# Arkansas Medicaid NCPDP D.0 Payer Specifications

**October 10, 2022**

## Request Claim Billing/Claim Re-Bill Payer Sheet

| **Start of Request Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet** |
|:---:|

### General Information

| | | |
|---|---|---|
| **Payer Name:** Arkansas Medicaid | | |
| **Plan Name/Group Name:** Arkansas Medicaid | **BIN:** 017606 | **PCN:** P027017606 |
| **Processor:** Prime Therapeutics State Government Solutions | | |
| **Effective as of:** 03/14/2015 | **NCPDP Telecommunication Standard Version/Release #:** D.0 | |
| **NCPDP Data Dictionary Version Date**: October, 2013 | **NCPDP External Code List Version Date:** October, 2013 | |
| Contact/Information Source: For questions **prior to** 03/14/2015, please call 800-424-5932. For questions from 03/14/2015 forward, please call 800-424-7895. | | |
| Certification Testing Window: 02/02/2015 – 02/16/2015 | | |
| Certification Contact Information: Please contact Thomasina Thomas at 804-548-0479 to schedule a time for testing. | | |
| Provider Relations Help Desk Info: 1-800-424-7895 | | |
| Other versions supported: No other versions supported | | |

### 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 |
| E1 | Claim Eligibility 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 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 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 | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | | |

| Transaction Header Segment | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | 017606 | M | **NEW!** |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B2, B3, E1 | M | B1 Billing B2 Reversal B3 Re-Bill E1 Eligibility Verification |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | P027017606 | M | **NEW!** |
| 1Ø9-A9 | TRANSACTION COUNT | • Ø1 = One occurrence<br>• Ø2 = Two occurrences<br>• Ø3 = Three occurrences<br>• Ø4 = Four occurrences | M | One transaction for B2 or compound claim; Four allowed for B1 or B3 |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | 01-NPI | M | Code qualifying the 'Service Provider ID' (Field # 2Ø1-B1) Ø1 – National Provider Identifier (NPI) |
| 2Ø1-B1 | Service Provider ID | National Provider Identifier (NPI) | M | |
| 4Ø1-D1 | Date of Service | Format = CCYYMMDD | M | |
| 11Ø-AK | Software Vendor/Certification ID | | M | Required when vendor certification is required by Prime Therapeutics Management – otherwise submit all zeroes |

| Insurance Segment Questions | Check | Claim Billing/Claim Re-Bill If Situational, Payer Situation |
|---|---|---|
| | | |

| 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 | 10-Digit Arkansas Medicaid ID Number | M | AR Medicaid identification number (patient specific) |
| 3Ø1-C1 | GROUP ID | ARMEDICAID | R | NEW! |
| 312-CC | CARDHOLDER FIRST NAME | | R | |
| 313-CD | CARDHOLDER LAST NAME | | R | |
| 36Ø-2B | MEDICAID INDICATOR | Two character State Postal Code indicating the state where Medicaid coverage exists. | RW | *Imp Guide:* Required, if known, when patient has Medicaid coverage. Example: AR |

| Patient Segment Questions | Check | Claim Billing/Claim Re-Bill If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| 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 | 8 digit date of birth Format = CCYYMMDD | R | |
| 3Ø5-C5 | PATIENT GENDER CODE | • Ø = Not Specified • 1 = Male • 2 = Female | R | |
| 31Ø-CA | PATIENT FIRST NAME | | R | • Required when the patient has a first name; must support special characters • Required for a patient name validation |
| 311-CB | PATIENT LAST NAME | | R | • Required when the patient has a last name; must support special characters • Required for a patient name validation |

| Patient Segment Segment Identification (111-AM) = "Ø1" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø7-C7 | PLACE OF SERVICE | | RW | • Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.<br>• Payer Requirement: Same as Imp Guide |
| 335-2C | PREGNANCY INDICATOR | • Blank = Not Specified<br>• 1 = Not Pregnant<br>• 2 = Pregnant | RW | *Payer requirement: Required if the patient is known to be pregnant* |
| 384-4X | PATIENT RESIDENCE | • Ø = Not Specified<br>• 1 = Home<br>• 2 = Skilled Nursing Facility. PART B ONLY<br>• 3 = Nursing Facility<br>• 4 = Assisted Living Facility<br>• 5 = Custodial Care Facility. PART B ONLY<br>• 6 = Group Home<br>• 7 = Inpatient Psychiatric Facility<br>• 8 = Psychiatric Facility – Partial Hospitalization<br>• 9 = Intermediate Care Facility/Mentally Retarded<br>• 1Ø = Residential Substance Abuse Treatment Facility<br>• 11 = Hospice<br>• 12 = Psychiatric Residential Treatment Facility | RW | • Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.<br>• Payer Requirement: Same as Imp Guide |

| Patient Segment Segment Identification (111-AM) = "Ø1" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | • 13 = Comprehensive Inpatient Rehabilitation Facility<br>• 14 = Homeless Shelter<br>• 15 = Correctional Institution | | |

| 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 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 | 12 Bytes | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | • ØØ = Not specified<br>• Ø3 = National Drug Code (NDC) | M | • ØØ must be submitted for compounds<br>• 03 for non-compound claims |
| 4Ø7-D7 | PRODUCT/SERVICE ID | • NDC for non-compound claims<br>• "Ø" for compound claims | M | **CHANGED!** "Ø" for compound claims |

