



2015 Payer Sheet
NCPDP Version D.0

Version 1.0 for 2015

Release Date:
December 1, 2014

Effective Date:
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Contents

GENERAL INFORMATION	3
BIN INFORMATION	3
PCN LIST FOR BIN 017639	3
PHARMACY HELP DESK INFORMATION:	3
VERSION INFORMATION.....	3
NCPDP VERSION D.0 CLAIM BILLING TEMPLATE.....	5
REQUEST CLAIM BILLING PAYER SHEET TEMPLATE.....	5
<i>General Information</i>	5
<i>Transactions Supported</i>	5
<i>Field Legend for Columns</i>	5
<i>Claim Billing Transaction</i>	6
RESPONSE CLAIM BILLING PAYER SHEET TEMPLATE.....	13
<i>General Information</i>	13
<i>Claim Billing Accepted/Paid (or Duplicate of Paid) Response</i>	13
<i>Claim Billing /Rejected Response</i>	19
NCPDP VERSION D.0 CLAIM REVERSAL TEMPLATE.....	21
REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE	21
<i>General Information</i>	21
<i>Field Legend for Columns</i>	21
<i>Request Claim Reversal Transaction</i>	21
RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE	24
<i>General Information</i>	24
<i>Claim Reversal Accepted/Rejected Response</i>	24

General Information

BIN Information

Payer/Processor Name:	BIN Number:	Effective as of:	NCPDP Version:
National Script	Ø17639	December 1, 2Ø14	D.Ø

PCN List for BIN Ø17639

National Scripts – All Groups

PCN	Plan/Group	Line of Business	Description
NSCRIPT	All Groups	Commercial	Commercial

Pharmacy Help Desk Information:

Inquiries to National Script pharmacy help desk may be directed to our 24 Hour Pharmacy Assistance Center**. All calls are toll free.

Help Desk:

National Script	Phone	Fax	E-Mail
All Groups	855-628-21Ø1	303-628-21Ø5	helpdesk@nationalscript.com

Version Information

VER.	DATE	PAGE	FIELD	NOTES
1.Ø	12/1/2Ø14			Payer Sheet Release for 2Ø15.

NCPDP VERSION D.Ø Claim Billing Template

Request Claim Billing Payer Sheet Template

**** Start of Request Claim Billing (B1) Payer Sheet Template****

General Information

Payer Name: National Script	BIN: Ø17639	Date: December 1, 2014
Plan Name/Group Name	PCN	
ALL GROUPS	NSCRIPT	
Effective as of: January 1, 2Ø14	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: March 2Ø1Ø	NCPDP External Code List Version Date: March 2Ø1Ø	
Contact/Information Source: National Script, 5ØØ Discovery Pkwy, Suite 375, Superior, CO 8ØØ127		
Provider Relations Help Desk Info: 855-628-21Ø1		
Other versions supported: None		

Transactions Supported

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal

Field Legend for Columns

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

Claim Billing Transaction

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

Transaction Header Segment Questions	Check	Claim Billing If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Transaction Header Segment			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	Ø17639	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	Note: Rebill (B3) not supported
1Ø4-A4	PROCESSOR CONTROL NUMBER	Refer to PCN table on page 3.	M	Use correct PCN for BIN/Group/Line of Business.
1Ø9-A9	TRANSACTION COUNT	1	M	Only one Transaction allowed in a single transmission
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1, Ø7	M	Ø1 = NPI Ø7 = NCPDP Provider ID
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/ CERTIFICATION ID	BLANKS	M	

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

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		M	
313-CD	CARDHOLDER LAST NAME		M	
3Ø6-C6	PATIENT RELATIONSHIP CODE		M	

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

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	1, 2	R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	
323-CN	PATIENT CITY ADDRESS		R	
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
3Ø7-C7	PLACE OF SERVICE		RW	Required for Home Infusion and LTC patients
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	For informational purposes only
384-4X	PATIENT RESIDENCE		RW	Required when necessary to clarify coverage.

