

NCPDP VERSION D CLAIM BILLING/CLAIM REBILL REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET

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

GENERAL INFORMATION

Payer Name: Humana		Date: 10/15/2021
Plan Name/Group Name: Enclara Rx (Hospice)	BIN: 018232	PCN: PBMOCE
Plan Name/Group Name: Enclara Rx (HospiceFFS)	BIN: 018232	PCN: PBMOCE
Plan Name/Group Name: Enclara Rx (Hospice12)	BIN: 018232	PCN: PBMOCE
Plan Name/Group Name: VITAS IPU (VITAS)	BIN: 018232	PCN: PBMOCE
Processor: SS&C Health		
Effective as of: 08/01/2021	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: 1-866-597-3589		
Certification Testing Window: Certification Not Required.		
Certification Contact Information: Certification Not Required.		
Provider Relations Help Desk Info: 1-866-597-3589		
Other versions supported:		

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B2	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

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 (11Ø-AK) is Payer Issued		Certification Not Required.
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 <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	018232	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	PBMOCE	M	
1Ø9-A9	TRANSACTION COUNT	1 – 4	M	1 – 4 transactions for transmissions
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	Only value '01' (NPI) accepted.
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	6Ø1DN3ØY	M	

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
302-C2	CARDHOLDER ID		M	As printed on card

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
This Segment is situational		

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	As printed on card
311-CB	PATIENT LAST NAME		R	As printed on card

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
<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>Only value 1 is accepted</i>
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 = NDC 99 = Other	M	99 = Dummy NDC number billing
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER			<i>Imp Guide:</i> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE			<i>Imp Guide:</i> 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.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	Required on ALL submissions (initial/ reversal)
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE		R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	0 = No refills authorized 1-99 = Authorized Refill number – with 99 being as needed, refills	RW	<i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Same as Imp Guide.
419-DJ	PRESCRIPTION ORIGIN CODE		RW	<i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Required on original Rx. When Fill Number is '0' (Original Prescription), the POC requires a value of 1 – 5. Optional on refill Rx. When Fill Number is 01 – 99 (Refill Prescription), the POC may be submitted with values of 1 – 5. Note: POC editing for Original Rx varies by customer. If claim denies, will return NCPDP Reject Code '33' (M/I Prescription Origin Code).
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		<i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	<i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). <i>Payer Requirement:</i> Allow override when <ul style="list-style-type: none"> • Submitted NPI or DEA found, but not active: <ul style="list-style-type: none"> ○ NCPDP Reject Code: 46 ○ SS&C Message: Associated DEA does not have prescriptive rights ○ SCC Override = 46 • NPI submitted, DEA not found for schedule 2-5: <ul style="list-style-type: none"> ○ NCPDP Reject Code: 44 ○ SS&C Message: Associated DEA not found on file ○ SCC Override = 43 • NPI submitted, DEA found but not active for schedule 2-5: <ul style="list-style-type: none"> ○ NCPDP Reject Code: 43 ○ SS&C Message: Associated DEA inactive on date filled

				<ul style="list-style-type: none"> ○ SCC Override = 43 • NPI submitted, DEA found but no prescriptive rights for schedule 2-5: <ul style="list-style-type: none"> ○ NCPDP Reject Code: 46 ○ SS&C Message: Associated DEA does not have prescriptive rights ○ SCC Override = 46
460-ET	QUANTITY PRESCRIBED		RW	<p><i>Imp Guide* : Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).</i></p> <p><i>Payer Requirement: .</i></p> <ul style="list-style-type: none"> • <i>Effective 09/21/2020, field is required for Schedule II drugs</i>

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
343-HD	DISPENSING STATUS		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	<i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.

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
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. <i>Payer Requirement: (Same as Imp Guide).</i>
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.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.		<i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER			<i>Imp Guide:</i> Required if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. <i>Payer Requirement: (Same as Imp Guide).</i>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if applicable for pharmacy location
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if applicable for pharmacy location
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required if applicable for pharmacy location.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required if applicable for pharmacy location.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	

43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		RW	<i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication.

Prescriber Segment Questions		Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>	
This Segment is always sent		x		
This Segment is situational				

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER		R	<i>Acceptable values are 01 = National ProviderID</i>
411-DB	PRESCRIBER ID		R	

**** 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: Humana	Date: 10/15/2021	
Plan Name/Group Name: Enclara Rx (Hospice)	BIN: 018232	PCN: PBMOCE
Plan Name/Group Name: Enclara Rx (HospiceFFS)	BIN: 018232	PCN: PBMOCE
Plan Name/Group Name: Enclara Rx (Hospice12)	Bin : 018232	PCN: PBMOCE
Plan Name/Group Name: VITAS IPU (VITAS)	Bin : 018232	PCN: PBMOCE

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.Ø.

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	

	Response Transaction Header Segment			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>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Patient 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	Returned when any of the field data is known.

