

MAINE TUBERCULOSIS PROGRAM NCPDP VERSION PILOT PAYER SHEET

REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET

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

GENERAL INFORMATION

| | | |
|---|--|--------------------------|
| Payer Name: Maine Tuberculosis Program | | Date: May 8, 2018 |
| Plan Name/Group Name: MEPOPTB | BIN: 017779 | PCN: MEPOPTBTST |
| Processor: Change Healthcare (CH) | | |
| Effective as of: May 14, 2018 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: July 2007 | NCPDP External Code List Version Date: March 2010 | |
| Contact/Information Source: 1-888-420-9711 | | |
| Certification Testing Window: | | |
| Certification Contact Information: 1-877-553-8455 POS Tech Support | | |
| Provider Relations Help Desk Info: 1-888-420-9711 | | |
| Other versions supported: NCPDP Telecommunication Standard v5.1 until 12/31/2011 | | |

OTHER TRANSACTIONS SUPPORTED

| Transaction Code | Transaction Name |
|------------------|-----------------------|
| B2 | Claim Reversal |

FIELD LEGEND FOR COLUMNS

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

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a Claim Billing or Claim Rebill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

| Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i> |
|--|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Billing/Claim Rebill <i>Payer Situation</i> |
|---------|---|------------|-------------|---|
| 101-A1 | BIN NUMBER | 017779 | M | BIN for MEPOPTB |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | M | B1 – Claim billing B3 – Claim rebill |
| 104-A4 | PROCESSOR CONTROL NUMBER | MEPOPTBTST | M | |
| 109-A9 | TRANSACTION COUNT | 01 – 04 | M | 01=One Occurrence 02=Two Occurrences 03=Three Occurrences 04= Four Occurrences |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01= (NPI) | M | Only the National Provider ID (NPI) is supported |
| 201-B1 | SERVICE PROVIDER ID | | M | NPI of the submitting pharmacy |

| Transaction Header Segment | | | Claim Billing/Claim Rebill | |
|----------------------------|----------------------------------|------------|----------------------------|--------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill | M | No other values required |

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

| Insurance Segment Segment Identification (111-AM) = "04" | | | Claim Billing/Claim Rebill | |
|---|---------------------------|-------|----------------------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | M | Member ID as issued to the MEPOPTB beneficiary |
| 306-C6 | PATIENT RELATIONSHIP CODE | | RW | Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder. Payer Requirement: Same as Imp. Guide |

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

| Patient Segment Segment Identification (111-AM) = "01" | | | Claim Billing/Claim Rebill | |
|---|---------------------|-------|----------------------------|---|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 304-C4 | DATE OF BIRTH | | R | |
| 305-C5 | PATIENT GENDER CODE | | R | |
| 310-CA | PATIENT FIRST NAME | | RW | Imp Guide: Required when the patient has a first name. Payer Requirement: Required to be sent. |
| 311-CB | PATIENT LAST NAME | | R | |

| Claim Segment Questions | Check | Claim Billing/Claim Rebill If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | X | |
| This payer supports partial fills | | |
| This payer does not support partial fills | X | |

| Claim Segment Segment Identification (111-AM) = "07" | | | Claim Billing/Claim Rebill | |
|---|---|--|----------------------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | Claim Billing Imp Guide: For Transaction Code of "B1" or "B3", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing) |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | 01 – Universal Product Code (UPC) 02 – Health Related Item (HRI) 03 – National Drug Code (NDC) | M | |
| 407-D7 | PRODUCT/SERVICE ID | | M | |
| 442-E7 | QUANTITY DISPENSED | | R | |
| 403-D3 | FILL NUMBER | 0=Original Dispensing 1 to 99=Refill Number | R | |
| 405-D5 | DAYS SUPPLY | | R | |
| 406-D6 | COMPOUND CODE | 1=Not a Compound | R | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Billing/Claim Rebill |
|---------|---|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | 2=Compound | | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | | R | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | Ø=No Refills Authorized 1 through 99, with 99 being as needed, refills unlimited | RW | <i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Required when available on first fill. |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | Ø1=No Override Ø3=Vacation Supply Ø4=Lost Prescription Ø5=Therapy Change | RW | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. <i>Payer Requirement:</i> Same as Imp. Guide |
| 3Ø8-C8 | OTHER COVERAGE CODE | 0=Not specified 1=No other coverage identified 2=Other Coverage Exists-payment collected 3=Other coverage exists-this claim not covered 4= Other Coverage Exists-payment not collected | RW | <i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Other Coverage Code of 8 is not allowed with Coordination of Benefits option 3. Required for Coordination of Benefits. |
| 429-DT | SPECIAL PACKAGING INDICATOR | All Values Accepted | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Same as Imp Guide |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | Ø=Not Specified 1=Prior Auth | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Same as Imp Guide |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Submit the value provided by staff when needed to override standard rules of coverage, pricing and/or patient financial responsibility. |
| 995-E2 | ROUTE OF ADMINISTRATION | | RW | <i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement:</i> Same as Imp Guide |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | | | Claim Billing/Claim Rebill |
|---|-------------------------------|-------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide. |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Same as Imp Guide. |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW | <i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide. |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | RW | <i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement:</i> MEPOPTB agreements require submission of Usual and Customary Charge. |

