



Medco Version D.0 to be used for Non-Medicare Part D beneficiaries

GENERAL INFORMATION

Payer Name: Medco		Date: 10/11/2011
Plan Name/Group Name: Commercial	BIN: 610014	PCN: PCN PROVIDED ON THE CARD or ANYTHING BUT ZEROS
Plan Name/Group Name: ACS Maryland Medicaid	BIN: 610084	PCN: PRODUR1
Plan Name/Group Name: Member Balance Inquiry	BIN: 610056	PCN: PCN PROVIDED ON THE CARD or ANYTHING BUT ZEROS
Plan Name/Group Name:	BIN:	PCN:
Processor: TelePAID[®] System		
Effective as of: 12/08/2011	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 07/01/2007	NCPDP External Code List Version Date: 10/01/2009 NCPDP Emergency External Code List Version Date: 07/01/2011	
Contact/Information Source: General Website: www.medcohealth.com/medco/corporate/home.jsp Payer sheets available at: www.medco.com/rph		
Certification Testing Window: The TelePAID[®] test system is available on Monday through Friday from 9:00 a.m. to 12:00 p.m., eastern time, and 1:00 p.m. to 4:00 p.m., eastern time.		
Certification Contact Information: : Pharmacy Certification Voice Mail Box 1 201 269-5168 Medco Version D.0 Questions team @ VersionD.0Quest@medco.com		
Provider Relations Help Desk Info: Pharmacy Services 1 800 922-1557		
Other versions supported: Other versions 5.1 Telecommunication Standard Supported until 1/1/2012. Refer to the 5.1 payer sheet.		

OTHER TRANSACTIONS SUPPORTED

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing Transaction
B2	Billing Reversal

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes

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

CLAIM BILLING TRANSACTION

The following lists the segments and fields in a Claim Billing for the NCPDP Telecommunication Standard Implementation Guide Version D.0. **Please note the payer requirement is considered to be the same as stated in the Imp Guide statement of the Payer Situation unless otherwise noted.**

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Transaction Header Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing Payer Situation
1Ø1-A1	BIN NUMBER	See Values above in the general information	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	Anything but Zeros
1Ø9-A9	TRANSACTION COUNT	1-4	M	BIN 610056 only allows TRANS COUNT =1. All others 1-4.
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01, 07	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI, NCPDP	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Assigned from Certified by TelePaid®	M	

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

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	NCPDP Field Name	Value	Payer Usage	Claim Billing Payer Situation
3Ø2-C2		CARDHOLDER ID		M	
3Ø1-C1		GROUP ID		M	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment.
3Ø3-C3		PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID. Payer Requirement: Required When Person Number is provided on the ID card.
3Ø6-C6		PATIENT RELATIONSHIP CODE		R	Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.

Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	Imp Guide: Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
325-CP	PATIENT ZIP/POSTAL ZONE		RW	Imp Guide: Optional. Payer Requirement Emergency/Disaster Situations; Patient Zip Code of the emergency should be entered.
3Ø7-C7	PLACE OF SERVICE	01(Pharmacy)	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract. Long Term Care Facility Field Combinations: Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147- U7 = "5" or "3" or "1" Assisted Living Facility: Place of Service 307-C7 = "1" Patient Residence 384-4X = "4" Pharmacy Service Type 147- U7 = "5" or "1" Home Infusion Therapy: Place of Service 307-C7 = "1" Patient Residence 384-4X = "1" or "4" Pharmacy Service Type 147-U7 = "3"

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	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
384-4X	PATIENT RESIDENCE	1(Home) 3(Nursing Facility) 4(Assisted Living Facility)	RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract.</p> <p>Long Term Care Facility Field Combinations: Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147-7 = "5" or "3 or "1"</p> <p>Assisted Living Facility: Place of Service 307-C7 = "1" Patient Residence 384-4X = "4" Pharmacy Service Type 147-U7 = "5" or "1"</p> <p>Home Infusion Therapy: Place of Service 307-C7 = "1" Patient Residence 384-4X = "1" or "4" Pharmacy Service Type 147-U7 = "3"</p>

Claim Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This payer does support partial fills	X	Partial fill not supported for Multi Ingredient Compound Claims
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 (Rx Billing)	M	Imp Guide: For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 (Not Specified) 03(NDC)	M	Use 00 for Multi-ingredient compound claim.
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 0 for Multi-ingredient compound claim.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 (Not a Compound) 2 (Compound)	R	Payer Requirement: When value 2 Compound Segment is required for support of Multi-ingredient compounds.
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	Imp Guide: Required if necessary for plan benefit administration.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø). Payer Requirement: The value of 2 is used to respond to a Max Daily Dose/High Dose Reject.
3Ø8-C8	OTHER COVERAGE CODE		RW	Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits.

