  | Value | Payer Usage | Payer Situation  |
|         |   |       |             | used.  |
| 351-NP  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER                                       |       | RW          | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.  |
| 352-NQ  | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT   |       | RW          | <i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing.<br><br>Not used if Other Payer Amount Paid (431-DV) is submitted along with other coverage code 02 or 03. |

|         | Pricing Segment<br>Segment Identification (111-AM) = "11" |                     |             | Claim Billing/Claim Rebill   |
|---------|---|---------------------|-------------|--|
| Field # | NCPDP Field Name  | Value               | Payer Usage | This segment is always sent  |
| 409-D9  | INGREDIENT COST SUBMITTED                                 |                     | R           |  |
| 412-DC  | DISPENSING FEE SUBMITTED                                  |                     | R           |  |
| 438-E3  | INCENTIVE AMOUNT SUBMITTED                                |                     | O           |  |
| 478-H7  | OTHER AMOUNT CLAIMED SUBMITTED COUNT                      | Maximum count of 3. | S           | Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. |
| 479-H8  | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER                  |                     | S           | Required if Other Amount Claimed Submitted (480-H9) is used.           |
| 480-H9  | OTHER AMOUNT CLAIMED 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           |  |
| 430-DU  | GROSS AMOUNT DUE  |                     | M           |  |
| 423-DN  | BASIS OF COST DETERMINATION                               |                     | R           |  |

|         | DUR/PPS Segment<br>Segment Identification (111-AM) = "08" |                           |             | Claim Billing/Claim Rebill  |
|---------|---|---------------------------|-------------|---|
| Field # | NCPDP Field Name  | Value                     | Payer Usage | Payer Situation   |
| 473-7E  | DUR/PPS CODE COUNTER                                      | Maximum of 9 occurrences. | RW          | <i>Imp Guide:</i> Required if DUR/PPS Segment is used.  |
| 439-E4  | REASON FOR SERVICE CODE                                   | DD<br>HD                  | RW          | <i>Imp Guide:</i> Required for drug utilization review outcome.<br><br>Required when overriding Drug-Drug Interactions and High Dose Rejects FOR BIN 610279ONLY |
| 440-E5  | PROFESSIONAL SERVICE CODE                                 | M0                        | RW          | <i>Imp Guide:</i> Required for drug utilization review outcome.<br><br>Required when overriding Drug-Drug Interactions and High Dose Rejects FOR BIN 610279ONLY |
| 441-E6  | RESULT OF SERVICE CODE                                    | 1G                        | RW          | <i>Imp Guide:</i> Required for drug utilization review outcome.<br><br>Required when overriding Drug-Drug Interactions and High Dose Rejects FOR BIN 610279ONLY |



|                | <b>Compound Segment<br/>Segment Identification (111-AM) = "1Ø"</b> | <b>Optional Segment<br/>Required for Compounds</b> |                        | <b>Claim Billing/Claim Rebill</b>  |
|----------------|--|--|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>                                       | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 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                     | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. |
| 362-2G         | COMPOUND INGREDIENT MODIFIER CODE COUNT                            | Maximum count of 1Ø.                               | O                      | <i>Imp Guide:</i> Required when Compound Ingredient Modifier Code (363-2H) is sent.                      |
| 363-2H         | COMPOUND INGREDIENT MODIFIER CODE                                  |  | O                      |  |

|                | <b>Clinical Segment<br/>Segment Identification (111-AM) = "13"</b> |                     |                        | <b>Claim Billing/Claim Rebill</b>   |
|----------------|--|---------------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>        | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>  |
| 491-VE         | DIAGNOSIS CODE COUNT   | Maximum count of 5. | O                      | <i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. |
| 492-WE         | DIAGNOSIS CODE QUALIFIER   |                     | O                      | <i>Imp Guide:</i> 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   |
| 102-A2                              | VERSION/RELEASE NUMBER        | DØ                       | M           |   |
| 103-A3                              | TRANSACTION CODE              | B1, B3                   | M           |   |
| 109-A9                              | TRANSACTION COUNT             | Same value as in request | M           |   |
| 501-F1                              | HEADER RESPONSE STATUS        | A = Accepted             | M           |   |
| 202-B2                              | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M           |   |
| 201-B1                              | SERVICE PROVIDER ID           | Same value as in request | M           |   |
| 401-D1                              | DATE OF SERVICE               | Same value as in request | M           |   |

| Response Message Segment<br>Segment Identification (111-AM) = “20” |                  |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)  |
|--|------------------|-------|-------------|--|
| Field #  | NCPDP Field Name | Value | Payer Usage | Payer Situation  |
| 504-F4   | MESSAGE          |       | S           | Imp Guide: Required if text is needed for clarification or detail. |