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

| Prescriber Segment Segment Identification (111-AM) = "03" | | | | Claim Billing/Claim Rebill |
|--|-------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | 12=Drug Enforcement Administration (DEA) Please continue to send 12=DEA | RW | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 411-DB | PRESCRIBER ID | DEA | RW | <i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> NPI of prescriber is required. |
| 427-DR | PRESCRIBER LAST NAME | | RW | <i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. <i>Payer Requirement:</i> Same as Imp Guide |

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

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only |
|---------|---|----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | Ø1 – Ø9 | M | Submit value appropriate to the order in which the payer was billed. |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. <i>Payer Requirement:</i> Submit qualifier appropriate to the value submitted in Other Payer ID (34Ø-7C). |
| 34Ø-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. <i>Payer Requirement:</i> Submit National Payer ID (also referenced as "HPID") when available, otherwise the BIN used for claim submission to the other payer is required. |
| 443-E8 | OTHER PAYER DATE | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. <i>Payer Requirement:</i> Payment or denial date of the claim submitted to the other payer. |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | RW | <i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used. <i>Payer Requirement:</i> Required when Other Payer Amount Paid Qualifier (342-HC) is used. |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | All Values Supported | RW | <i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used. <i>Payer Requirement:</i> Required when Other Payer Amount Paid (431-DV) is used. MEPOPTB will consider the following indicators for coverage: Only Ø7= Drug Benefit |
| 431-DV | OTHER PAYER AMOUNT PAID | | RW | <i>Imp Guide:</i> 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 |

| | Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | | Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only |
|---------|---|-----------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | Responsibility Amount (352-NQ) is submitted. <i>Payer Requirement:</i> Required if other payer has returned a paid response. If OCC=4, populate with Ø. |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 472-6E | OTHER PAYER REJECT CODE | | RW | <i>Imp Guide:</i> 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). <i>Payer Requirement:</i> Submit as many reject codes as were returned by the other payer, up to the maximum identified in Other Payer Reject Count (471-5E). |
| 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 used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | Ø6=Patient Pay Amount | RW | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement:</i> Maine Medicaid only accepts the 06=Patient Pay Amount. Components of Patient Pay (01-05, 07-13) submitted will result in claim rejection |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | RW | <i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. <i>Payer Requirement:</i> Required to identify components of patient responsibility amount assigned by other payer as indicated in the other payer's claim response. |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

| | DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | | Claim Billing/Claim Rebill |
|---------|---|---------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | RW | <i>Imp Guide:</i> Required if DUR/PPS Segment is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp. Guide |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp. Guide |
| 441-E6 | RESULT OF SERVICE CODE | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp. Guide |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp. Guide |
| 475-J9 | DUR CO-AGENT ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if DUR Co-Agent ID (476-H6) is used. <i>Payer Requirement:</i> Same as Imp. Guide |
| 476-H6 | DUR CO-AGENT ID | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp. Guide |

| Compound Segment Questions | Check | Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i> |
|-----------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Required when the pharmacy is dispensing a compound of multiple ingredients and requesting payment for the prescribed compound from Maine Medicaid |

| | Compound Segment Segment Identification (111-AM) = "1Ø" | | | Claim Billing/Claim Rebill |
|----------------|---|----------------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø1=UPC Ø2=HRI Ø3=NDC | M | |
| 489-TE | COMPOUND PRODUCT ID | | M | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | M | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | RW | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required when the pharmacy is seeking compensation for the individual ingredient. |
| 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. <i>Payer Requirement:</i> Required when a value is submitted in Compound Ingredient Drug Cost (449-EE) |

