New York Elderly Pharmaceutical Insurance Coverage (EPIC) D.0 Payer Specification

NCPDP Version D Claim Billing/Claim Re-bill Template

Request Claim Billing/Claim Re-bill Payer Sheet Template

****Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****

General Information

Payer Name: New York EPIC	**Date:** 10/16/2014	
Plan Name/Group Name: NYEPIC	**BIN:** 012345	**PCN:** P024012345
Processor: Processor/Fiscal Intermediary		
Effective as of: 10/18/2014	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: June 2010	**NCPDP External Code List Version Date:** June 2010	
Contact/Information Source: Magellan Health Services – Albany, NY		
Certification Testing Window: To be determined		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 866-254-1669		
Other versions supported: NCPDP Telecommunication version 5.1 until TBD		

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
B2	Claim Reversal
B3	Claim Re-Bill

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 when x," "Not required when y").	Yes
Repeating Field	***	The "***" indicates that the field is repeating. One of the other designators, "M", "R" or "RW" will precede it.	Yes

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

Claim Billing/Claim Re-bill Transaction

The following lists the segments and fields in a Claim Billing or Claim Re-bill Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is always sent	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	Ø12345	M	Ø12345 – New York EPIC
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	Mandatory
1Ø3-A3	TRANSACTION CODE	B1 Billing B2 Reversal B3 Re-bill	M	Mandatory
1Ø4-A4	PROCESSOR CONTROL NUMBER	PØ24Ø12345	M	Mandatory
1Ø9-A9	Transaction Count	Ø1 = One occurrence Ø2 = Two occurrences Ø3 = Three occurrences Ø4 = Four occurrences	M	Mandatory
2Ø2-B2	Service Provider ID Qualifier	Ø1 - National Provider Identifier (NPI)	M	Mandatory
2Ø1-B1	Service Provider ID	NPI	M	Mandatory
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	Mandatory
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Assigned by Magellan Health Services.	M	Assigned by Magellan Health Services.

Patient Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is situational	X	Required for B1 and B3 transactions

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH	Format = CCYYMMDD	R	Required for this program.
3Ø5-C5	PATIENT GENDER CODE	1 = Male 2 = Female	R	Required for this program.
31Ø-CA	PATIENT FIRST NAME	Required for this program.	R	Required for this program.
311-CB	PATIENT LAST NAME	Required for this program.	R	Required for this program.

Insurance Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	EPIC Cardholder ID	M	NY EPIC Number <patient specific> Format = EPNNNNNNN
312-CC	CARDHOLDER FIRST NAME	Required for this program.	R	Required for this program.
313-CD	CARDHOLDER LAST NAME	Required for this program.	R	Required for this program.