| Response Insurance Segment<br>Segment Identification (111-AM) = “25” |                  |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)  |
|--|------------------|-------|-------------|--|
| Field #  | NCPDP Field Name | Value | Payer Usage | Payer Situation  |
| 301-C1   | GROUP ID         |       | R           |  |
| 524-FO   | PLAN ID          |       | S           | Part-D Commercial  |
| 302-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<br>Segment Identification (111-AM) = “29” |                    |       |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|--|--------------------|-------|-------------|---|
| Field #  | NCPDP Field Name   | Value | Payer Usage | Payer Situation   |
| 310-CA   | PATIENT FIRST NAME |       |             |   |
| 311-CB   | PATIENT LAST NAME  |       |             |   |
| 304-C4   | DATE OF BIRTH      |       |             |   |

| Response Status Segment<br>Segment Identification (111-AM) = “21” |   |                               |             | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---|---|-------------------------------|-------------|---|
| Field #   | NCPDP Field Name                          | Value                         | Payer Usage | Payer Situation   |
| 112-AN  | TRANSACTION RESPONSE STATUS               | P=Paid<br>D=Duplicate of Paid | M           |   |
| 503-F3  | AUTHORIZATION NUMBER                      |                               | R           |   |
| 547-5F  | APPROVED MESSAGE CODE COUNT               | Maximum count of 5.           | S           |   |
| 548-6F  | APPROVED MESSAGE CODE                     |                               | S           |   |
| 130-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<br>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). |



|                | <b>Response Claim Segment<br/>Segment Identification (111-AM) = "22"</b> |                     |                    | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of Paid)</b> |
|----------------|--|---------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>        | <i>Payer Usage</i> | <i>Payer Situation</i>   |
| 402-D2         | PRESCRIPTION/SERVICE REFERENCE NUMBER                                    |                     | M                  |  |
| 551-9F         | PREFERRED PRODUCT COUNT  | Maximum count of 6. | S                  | <i>Future capabilities</i>   |
| 552-AP         | PREFERRED PRODUCT ID QUALIFIER   |                     | S                  | <i>Future capabilities</i>   |
| 553-AR         | PREFERRED PRODUCT ID   |                     | S                  | <i>Future capabilities</i>   |
| 554-AS         | PREFERRED PRODUCT INCENTIVE  |                     | S                  | <i>Future capabilities</i>   |
| 555-AT         | PREFERRED PRODUCT COST SHARE INCENTIVE                                   |                     | S                  | <i>Future capabilities</i>   |
| 556-AU         | PREFERRED PRODUCT DESCRIPTION  |                     | S                  | <i>Future capabilities</i>   |

|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b> |                     |                    | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of Paid)</b>   |
|----------------|--|---------------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>        | <i>Payer Usage</i> | <i>Payer Situation</i>   |
| 505-F5         | PATIENT PAY AMOUNT   |                     | R                  |  |
| 506-F6         | INGREDIENT COST PAID   |                     | R                  |  |
| 507-F7         | DISPENSING FEE PAID  |                     | R                  |  |
| 558-AW         | FLAT SALES TAX AMOUNT PAID   |                     | S                  |  |
| 559-AX         | PERCENTAGE SALES TAX AMOUNT PAID   |                     | S                  |  |
| 560-AY         | PERCENTAGE SALES TAX RATE PAID   |                     | S                  | <i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).  |
| 561-AZ         | PERCENTAGE SALES TAX BASIS PAID  |                     |                    | <i>Imp Guide:</i> 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                  | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.  |
| 564-J3         | OTHER AMOUNT PAID QUALIFIER  |                     | S                  | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.  |
| 565-J4         | OTHER AMOUNT PAID  |                     | S                  | Required if Other Amount Claimed Submitted (480-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.  |
| 509-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                  | <i>Imp Guide:</i> Required if Patient Pay Amount (505-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                  |  |
| 520-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                  |  |



|                | <b>Response Pricing Segment<br/>Segment Identification (111-AM) = "23"</b>     |              |                        | <b>Claim Billing/Claim Rebill –<br/>Accepted/Paid (or Duplicate of Paid)</b> |
|----------------|--|--------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i> | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 136-UN         | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION |              | S                      |  |

|                | <b>Response DUR/PPS Segment<br/>Segment Identification (111-AM) = "24"</b> | <b>Situation Segment</b>         |                        | <b>Claim Billing/Claim Rebill – Accepted/Paid<br/>(or Duplicate of Paid)</b> |
|----------------|--|----------------------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>                     | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 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                      |  |
| 530-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                      |  |
| 570-NS         | DUR ADDITIONAL TEXT  |                                  | S                      |  |





## 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                              |
| 102-A2                              | VERSION/RELEASE NUMBER        | DØ                       | M           |  |
| 103-A3                              | TRANSACTION CODE              | B1, B3                   | M           |  |
| 109-A9                              | TRANSACTION COUNT             | Same value as in request | M           |  |
| 501-F1                              | HEADER RESPONSE STATUS        | R = Rejected             | M           |  |
| 202-B2                              | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M           |  |
| 201-B1                              | SERVICE PROVIDER ID           | Same value as in request | M           |  |
| 401-D1                              | DATE OF SERVICE               | Same value as in request | M           |  |

| Response Message Segment Segment Identification (111-AM) = "20" |                  | Situation Segment | Claim Billing/Claim Rebill Rejected/Rejected |                 |
|---|------------------|-------------------|--|-----------------|
| Field #   | NCPDP Field Name | Value             | Payer Usage                                  | Payer Situation |
| 504-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           |  |
| 503-F3   | AUTHORIZATION NUMBER                      |                      | M           |  |
| 510-FA   | REJECT COUNT                              | Maximum count of 5.  | R           |  |
| 511-FB   | REJECT CODE                               |                      | R           |  |
| 546-4F   | REJECT FIELD OCCURRENCE INDICATOR         |                      |             |  |
| 130-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.0*.