	Response Patient Segment Identification (111-AM) = "29"			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>
31Ø-CA	PATIENT FIRST NAME		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement</i> Same as Imp Guide
311-CB	PATIENT LAST NAME		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Same as Imp Guide
3Ø4-C4	DATE OF BIRTH		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Same as Imp Guide

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	

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement: Same as Imp Guide</i>
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: Same as Imp Guide</i>
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: Same as Imp Guide</i>
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: Same as Imp Guide.</i> Note: Current NCPDP and SS&C Health count supported = maximum of 9.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement: Same as Imp Guide</i>
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: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement: Same as Imp Guide</i>
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: Same as Imp Guide.</i> Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.

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

	Response Claim Segment Segment Identification (111-AM) = "22"			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>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> 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	

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

	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>
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: Same as Imp Guide</i>
558-AW	FLAT SALES TAX AMOUNT PAID		RW	<i>Imp Guide:</i> 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. <i>Payer Requirement: Same as Imp Guide</i>
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	<i>Imp Guide:</i> 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 (560-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used. <i>Payer Requirement: Same as Imp Guide</i>
560-AY	PERCENTAGE SALES TAX RATE PAID		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). <i>Payer Requirement: Same as Imp Guide</i>
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). <i>Payer Requirement: Same as Imp Guide</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: Same as Imp Guide</i>
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: Same as Imp Guide</i>
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	<i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement: Same as Imp Guide</i>

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
565-J4	OTHER AMOUNT PAID		RW	<p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero(Ø).</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<p><i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).</p> <p>Required if Basis of Cost Determination (432-DN) is submitted on billing.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>

Response Insurance Segment Segment Identification (111-AM) = "25"				Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
545-2F	NETWORK REIMBURSEMENT ID		RW	<p><i>Imp Guide:</i> Required if needed to identify the network for the covered member.</p> <p>Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.</p> <p>Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>

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	Used If additional messaging is needed.

Response Message Segment Segment Identification (111-AM) = "2Ø"				Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	<p><i>Imp Guide:</i> Required if text is needed for clarification or detail.</p> <p><i>Payer Requirement:</i> Same as Imp Guide</p>

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	Used when needed to relay DUR information to the pharmacy.

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

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	<i>Payer Usage</i>	Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Insurance 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	Used if insurance information is needed.

Field #	Response Insurance Segment Segment Identification (111-AM) = "25" <i>NCPDP Field Name</i>	Value	<i>Payer Usage</i>	Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i>
545-2F	NETWORK REIMBURSEMENT ID		RW	<i>Imp Guide:</i> 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. <i>Payer Requirement: Same as Imp Guide</i>

Response Patient 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	Used if Patient information is to be returned.

Field #	Response Patient Segment Segment Identification (111-AM) = "29" <i>NCPDP Field Name</i>	Value	<i>Payer Usage</i>	Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i>
31Ø-CA	PATIENT FIRST NAME		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement: Same as Imp Guide</i>
311-CB	PATIENT LAST NAME		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement: Same as Imp Guide</i>
3Ø4-C4	DATE OF BIRTH		RW	<i>Imp Guide:</i> Required if known. <i>Payer Requirement: Same as Imp Guide</i>

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement: Same as Imp Guide</i>
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: Same as Imp Guide</i>
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: Same as Imp Guide.</i> <i>Note: Current NCPDP and SS&C Health count supported = maximum of 9.</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement: Same as Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY			<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: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER			<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement: Same as Imp Guide.</i>
550-8F	HELP DESK PHONE NUMBER			<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement: Same as Imp Guide.</i> <i>Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.</i>

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"	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected <i>Payer Situation</i>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> 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	

Response DUR/PPS 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	Used if DUR information is needed to be returned.

Field #	Response DUR/PPS Segment Segment Identification (111-AM) = "24"	Value	Payer Usage	Claim Billing/Claim Rebill Accepted/Rejected <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: Same as Imp Guide</i>
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected. <i>Payer Requirement: Same as Imp Guide</i>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement: Same as Imp Guide</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: Same as Imp Guide</i>
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: Same as Imp Guide</i>
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: Same as Imp Guide</i>
532-FW	DATABASE INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement: Same as Imp Guide</i>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement: Same as Imp Guide</i>

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
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
570-NS	DUR ADDITIONAL TEXT		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 Prior Authorization Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Used if Prior Authorization is needed to be returned.

	Response Prior Authorization Segment Segment Identification (111-AM) = "25"			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>
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED		RW	<i>Imp Guide:</i> Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim. <i>Payer Requirement:</i> Same as Imp Guide. Note: Prior Authorization Number may continue to be returned in 526-FQ Additional Message Information field.

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			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>
102-A2	VERSION/RELEASE NUMBER	D0	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, Payer Situation
This Segment is always sent		
This Segment is situational	X	Used If additional messaging is needed.

	Response Message Segment Segment Identification (111-AM) = "20"			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>
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 Billing/Claim Rebill Rejected/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 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	
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: Same as Imp Guide</i>
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: Same as Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement: Same as Imp Guide</i>
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: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement: Same as Imp Guide</i>
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: Same as Imp Guide.</i> Note: Help Desk Phone Number may continue to be returned in 526-FQ Additional Message Information field.

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