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID	NY EPIC	M	NY EPIC

Claim Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
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	Mandatory	M	Mandatory
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC) ØØ = Compound	M	Mandatory
4Ø7-D7	PRODUCT/SERVICE ID	Mandatory	M	One "Ø" when submitting compound
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.	RW	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when 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	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when Associated Prescription/Service Reference Number (456-EN) is used. Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.	RW	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when Associated Prescription/Service Reference Number (456-EN) is used. Required when the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
442-E7	QUANTITY DISPENSED	Required for this program.	R	Required for this program.
4Ø3-D3	FILL NUMBER	Ø = Original dispensing 1-99 = Refill number - Number of the replenishment	R	Required for this program.
4Ø5-D5	DAYS SUPPLY	Required for this program.	R	Required for this program.
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Required for this program.
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug	R	Required for this program.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace 9 = Substitution Allowed By Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product To Be Dispensed		
414-DE	DATE PRESCRIPTION WRITTEN	Format = CCYYMMDD	R	Required for this program.
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1-99 = Authorized Refill number - with 99 being as needed, refills unlimited	RW	Required when necessary for plan benefit administration.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Required when Submission Clarification Code (42Ø-DK) is used.
42Ø-DK	SUBMISSION CLARIFICATION CODE	'2 = Other Override' required to override select Plan Limitations Exceeded for Maximum edits '7 = Medically Necessary' required for FluMist age limit overrides '8 = Process Compound For Approved Ingredients' required to override and accept payments only for covered items within a compound	R	'2 = Other Override' required to override select Plan Limitations Exceeded for Maximum edits '7 = Medically Necessary' required for FluMist age limit overrides '8 = Process Compound For Approved Ingredients' required to override and accept payments only for covered items within a compound
3Ø8-C8	OTHER COVERAGE CODE	3 = Other Coverage Billed – Claim not Covered 8 = Claim is billing for patient financial responsibility only	R	3 = Other Coverage Billed – Claim not Covered 8 = Claim is billing for patient financial responsibility only
343-HD	DISPENSING STATUS	P = Partial Fill C = Completion of Partial Fill	R	Required for the partial fill or the completion fill of a prescription.
344-HF	QUANTITY INTENDED TO BE DISPENSED	Required for this program.	R	Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	Required for this program.	R	Required for the partial fill or the completion fill of a prescription.
357-NV	DELAY REASON CODE	1 = Proof of eligibility unknown or unavailable 2 = Litigation 3 = Authorization delays 4 = Delay in certifying provider 5 = Delay in supplying billing forms 6 = Delay in delivery of custom-made appliances 7 = Third-party processing delay	RW	Required when needed to specify the reason that submission of the transaction has been delayed.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		8 = Delay in eligibility determination 9 = Original claims rejected or denied due to a reason unrelated to the billing limitation rules 1Ø = Administration delay in the prior approval process 11 = Other 12 = Received late with no exceptions 13 = Substantial damage by fire, etc. to provider records 14 = Theft, sabotage/other willful acts by employee		
995-E2	ROUTE OF ADMINISTRATION	SNOMED	RW	Required when specified in trading partner agreement. *Payer Requirement:* (any unique payer requirement(s))
996-G1	COMPOUND TYPE	Ø1 = Anti-infective Ø2 = Ionotropic Ø3 = Chemotherapy Ø4 = Pain management Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition Ø6 = Hydration Ø7 = Ophthalmic 99 = Other	RW	Required when submitting a new compound. *Payer Requirement: Same as implementation guide:* Same as *Imp Guide*.

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED	Mandatory	M	Mandatory
412-DC	DISPENSING FEE SUBMITTED	Mandatory	M	Mandatory
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW***	Required when Other Amount Claimed Submitted Qualifier (479-H8) is used.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Blank 01 = Delivery Cost 02 = Shipping Cost 03 = Postage Cost 04 = Administrative Cost 09 = Compound Preparation Cost Submitted	RW***	Required when Other Amount Claimed Submitted (48Ø-H9) is used.
48Ø-	OTHER AMOUNT CLAIMED	Required when its value has an effect on	RW***	Required when its value has an effect on the

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
H9	SUBMITTED	the Gross Amount Due (43Ø-DU) calculation.		Gross Amount Due (43Ø-DU) calculation.
426-DQ	USUAL AND CUSTOMARY CHARGE	Required when needed per trading partner agreement.	RW	Required when needed per trading partner agreement.
43Ø-DU	GROSS AMOUNT DUE	Mandatory	M	Mandatory

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is situational	X	Required for B1 and B3 transactions

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier (NPI) Ø8 = State License 12 = Drug Enforcement Administration (DEA) Number	M	Mandatory
411-DB	PRESCRIBER ID	NPI State License DEA Number	M	Format: NPI =NNNNNNNNN State License = NNNNNNN DEA Number = AANNNNNNN

