



NCPDP Version D.0 Commercial Payer Sheet

GENERAL INFORMATION

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

OTHER TRANSACTIONS SUPPORTED

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

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

FIELD LEGEND FOR COLUMNS

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

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

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

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

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

Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	Patient Social Security Number
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
314-CE	HOME PLAN			
524-FO	PLAN ID			
309-C9	ELIGIBILITY CLARIFICATION CODE			
301-C1	GROUP ID	SERVX1 BILLPRO1 LOP	M	These 3 group ids are all that should be submitted for processing.
303-C3	PERSON CODE		R	
306-C6	PATIENT RELATIONSHIP CODE		R	
359-2A	MEDIGAP ID			
360-2B	MEDICAID INDICATOR			
361-2D	PROVIDER ACCEPT ASSIGNMENT INDICATOR			
997-G2	CMS PART D DEFINED QUALIFIED FACILITY			
115-N5	MEDICAID ID NUMBER			

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

Patient Segment Segment Identification (111-AM) = "01"			Claim Billing/Claim Rebill	
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
331-CX	PATIENT ID QUALIFIER			
332-CY	PATIENT ID			
304-C4	DATE OF BIRTH		M	CCYYMMDD
305-C5	PATIENT GENDER CODE	1, 2	M	1=Male, 2=Female
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		M	
323-CN	PATIENT CITY ADDRESS		M	
324-CO	PATIENT STATE / PROVINCE ADDRESS		M	
325-CP	PATIENT ZIP/POSTAL ZONE		M	
326-CQ	PATIENT PHONE NUMBER		M	9999999999
307-C7	PLACE OF SERVICE			
333-CZ	EMPLOYER ID			
335-2C	PREGNANCY INDICATOR			

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

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

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Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID			
464-EX	INTERMEDIARY AUTHORIZATION ID			
343-HD	DISPENSING STATUS			
344-HF	QUANTITY INTENDED TO BE DISPENSED			
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED			
357-NV	DELAY REASON CODE			
391-MT	PATIENT ASSIGNMENT INDICATOR (DIRECT MEMBER REIMBURSEMENT INDICATOR)			
995-E2	ROUTE OF ADMINISTRATION			
996-G1	COMPOUND TYPE			
147-U7	PHARMACY SERVICE TYPE			

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

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

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

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

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

Field #	Prescriber Segment Segment Identification (111-AM) = "Ø3"	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	01	M	01=Prescriber NPI
411-DB	PRESCRIBER ID	NPI	M	.
427-DR	PRESCRIBER LAST NAME		M	
498-PM	PRESCRIBER PHONE NUMBER		RW	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER			
421-DL	PRIMARY CARE PROVIDER ID			
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME			
364-2J	PRESCRIBER FIRST NAME			
365-2K	PRESCRIBER STREET ADDRESS			
366-2M	PRESCRIBER CITY ADDRESS			
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS			
368-2P	PRESCRIBER ZIP/POSTAL ZONE			

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

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

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

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

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

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

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CLAIM REVERSAL REQUEST

GENERAL INFORMATION

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

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Billing
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

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

CLAIM REVERSAL TRANSACTION

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

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

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1 = Rx Billing	M	Imp Guide: For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE
GENERAL INFORMATION

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

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B1	Billing
B2	Claim Reversal

Response Transaction Header				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	<i>Provide general information when used for transmission-level messaging.</i>

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

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

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

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

	Response Claim Segment Segment Identification (111-AM) = “22”			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

1.1.1.1 Claim Reversal Accepted/Rejected Response

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

	Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	Claim Reversal
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request Ø1 = National Provider ID	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal - Accepted/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) = “20”			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-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	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Reject Codes	R	
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	

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

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

[Type here]

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

1.1.1.2 Claim Reversal Rejected/Rejected Response

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal – Rejected/Rejected Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	Claim Reversal
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected 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) = "20"			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-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	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Reject Codes	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	
130-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	
550-8F	HELP DESK PHONE NUMBER		RW	