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1 = Rx Billing	M	<i>Imp Guide:</i> For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3	M	NDC Number
4Ø7-D7	PRODUCT/SERVICE ID		M	MMMMM = Manufacturer assigned number DDDD = Drug ID PP = Package size Zero filled if product is a Compound.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	Ø, 1, 2	R	Ø = Not specified 1 = Not a Compound 2 = Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/ PRODUCT SELECTION CODE	Ø thru 9	R	Ø = No Product Selection Indicated 1 = Prescriber DAW 2 = Patient Selection 3 = Pharmacist Selection 4 = No Generic Available at Pharmacy 5 = Brand Dispensed as Generic 6 = Override 7 = Brand Mandated by Law 8 = No Generic in Marketplace 9 = Plan Requested Brand
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE	1,2,3,4	R	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø8-C8	OTHER COVERAGE CODE	Ø, 1, 2, 3, 4, 8	R	Ø = Not Specified 1 = No other coverage identified 2 = Other coverage exists – payment collected. 3 = Other coverage exists – this claim not covered. 4 = Other coverage exists – payment not collected 8 = Claim is billing for copay only For Copay Only Billing: Use value 4 when payment was not collected due to previous payers' deductible Use value 3 when payment was not collected from previous payer Use value 8 when payment was collected from previous payer and the claim is billing for copay only
147-U7	PHARMACY SERVICE TYPE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Up to 3	RW	Field is Required when Patient Residence (384-4X) = 3 Field is Required for 34ØB Claim Submissions
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Field is Required when Patient Residence (384-4X) = 3 Value 2Ø Required for 34ØB Claim Submissions

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

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required when applicable
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	

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

Prescriber Segment Segment Identification (111-AM) = "03"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01, 12	R	01 = NPI 12 = DEA
411-DB	PRESCRIBER ID		R	

Coordination of Benefits/Other Payments Segment Questions		Check	Claim Billing If Situational, Payer Situation	
This Segment is situational		X	Required only for secondary, tertiary, claims.	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"				Claim Billing Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/ OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	01 thru 09	M	
339-6C	OTHER PAYER ID QUALIFIER	03	R	03 = BIN
340-7C	OTHER PAYER ID		R	
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum of 9	RW	Required when 431-DV is used

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø1, Ø2, Ø3, Ø4, Ø5, Ø6, Ø7, Ø9	RW	Required when 431-DV is used Ø1 – Delivery Ø2 – Shipping Ø3 – Postage Ø4 – Admin Ø5 – Incentive Ø6 – Cognitive Ø7 – Drug Benefit Ø9 – Compound Prep
431-DV	OTHER PAYER AMOUNT PAID		RW	Required when other payer payment is made
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Required when Other Coverage Code (3Ø8-C8) = 3
472-6E	OTHER PAYER REJECT CODE	6Ø, 61, 65, 66, 67, 68, 69, 7Ø, 76, AA, M1, RN	RW	Required when Other Coverage Code (3Ø8-C8) = 3
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	Required when Other Coverage Code (3Ø8-C8) = 8
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø1, Ø2, Ø4, Ø5, Ø6, Ø7, Ø8, Ø9, 11	RW	Required when Other Coverage Code (3Ø8-C8) = 8
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Required when Other Coverage Code (3Ø8-C8) = 8

DUR/PPS Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	When necessary to provide information on potential drug interactions

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW	
439-E4	REASON FOR SERVICE CODE	DD, TD, SX	RW	DD = Drug – Drug TD = Duplicate Therapy SX = Drug - Gender
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	
441-E6	RESULT OF SERVICE CODE		RW	

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	For billing of compound medications.

Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	Ø1 - Ø7, 1Ø - 17	M	Blank = Not Specified Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1, 2, 3	M	1 = Each 2 = Grams 3 = Milliliters
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Enter ingredient cost for each product in the compound
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

**** End of Request Claim Billing (B1) Payer Sheet Template****

Response Claim Billing Payer Sheet Template

** Start of Response Claim Billing (B1) Payer Sheet Template**

General Information

Payer Name: National Script	BIN: Ø17639	Date: Dec 1, 2Ø14
Plan Name/Group Name	PCN	
ALL GROUPS	NSCRIPT	
Effective as of: January 1, 2Ø14	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: March 2Ø1Ø	NCPDP External Code List Version Date: March 2Ø1Ø	
Contact/Information Source: National Script, 5ØØ Discovery Pkwy, Suite 375, Superior, CO 8ØØ127		
Provider Relations Help Desk Info: 855-628-21Ø1		
Other versions supported: None		

Claim Billing Accepted/Paid (or Duplicate of Paid) Response

The following lists the segments and fields in a Claim Billing Accepted/Paid (or Duplicate of Paid) Response Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Response Transaction Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Billing - Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	Note: Rebill (B3) not supported
1Ø9-A9	TRANSACTION COUNT	1	M	Only one transaction per transmission
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1, Ø7	M	Ø1 = NPI Ø7 = NCPDP
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	

Response Message Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is situational	X	When additional text is required for clarification or detail

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Billing - Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		R	

Response Insurance Header Segment Questions		Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>	
This Segment is situational		X	Returned when Cardholder ID differs from Cardholder ID Submitted.	

Response Insurance Segment Segment Identification (111-AM) = "25"				Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		R	

Response Status Segment Questions		Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	

Response Claim Segment Questions		Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Billing – 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	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions		Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>	
This Segment is always sent		X		

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		R	
557-AV	TAX EXEMPT INDICATOR	04	R	04 = Neither Payer/Plan nor Patient are liable for tax
521-FL	INCENTIVE AMOUNT PAID		RW	Required when Professional Service Code = MA
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Required when Other Coverage Code = 2, 3, 4
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	Required when Ingredient Cost Paid (506-F6) is greater than zero
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	Returned when applicable
518-FI	AMOUNT OF COPAY		RW	Returned when applicable
572-4U	AMOUNT OF COINSURANCE		RW	Returned when applicable
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	RW	Returned when applicable
393-MV	BENEFIT STAGE QUALIFIER		RW	Returned when applicable
394-MW	BENEFIT STAGE AMOUNT		RW	Returned when applicable
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	Returned when applicable
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Returned when applicable
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	Returned when applicable
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	Returned when applicable
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	Returned when applicable
148-U8	INGREDIENT COST CONTRACTED/ REIMBURSABLE AMOUNT		RW	Required when Other Coverage Code (308-C8) = 2 or 8
149-U9	DISPENSING FEE CONTRACTED/ REIMBURSABLE AMOUNT		RW	Required when Other Coverage Code (308-C8) = 2 or 8

Response DUR/PPS Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Required when DUR warning is indicated.

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported	RW	Required when Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Required when utilization conflict is detected
528-FS	CLINICAL SIGNIFICANCE CODE	Blank, 1,2,3 9	RW	Required when necessary to provide additional information on utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Required when necessary to provide additional information on utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Required when necessary to provide additional information on utilization conflict.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required when necessary to provide additional information on utilization conflict.
532-FW	DATABASE INDICATOR		RW	Required when necessary to provide additional information on utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required when necessary to provide additional information on utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Required when necessary to provide additional information on utilization conflict.
570-NS	DUR ADDITIONAL TEXT		RW	Required when necessary to provide additional information on utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is situational	X	For claims where other payer information is indicated

	Response Coordination of Benefits/ Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
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	Required when secondary coverage is indicated for the member.
340-7C	OTHER PAYER ID		RW	Required when secondary coverage is indicated for the member.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Required when secondary coverage is indicated for the member.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Required when secondary coverage is indicated for the member.
992-MJ	OTHER PAYER GROUP ID		RW	Required when secondary coverage is indicated for the member.
142-UV	OTHER PAYER PERSON CODE		RW	Required when secondary coverage is indicated for the member.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	For informational purposes
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	For informational purposes
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	For informational purposes
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	For informational purposes