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc., claims. Required for B1 and B3 transactions when there is other payer information.
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	Mandatory
338-5C	OTHER PAYER COVERAGE TYPE	Blank = Not Specified Ø1 = Primary – First Ø2 = Secondary – Second Ø3 = Tertiary – Third	M***	Mandatory
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Bank Information Number (BIN) Card Issuer ID	RW	Required when Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID	Other Payer Bank Information Number (BIN).	R	Required for this program.
443-E8	OTHER PAYER DATE	Required for this program.	R	Required for this program.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required when Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE	NCPDP Reject Code (511-FB) values	RW	Required for this program when the Other Coverage Code (3Ø8-C8) of "3" is used.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Required when Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Blank=Not Specified Ø1=Amount Applied to Periodic Deductible (517-FH) as reported by previous payer Ø2=Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer Ø3=Amount Attributed to Sales Tax (523-FN) as reported by previous payer Ø4=Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer Ø5=Amount of Co-pay (518-FI) as reported by previous payer Ø7=Amount of Coinsurance (572-4U) as reported by previous payer Ø8=Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer Ø9=Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer 1Ø=Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer 11=Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer 12=Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap 13=Amount Attributed to Processor Fee (571-NZ) as reported by previous payer	RW	Required when Other Payer-Patient Responsibility Amount (352-NQ) is used. These values will be the only ones accepted by EPIC. Any other values, will deny
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	Required when necessary for patient financial responsibility only billing. Not used when Other Payer Amount Paid (431-DV) is submitted.	RW	Required when necessary for patient financial responsibility only billing. Not used when Other Payer Amount Paid (431-DV) is submitted.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	Required when Benefit Stage Amount (394-MW) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
393-MV	BENEFIT STAGE QUALIFIER	Ø1 = Deductible Ø2 = Initial Benefit Ø3 = Coverage Gap Ø4 = Catastrophic Coverage	RW	Required when Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT	Required when 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.	RW	Required when 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.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is situational	X	Required for B1 and B3 transactions when there is DUR information.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW***	Required when DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service	RW***	Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service.
44Ø-E5	PROFESSIONAL SERVICE CODE	Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service.	RW***	Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service.
441-E6	RESULT OF SERVICE CODE	ØØ = Not Specified 1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1E = Filled, With Different Drug 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval 1H = Brand-to-Generic Change 1J = Rx-to-OTC Change 1K = Filled with Different Dosage Form 2A = Prescription Not Filled 2B = Not Filled, Directions Clarified	RW***	Required when this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required when this field affects payment for or documentation of professional pharmacy service.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		3A = Recommendation Accepted 3B = Recommendation Not Accepted 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3F = Therapy Changed 3G = Drug Therapy Unchanged 3H = Follow-Up/Report 3J = Patient Referral 3K = Instructions Understood 3M = Compliance Aid Provided 3N = Medication Administered 4A = Prescribed with acknowledgements		

Compound Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is situational	X	It is used for multi-ingredient prescriptions, when each ingredient is reported. The Segment is mandatory for B1/B3 transactions when required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Blank = Not Specified Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	M	Mandatory
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 = Each 2 = Grams 3 = Milliliters	M	Mandatory
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	Mandatory

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3	M	Ø3 = National Drug Code (NDC) - Formatted 11 digits (N)
489-TE	COMPOUND PRODUCT ID	Mandatory	M	Mandatory
448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound.	M	Mandatory
449-EE	COMPOUND INGREDIENT DRUG COST	Enter the ingredient drug cost for each product used in making the compound.	RW	Required when needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	ØØ = Default Ø1 = AWP Ø2 = Local Wholesaler Ø3 = Direct Ø4 = EAC (Estimated Acquisition Cost) Ø5 = Acquisition Ø6 = MAC (Maximum Allowable Cost) Ø7 = Usual & Customary Ø8 = 34ØB/Disproportionate Share Pricing Ø9 = Other 1Ø = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing	M	Mandatory
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	HCPCS	R	Required for this program.

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill When Situational, Payer Situation
This Segment is situational		Segment May be Required at a Future Date for These Transactions: B1 and B3 When Designated Clinical Information is Needed for Drug Coverage Consideration

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
Intentionally not listed.				

****End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****

Response Claim Billing/Claim Re-bill Payer Sheet Template

Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) Response

Start of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template

General Information

Payer Name: New York EPIC	**Date:** 10/16/2014	
Plan Name/Group Name: NYEPIC	**BIN:** 012345	**PCN:** P024012345
Processor: Processor/Fiscal Intermediary		
Effective as of: 10/18/2014	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: June 2010	**NCPDP External Code List Version Date:** June 2010	
Contact/Information Source: Magellan Health Services – Albany, NY		
Certification Testing Window:		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 866-254-1669		
Other versions supported: NCPDP Telecommunication version 5.1 until TBD		

Claim Billing/Claim Re-bill PAID (or Duplicate of PAID) Response

The following lists the segments and fields in a Claim Billing or Claim Re-bill 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 Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	Version/Release Number	DØ	M	Mandatory
1Ø3-A3	Transaction Code	B1, B3	M	Mandatory
1Ø9-A9	Transaction Count	Same value as in request	M	Mandatory
5Ø1-F1	Header Response Status	A = Accepted	M	Mandatory
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M	Mandatory
2Ø1-B1	Service Provider ID	Same value as in request	M	Mandatory
4Ø1-D1	Date of Service	Same value as in request	M	Mandatory

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
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 Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø4-F4	MESSAGE	Required when text is needed for clarification or detail	RW	Required when text is needed for clarification or detail.