** End of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet **

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

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

GENERAL INFORMATION

| | |
|---|---|
| Payer Name: Maine Tuberculosis Program | Date: May 8, 2018 |
| Plan Name/Group Name: MEPOPTB | BIN: 017779 PCN: MEPOPTBTST |

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

The following lists the segments and fields in a Claim Billing or Claim Rebill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

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

| Field # | Response Transaction Header Segment NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) 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 Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i> |
|---|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <i>Returned when needed for transmission-level messaging.</i> |

| Field # | Response Message Segment Segment Identification (111-AM) = "20" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|--|-------|-------------|---|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

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

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | Value | Payer Usage | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) Payer Situation |
|---------|---|-------------------------------|-------------|---|
| 112-AN | TRANSACTION RESPONSE STATUS | P=Paid D=Duplicate of Paid | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Will be returned |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|---|---|-----------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | Free Text Information | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Will be returned |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Will be returned |

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

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid) |
|--|---|----------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

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

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

| | Response Pricing Segment Segment Identification (111-AM) = "23" | | | Claim Billing/Claim Rebill – 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> |
| 521-FL | INCENTIVE AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). <i>Payer Requirement:</i> Same as Imp Guide |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | RW | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 565-J4 | OTHER AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). <i>Payer Requirement:</i> Same as Imp Guide, but will never be greater than Ø. |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. <i>Payer Requirement:</i> Same as Imp Guide |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | RW | <i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i> Same as Imp Guide |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|--------------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Required if DUR information needs to be sent |

| | Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill – 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> |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 439-E4 | REASON FOR SERVICE CODE | | RW | <i>Imp Guide:</i> Required if utilization conflict is detected. <i>Payer Requirement:</i> Same as Imp Guide. |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |

| | Response DUR/PPS Segment Identification (111-AM) = "24" | | | Claim Billing/Claim Rebill – 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> |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 530-FU | PREVIOUS DATE OF FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used. <i>Payer Requirement:</i> Same as Imp Guide. |
| 532-FW | DATABASE INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as Imp Guide. |

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected <i>If Situational, Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Billing/Claim Rebill Accepted/Rejected |
|----------------|--|--------------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 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 Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission-level messaging |

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|--|-------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Accepted/Rejected |
|---------|---|--------------------------------------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/PBM Telephone Number | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide |

| Response Claim Segment Questions | Check | Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | Response Claim Segment Segment Identification (111-AM) = "22" | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill Accepted/Rejected Payer Situation |
|---------|--|------------------|----------------|-------------|---|
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | | 1 = Rx Billing | M | |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | | M | |

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill Rejected/Rejected 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 Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission-level messaging |

| Field # | Response Message Segment Segment Identification (111-AM) = "20" | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill Rejected/Rejected Payer Situation |
|---------|--|------------------|-------|-------------|--|
| 504-F4 | MESSAGE | | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent |

| Response Status Segment Questions | Check | Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i> |
|-----------------------------------|-------|--|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = "21" | NCPDP Field Name | Value | Payer Usage | Claim Billing/Claim Rebill Rejected/Rejected Payer Situation |
|---------|---|------------------|----------------------|-------------|---|
| 112-AN | TRANSACTION RESPONSE STATUS | | R = Reject | M | |
| 510-FA | REJECT COUNT | | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Billing/Claim Rebill Rejected/Rejected |
|----------------|---|--------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide |

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

MAINE TUBERCULOSIS PROGRAM NCPDP VERSION D CLAIM REVERSAL

REQUEST CLAIM REVERSAL PAYER SHEET

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

GENERAL INFORMATION

| | | |
|--|-------------------|-----------------|
| Payer Name: Maine Tuberculosis Program MEPOPTB | Date: May 8, 2018 | |
| Plan Name/Group Name: MEPOPTB | BIN: 017779 | PCN: MEPOPTBTST |

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 |
| NOT USED | NA | The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed). | No |

| Question | Answer |
|--|---|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | MEPOPTB will accept online reversal of a claim up to the last day of the calendar month the claim was submitted |

