1. NCPDP VERSION D CLAIM BILLING/CLAIM REBILL TEMPLATE

1.1 REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET TEMPLATE

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

GENERAL INFORMATION

Payer Name: BRIGHTSCRIP	Date October 2, 2024	
Plan Name/Group Name: brightscrip	BIN: 022824	PCN:
Plan Name/Group Name: N/A	BIN:	PCN:
Plan Name/Group Name: N/A	BIN:	PCN:
Plan Name/Group Name: N/A	BIN:	PCN:
Processor: Monarch Specialty Group c/o brightscrip		
Effective as of: October 2, 2024	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: Date of Publication	NCPDP External Code List Version Date: 10/1/2020	
Contact/Information Source: support@brightscrip.com; www.brightscrip.com		
Certification Testing Window: Not Required		
Certification Contact Information: Not Required		
Provider Relations Help Desk Info: 833-613-2333		
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

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	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	If more than one BIN/PCN but all plans use the same segments and fields and situations, enter multiple BIN/PCNs under General Information above.	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	Enter spaces
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER		M	
2Ø1-B1	SERVICE PROVIDER ID		M	

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

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			*Payer Requirement:* Leave Blank or enter 123
312-CC	CARDHOLDER FIRST NAME			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name.
313-CD	CARDHOLDER LAST NAME			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs.
314-CE	HOME PLAN			*Imp Guide:* Required if needed for receiver billing/encounter validation and/or determination for Blue Cross or Blue Shield, if a Patient has coverage under more than one plan, to distinguish each plan.
524-FO	PLAN ID			*Imp Guide:* Optional.
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE			*Imp Guide:* Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage.
3Ø1-C1	GROUP ID			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. *Payer Requirement:* Include the patient's primary insurance PCN and group ID here in this format. PCN (ADV for example),GROUP (1234 for example) if there is no PCN or Group for the primary insurance use a % to intentially omit a PCN or Group. For example: ADV,1234 %,1234 ADV,% %,%
3Ø3-C3	PERSON CODE			*Imp Guide:* Required if needed to uniquely identify the family members within the Cardholder ID.
3Ø6-C6	PATIENT RELATIONSHIP CODE			*Imp Guide:* Required if needed to uniquely identify the relationship of the Patient to the Cardholder.
359-2A	MEDIGAP ID			*Imp Guide:* Required, if known, when patient has Medigap coverage.

	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
36Ø-2B	MEDICAID INDICATOR			*Imp Guide:* Required, if known, when patient has Medicaid coverage.
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs.
997-G2	CMS PART D DEFINED QUALIFIED FACILITY			*Imp Guide:* Required if specified in trading partner agreement.
115-N5	MEDICAID ID NUMBER			*Imp Guide:* Required, if known, when patient has Medicaid coverage.

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			*Imp Guide:* Required if Patient ID (332-CY) is used.
332-CY	PATIENT ID			*Imp Guide:* 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			*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS			*Imp Guide:* Optional.
323-CN	PATIENT CITY ADDRESS			*Imp Guide:* Optional.
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE			*Imp Guide:* Optional.
326-CQ	PATIENT PHONE NUMBER			*Imp Guide:* Optional.
3Ø7-C7	PLACE OF SERVICE			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
333-CZ	EMPLOYER ID			*Imp Guide:* Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule - Thursday, December 28, 2ØØØ, page 828Ø3 and following, and Wednesday, August 14, 2ØØ2, page 53267 and following.) Required if needed for Workers' Compensation billing.
335-2C	PREGNANCY INDICATOR			*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility.