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is situational	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø1-C1	GROUP ID	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.
524-FO	PLAN ID	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.
545-2F	NETWORK REIMBURSEMENT ID	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.
568-J7	PAYER ID QUALIFIER	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.
569-J8	PAYER ID	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.
3Ø2-C2	CARDHOLDER ID	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is situational	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME	Required when known.	RW	Required when known.
311-CB	PATIENT LAST NAME	Required when known.	RW	Required when known
3Ø4-C4	DATE OF BIRTH	Format = CCYYMMDD	RW	Required when known

Response Status Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill 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	Mandatory
5Ø3-F3	AUTHORIZATION NUMBER	Required when needed to identify the transaction.	RW	Required when needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Required when Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE	Required when Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.	RW	Required when 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.	RW	Required when Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Required when Additional Message Information (526-FQ) is used.	RW	Required when Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION	Required when additional text is needed for clarification or detail.	RW	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	Required when and only when 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.	RW	Required when and only when 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	Required when Help Desk Phone Number (55Ø-8F) is used.	RW	Required when Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER	Required when needed to provide a support telephone number to the receiver.	RW	Required when needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	Prescription/Service Reference Number	Mandatory	M	Mandatory
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	Required when Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER	Required when Preferred Product ID (553-AR) is used.	RW	Required when Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID	Required when a product preference exists that needs to be communicated to the receiver via an ID.	RW	Required when a product preference exists that needs to be communicated to the receiver via an ID.

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
554-AS	PREFERRED PRODUCT INCENTIVE	Required when there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).	RW	Required when 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	Required when there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).	RW	Required when 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	Required when 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).	RW	Required when 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 Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is always sent	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø5-F5	PATIENT PAY AMOUNT	Required for this program.	R	Required for this program.
5Ø6-F6	INGREDIENT COST PAID	Required for this program.	R	Required for this program.
5Ø7-F7	DISPENSING FEE PAID	Required when this value is used to arrive at the final reimbursement	RW	Required when this value is used to arrive at the final reimbursement.
557-AV	TAX EXEMPT INDICATOR	Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.	RW	Required when the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.
558-AW	FLAT SALES TAX AMOUNT PAID	Required when Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or when Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.	RW	Required when Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or when Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	Required when this value is used to arrive at the final reimbursement. Required when Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required when Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.	RW	Required when this value is used to arrive at the final reimbursement. Required when Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required when Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
56Ø-AY	PERCENTAGE SALES TAX RATE PAID	Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).	RW	Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID	Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).	RW	Required when Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID	Required when this value is used to arrive at the final reimbursement.	RW	Required when this value is used to arrive at the final reimbursement.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø).		Required when Incentive Amount Submitted (438-E3) is greater than zero (Ø).
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	Required when Other Amount Paid (565-J4) is used.
564-J3	OTHER AMOUNT PAID QUALIFIER	Required when Other Amount Paid (565-J4) is used.	RW	Required when Other Amount Paid (565-J4) is used.
565-J4	OTHER AMOUNT PAID	Required when this value is used to arrive at the final reimbursement. Required when Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).	RW	Required when this value is used to arrive at the final reimbursement. Required when Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).
566-J5	OTHER PAYER AMOUNT RECOGNIZED	Required when this value is used to arrive at the final reimbursement. Required when Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.	RW	Required when this value is used to arrive at the final reimbursement. Required when 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	Required for this program.	R	Required for this program.
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	Required when Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required when Basis of Cost Determination (432-DN) is submitted on billing.	RW	Required when Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required when Basis of Cost Determination (432-DN) is submitted on billing.
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	Required when 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.	RW	Required when 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	Provided for informational purposes only.	RW	Provided for informational purposes only.
513-FD	REMAINING DEDUCTIBLE AMOUNT	Provided for informational purposes only.	RW	Provided for informational purposes only.
514-FE	REMAINING BENEFIT AMOUNT	Provided for informational purposes only.	RW	Provided for informational purposes only.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	Required when Patient Pay Amount (5Ø5-F5) includes deductible.	RW	Required when Patient Pay Amount (5Ø5-F5) includes deductible.
518-FI	AMOUNT OF COPAY	Required when Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility.	RW	Required when Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility.
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	Required when Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.	RW	Required when Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.
346-HH	BASIS OF CALCULATION—DISPENSING FEE	Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).	RW	Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
347-HJ	BASIS OF CALCULATION—COPAY	Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or	RW	Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C"