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	<p>Imp Guide: Required if necessary for state/federal/regulatory agency programs.</p> <p>Payer Requirement: Must be provided when State Medicaid Regulations require this information.</p>
418-DI	LEVEL OF SERVICE		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p>
461-EU	PRIOR AUTHORIZATION TYPE CODE	<p>1(Prior Authorization) 2(Medical Certification) 8(Payer Defined Exemption), 9(Emergency Preparedness)</p>	RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: When value 1, 8, or 9 is used in conjunction with the Prior Authorization Number Submitted field. Based on benefit set up, a client may allow for TCO (Temporary Coverage Overrides, Transaction Supplies or Emergency Fills).</p> <p>When value 2 for Medical Certification then the Prior Authorization Number is not required.</p> <p>Value 2 or 9 effective 1/1/2012.</p>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: When 1 in field 461-EU, then 1111 populated.</p> <p>When 8 in field 461-EU, then 9999 populated.</p> <p>Effective 1/1/2012, when 2 in field 461-EU, then this field is not required.</p> <p>Effective 1/1/2012, When 9 in field 461-EU, then one of the 911-0 thru 5 populated or when applicable from</p>

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				the appropriate reject claim response use the value returned from field 498-PY PRIOR AUTHORIZATION NUMBER-ASSIGNED.
995-E2	ROUTE OF ADMINISTRATION		RW	Imp Guide: Required if specified in trading partner agreement. Payer Requirement: Required when Compound Code (4Ø6-D6) = 2 (compound).
147-U7	PHARMACY SERVICE TYPE	1 (Community/Retail Pharmacy Services) 3(Home Infusion Therapy Services) 5(Long Term Care Pharmacy Services)	RW	Imp Guide: Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. Payer Requirement: Values 1, 3, or 5 Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract. Long Term Care Facility Field Combinations: Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147-U7 = "5" or "3" or "1" Assisted Living Facility: Place of Service 307-C7 = "1". Patient Residence 384-4X = "4" Pharmacy Service Type 147-U7 = "5" or "1" Home Infusion Therapy: Place of Service 307-C7 = "1"

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Patient Residence 384-4X = "1" or "4" Pharmacy Service Type 147-U7 = "3"
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Imp Guide: Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Payer Requirement: Partial fills are not allowed for Multi Ingredient Compound claims.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Imp Guide: Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Payer Requirement: Partial fills are not allowed for Multi Ingredient Compound claims.
343-HD	DISPENSING STATUS	P(Partial) C(Completed)	RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Partial fills are not allowed for Multi Ingredient Compound claims
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Partial fills are not allowed for Multi Ingredient Compound claims.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription.

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	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Partial fills are not allowed for Multi Ingredient Compound claims.

Pricing Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Payer Requirement: Required when submitting a claim for a vaccine drug and administrative fee together.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Imp Guide: Required if needed per

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Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	Imp Guide: Required if needed for receiver claim/encounter adjudication. Payer Requirement: Basis of Cost Determination not required for Multi Ingredient Compound claims.

Pharmacy Provider Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	This segment is optional unless specific clients require the segment to be submitted. Both 465-EY and 444-E9 are required to be provided when the segment is sent.

Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing/	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER	01(DEA) 02(State License) 05(NPI)	R	Imp Guide: Required if Provider ID (444-E9) is used. Payer Requirement: Values are supported but can be restricted based on client determination or state requirements.
444-E9	PROVIDER ID	DEA, State License or NPI	R	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting. Payer Requirement: Must submit the value corresponding to the qualifier.

Prescriber Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01(NPI) 08(State License) 12(DEA)	R	Imp Guide: Required if Prescriber ID (411-DB) is used.
411-DB	PRESCRIBER ID	NPI #, DEA# or State License #	R	Imp Guide: Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. Payer Requirement: NPI, DEA or State License Number
427-DR	PRESCRIBER LAST NAME		RW	Imp Guide: Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. Payer Requirement: Required when Prescriber Id Qualifier = 08 (State License) is submitted.
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Imp Guide: Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Required when submitting Prescriber Id Qualifier = 08 (State License) or Prescriber Id Qualifier = 12 (DEA) is submitted.