	Patient Segment **Segment Identification (111-AM) = "Ø1"**			**Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule-Thursday, December 28, 2ØØØ, page 828Ø3 and following, and Wednesday, August 14, 2ØØ2, page 53267 and following.)
35Ø-HN	PATIENT E-MAIL ADDRESS			*Imp Guide:* May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient.
384-4X	PATIENT RESIDENCE			*Imp Guide:* 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	
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	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER			*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE			*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
458-SE	PROCEDURE MODIFIER CODE COUNT	Maximum count of 1Ø.		*Imp Guide:* Required if Procedure Modifier Code (459-ER) is used.
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

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				coverage, pricing, or patient financial responsibility.
442-E7	QUANTITY DISPENSED		M	
4Ø3-D3	FILL NUMBER		M	
4Ø5-D5	DAYS SUPPLY		M	
4Ø6-D6	COMPOUND CODE			
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		M	
414-DE	DATE PRESCRIPTION WRITTEN			
415-DF	NUMBER OF REFILLS AUTHORIZED			*Imp Guide:* Required if necessary for plan benefit administration.
419-DJ	PRESCRIPTION ORIGIN CODE			*Imp Guide:* Required if necessary for plan benefit administration.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.		*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE			*Imp Guide:* 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.
46Ø-ET	QUANTITY PRESCRIBED		M	*Imp Guide:* Required for all Medicare Part D claims for drugs dispensed as Schedule II. May be used by trading partner agreement for claims for drugs dispensed as Schedule II only.
3Ø8-C8	OTHER COVERAGE CODE		M	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Default OCC is 00. Other Coverage codes allowed are 01, 02, 03, and 08. Required for Coordination of Benefits.
429-DT	SPECIAL PACKAGING INDICATOR			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER			*Imp Guide:* Required if Originally Prescribed Product/Service Code (455-EA) is used.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE			*Imp Guide:* 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			*Imp Guide:* 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.

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
454-EK	SCHEDULED PRESCRIPTION ID NUMBER			*Imp Guide:* Required if necessary for state/federal/regulatory agency programs.
6ØØ-28	UNIT OF MEASURE			*Imp Guide:* 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			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
461-EU	PRIOR AUTHORIZATION TYPE CODE			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED			*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			*Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary. Required if Intermediary Authorization ID (464-EX) is used.
464-EX	INTERMEDIARY AUTHORIZATION ID			*Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary.
343-HD	DISPENSING STATUS			*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED			*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED			*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
357-NV	DELAY REASON CODE			*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)			*Imp Guide:* 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			*Imp Guide:* Required if specified in trading partner agreement.
996-G1	COMPOUND TYPE			*Imp Guide:* Required if specified in trading partner agreement.
147-U7	PHARMACY SERVICE TYPE			*Imp Guide:* 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			*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
433-DX	PATIENT PAID AMOUNT SUBMITTED		M	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.
438-E3	INCENTIVE AMOUNT SUBMITTED			*Imp Guide:* Required 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.	M	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER		M	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		M	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED			*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED			*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED			*Imp Guide:* Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED			*Imp Guide:* Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE			*Imp Guide:* Required if needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION			*Imp Guide:* Required if needed for receiver claim/encounter adjudication.

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		M	*Imp Guide:* Required if Prescriber ID (411-DB) is used.
411-DB	PRESCRIBER ID		M	*Imp Guide:* 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		M	*Imp Guide:* 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			*Imp Guide:* 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			*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used.
421-DL	PRIMARY CARE PROVIDER ID			*Imp Guide:* 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			*Imp Guide:* 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			*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.
365-2K	PRESCRIBER STREET ADDRESS			*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.
366-2M	PRESCRIBER CITY ADDRESS			*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.
368-2P	PRESCRIBER ZIP/POSTAL ZONE		M	*Imp Guide:* 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 only required for COB claims – not 00 or 01	X	Brightscrip may be in primary, secondary, tertiary, etc position.
COB Method 2 OPPRA Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions, or Other Payer Reject Code Repititions	X	08 or 03

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. See section *Coordination of Benefits (COB) Processing* for more information.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** COB Method 2 Scenario 2- Other Coverage Code equal to 08 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage 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			*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID			*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE			*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.		*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE			*Imp Guide:* Required when the other payer has denied the payment for the billing.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	R	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		R	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		R	*Imp Guide:* Required if necessary for patient financial responsibility only billing.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** COB Method 2 Scenario 2- Other Coverage Code equal to 08 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				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.		*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER			*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT			*Imp Guide:* 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.
	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** COB Method 2 Scenario 2- Other Coverage Code equal to 03 - Other Payer Reject count and codes 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			*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID			*Imp Guide*:if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE			*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	R	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		R	*Imp Guide:* Required when the other payer has denied the payment for the billing.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.		*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER			*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT			*Imp Guide:* Required if necessary for patient financial responsibility only billing.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** COB Method 2 Scenario 2- Other Coverage Code equal to 08 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				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.		*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER			*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT			*Imp Guide:* 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.