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		"C" (Completion of Partial Fill).		(Completion of Partial Fill).
348-HK	BASIS OF CALCULATION—FLAT SALES TAX	Required when 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).	RW	Required when 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	Required when 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).	RW	Required when 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	Required when the customer is responsible for 1ØØ percent of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.	RW	Required when the customer is responsible for 1ØØ percent 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	Required when necessary to identify the Patient's portion of the Sales Tax.	RW	Required when necessary to identify the Patient's portion of the Sales Tax.
574-2Y	PLAN SALES TAX AMOUNT	Required when necessary to identify the Plan's portion of the Sales Tax.	RW	Required when necessary to identify the Plan's portion of the Sales Tax.
572-4U	AMOUNT OF COINSURANCE	Required when Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility	RW	Required when Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.
573-4V	BASIS OF CALCULATION-COINSURANCE	Required when Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).	RW	Required when 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.	RW	Required when Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER	Required when Benefit Stage Amount (394-MW) is used.	RW	Required when Benefit Stage Amount (394-MW) is used.
394-MW	BENEFIT STAGE AMOUNT	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 when necessary for state/federal/regulatory agency programs.	RW	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 when necessary for state/federal/regulatory agency programs.
577-G3	ESTIMATED GENERIC SAVINGS	Required 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.	RW	Required 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	This dollar amount will be provided, when known, to the receiver when the transaction had spending account dollars reported as part of the patient pay	RW	This dollar amount will be provided, when known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		amount.		
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT	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.	RW	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	Required when 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.	RW	Required when 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	Required when Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a brand drug.	RW	Required when 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	Required when Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.	RW	Required when 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	Required when Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a brand non-preferred formulary product.	RW	Required when 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	Required when the patient's financial responsibility is due to the coverage gap.	RW	Required when the patient's financial responsibility is due to the coverage gap.
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT	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.	RW	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	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.	RW	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 Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is situational	X	

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill 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.	RW	Required when Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE	Required when utilization conflict is detected.	RW	Required when utilization conflict is detected.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
528-FS	CLINICAL SIGNIFICANCE CODE	Required when needed to supply additional information for the utilization conflict.	RW	Required when needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR	Required when needed to supply additional information for the utilization conflict.	RW	Required when needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL	Required when Quantity of Previous Fill (531-FV) is used.	RW	Required when Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL	Required when Previous Date Of Fill (53Ø-FU) is used.	RW	Required when Previous Date Of Fill (53Ø-FU) is used.
532-FW	DATABASE INDICATOR	Required when needed to supply additional information for the utilization conflict.	RW	Required when needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR	Required when needed to supply additional information for the utilization conflict.	RW	Required when needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE	Required when needed to supply additional information for the utilization conflict.	RW	Required when needed to supply additional information for the utilization conflict.
57Ø-NS	DUR ADDITIONAL TEXT	Required when needed to supply additional information for the utilization conflict.	RW	Required when needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) When Situational, Payer Situation
This Segment is situational	X	

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill 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	Mandatory
338-5C	OTHER PAYER COVERAGE TYPE	Mandatory	M	Mandatory
339-6C	OTHER PAYER ID QUALIFIER	Required when Other Payer ID (34Ø-7C) is used.	RW	Required when Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID	Required when other insurance information is available for coordination of benefits.	RW	Required when other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER	Required when other insurance information is available for coordination of benefits.	RW	Required when other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID	Required when other insurance information is available for coordination of benefits.	RW	Required when other insurance information is available for coordination of benefits.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
992-MJ	OTHER PAYER GROUP ID	Required when other insurance information is available for coordination of benefits.	RW	Required when other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE	Required when needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.	RW	Required when 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	Required when needed to provide a support telephone number of the other payer to the receiver.	RW	Required when needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	Required when needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.	RW	Required when 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	Required when other coverage is known, which is after the Date of Service submitted.	RW	Required when other coverage is known, which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE	Required when other coverage is known, which is after the Date of Service submitted.	RW	Required when other coverage is known, which is after the Date of Service submitted.
End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template				

NCPDP Version D Claim Reversal Template

Request Claim Reversal Payer Sheet Template

Start of Request Claim Reversal (B2) Payer Sheet Template

General Information

Payer Name: New York EPIC	**Date: 10/18/2014**	
Plan Name/Group Name: NYEPIC	**BIN: 012345**	**PCN: P024012345**
Plan Name/Group Name: Plan Name/Group Name	**BIN:**	**PCN:**

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	365 Days

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø.*

Transaction Header Segment Questions	Check	Claim Reversal 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	X	

