NCPDP Version D.0 Commercial Payer Sheet

GENERAL INFORMATION

Payer Name: ServRx	Date: 07/08/2022	
Plan Name/Group Name: Workers Compensation Rx Solutions	BIN: 015730	PCN: SERVRX1
Plan Name/Group Name: Workers Compensation Rx Solutions	BIN: 017200	PCN: BILLPRO1
Pharmacy Help Desk: 888-970-9770 Option 1:		
Processor: ProCare Rx		
Effective as of: October 1, 2021	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: 07/2007	NCPDP External Code List Version Date: 10/01/2020	
Contact/Information Source: https://www.servrx.com		
Certification Testing Window: Not Required: Not Required		
Certification Contact Information: None		
Provider Relations Help Desk Info: https://www.servrx.com.com		
Other versions supported: None		

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Claim Billing/Claim Billing Transaction
B2	Claim Reversal (Claim Reversal Transaction)
B3	Re-Bill Transaction

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.Ø.*

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill *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		
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/Claim Rebill *Payer Situation*
1Ø1-A1	BIN NUMBER	015730, 017200	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, (B2)	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SERVRX1, BILLPRO1	M	
1Ø9-A9	TRANSACTION COUNT	1-4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	Submit 01 for Pharmacy NPI
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	IF Field 202-B2 equals 01 Submit Pharmacy NPI

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	Transaction Header Segment				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
4Ø1-D1	DATE OF SERVICE			M	CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill		M	Blank Fill

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

	Insurance Segment Segment Identification (111-AM) = "Ø4"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID			M	Patient Social Security Number
312-CC	CARDHOLDER FIRST NAME			R	
313-CD	CARDHOLDER LAST NAME			R	
314-CE	HOME PLAN				
524-FO	PLAN ID				
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE				
3Ø1-C1	GROUP ID	SERVRX1 BILLPRO1 LOP		M	These 3 group ids are all that should be submitted for processing.
3Ø3-C3	PERSON CODE			R	
3Ø6-C6	PATIENT RELATIONSHIP CODE			R	
359-2A	MEDIGAP ID				
36Ø-2B	MEDICAID INDICATOR				
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR				
997-G2	CMS PART D DEFINED QUALIFIED FACILITY				
115-N5	MEDICAID ID NUMBER				

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) = "Ø1"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value		Payer Usage	Payer Situation
331-CX	PATIENT ID QUALIFIER				
332-CY	PATIENT ID				
3Ø4-C4	DATE OF BIRTH			M	CCYYMMDD
3Ø5-C5	PATIENT GENDER CODE	1, 2		M	1=Male, 2=Female
31Ø-CA	PATIENT FIRST NAME			R	
311-CB	PATIENT LAST NAME			R	
322-CM	PATIENT STREET ADDRESS			M	
323-CN	PATIENT CITY ADDRESS			M	
324-CO	PATIENT STATE / PROVINCE ADDRESS			M	
325-CP	PATIENT ZIP/POSTAL ZONE			M	
326-CQ	PATIENT PHONE NUMBER			M	9999999999
3Ø7-C7	PLACE OF SERVICE				
333-CZ	EMPLOYER ID				
335-2C	PREGNANCY INDICATOR				

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	Patient Segment Segment Identification (111-AM) = "Ø1"				Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value		Payer Usage	Payer Situation
35Ø-HN	PATIENT E-MAIL ADDRESS				
384-4X	PATIENT RESIDENCE				

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			

	Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value		Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing		M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER			M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03		M	03=National Drug Code (NDC)
4Ø7-D7	PRODUCT/SERVICE ID			M	NDC Number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER				
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE				
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.			
459-ER	PROCEDURE MODIFIER CODE				Imp Guide: Required to define a further level of specificity if the Product/Service ID (4Ø7-D7) indicated a Procedure Code was submitted. Required if this field could result in different coverage, pricing, or patient financial responsibility.
442-E7	QUANTITY DISPENSED			R	
4Ø3-D3	FILL NUMBER			R	
4Ø5-D5	DAYS SUPPLY			R	
4Ø6-D6	COMPOUND CODE			R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE			R	
414-DE	DATE PRESCRIPTION WRITTEN			R	
415-DF	NUMBER OF REFILLS AUTHORIZED			R	
419-DJ	PRESCRIPTION ORIGIN CODE				
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.			
42Ø-DK	SUBMISSION CLARIFICATION CODE				
46Ø-ET	QUANTITY PRESCRIBED			R	
3Ø8-C8	OTHER COVERAGE CODE			R	
429-DT	SPECIAL PACKAGING INDICATOR				
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER				
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE				
446-EB	ORIGINALLY PRESCRIBED QUANTITY				
454-EK	SCHEDULED PRESCRIPTION ID NUMBER				
6ØØ-28	UNIT OF MEASURE			R	
418-DI	LEVEL OF SERVICE				
461-EU	PRIOR AUTHORIZATION TYPE CODE			R	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED			R	

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Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Billing/Claim Rebill
	NCPDP Field Name	*Value*	*Payer Usage*	*Payer Situation*
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			
464-EX	INTERMEDIARY AUTHORIZATION ID			
343-HD	DISPENSING STATUS			
344-HF	QUANTITY INTENDED TO BE DISPENSED			
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED			
357-NV	DELAY REASON CODE			
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)			
995-E2	ROUTE OF ADMINISTRATION			
996-G1	COMPOUND TYPE			
147-U7	PHARMACY SERVICE TYPE			