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

	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.		*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER			*Imp Guide:* Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE			*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

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

1.2 Response Claim Billing/Claim Rebill Payer Sheet Template

1.2.1 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: Name	Date: Date	
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:

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, *Payer Situation*
This Segment is always sent	X	

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

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

	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			*Imp Guide:* Required if text is needed for clarification or detail.

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

	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø1-C1	GROUP ID			*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist.
524-FO	PLAN ID			*Imp Guide:* Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverages exist. Required if needed to contain the actual plan ID if unknown to the receiver.

	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
545-2F	NETWORK REIMBURSEMENT ID			*Imp Guide:* Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
568-J7	PAYER ID QUALIFIER			*Imp Guide:* Required if Payer ID (569-J8) is used.
569-J8	PAYER ID			*Imp Guide:* Required to identify the ID of the payer responding.
3Ø2-C2	CARDHOLDER ID			*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request.

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

	Response Patient Segment Segment Identification (111-AM) = "29"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
31Ø-CA	PATIENT FIRST NAME			*Imp Guide:* Required if known.
311-CB	PATIENT LAST NAME			*Imp Guide:* Required if known.
3Ø4-C4	DATE OF BIRTH			*Imp Guide:* Required if known.

Response Status Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
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	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.		*Imp Guide:* Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE			*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.		*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER			*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION			*Imp Guide:* Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY			*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER			*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.

	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*
55Ø-8F	HELP DESK PHONE NUMBER			*Imp Guide:* Required if needed to provide a support telephone number to the receiver.

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)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.		*Imp Guide:* Required if Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER			*Imp Guide:* Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID			*Imp Guide:* Required if a product preference exists that needs to be communicated to the receiver via an ID.
554-AS	PREFERRED PRODUCT INCENTIVE			*Imp Guide:* Required if there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE			*Imp Guide:* Required if there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
556-AU	PREFERRED PRODUCT DESCRIPTION			*Imp Guide:* Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

Response Pricing Segment Questions	**Check**	**Claim Billing/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)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID			*Imp Guide:* Required if this value is used to arrive at the final reimbursement.
557-AV	TAX EXEMPT INDICATOR			*Imp Guide:* Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.

	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*
558-AW	FLAT SALES TAX AMOUNT PAID			*Imp Guide:* Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID			*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
56Ø-AY	PERCENTAGE SALES TAX RATE PAID			*Imp Guide:* Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID			*Imp Guide:* Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID			*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.		*Imp Guide:* Required if Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER			*Imp Guide:* Required if Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID			*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).
566-J5	OTHER PAYER AMOUNT RECOGNIZED			*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION			*Imp Guide:* Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT			*Imp Guide:* Provided for informational purposes only.

	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*
513-FD	REMAINING DEDUCTIBLE AMOUNT			*Imp Guide:* Provided for informational purposes only.
514-FE	REMAINING BENEFIT AMOUNT			*Imp Guide:* Provided for informational purposes only.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes deductible
518-FI	AMOUNT OF COPAY			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility.
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.
346-HH	BASIS OF CALCULATION—DISPENSING FEE			*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
347-HJ	BASIS OF CALCULATION—COPAY			*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
348-HK	BASIS OF CALCULATION—FLAT SALES TAX			*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Flat Sales Tax Amount Paid (558-AW) is greater than zero (Ø).
349-HM	BASIS OF CALCULATION—PERCENTAGE SALES TAX			*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE			*Imp Guide:* Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.
575-EQ	PATIENT SALES TAX AMOUNT			*Imp Guide:* Used when necessary to identify the Patient's portion of the Sales Tax. Provided for informational purposes only.
574-2Y	PLAN SALES TAX AMOUNT			*Imp Guide:* Used when necessary to identify the Plan's portion of the Sales Tax. Provided for informational purposes only.
572-4U	AMOUNT OF COINSURANCE			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.
573-4V	BASIS OF CALCULATION-COINSURANCE			*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.		*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER			*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used.