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	**Ø12345**	M	Ø12345 – New York EPIC
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	Mandatory
1Ø3-A3	TRANSACTION CODE	B2-Reversal	M	Mandatory
1Ø4-A4	PROCESSOR CONTROL NUMBER	**PØ24Ø12345**	M	Mandatory
1Ø9-A9	TRANSACTION COUNT	Mandatory	M	Mandatory
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Indicator (NPI)	M	Mandatory
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	Mandatory
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	Mandatory
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Assigned by Magellan Health Services	M	Assigned by Magellan Health Services

Insurance Segment Questions	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	EPIC Cardholder ID	M	NY EPIC Number < patient specific> Format = EPNNNNNNN

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID	NYEPIC	RW	Required when needed to match the reversal to the original billing transaction.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	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	1 = RX Billing	M	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	Mandatory	M	Mandatory
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ = Compound Ø3 = National Drug Code	M	If reversal is for multi-ingredient prescription, the value must be ØØ.
4Ø7-D7	PRODUCT/SERVICE ID	NDC – for non-compound claims 'Ø' – for compound claims	M	Mandatory

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**

DUR/PPS Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**

****End of Request Claim Reversal (B2) Payer Sheet Template****

Response Claim Reversal Payer Sheet Template

Claim Reversal Accepted/Approved Response

Start of Response Claim Reversal (B2) Payer Sheet Template

Claim Reversal accepted/Approved Response

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

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

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

Response Message Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Provide general information when used for transmission-level messaging.

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

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	M	Mandatory
5Ø3-F3	AUTHORIZATION NUMBER	Required when needed to identify the transaction.	RW	Required when needed to identify the transaction.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW***	Required when Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE	Required when Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.	RW***	Required when 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.	RW***	Required when Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Required when Additional Message Information (526-FQ) is used.	RW***	Required when Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION	Required when additional text is needed for clarification or detail.	RW***	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	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.	RW***	Required only when 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	Required when Help Desk Phone Number (55Ø-8F) is used.	RW	Required when Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER	Required when needed to provide a support telephone number to the receiver.	RW	Required when needed to provide a support telephone number to the receiver.

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 = RX Billing	M	Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Mandatory	M	Mandatory

Response Pricing Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø9-F9	TOTAL AMOUNT PAID	Required when any other payment fields sent by the sender.	RW	Required when any other payment fields sent by the sender.

Claim Reversal Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Reversal Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	Mandatory
1Ø3-A3	TRANSACTION CODE	B2 = Reversal	M	Mandatory
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	Mandatory
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	Mandatory
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Indicator (NPI)	M	Mandatory
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request.	M	Mandatory
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	Mandatory

Response Message Segment Questions	Check	Claim Reversal Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

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

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 = Rejected	M	Mandatory
5Ø3-F3	AUTHORIZATION NUMBER	Required for this program.	R	Required for this program.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	Required for this program.
511-FB	REJECT CODE	Required for this program.	R	Required for this program.
546-4F	REJECT FIELD OCCURRENCE INDICATOR	Required when a repeating field is in error, to identify repeating field occurrence	RW***	Required when a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW***	Required when Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Required when Additional Message Information (526-FQ) is used.	RW***	Required when Additional Message Information (526-FQ) is used.

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	Required when additional text is needed for clarification or detail.	RW***	Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY	Required only when 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.	RW***	Required only when 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	Required when Help Desk Phone Number (55Ø-8F) is used	RW	Required when Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER	Required when needed to provide a support telephone number to the receiver	RW	Required when needed to provide a support telephone number to the receiver.

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= RX Billing	M	Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Mandatory	M	Mandatory

Claim Reversal Rejected/Rejected Response

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

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

Response Message Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

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

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	Mandatory
5Ø3-F3	AUTHORIZATION NUMBER	Required for this program.	R	Required for this program.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	Required for this program.
511-FB	REJECT CODE	Required for this program.	R	Required for this program.
546-4F	REJECT FIELD OCCURRENCE INDICATOR	Required when a repeating field is in error, to identify repeating field occurrence	RW***	Required when a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW***	Required when Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Required when Additional Message Information (526-FQ) is used	RW***	Required when Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION	Required when additional text is needed for clarification or detail	RW***	Required when additional text is needed for clarification or detail.
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549-7F	HELP DESK PHONE NUMBER QUALIFIER	Required when Help Desk Phone Number (55Ø-8F) is used.	RW	Required when Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER	Required when needed to provide a support telephone number to the receiver.	RW	Required when needed to provide a support telephone number to the receiver.

****End of Claim Reversal (B2) Response Payer Sheet Template****