Claim Billing /Rejected Response

The following lists the segments and fields in a Claim Billing/Rejected Response Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

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

	Response Transaction Header Segment			Claim Billing - Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	Note: Rebill (B3) not supported
1Ø9-A9	TRANSACTION COUNT	1	M	Only one transaction per transmission.
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 - Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	When required to clarify response

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing - Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		R	

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing - Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> 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 - Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is situational	X	When DUR warning is indicated

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing - Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported	RW	Required when Reason For Service Code (439-E4) is used
439-E4	REASON FOR SERVICE CODE		RW	Required when utilization conflict is detected
528-FS	CLINICAL SIGNIFICANCE CODE	Blank, 1,2,3,9	RW	Required when necessary to provide additional information on utilization conflict
529-FT	OTHER PHARMACY INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
530-FU	PREVIOUS DATE OF FILL		RW	Required when necessary to provide additional information on utilization conflict
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required when necessary to provide additional information on utilization conflict
532-FW	DATABASE INDICATOR	1= First Databank 2=Medispan	RW	Required when necessary to provide additional information on utilization conflict
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
544-FY	DUR FREE TEXT MESSAGE		RW	Required when necessary to provide additional information on utilization conflict
570-NS	DUR ADDITIONAL TEXT		RW	Required when necessary to provide additional information on utilization conflict

**** End of Response Claim Billing (B1) Payer Sheet Template****

NCPDP Version D.Ø Claim Reversal Template

Request Claim Reversal Payer Sheet Template

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

General Information

Payer Name: National Script		BIN: Ø17639	Date: December 1, 2Ø14
Plan Name/Group Name		PCN	
All GROUPS		NSCRIPT	
Date: December 1, 2Ø14			
Effective as of: January 1, 2Ø14		NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: March 2Ø1Ø		NCPDP External Code List Version Date: March 2Ø1Ø	
Contact/Information Source: National Script, 5ØØ Discovery Pkwy, Suite 375, Superior, CO 8ØØ127			
Provider Relations Help Desk Info: 855-628-21Ø1			
Other versions supported: None			

Field Legend for Columns

Payer Usage Column	Value	Explanation
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction
QUALIFIED REQUIREMENT	RW	"Required when" – the situations designated have qualifications for usage

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	6Ø Days from Date of Service

Request Claim Reversal Transaction

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

Transaction Header Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Transaction Header Segment			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	017639	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	Refer to PCN table on page 3.	M	Use correct PCN for BIN/Group/Line of Business
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1, Ø7	M	Ø1 = NPI Ø7 = NCPDP
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/ CERTIFICATION ID	Blanks	M	

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

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

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1=RxBilling	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 – National Drug Code ØØ – Multi-Ingredient Compound	M	
4Ø7-D7	PRODUCT/SERVICE ID	Valid NDC or Ø if original claim was for a multi-ingredient compound	M	Must contain product/service ID from original prescription billing

Response Claim Reversal Payer Sheet Template

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

General Information

Payer Name: National Script	BIN: Ø17639	Date: December 1, 2Ø14
Plan Name/Group Name	PCN	
ALL GROUPS	NSCRIPT	
Effective as of: January 1, 2Ø14	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: March 2Ø1Ø	NCPDP External Code List Version Date: March 2Ø1Ø	
Contact/Information Source: National Script, 5ØØ Discovery Pkwy, Suite 375, Superior, CO 8ØØ127		
Provider Relations Help Desk Info: 855-628-2101		
Other versions supported: None		

Claim Reversal Accepted/Rejected Response

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

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
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	1	M	
5Ø1-F1	HEADER RESPONSE STATUS	A, R	M	A = Accepted R = Rejected
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1, Ø7	M	Ø1 = NPI Ø7 = NCPDP
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	

Response Message Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
This Segment is situational	x	Required when necessary to clarify reversal.

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		M	

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

Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A, R	M	A = Accepted R = Rejected

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

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

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