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

Field #	Pricing Segment Segment Identification (111-AM) = "11"	Value	Payer Usage	Claim Billing/Claim Rebill
	NCPDP Field Name	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
433-DX	PATIENT PAID AMOUNT SUBMITTED			
438-E3	INCENTIVE AMOUNT SUBMITTED			
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.		
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER			
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED			
481-HA	FLAT SALES TAX AMOUNT SUBMITTED			
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED			
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED			
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED			
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
43Ø-DU	GROSS AMOUNT DUE			
423-DN	BASIS OF COST DETERMINATION			

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational		

Field #	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"	Florida Workers' Compensation Only	Payer Usage	Claim Billing/Claim Rebill
	NCPDP Field Name	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER	02-State License	RW	For FLORIDA requiring Pharmacist License
444-E9	PROVIDER ID	Pharmacist State License Number	R	For FLORIDA requiring Pharmacist License

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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) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01	M	01=Prescriber NPI
411-DB	PRESCRIBER ID	NPI	M	.
427-DR	PRESCRIBER LAST NAME		M	
498-PM	PRESCRIBER PHONE NUMBER		RW	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP/POSTAL ZONE			

Workers' Compensation Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		

	Workers' Compensation Segment Segment Identification (111-AM) = "Ø6"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
434-DY	DATE OF INJURY		M	
315-CF	EMPLOYER NAME		M	
316-CG	EMPLOYER STREET ADDRESS		M	
317-CH	EMPLOYER CITY ADDRESS		M	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS		M	
319-CJ	EMPLOYER ZIP/POSTAL ZONE		M	
32Ø-CK	EMPLOYER PHONE NUMBER		M	
321-CL	EMPLOYER CONTACT NAME			
327-CR	CARRIER ID		M	
435-DZ	CLAIM/REFERENCE ID		M	Submit Work Injury Description
117-TR	BILLING ENTITY TYPE INDICATOR			
118-TS	PAY TO QUALIFIER			
119-TT	PAY TO ID			
12Ø-TU	PAY TO NAME			
121-TV	PAY TO STREET ADDRESS			
122-TW	PAY TO CITY ADDRESS			
123-TX	PAY TO STATE/PROVINCE ADDRESS			
124-TY	PAY TO ZIP/POSTAL ZONE			
125-TZ	GENERIC EQUIVALENT PRODUCT ID QUALIFIER			
126-UA	GENERIC EQUIVALENT PRODUCT ID			

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Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Submit if it is a compound

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	01=Capsule 02=Ointment 03=Cream 04=Suppository 05=Powder 06=Emulsion 07=Liquid 10=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	RW	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1=Each 2=Grams 3=Milliliters	RW	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 10 ingredients	RW	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03	RW	03=National Drug Code (NDC)
489-TE	COMPOUND PRODUCT ID		RW	NDC
448-ED	COMPOUND INGREDIENT QUANTITY		RW	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION			
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	
363-2H	COMPOUND INGREDIENT MODIFIER CODE			

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	**When required for physician dispensed**

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	
492-WE	DIAGNOSIS CODE QUALIFIER	2	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE	Valid ICD-10 Code	RW	Required if necessary for state/federal/regulatory agency programs.
493-XE	CLINICAL INFORMATION COUNTER			
494-ZE	MEASUREMENT DATE			
495-H1	MEASUREMENT TIME			
496-H2	MEASUREMENT DIMENSION			
497-H3	MEASUREMENT UNIT			
499-H4	MEASUREMENT VALUE			

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CLAIM REVERSAL REQUEST

GENERAL INFORMATION

Payer Name: ServRx	Date: 07/08/2022	
Plan Name/Group Name: Workers Compensation Rx Solutions	BIN: 015730	PCN: SERVRX1
Plan Name/Group Name: Workers Compensation Rx Solutions	BIN: 017200	PCN: BILLPRO1

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
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

CLAIM REVERSAL TRANSACTION

Transaction Header Segment Questions	Check	Claim Reversal If Situational, *Payer n*
This Segment is always sent	**X**	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
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	**X**	

	Transaction Header Segment			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	See list above	M	BIN for plan
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	SEE ABOVE	M	SEE ABOVE
1Ø9-A9	TRANSACTION COUNT	Ø1 – Ø4	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	Blank fill

Claim Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent	**X**	

	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	*Imp Guide:* 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	

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	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø1 = Universal Product Code (UPC) Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		M	

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE
GENERAL INFORMATION

Payer Name: ServRx	Date: 07/08/2022	
Plan Name/Group Name: Workers Compensation Rx Solutions	BIN: 015730	PCN: SERVRX1
Plan Name/Group Name: Workers Compensation Rx Solutions	BIN: 017200	PCN: BILLPRO1

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
B2	Claim Reversal

	Response Transaction Header Segment			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
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 Header 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	*Provide general information when used for transmission-level messaging.*

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved S = Duplicate of	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	

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	Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, *Payer Situation*
	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 = RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.1.1.1 Claim Reversal Accepted/Rejected Response

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	**X**	

	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	Claim Reversal
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 Ø1 = National Provider ID	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, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	*Will be returned on rejected claims when the error is at transmission-level.*

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	

Response Status Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
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	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Reject Codes	R	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	

[Type here]

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.1.1.2 **Claim Reversal Rejected/Rejected Response**

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

Transaction Header Segment Questions	Check	Claim Reversal - Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent	**X**	

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

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	**X**	*Will be returned on rejected claims when the error is at transmission-level.*

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Reject Codes	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Ø1 = Used for first line of free form text with no pre-defined structure. Ø2 = Used for second line of free form text with no pre-defined structure.	RW	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3 = Processor/PBM	RW	
55Ø-8F	HELP DESK PHONE NUMBER		RW	