| Transaction Header Segment |                                  |                    | Claim Reversal |                 |
|----------------------------|----------------------------------|--------------------|----------------|-----------------|
| Field #                    | NCPDP Field Name                 | Value              | Payer Usage    | Payer Situation |
| 101-A1                     | BIN NUMBER                       | See B1 information | M              |                 |
| 102-A2                     | VERSION/RELEASE NUMBER           | D0                 | M              |                 |
| 103-A3                     | TRANSACTION CODE                 | B2                 | M              |                 |
| 104-A4                     | PROCESSOR CONTROL NUMBER         | See B1 information | M              |                 |
| 109-A9                     | TRANSACTION COUNT                | 1                  | M              |                 |
| 202-B2                     | SERVICE PROVIDER ID QUALIFIER    | NPI                | M              |                 |
| 201-B1                     | SERVICE PROVIDER ID              | 01                 | M              |                 |
| 401-D1                     | DATE OF SERVICE                  |                    | M              |                 |
| 110-AK                     | SOFTWARE VENDOR/CERTIFICATION ID | Blanks             | M              |                 |

| Insurance Segment<br>Segment Identification (111-AM) = "04" |                  |       | Claim Reversal |                 |
|---|------------------|-------|----------------|-----------------|
| Field #   | NCPDP Field Name | Value | Payer Usage    | Payer Situation |
| 302-C2  | CARDHOLDER ID    |       | M              |                 |
| 301-C1  | GROUP ID         |       | S              |                 |

| Claim Segment<br>Segment Identification (111-AM) = "07" |   |       | Claim Reversal |                 |
|---|---|-------|----------------|-----------------|
| Field #   | NCPDP Field Name                                | Value | Payer Usage    | Payer Situation |
| 455-EM  | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1     | M              |                 |
| 402-D2  | PRESCRIPTION/SERVICE REFERENCE NUMBER           |       | M              |                 |
| 436-E1  | PRODUCT/SERVICE ID QUALIFIER                    |       | M              |                 |
| 407-D7  | PRODUCT/SERVICE ID                              |       | M              |                 |
| 403-D3  | FILL NUMBER                                     |       | M              |                 |
| 308-C8  | OTHER COVERAGE CODE                             |       | M              |                 |

| Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM) = "05" |   | 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) = "08" |                           | 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   |                           |                |                 |
| 440-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 |
| 102-A2                              | VERSION/RELEASE NUMBER        | DØ                       | M                                  |                 |
| 103-A3                              | TRANSACTION CODE              | B2                       | M                                  |                 |
| 109-A9                              | TRANSACTION COUNT             | Same value as in request | M                                  |                 |
| 501-F1                              | HEADER RESPONSE STATUS        | A = Accepted             | M                                  |                 |
| 202-B2                              | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M                                  |                 |
| 201-B1                              | SERVICE PROVIDER ID           | Same value as in request | M                                  |                 |
| 401-D1                              | DATE OF SERVICE               | Same value as in request | M                                  |                 |

| Response Message Segment<br>Segment Identification (111-AM) = "20" |                  |       | Claim Reversal – Accepted/Approved |                   |
|--|------------------|-------|------------------------------------|-------------------|
| Field #  | NCPDP Field Name | Value | Payer Usage                        | Payer Situation   |
| 504-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                                  |                 |
| 503-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                                  |                 |
| 402-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                    |
| 102-A2                              | VERSION/RELEASE NUMBER        | D0                       | M           |                                    |
| 103-A3                              | TRANSACTION CODE              | B2                       | M           |                                    |
| 109-A9                              | TRANSACTION COUNT             | Same value as in request | M           |                                    |
| 501-F1                              | HEADER RESPONSE STATUS        | A = Accepted             | M           |                                    |
| 202-B2                              | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M           |                                    |
| 201-B1                              | SERVICE PROVIDER ID           | Same value as in request | M           |                                    |
| 401-D1                              | DATE OF SERVICE               | Same value as in request | M           |                                    |

| Response Message Segment<br>Segment Identification (111-AM) = "20" |                  |       |             | Claim Reversal – Accepted/Rejected |
|--|------------------|-------|-------------|------------------------------------|
| Field #  | NCPDP Field Name | Value | Payer Usage | Payer Situation                    |
| 504-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           |                                    |
| 503-F3  | AUTHORIZATION NUMBER        |                     | R           |                                    |
| 510-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           | <i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 402-D2   | PRESCRIPTION/SERVICE REFERENCE NUMBER           |               | M           |  |