Pharmastar | pbm

NCPDP VERSION D.0 CLAIM BILLING/CLAIM REBILL TEMPLATE

REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET TEMPLATE

**** Start of Request Claim Billing/Claim Rebill**

GENERAL INFORMATION

Payer Name: Pharmastar	Date: 06/29/2020	
Plan Name/Group Name: Pharmastar (Medicare)	BIN: **022188**	PCN: PSTMEDD
Processor: ProCare RX		
Effective as of: 09/21/2020	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: July, 2ØØ7	NCPDP External Code List Version Date: October, 2Ø18	
Contact/Information Source: www.pharmastarpbm.com	Contact Email: pharmastar@pharmastarpbm.com	
Provider Relations Help Desk Info: 888-298-777Ø		

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

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		

	Transaction Header Segment			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	022188	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	PSTMEDD (Medicare)	M	
1Ø9-A9	TRANSACTION COUNT	Ø1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	Value for the qualifier used in 2Ø2-B1 above
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.

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	Required, as found on benefit ID card
312-CC	CARDHOLDER FIRST NAME		RW	Captured if sent through; not required
313-CD	CARDHOLDER LAST NAME		RW	Captured if sent through; not required
3Ø1-C1	GROUP ID		R	
3Ø3-C3	PERSON CODE		RW	Required if needed to uniquely identify the family members within the Cardholder ID

3Ø6-C6	PATIENT RELATIONSHIP CODE		RW	Required if needed to uniquely identify the relationship of the Patient to the Cardholder
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	Required when necessary for plan benefit administration

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

	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		RW	Required if Patient ID (332-CY) is used
332-CY	PATIENT ID		RW	Required if necessary for state/federal/regulatory agency programs to validate dual eligibility.
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		RW	Optional
323-CN	PATIENT CITY ADDRESS		RW	Optional
324-CO	PATIENT STATE / PROVINCE ADDRESS		RW	Optional
325-CP	PATIENT ZIP/POSTAL ZONE		RW	Optional
326-CQ	PATIENT PHONE NUMBER		RW	Optional
3Ø7-C7	PLACE OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
333-CZ	EMPLOYER ID		RW	
335-2C	PREGNANCY INDICATOR		RW	
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	Optional
384-4X	PATIENT RESIDENCE	Ø – Not specified, other patient residence not identified below 1 – Home 3 – Nursing Facility 4 – Assisted Living Facility 6 – Group Home 9 – Intermediate Care Facility/Mentally Retarded; and 11 – Hospice	R	Required if this field could result in different coverage, pricing or patient financial responsibility.

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

	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	For transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ – Not Specified (for multi-ingredient compounds) Ø3 – NDC	M	
4Ø7-D7	PRODUCT/SERVICE ID	11 digit NDC Number Use Ø (single zero) when billing for multi-ingredient compounds	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Required if the "completion" transaction is a partial fill (Dispensing Status (343-HD) = "C" (Completed). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed). Required if Associated Prescription/Service Reverence Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Required if Procedure Modifier Code (459-ER) is submitted
459-ER	PROCEDURE MODIFIER CODE		RW	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	Ø = Original/First dispense 1-99 = Refill number	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a compound	R	

		2 = Compound		
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		RW	Required if necessary for plan benefit administration.
419-DJ	PRESCRIPTION ORIGIN CODE	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	Required if necessary for plan benefit administration.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	8 = Process Compound For Approved Ingredients 14 = Long Term Care Leave of Absence 15 = Long Term Care Replacement Medication 16 = Long Term Care Emergency box (kit) or automated dispensing machine 17 = Long Term Care Emergency supply remainder 18 = Long Term Care Patient Admit/Readmit Indicator 19 = Split Billing	RW	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.
460-ET	QUANTITY PRESCRIBED		RW	*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). *Payer Requirement:* (any unique payer requirement(s))
3Ø8-C8	OTHER COVERAGE CODE	Ø = Not specified 1 = No other coverage identified 2 = Other coverage exists – payment collected 3 = Other coverage billed – claim not covered 4 = Other coverage exists – payment not collected 8 = Claim is billing for patient financial responsibility only	RW	Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits.
429-DT	SPECIAL PACKAGING INDICATOR		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Required if the receiver requests association to a therapeutic, or a preferred product

				substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed.
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities.
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	Required if necessary for state/federal/regulatory agency programs.
6ØØ-28	UNIT OF MEASURE		RW	Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility.
418-DI	LEVEL OF SERVICE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Required if this field could result in different coverage pricing or patient financial responsibility. As needed – plan specific. (A PA number of "ØØØØØØØØØØ3" is required to override some DUR 88 rejects)
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID		RW	Required for overriding an authorized intermediary system edit when the pharmacy participates as an intermediary. Required if Intermediary Authorization ID (464-EX) is used.
464-EX	INTERMEDIARY AUTHORIZATION ID		RW	Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary.
343-HD	DISPENSING STATUS		RW	Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Required for the partial fill or the completion fill of a prescription.
357-NV	DELAY REASON CODE		RW	Required when needed to specify the reason that submission of the transaction has been delayed.
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)		RW	Required when the claims adjudicator does not assume the patient assigned his/her benefits to the provider or when the claims adjudicator supports a patient determination of whether

				he/she wants to assign or retain his/her benefits.
995-E2	ROUTE OF ADMINISTRATION		RW	Required when multi-ingredient compound is submitted
996-G1	COMPOUND TYPE		RW	Required if specified in trading partner agreement.
147-U7	PHARMACY SERVICE TYPE	1 = Community/Retail Pharmacy Services 2 = Compounding Pharmacy Services 3 = Home Infusion Therapy Provider Services 4 = Institutional Pharmacy Services 5 = Long Term Care Pharmacy Services 6 = Mail Order Pharmacy Services 7 = Managed Care Organization Pharmacy Services 8 = Specialty Care Pharmacy Services 99 = Other	R	Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.

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	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Require if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	Required only if Other Amount Claimed Submitted Qualifier (479-H9) is submitted
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		RW	Required only if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU).
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.

483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used Required if this field could result in different pricing Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used Required if this field could result in different pricing Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Required if needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		RW	Required if needed for receiver claim/encounter adjudication.

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

	Pharmacy Provider Segment **Segment Identification (111-AM) = "Ø2"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
465-EY	PROVIDER ID QUALIFIER		R	Required if Provider ID (444-E9) is used.
444-E9	PROVIDER ID		R	Required if necessary for state/federal/regulatory agency programs. Required if necessary to identify the individual responsible for dispensing of the prescription. Required if needed for reconciliation of encounter-reported data or encounter reporting.

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

	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		RW	Required if Prescriber ID (411-DB) is used.
411-DB	PRESCRIBER ID		RW	Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.
427-DR	PRESCRIBER LAST NAME		RW	Required when the Prescriber ID (411-DB) is not Known. Required if Needed for Prescriber ID (411-DB) validation/clarification.
498-PM	PRESCRIBER PHONE NUMBER		RW	Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber Required if needed for Prior Authorization process.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER		RW	Required if Primary Care Provider ID (421-DL) is used.
421-DL	PRIMARY CARE PROVIDER ID		RW	Required if needed for receiver claim/encounter determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME		RW	Required if this field is used as an alternative for Primary Care Provider ID (421-DL) when ID is not known. Required if needed for Primary Care Provider ID (421-DL) validation/clarification.
364-2J	PRESCRIBER FIRST NAME		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.
365-2K	PRESCRIBER STREET ADDRESS		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.
366-2M	PRESCRIBER CITY ADDRESS		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

368-2P	PRESCRIBER ZIP/POSTAL ZONE		RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

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 and a non-zero Other Payer Amount Paid (431-DV) is to be sent
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts.

	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		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		RW	Required if identification of the Other Payer is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Required if Other Payer Amount Paid qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		RW	Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing.

				Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required if Other Payer Reject Code (472-6E) is used
472-6E	OTHER PAYER REJECT CODE		RW	Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other coverage billed – Claim not covered)
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	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.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		RW	Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT		RW	Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs.

DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	When submitting a vaccine claim with an administration fee, the 44Ø-E5 (Professional Service Code) field is required in this segment. Also used if notifying processor of drug utilization, drug evaluations, or information on the appropriate selection to process the claim/encounter.

	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.	R	Required if DUR/PPS Segment is used.

439-E4	REASON FOR SERVICE CODE		R	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service.
44Ø-E5	PROFESSIONAL SERVICE CODE		R	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.
441-E6	RESULT OF SERVICE CODE		R	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.
474-8E	DUR/PPS LEVEL OF EFFORT		R	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.
475-J9	DUR CO-AGENT ID QUALIFIER		RW	Required if DUR Co-Agent ID (476-H6) is used.
476-H6	DUR CO-AGENT ID		RW	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.

Compound Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	This segment is required when submitting a claim for a multi-ingredient compound (Compound Code – 2 on the Claim Segment).

	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		M	

451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	Required if needed for receiver claim determination when multiple products are billed.
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	Required if necessary for state/federal/regulatory agency programs.

Clinical Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	This segment maybe required as determined by benefit design.

	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	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER		RW	Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		RW	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 professional pharmacy service Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported	RW	Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3) Measurement Value (499-H4)

494-ZE	MEASUREMENT DATE		RW	Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
495-H1	MEASUREMENT TIME			Required if Time is known or has impact on measurement. Required if necessary when this field could result in different coverage and/or drug utilization review outcome.
496-H2	MEASUREMENT DIMENSION		RW	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity. (CMN).
497-H3	MEASUREMENT UNIT		RW	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity. (CMN).
499-H4	MEASUREMENT VALUE		RW	Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity. (CMN).

1.1.1.1 CLAIM REVERSAL REQUEST

GENERAL INFORMATION

Payer Name: Pharmastar	Date: 04/01/2023	
Plan Name/Group Name: Pharmastar (Medicaid)	BIN: **022188**	PCN: PSTMEDD

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 list above	M	
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	
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: Pharmastar	Date: 04/01/2023	
Plan Name/Group Name: Pharmastar (Medicaid)	BIN: **022188**	PCN: PSTMEDC

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	

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	

*1.1.1.2*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	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

*1.1.1.3*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	