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 Questions | Check | Claim Reversal <i>If Situational, Payer Situation</i> |
|--|-------|--|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used | X | |

| Field # | Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal <i>Payer Situation</i> |
|---------|---|---------------------------------------|-------------|---|
| 101-A1 | BIN NUMBER | 017779 | M | BIN for MEPOPTB |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B2 | M | Claim Reversal |
| 104-A4 | PROCESSOR CONTROL NUMBER | MEPOPTBTST | M | |
| 109-A9 | TRANSACTION COUNT | 01 - 04 | M | 01=One Occurrence 02=Two Occurrences 03=Three Occurrences 04= Four Occurrences |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01=National Provider Identifier (NPI) | M | Only the National Provider ID (NPI) is supported |
| 201-B1 | SERVICE PROVIDER ID | | M | NPI of the submitting pharmacy |
| 401-D1 | DATE OF SERVICE | | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | Blank fill | M | No other values required |

| Claim Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| | Claim Segment Segment Identification (111-AM) = "Ø7" | | | Claim Reversal |
|---------|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | Ø1 = Rx Billing | M | <i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | ØØ – For compound submissions Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC) | M | Use ØØ only when submitting claims for compounded prescription claims, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7 |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | Use 'Ø' only when submitting claims for compounded prescriptions, in all other instances use the ID of the product being dispensed |
| 4Ø3-D3 | FILL NUMBER | Same value as original Claim Billing, if sent | RW | <i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. <i>Payer Requirement:</i> Same as Imp Guide |

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

RESPONSE CLAIM REVERSAL PAYER SHEET
CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

| | |
|---|--|
| Payer Name: Maine Tuberculosis Program MEPOPTB | Date: May 8, 2018 |
| Plan Name/Group Name: MEPOPTB | BIN: 017779 PCN: MEOPTBTST |

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| Field # | Response Transaction Header Segment <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Approved <i>Payer Situation</i> |
|----------------|---|--------------------------|--------------------|---|
| 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 Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|---|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission-level messaging |

| Field # | Response Message Segment Segment Identification (111-AM) = "20" <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Approved <i>Payer Situation</i> |
|----------------|---|--------------|--------------------|--|
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| Field # | Response Status Segment Segment Identification (111-AM) = "21" <i>NCPDP Field Name</i> | Value | Payer Usage | Claim Reversal – Accepted/Approved <i>Payer Situation</i> |
|----------------|--|----------------------|--------------------|---|
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as Imp. Guide |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 548-6F | APPROVED MESSAGE CODE | | RW | <i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. <i>Payer Requirement:</i> Same as Imp Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | | | Claim Reversal – Accepted/Approved |
|---|---|----------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide |

| Response Claim Segment Questions | Check | Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i> |
|----------------------------------|-------|--|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | | | Claim Reversal – Accepted/Approved |
|--|---|----------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | 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). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i> |
|---|-------|--|
| This Segment is always sent | X | |

| Response Transaction Header Segment | | | | Claim Reversal – Accepted/Rejected |
|-------------------------------------|-------------------------------|--------------------------|-------------|------------------------------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 5Ø1-F1 | HEADER RESPONSE STATUS | A = Accepted | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 4Ø1-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Reversal - Accepted/Rejected If Situational, <i>Payer Situation</i> |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission-level messaging |

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Reversal – Accepted/Rejected |
|---------|--|-------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

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

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Rejected |
|---------|---|----------------------|----------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | 03=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide |

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

| | Response Claim Segment Segment Identification (111-AM) = "22" | | | Claim Reversal – Accepted/Rejected |
|----------------|--|----------------|--------------------|--|
| <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 | 1 = Rx Billing | 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 | |

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

| Response Transaction Header Segment Questions | Check | Claim Reversal - Rejected/Rejected <i>If Situational, Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent | X | |

| | Response Transaction Header Segment | | | Claim Reversal – Rejected/Rejected |
|----------------|--|--------------------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 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 | 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 Questions | Check | Claim Reversal – Rejected/Rejected <i>If Situational, Payer Situation</i> |
|---|--------------|---|
| This Segment is always sent | | |
| This Segment is situational | X | Returned when needed for transmission-level messaging |

| | Response Message Segment Segment Identification (111-AM) = "20" | | | Claim Reversal – Rejected/Rejected |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i> |
| 504-F4 | MESSAGE | | RW | <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent. |

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

| | Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Rejected/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 = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Rejected/Rejected | |
|---|---|----------------------|------------------------------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | Ø3=Processor/ PBM | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide |

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