DUR/PPS Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Based on pharmacy determination for clinical or vaccine processing. When submitting a claim for a vaccine and administration fee, only the 440-E5 (Professional Service Code) field is required in this segment.

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	Values as defined by the External Code List	RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
44Ø-E5	PROFESSIONAL SERVICE CODE	Values as defined by the External Code List	RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Value = MA (Medication Administered), is required when submitting a claim for vaccine drug and the administrative fee.
441-E6	RESULT OF SERVICE CODE	Values as defined by the External Code List	RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

Field #	Coordination of Benefits/Other Payments Segment Identification (111-AM) = "Ø5"	NCPDP Field Name	Value	Payer Usage	Claim Billing Scenario 1 - Other Payer Amount Paid Repetitions Only 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		03(BIN) 05(Medicare Carrier Number)	R	Imp Guide: Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID			R	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.
341-HB	OTHER PAYER AMOUNT PAID COUNT		Maximum count of 9.	RW	Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER			RW	Imp Guide: Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID			RW	Imp Guide: Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.
471-5E	OTHER PAYER REJECT COUNT		Maximum count of 5.	RW	Imp Guide: Required if Other Payer Reject Code (472-6E) is used.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
472-6E	OTHER PAYER REJECT CODE		RW	Imp Guide: Required when the other payer has denied the payment for the billing.

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	This segment is required when submitting a claim for Multi Ingredient Claim Transaction (Compound Code =2).

	Compound Segment Segment Identification (111-AM) = "10"			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.

Clinical Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	This segment may be required as determined by benefit design. When the segment is submitted then the fields are defined below are mandatory. Other information that may be provided with in the segment is not required.

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	M	Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	01	M	Imp Guide: Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		M	<p>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for professional pharmacy service.</p> <p>Required if this information can be used in place of prior authorization.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p>

CLAIM BILLING RESPONSE

GENERAL INFORMATION

Payer Name: Medco	Date: 12/08/2011	
Plan Name/Group Name: Commercial	BIN: 610014	PCN: PCN PROVIDED ON THE CARD or ANYTHING BUT ZEROS
Plan Name/Group Name: ACS Maryland Medicaid	BIN: 610084	PCN: PRODUR1
Plan Name/Group Name: Member Balance Inquiry	BIN: 610056	PCN: PCN PROVIDED ON THE CARD or ANYTHING BUT ZEROS

CLAIM BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

The following lists the segments and fields in a Claim Billing response (Paid or Duplicate of Paid) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø. **Please note the payer requirement is considered to be the same as stated in the Imp Guide statement of the Payer Situation unless otherwise noted.**

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

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Billing Accepted/Paid (or Duplicate of Paid) Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A	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 Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provided when additional message text is necessary

Field #	Response Message Segment Identification (111-AM) = "2Ø"	Value	Payer Usage	Claim Billing Accepted/Paid (or Duplicate of Paid) Payer Situation
5Ø4-F4	MESSAGE		RW	Imp Guide: Required if text is needed for clarification or detail.

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

	Response Insurance Segment Identification (111-AM) = "25"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		R	Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist.
545-2F	NETWORK REIMBURSEMENT ID		R	Imp Guide: Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
302-C2	CARDHOLDER ID		RW	Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request.

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

	Response Status Segment Identification (111-AM) = "21"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P, D	M	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
503-F3	AUTHORIZATION NUMBER		R	Imp Guide: Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Imp Guide: Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Imp Guide: Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver.

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

	Response Claim Segment Identification (111-AM) = "22"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		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).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	Imp Guide: Required if Preferred Product ID (553-AR) is used. Payer Requirement: Based on benefit and when preferred alternative are available for the submitted product service ID.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID		RW	Imp Guide: Required if a product preference exists that needs to be communicated to the receiver via an ID.
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Imp Guide: Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

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

	Response Pricing Segment Identification (111-AM) = "23"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		R	Imp Guide: Required if this value is used to arrive at the final reimbursement.

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
557-AV	TAX EXEMPT INDICATOR		R	Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Imp Guide: Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Imp Guide: Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID		RW	Imp Guide: Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	Imp Guide: Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	Imp Guide: Provided for informational purposes only.