	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*
394-MW	BENEFIT STAGE AMOUNT			*Imp Guide:* Required when a Medicare Part D payer applies financial amounts 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.
577-G3	ESTIMATED GENERIC SAVINGS			*Imp Guide:* This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic.
128-UC	SPENDING ACCOUNT AMOUNT REMAINING			*Imp Guide:* This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT			*Imp Guide:* Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero.
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION			*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP			*Imp Guide:* Required when the patient's financial responsibility is due to the coverage gap.
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT			*Imp Guide:* Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT			*Imp Guide:* Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.

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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.		*Imp Guide:* Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE			*Imp Guide:* Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE			*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR			*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL			*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL			*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR			*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR			*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE			*Imp Guide:* Required if needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT			*Imp Guide:* Required if needed to supply additional information for the utilization conflict.

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

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
34Ø-7C	OTHER PAYER ID			*Imp Guide:* Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER			*Imp Guide:* Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID			*Imp Guide:* Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID			*Imp Guide:* Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE			*Imp Guide:* Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER			*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE			*Imp Guide:* Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE			*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE			*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted.

1.2.2 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
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	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 Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
This Segment is always sent		

	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			*Imp Guide:* Required if text is needed for clarification or detail.

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR			*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.		*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER			*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION			*Imp Guide:* Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY			*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		R	*Imp Guide:* Required if needed to provide a support telephone number to the receiver.

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

Reversal Transaction (In 60 days)

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

	Transaction Header Segment			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	BIN used on original claim submission	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2 =Reversal	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	Enter Spaces

	Transaction Header Segment			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Provider ID Qualifier sent on original clam	M	Provider ID Qualifier sent on original clam
2Ø1-B1	SERVICE PROVIDER ID	Provider ID sent on original clam	M	Provider ID sent on original clam
4Ø1-D1	DATE OF SERVICE	Date of service sent on original claim	M	Date of service sent on original claim
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**Claim Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		R	Populate with the same information sent on original claim
3Ø1-C1	GROUP ID		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. *Payer Requirement:* Populate with the same information sent on original claim

Claim Segment	**Check**	**Claim Reversal** 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 Reversal**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Populate with the same information sent on claim
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	Populate with the same information sent on claim
4Ø7-D7	PRODUCT/SERVICE ID		M	Populate with the same information sent on claim
4Ø3-D3	FILL NUMBER		M	Populate with the same information sent on original claim
3Ø8-C8	OTHER COVERAGE CODE		R	Populate with the same information sent on original claim

Coordination of Benefits/Other Payments Segment	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is only required for COB claims – not 00 or 01	X	Brightscrip may be in primary, secondary, tertiary, etc position.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	Populate with the same information sent on original claim
338-5C	OTHER PAYER COVERAGE TYPE		M	Populate with the same information sent on original claim

Reversal Response Transaction

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

	Response Transaction Header Segment			Claim Reversal Accepted/Paid/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2=Reversal	M	
1Ø9-A9	TRANSACTION COUNT	1=One occurrence per B2 transmission	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted 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	Check	Claim Reversal Accepted/Paid/Rejected If Situational, *Payer Situation*
This Segment is always sent		

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal Accepted/Paid/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	A=Approved R=Rejected	M	
5Ø3-F3	AUTHORIZATION NUMBER			*Imp Guide:* Required if needed to identify the transaction.

	Response Status Segment **Segment Identification (111-AM) = "21"**			**Claim Reversal** **Accepted/Paid/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.		*Imp Guide:* Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE			*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		R	*Imp Guide:* Required if needed to provide a support telephone number to the receiver.

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

	Response Claim Segment **Segment Identification (111-AM) = "22"**			**Claim Reversal** **Accepted/Paid/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	*Imp Guide:* For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	