| Claim Segment<br>Segment Identification (111-AM)<br>= "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | | RW | • Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).<br>• Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | | RW | • Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).<br>• Required if Associated Prescription/Service Reference Number (456-EN) is used.<br>• Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.<br>• Payer Requirement: Same as Imp Guide |
| 442-E7 | QUANTITY DISPENSED | Metric Decimal Quantity | R | |
| 460-ET | QUANTITY PRESCRIBED | | RW | *Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*). |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 4Ø3-D3 | FILL NUMBER | • Ø = Original dispensing<br>• 1–5 = Refill number – Number of the replenishment | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | • 1 = Not a Compound<br>• 2 = Compound | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | • Ø = No Product Selection Indicated<br>• 1 = Substitution Not Allowed by Prescriber | R | Values other than "0", "1," |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | • Ø = No refills authorized<br>• 1–99 = Authorized Refill number – with 99 being as needed, refills unlimited | R | NEW! |
| 419-DJ | PRESCRIPTION ORIGIN CODE | • 1 = Written<br>• 2 = Telephone<br>• 3 = Electronic<br>• 4 = Facsimile<br>• 5 = Pharmacy | R | NEW! |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW | • Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.<br>• Payer Requirement: Same as Imp Guide |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | 8 = Process Compound for Approved Ingredients | RW | • Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø).<br>• Payer Requirement: Same |

| Claim Segment<br>Segment Identification (111-AM)<br>= "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | as Imp Guide |
| 3Ø8-C8 | OTHER COVERAGE CODE | • Ø = Not Specified by patient<br>• 1 = No Other Coverage<br>• 2 = Other coverage exists-payment collected<br>• 3 = Other Coverage Billed - claim not covered<br>• 4 = Other coverage exists-payment not collected | RW | • Required for Coordination of Benefits.<br>• OCC 8 is not allowed |
| 429-DT | SPECIAL PACKAGING INDICATOR | • 1 = Not Unit Dose<br>• 2 = Manufacturer Unit Dose<br>• 3 = Pharmacy Unit Dose | RW | |
| 453-EJ | ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER | | RW | Required on partial or completion fills |
| 445-EA | ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE | | RW | Required on partial or completion fills |
| 446-EB | ORIGINALLY PRESCRIBED QUANTITY | | RW | Required on partial or completion fills |
| 454-EK | SCHEDULED PRESCRIPTION ID NUMBER | | RW | • Imp Guide: Required if necessary for state/federal/regulatory agency programs.<br>• Payer Requirement: Follow State regulatory guidance for products that require a scheduled |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | prescription ID number. |
| 6ØØ-28 | UNIT OF MEASURE | • Values: <br>• EA = Each <br>• GM = Grams <br>• ML = Milliliters | R | **NEW!** <br>Required |
| 418-DI | LEVEL OF SERVICE | Values: <br>• ØØ = Not specified <br>• Ø 3 = Emergency | RW | Required for Emergency Supply; "3" only allowed value. Must be submitted with a maximum 5 day supply. |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | | RW | • Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. <br>• Payer Requirement: Same as Imp Guide |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | • Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. <br>• Payer Requirement: Same as Imp Guide |
| 343-HD | DISPENSING STATUS | • P = Partial Fill <br>• C = Completion of Partial Fill | RW | • Imp Guide: Required for the partial fill or the completion fill of a prescription. <br>• Payer Requirement: Same as Imp Guide |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | | RW | • Imp Guide: Required for the partial fill or the completion fill of a prescription. <br>• Payer Requirement: Same as Imp Guide |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | | RW | • Imp Guide: Required for the partial fill or the completion fill of a prescription. |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | • Payer Requirement: Same as Imp Guide |
| 357-NV | DELAY REASON CODE | | RW | • Imp Guide: Required when needed to specify the reason that submission of the transaction has been delayed.<br>• Payer Requirement: Same as Imp Guide |
| 995-E2 | ROUTE OF ADMINISTRATION | SNOMED | RW | **NEW!**<br>• Imp Guide: Required if specified in trading partner agreement.<br>• Payer Requirement Required when submitting compounds claims |
| 996-G1 | COMPOUND TYPE | • Ø1 = Anti-infective<br>• Ø2 = Ionotropic<br>• Ø3 = Chemotherapy<br>• Ø4 = Pain management<br>• Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition<br>• Ø6 = Hydration<br>• Ø7 = Ophthalmic<br>• 99 = Other | RW | • Imp Guide: Required if specified in trading partner agreement.<br>• Payer Requirement: Same as Imp Guide |
| 147-U7 | PHARMACY SERVICE TYPE | • 1 = Community/ Retail Pharmacy Services<br>• 2 = Compounding Pharmacy Services<br>• 3 = Home Infusion Therapy Provider | RW | • Imp Guide: Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.<br>• Payer Requirement: Same |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| | | Services<br>• 5 = Long-Term Care Pharmacy Services<br>• 8 = Specialty Care Pharmacy Services | | as Imp Guide |

| Pricing Segment Questions | Check | Claim Billing/Claim Re-Bill If 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 | | R | |
| 412-DC | DISPENSING FEE SUBMITTED | | RW | • Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.<br>• Payer Requirement: Same as Imp Guide |
| 433-DX | PATIENT PAID AMOUNT SUBMITTED | | RW | NOT REQUIRED; DO NOT SEND |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW | • Imp Guide: Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation.<br>• Payer Requirement: Same as Imp Guide |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | 340b pharmacies must submit actual acquisition cost in this field |
| 43Ø-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | Values:<br>• Ø7 = Usual & | R | • Imp Guide: Required if needed for receiver claim/encounter |

| Pricing Segment<br>Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | Customary<br>• Ø8 = 34ØB/ Disproportionate Share Pricing/Public Health Service<br>• 13 = Special Patient Pricing – The cost calculated by the pharmacy for the drug for this special patient | | adjudication.<br>• Payer Requirement: Claims for products purchased through the 340B Program must be submitted with one of the following values:<br>  – Ø7<br>  – Ø8<br>  – 13 |

| Pharmacy Provider Segment Questions | Check | Claim Billing/Claim Re-Bill<br>If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Required only if law or regulation required. |

| Prescriber Segment Questions | Check | Claim Billing/Claim Re-Bill<br>If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Prescriber Segment<br>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 = NPI | R | AR Medicaid requires the National Provider Identifier (NPI) (Ø1) |
| 411-DB | PRESCRIBER ID | Prescriber's individual NPI | R | Required; Must submit valid NPI |
| 427-DR | PRESCRIBER LAST NAME | | RW | • Imp Guide: Required when the Prescriber ID (411-DB) is not known.<br>• Required if needed for Prescriber ID (411-DB) validation/clarification. |

| Coordination of Benefits/Other Payments Segment Questions | Check | Claim Billing/Claim Re-Bill If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | • Required only for secondary, tertiary, etc., claims.<br>• It is used when a receiver needs payment information from other receivers to perform claim/encounter determination. This may be in the case of primary, secondary, tertiary etc., health plan coverage for example.<br>• The Coordination of Benefits/Other Payments Segment is mandatory for a Claim Billing or Encounter request to a downstream payer. It is used to assist a downstream payer to uniquely identify a claim or encounter in case of duplicate processing.<br>• The segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim. |
| Scenario 1 – Other Payer Amount Paid Repetitions Only | X | OCC codes 0, 1, 2, 3, and 4 Supported (no co-pay only billing allowed) |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 337-4C | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 9 | M | Required if submitting other coverage/payment information. |
| 338-5C | Other Payer Coverage Type | | M | Required if patient has other coverage |
| 339-6C | OTHER PAYER ID QUALIFIER | 03 = BIN<br>99 = Other | RW | Required if Other Payer ID (Field # 34Ø-7C) is used |
| 34Ø-7C | OTHER PAYER ID | | RW | Required if COB segment is used |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-Bill Scenario 1 – Other Payer Amount Paid Repetitions Only | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 443-E8 | OTHER PAYER DATE | | RW | • Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.<br>• Payer Requirement: Same as Imp Guide |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | RW | • Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used.<br>• Payer Requirement: Same as Imp Guide |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | Values:<br>Ø 7 = Drug Benefit | RW | • Required on all COB claims with Other Coverage Code of 2<br>• "Ø7" is the only accepted value. |
| 431-DV | OTHER PAYER AMOUNT PAID | | RW | *Imp Guide:* Required if other payer has approved payment for some/all of the billing. |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW*** | Required on all COB claims with Other Coverage Code of 3. |
| 472-6E | OTHER PAYER REJECT CODE | | RW | Required on all COB claims with Other Coverage Code of 3 |

| DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-Bill If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Submitted if required to affect outcome of claim related to DUR intervention. |

| 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*** | • Imp Guide: Required if DUR/PPS Segment is used.<br>• Payer Requirement: **Same as Imp Guide** |
| 439-E4 | REASON FOR SERVICE CODE | Allowed values:<br>• DD = Drug-Drug Interaction<br>• ER = Early Refill<br>• HD = High Dose<br>• TD=Therapeutic Duplication | RW*** | Required when needed to communicate DUR information |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | Allowed values:<br>• MØ = Prescriber consulted<br>• PØ = Patient consulted<br>• RØ = Pharmacist consulted other source | RW*** | Required when needed to communicate DUR information |
| 441-E6 | RESULT OF SERVICE CODE | Allowed Values:<br>• 1A = Filled As Is, False Positive<br>• 1B = Filled Prescription As Is<br>• 1C = Filled, With Different Dose<br>• 1D = Filled, With Different Directions<br>• IE = Filled, with Different Drug<br>• 1F = Filled, With Different Quantity<br>• 1G = Filled, With Prescriber Approval<br>• 2A = Prescription not filled | RW*** | Required when needed to communicate DUR information |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| | | • 2B = Not filled, directions clarified | | |
| 474-8E | DUR/PPS LEVEL OF EFFORT | Values:<br>• Ø = Not Specified<br>• 11 = Level 1 (Lowest)<br>• 12 = Level 2<br>• 13 = Level 3 | RW | |

| Compound Segment Questions | Check | Claim Billing/Claim Re-Bill If Situational, *Payer Situation* |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Submitted if the claim dispensed is a compound. |

| 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 | Values:<br>• Blank = Not Specified<br>• Ø1 = Capsule<br>• Ø2 = Ointment<br>• Ø3 = Cream<br>• Ø4 = Suppository<br>• Ø5 = Powder<br>• Ø6 = Emulsion<br>• Ø7 = Liquid<br>• 1Ø = Tablet<br>• 11 = Solution<br>• 12 = Suspension<br>• 13 = Lotion<br>• 14 = Shampoo<br>• 15 = Elixir<br>• 16 = Syrup<br>• 17 = Lozenge | M | |

| Compound Segment Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | • 18 = Enema | | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | Values: <br> • 1 = Each <br> • 2 = Grams <br> • 3 = Milliliters | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø3 = National Drug Code (NDC) – Formatted 11 digits (N) | M | |
| 489-TE | COMPOUND PRODUCT ID | | M | |
| 448-ED | COMPOUND INGREDIENT QUANTITY | | M | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | | R | *Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | Values: <br> • ØØ = Default <br> • Ø1 = AWP <br> • Ø2 = Local Wholesaler <br> • Ø3 = Direct <br> • Ø4 = EAC (Estimated Acquisition Cost) <br> • Ø5 = Acquisition <br> • Ø6 = MAC (Maximum Allowable Cost) <br> • Ø7 = Usual & Customary <br> • Ø8 = 34ØB/ Disproportionate | RW | **NEW!** <br> • Imp Guide: Required if needed for receiver claim determination when multiple products are billed. <br> • Required when submitting compounds claims |

| Compound Segment<br>Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | Share Pricing<br>• Ø9 = Other<br>• 1Ø = ASP (Average Sales Price)<br>• 11 = AMP (Average Manufacturer Price)<br>• 12 = WAC (Wholesale Acquisition Cost)<br>• 13 = Special Patient Pricing | | |

| Clinical Segment Questions | Check | Claim Billing/Claim Re-Bill<br>If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Submitted if the clinical detail will affect the outcome of claims processing. |

| Clinical Segment<br>Segment Identification (111-AM) = "13" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 491-VE | DIAGNOSIS CODE COUNT | Maximum count of 5 | RW | • Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.<br>• Payer Requirement: Same as Imp Guide |
| 492-WE | DIAGNOSIS CODE QUALIFIER | | RW*** | Required if Diagnosis Code (424-DO) is used. AR Medicaid Valid Value: Ø1 = International Classification of Diseases (ICD9) |
| 424-DO | DIAGNOSIS CODE | | RW*** | • Imp Guide: Required if this field could result in different |

| Clinical Segment Segment Identification (111-AM) = "13" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. <br> • Required if this field affects payment for professional pharmacy service. <br> • Required if this information can be used in place of prior authorization. <br> • Required if necessary for state/federal/regulatory agency programs. <br> • Payer Requirement: Required to identify pregnancy. |
| 493-XE | CLINICAL INFORMATION COUNTER | Maximum 5 occurrences supported. | RW*** | • Required if 494-ZE, 495-H1, 496-H2 are sent. <br> • Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4) |
| 494-ZE | MEASUREMENT DATE | | RW*** | Required if necessary when this field could result in different coverage and/or drug utilization review outcome |
| 495-H1 | MEASUREMENT TIME | | RW*** | • Required if time is known or has impact on measurement. <br> • Required if necessary when this field could result in different coverage and/or drug utilization review outcome |

| Clinical Segment Segment Identification (111-AM) = "13" | | Claim Billing/Claim Re-Bill | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 496-H2 | MEASUREMENT DIMENSION | | RW*** | • Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used.<br>• Required if necessary when this field could result in different coverage and/or drug utilization review outcome |
| 497-H3 | MEASUREMENT UNIT | | RW*** | • Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used<br>• Required if necessary when this field could result in different coverage and/or drug utilization review outcome |
| 499-H4 | MEASUREMENT VALUE | | RW*** | • Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used.<br>• Required if necessary when this field could result in different coverage and/or drug utilization review outcome |

**\*\*End of Request Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet\*\***

# Response Claim Billing/Claim Re-Bill Payer Sheet

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

**\*\*Start of Response Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet\*\***

## General Information

| | | |
|---|---|---|
| **Payer Name:** Prime Therapeutics State Government Solutions | | |
| **Plan Name/Group Name:** Arkansas Medicaid | **BIN:** 017606 | **PCN:** P027017606 |

## 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) If 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 | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | 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 Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | *Sent if additional information is available from the payer/processor.* |

| 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 | | RW | • Imp Guide: Required if text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| 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 | | RW | • Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.<br>• Required to identify the actual group that was used when multiple group coverages exist.<br>• Payer Requirement: Same as Imp Guide |

| Response Patient Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| 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 | | RW | • Imp Guide: Required if known.<br>• Payer Requirement: Same as Imp Guide |
| 311-CB | PATIENT LAST NAME | | RW | • Imp Guide: Required if known.<br>• Payer Requirement: Same as Imp Guide |
| 3Ø4-C4 | DATE OF BIRTH | | RW | • Imp Guide: Required if known.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Questions | Check | Claim Billing/Claim Re-Bill 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 Re-Bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | • P = Paid<br>• D = Duplicate of Paid | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | • Imp Guide: Required if needed to identify the transaction.<br>• Payer Requirement: Same as Imp Guide |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | • Imp Guide: Required if Approved Message Code (548-6F) is used.<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 548-6F | APPROVED MESSAGE CODE | | RW | • 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.<br><br>• Payer Requirement: Same as Imp Guide |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br><br>• Payer Requirement: Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br><br>• Payer Requirement: Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br><br>• Payer Requirement: Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • 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.<br><br>• Payer Requirement: Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | • Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.<br><br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number to the receiver.<br>• Payer Requirement: Same as Imp Guide |

| Response Claim Segment Questions | Check | Claim Billing/Claim Re-Bill 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 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 = 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 | |

| Response Pricing Segment Questions | Check | Claim Billing/Claim Re-Bill 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 Re-Bill 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 | |

| 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 |
| 5Ø7-F7 | DISPENSING FEE PAID | | RW | • Imp Guide: Required if this value is used to arrive at the final reimbursement.<br>• Payer Requirement: Same as Imp Guide |
| 557-AV | TAX EXEMPT INDICATOR | | RW | • Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.<br>• Payer Requirement: Same as Imp Guide |
| 558-AW | FLAT SALES TAX AMOUNT PAID | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 559-AX | PERCENTAGE SALES TAX AMOUNT PAID | | RW | • Imp Guide: Required if this value is used to arrive at the final reimbursement.<br>• Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).<br>• Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.<br>• Payer Requirement: Same as Imp Guide |
| 56Ø-AY | PERCENTAGE SALES TAX RATE PAID | | RW | • Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 561-AZ | PERCENTAGE SALES TAX BASIS PAID | | RW | • Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).<br>• Payer Requirement: Same as Imp Guide |
| 521-FL | INCENTIVE AMOUNT PAID | | RW | • Imp Guide: Required if this value is used to arrive at the final reimbursement.<br>• Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).<br>• Payer Requirement: Same as Imp Guide |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | RW | • Imp Guide: Required if Other Amount Paid (565-J4) is used.<br>• Payer Requirement: Same as Imp Guide |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | RW | • Imp Guide: Required if Other Amount Paid (565-J4) is used.<br>• Payer Requirement: Same as Imp Guide |
| 565-J4 | OTHER AMOUNT PAID | | RW | • Imp Guide: Required if this value is used to arrive at the final reimbursement.<br>• Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø).<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 566-J5 | OTHER PAYER AMOUNT RECOGNIZED | | RW | • Imp Guide: Required if this value is used to arrive at the final reimbursement.<br>• Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.<br>• Payer Requirement: Same as Imp Guide |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | RW | • Imp Guide: Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).<br>• Required if Basis of Cost Determination (432-DN) is submitted on billing.<br>• Payer Requirement: Same as Imp Guide |
| 523-FN | AMOUNT ATTRIBUTED TO SALES TAX | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | | RW | • Imp Guide: Provided for informational purposes only.<br>• Payer Requirement: Same as Imp Guide |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | RW | • Imp Guide: Provided for informational purposes only.<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 514-FE | REMAINING BENEFIT AMOUNT | | RW | • Imp Guide: Provided for informational purposes only.<br>• Payer Requirement: Same as Imp Guide |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | RW | • Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes deductible<br>• Payer Requirement: Same as Imp Guide |
| 518-FI | AMOUNT OF COPAY | | RW | • Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility.<br>• Payer Requirement: Same as Imp Guide |
| 52Ø-FK | AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM | | RW | • Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum.<br>• Payer Requirement: Same as Imp Guide |
| 572-4U | AMOUNT OF COINSURANCE | | RW | • Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.<br>• Payer Requirement: Same as Imp Guide |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | RW | • 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<br>• Payer Requirement: Same as Imp Guide |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | RW | • Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.<br>• Payer Requirement: Same as Imp Guide |
| 135-UM | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 136-UN | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 137-UP | AMOUNT ATTRIBUTED TO COVERAGE GAP | | RW | • Imp Guide: Required when the patient's financial responsibility is due to the coverage gap.<br>• Payer Requirement: Same as Imp Guide |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Sent when DUR intervention is encountered during claim processing. |

| 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 | • Imp Guide: Required if Reason For Service Code (439-E4) is used.<br>• Payer Requirement: Same as Imp Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | • Imp Guide: Required if utilization conflict is detected.<br>• Payer Requirement: Same as Imp Guide |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 53Ø-FU | PREVIOUS DATE OF FILL | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Required if Quantity of Previous Fill (531-FV) is used.<br>• Payer Requirement: Same as Imp Guide |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Required if Previous Date Of Fill (53Ø-FU) is used.<br>• Payer Requirement: Same as Imp Guide |
| 532-FW | DATABASE INDICATOR | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 57Ø-NS | DUR ADDITIONAL TEXT | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |

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

| This Segment is situational | X | Sent when Other Health Insurance (OHI) is encountered during claims processing. |
|---|---|---|

| 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 | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | • Imp Guide: Required if Other Payer ID (34Ø-7C) is used.<br>• Payer Requirement: Same as Imp Guide |
| 34Ø-7C | OTHER PAYER ID | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |
| 992-MJ | OTHER PAYER GROUP ID | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |

| 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 |
| 142-UV | OTHER PAYER PERSON CODE | | RW | • Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.<br>• Payer Requirement: Same as Imp Guide |
| 127-UB | OTHER PAYER HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver.<br>• Payer Requirement: Same as Imp Guide |
| 143-UW | OTHER PAYER PATIENT RELATIONSHIP CODE | | RW | • Imp Guide: Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.<br>• Payer Requirement: Same as Imp Guide |

# Claim Billing/Claim Re-Bill Accepted/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Response Transaction Header Segment | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | 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 Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

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

| Response Insurance Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø1-C1 | GROUP ID | | R | • Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.<br>• Required to identify the actual group that was used when multiple group coverages exist.<br>• Payer Requirement: Same as Imp Guide |
| 3Ø2-C2 | CARDHOLDER ID | | RW | • Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request.<br>• Payer Requirement: Same as Imp Guide |

| Response Patient Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Sent when known by plan |

| Response Patient Segment Segment Identification (111-AM) = "29" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 31Ø-CA | PATIENT FIRST NAME | | RW | • Imp Guide: Required if known.<br>• Payer Requirement: Same as Imp Guide |
| 311-CB | PATIENT LAST NAME | | RW | • Imp Guide: Required if known.<br>• Payer Requirement: Same as Imp Guide |
| 3Ø4-C4 | DATE OF BIRTH | | RW | • Imp Guide: Required if known.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-Bill Accepted/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.<br>• Payer Requirement: (any unique payer requirement(s)) |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | • Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | • Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.<br>• Payer Requirement: Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number to the receiver.<br>• Payer Requirement: Same as Imp Guide |

| Response Claim Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Billing/Claim Re-Bill Accepted/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 | |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Sent when DUR intervention is encountered during claim adjudication. |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW | • Imp Guide: Required if Reason For Service Code (439-E4) is used.<br>• Payer Requirement: Same as Imp Guide |
| 439-E4 | REASON FOR SERVICE CODE | | RW | • Imp Guide: Required if utilization conflict is detected.<br>• Payer Requirement: Same as Imp Guide |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 529-FT | OTHER PHARMACY INDICATOR | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 53Ø-FU | PREVIOUS DATE OF FILL | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Required if Quantity of Previous Fill (531-FV) is used.<br>• Payer Requirement: Same as Imp Guide |
| 531-FV | QUANTITY OF PREVIOUS FILL | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Required if Previous Date Of Fill (53Ø-FU) is used.<br>• Payer Requirement: Same as Imp Guide |
| 532-FW | DATABASE INDICATOR | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 544-FY | DUR FREE TEXT MESSAGE | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |
| 57Ø-NS | DUR ADDITIONAL TEXT | | RW | • Imp Guide: Required if needed to supply additional information for the utilization conflict.<br>• Payer Requirement: Same as Imp Guide |

| Response Prior Authorization Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Sent when claim adjudication outcome requires subsequent PA number for payment |

| Response Prior Authorization Segment Segment Identification (111-AM) = "26" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 498-PY | PRIOR AUTHORIZATION NUMBER–ASSIGNED | | RW | • Imp Guide: Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.<br>• Payer Requirement: Same as Imp Guide |

| Response Coordination of Benefits/Other Payers Segment Questions | Check | Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Sent when Other Health Insurance (OHI) is encountered during claim processing. |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| 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 | | RW | • Imp Guide: Required if Other Payer ID (34Ø-7C) is used.<br>• Payer Requirement: Same as Imp Guide |
| 34Ø-7C | OTHER PAYER ID | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |
| 992-MJ | OTHER PAYER GROUP ID | | RW | • Imp Guide: Required if other insurance information is available for coordination of benefits.<br>• Payer Requirement: Same as Imp Guide |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-Bill Accepted/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 142-UV | OTHER PAYER PERSON CODE | | RW | • Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.<br>• Payer Requirement: Same as Imp Guide |
| 127-UB | Other Payer Help Desk Phone Number | | RW | • Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver.<br>• Payer Requirement: Same as Imp Guide |
| 143-UW | OTHER PAYER PATIENT RELATIONSHIP CODE | | RW | • Imp Guide: Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.<br>• Payer Requirement: Same as Imp Guide |

# Claim Billing/Claim Re-Bill Rejected/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Response Transaction Header Segment | | Claim Billing/Claim Re-Bill Rejected/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | 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 Re-Bill Rejected/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Billing/Claim Re-Bill Rejected/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 5Ø4-F4 | MESSAGE | | RW | • Imp Guide: Required if text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Questions | Check | Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-Bill Rejected/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | • Imp Guide: Required if needed to identify the transaction.<br>• Payer Requirement: Same as Imp Guide |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | • Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.<br>• Payer Requirement: Same as Imp Guide |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-Bill Rejected/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | • Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.<br>• Payer Requirement: Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number to the receiver.<br>• Payer Requirement: Same as Imp Guide |

**\*\*End of Response Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet\*\***

# NCPDP Version D.0 Claim Reversal

## Request Claim Reversal Payer Sheet

| **Start of Request Claim Reversal (B2) Payer Sheet** |
|:---:|

## General Information

| Payer Name: Prime Therapeutics State Government Solutions | | |
|---|---|---|
| Client Name: Arkansas Medicaid | BIN: 017606 | PCN: P027017606 |

## 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 | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued | | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | | |

| Transaction Header Segment | | Claim Reversal | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | 017606 | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | M | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | P027017606 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | 1–4 | M | |

| Transaction Header Segment | | Claim Reversal | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | 01-NPI | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | | M | *Payer Requirement:* Send NPI of submitting pharmacy provider |
| 4Ø1-D1 | DATE OF SERVICE | | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | | M | |

| Insurance Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | X | |
| This Segment is situational | | |

| Insurance Segment Segment Identification (111-AM) = "Ø4" | | Claim Reversal | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø2-C2 | CARDHOLDER ID | | M | |
| 3Ø1-C1 | GROUP ID | | RW | • Imp Guide: Required if needed to match the reversal to the original billing transaction. • Payer Requirement: Same as Imp Guide |

| 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 | | M | *Imp Guide:* For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | | M | |
| 4Ø7-D7 | PRODUCT/SERVICE ID | | M | |
| 4Ø3-D3 | FILL NUMBER | | R | • Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.<br>• Payer Requirement: Same as Imp Guide |
| 3Ø8-C8 | OTHER COVERAGE CODE | | RW | • Imp Guide: Required if needed by receiver to match the claim that is being reversed.<br>• Payer Requirement: Same as Imp Guide |

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

| Pricing Segment<br>Segment Identification (111-AM) =<br>"11" | | Claim Reversal | | |
| --- | --- | --- | --- | --- |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW | • Imp Guide: Required if this field could result in contractually agreed upon payment.<br>• Payer Requirement: Same as Imp Guide |
| 43Ø-DU | GROSS AMOUNT DUE | | RW | • Imp Guide: Required if this field could result in contractually agreed upon payment.<br>• Payer Requirement: Same as Imp Guide |

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

# Response Claim Reversal Payer Sheet

## Claim Reversal Accepted/Approved Response

| **Start of Claim Reversal Response (B2) Payer Sheet** |
|:---:|

### General Information

| | | |
|---|---|---|
| **Payer Name:** Prime Therapeutics State Government Solutions | | |
| **Client Name:** Arkansas Medicaid | **BIN:** 017606 | **PCN:** P027017606 |

### 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 | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | 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 Reversal – Accepted/Approved If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Provide general information when used for transmission-level messaging. |

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 5Ø4-F4 | MESSAGE | | RW | • Imp Guide: Required if text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

| 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 | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | • Imp Guide: Required if needed to identify the transaction.<br>• Payer Requirement: Same as Imp Guide |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW | • Imp Guide: Required if Approved Message Code (548-6F) is used.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 548-6F | APPROVED MESSAGE CODE | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | • Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.<br>• Payer Requirement: Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number to the receiver.<br>• Payer Requirement: Same as Imp Guide |

| 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 | *Imp Guide:* For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response Pricing Segment Questions | Check | Claim Reversal – Accepted/Approved If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| This Segment is situational | X | Sent if reversal results in generation of pricing detail. |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 521-FL | INCENTIVE AMOUNT PAID | | RW | • Imp Guide: Required if this field is reporting a contractually agreed upon payment.<br>• Payer Requirement: Same as Imp Guide |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | RW | • Imp Guide: Required if any other payment fields sent by the sender.<br>• Payer Requirement: Same as Imp Guide |

# 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 | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | 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 Reversal – Accepted/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| 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 | | RW | • Imp Guide: Required if text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

| 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 | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | R | |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | • Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.<br>• Payer Requirement: Same as Imp Guide |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • Imp Guide: Required if and only if current repetition of 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** |
| | | | | another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.<br>• Payer Requirement: Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | • Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.<br>• Payer Requirement: Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number to the receiver.<br>• Payer Requirement: Same as Imp Guide |

| 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 | *Imp Guide:* For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |

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

# 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 | |
| 1Ø3-A3 | TRANSACTION CODE | B2 | 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 Reversal – Rejected/Rejected If Situational, Payer Situation |
|---|---|---|
| This Segment is always sent | | |
| 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 | | RW | • Imp Guide: Required if text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide |

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Rejected/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | R | |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | • Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence. <br> • Payer Requirement: Same as Imp Guide |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used. <br> • Payer Requirement: Same as Imp Guide |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used. <br> • Payer Requirement: Same as Imp Guide |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail. <br> • Payer Requirement: Same as Imp Guide |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • Imp Guide: Required if and only if current repetition of Additional Message Information |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal – Rejected/Rejected | | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | (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.<br>• Payer Requirement: Same as Imp Guide |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | • Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.<br>• Payer Requirement: Same as Imp Guide |
| 55Ø-8F | HELP DESK PHONE NUMBER | | RW | • Imp Guide: Required if needed to provide a support telephone number to the receiver.<br>• Payer Requirement: Same as Imp Guide |

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

# Eligibility Verification

## Request Eligibility Verification Payer Sheet

## General Information

| | | |
|---|---|---|
| **Payer Name:** Prime Therapeutics State Government Solutions | | |
| **Client Name:** Arkansas Medicaid | **BIN:** 017606 | **PCN:** P027017606 |

## Other Transactions Supported

| Transaction Code | Transaction Name |
|---|---|
| B1 | Claim Billing |
| B2 | Claim Reversal |
| B3 | Claim Rebill |

## 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 |

## Eligibility Verification Transaction

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

| Transaction Header Segment Questions | Check | Claim Reversal |
|---|---|---|
| This Segment is always sent | X | |

| Transaction Header Segment Questions | Check | Claim Reversal |
|---|---|---|
| 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 | X | |
| Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used | | |

| Transaction Header Segment | | | Claim Reversal | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | 017606 | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | | M | |
| 1Ø3-A3 | TRANSACTION CODE | | M | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | | M | |
| 1Ø9-A9 | TRANSACTION COUNT | 1 - One Occurrence | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 = National Provider Identifier (NPI) | M | |
| 2Ø1-B1 | SERVICE PROVIDER ID | 1Ø digit National Provider Identifier (NPI) | M | |
| 4Ø1-D1 | DATE OF SERVICE | • Format = CCYYMMDD<br>• CC – Century<br>• YY – Year<br>• MM – Month<br>• DD – Day | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | ID assigned by the switch or processor to identify the software source. | M | |

| Insurance Segment Questions | Check | Claim Billing/Claim Rebill |
|---|---|---|
| This Segment is always sent | X | |

| Insurance Segment Segment Identification (111-AM) = "Ø4" | | | Claim Billing/Claim Rebill | |
|---|---|---|---|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø2-C2 | CARDHOLDER ID | | M | |

| Patient Segment Questions | Check | Claim Billing/Claim Rebill |
|---|---|---|
| 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 |
| 3Ø4-C4 | DATE OF BIRTH | 8 digit date of birth Format = CCYYMMDD | RW | • Imp Guide: Required if needed for receiver inquiry validation and/or determination. Required if necessary for state/federal/regulatory agency programs.<br>• Payer Requirement: Same as Imp Guide. |

**\*\*End of Request Eligibility Verification (E1) Payer Sheet\*\***

# Eligibility Verification Response

## Eligibility Verification Accepted/Approved Response

| **Start of Eligibility Verification Response (E1) Payer Sheet** |
|---|

## General Information

| | | |
|---|---|---|
| **Payer Name:** Prime Therapeutics State Government Solutions | | |
| **Client Name:** Arkansas Medicaid | **BIN:** 017606 | **PCN:** P027017606 |

## Eligibility Verification Accepted/Approved Response

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

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| This Segment is always sent | X | | | |

| Response Transaction Header | | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer** | **Payer Situation** |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | E1 | 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 Header Segment Questions | Check | Claim Reversal – Accepted/Approved | | |
|---|---|---|---|---|
| This Segment is always sent | | | | |
| This Segment is situational | X | Provide general information when used for |

| | | transmission-level messaging. |
| --- | --- | --- |

| Response Message Segment Segment Identification (111-AM) = "2Ø" | | | Claim Reversal – Accepted/Approved | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 5Ø4-F4 | MESSAGE | | RW | • Imp Guide: Required if text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide. |

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Approved |
|---|---|---|
| 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 | |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message<br>• Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message<br>• Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • 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.<br>• Payer Requirement: Same as Imp Guide. |
| --- | --- | --- | --- | --- |

## Eligibility Verification Accepted/Rejected Response

| Response Transaction Header Segment Questions | Check | Claim Reversal – Accepted/Rejected | |
| --- | --- | --- | --- |
| 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 | |
| 1Ø3-A3 | TRANSACTION CODE | E1 | 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 Reversal – Accepted/Rejected | |
| --- | --- | --- | --- |
| This Segment is always sent | | | |
| This Segment is situational | X | Provide general information when used for transmission-level messaging. | |

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

| | | | | • Payer Requirement: Same as Imp Guide. |
|---|---|---|---|---|

| Response Status Segment Questions | Check | Claim Reversal – Accepted/Rejected |
|---|---|---|
| This Segment is always sent | X | |

| Response Status Segment<br>Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Rejected | |
|---|---|---|---|---|
| **Field #** | **NCPDP Field Name** | **Value** | **Payer Usage** | **Payer Situation** |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 51Ø-FA | REJECT COUNT | Maximum count of 5. | R | |
| 511-FB | REJECT CODE | | R | |
| 546-4F | REJECT FIELD OCCURRENCE INDICATOR | | RW | • Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.<br>• Payer Requirement: Same as Imp Guide. |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW | • Imp Guide: Required if Additional Message Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide. |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW | • Imp Guide: Required if Additional Message<br>• Information (526-FQ) is used.<br>• Payer Requirement: Same as Imp Guide. |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW | • Imp Guide: Required when additional text is needed for clarification or detail.<br>• Payer Requirement: Same as Imp Guide. |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW | • Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated |

| Response Status Segment Segment Identification (111-AM) = "21" | | | Claim Reversal – Accepted/Rejected | |
| --- | --- | --- | --- | --- |
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.<br>• Payer Requirement: Same as Imp Guide. |

# Revision History

| Date | Name | Comments |
|------|------|----------|
| 03/14/2015 | Implementation team | Initial creation |
| 07/24/2020 | Steven Giera | Added quantity prescribed field (# 460-ET) required for Schedule II drugs in Claim Segment Ø7 |
| | Documentation Management team | Rebranded; reformatted; updated and standardized naming conventions; and added Revision History table |
| 10/10/2022 | Documentation Management team | Updated document to reference current company name. |