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	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	Imp Guide: Provided for informational purposes only.
514-FE	REMAINING BENEFIT AMOUNT		RW	Imp Guide: Provided for informational purposes only.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes deductible.
518-FI	AMOUNT OF COPAY		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	Imp Guide: Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.
575-EQ	PATIENT SALES TAX AMOUNT		RW	Imp Guide: Used when necessary to identify the Patient's portion of the Sales Tax.
574-2Y	PLAN SALES TAX AMOUNT		RW	Imp Guide: Used when necessary to identify the Plan's portion of the Sales Tax.
572-4U	AMOUNT OF COINSURANCE		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
577-G3	ESTIMATED GENERIC SAVINGS		RW	Imp Guide: This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic.

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	Imp Guide: This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	Imp Guide: Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero.
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another.
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON- PREFERRED FORMULARY SELECTION		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	Imp Guide: Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	Imp Guide: Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.

Response DUR/PPS Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	When DUR Information to be provided

	Response DUR/PPS Segment Identification (111-AM) = "24"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Imp Guide: Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Previous Date of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.

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	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
57Ø-NS	DUR ADDITIONAL TEXT		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.

CLAIM BILLING/ACCEPTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A	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 Questions	Check	Claim Billing/ Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provided when additional message text

Field #	Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
504-F4	MESSAGE			Imp Guide: Required if text is needed for clarification or detail.

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

Field #	Response Insurance Segment Identification (111-AM) = "25"	Value	Payer Usage	Claim Billing Accepted/Rejected Payer Situation
301-C1	GROUP ID		RW	Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist.

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
545-2F	NETWORK REIMBURSEMENT ID		RW	Imp Guide: Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
302-C2	CARDHOLDER ID		RW	Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request.

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/ Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/ Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number.
987-MA	URL		RW	Imp Guide: Provided for informational purposes only to relay health care communications via the Internet. Payer Requirement: will return WWW.MEDCO.COM/RPH

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	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).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
553-AR	PREFERRED PRODUCT ID		RW	Imp Guide: Required if a product preference exists that needs to be communicated to the receiver via an ID.
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Imp Guide: Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	When DUR has additional information to be returned

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.

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	Response DUR/PPS Segment Identification (111-AM) = "24"			Claim Billing Accepted/Rejected
531-FV	QUANTITY OF PREVIOUS FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provided when the receiver has the opportunity to reprocess the claim with using a Prior Authorization Number.

	Response Prior Authorization Segment Identification (111-AM) = "26"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED		RW	Imp Guide: Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim. Payer Requirement: The value returned in this field will provide the value that may be submitted in Prior Authorization Number Submitted, field462-EV. This value must be submitted with appropriate corresponding Prior Authorization Type Code, field 461-EU.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	x	Primary 4Rx Data to be returned, when available.

	Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE	01(PRIMARY)	M	
339-6C	OTHER PAYER ID QUALIFIER	03(BIN)	RW	Imp Guide: Required if Other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Will be returned when 4RX Data submitted on the clam needs to be updated and information is available.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Will be returned when 4RX Data submitted on the clam needs to be updated and information is available.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Will be returned when 4RX Data submitted on the clam needs to be updated and information is available.

	Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
992-MJ	OTHER PAYER GROUP ID		RW	<p><i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.</p> <p>Payer Requirement: Will be returned when 4RX Data submitted on the clam needs to be updated and information is available.</p>
142-UV	OTHER PAYER PERSON CODE			<p><i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.</p> <p>Payer Requirement: Will be returned when 4RX Data submitted on the clam needs to be updated and information is available.</p>
127-UB	OTHER PAYER HELP DESK PHONE NUMBER			<p><i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver.</p> <p>Payer Requirement: Will be returned when 4RX Data submitted on the clam needs to be updated and information is available.</p>

CLAIM BILLING REJECTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Billing Rejected/Rejected Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R	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 Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	x	Provided when additional message text is necessary

Field #	Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Billing Rejected/Rejected Payer Situation
504-F4	MESSAGE			Imp Guide: Required if text is needed for clarification or detail.

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

Field #	Response Status Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Rejected/Rejected Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R	M	
503-F3	AUTHORIZATION NUMBER		RW	Imp Guide: Required if needed to identify the transaction.
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver.