Nevada Medicaid and Nevada Checkup
NCPDP D.0 Payer Sheet for Pharmacy Providers

Effective January 1, 2012

NCPDP Version D Claim Billing/Claim Rebill

GENERAL INFORMATION

Payer Name: SXC Health Solutions	Date: 11/6/2011	
Plan Name/Group Name: Nevada Medicaid/Nevada Checkup	BIN: 001553	PCN: NVM
Processor: SXC Health Solutions		
Effective as of: 1/1/2012	NCPDP Telecommunication Standard Version/Release #: D.O	
NCPDP Data Dictionary Version Date: August 2011	NCPDP External Code List Version Date: August 2011	
Contact/Information Source: SXC Health Solutions, Inc. PO Box 5206, Lisle, IL 60532-5206, 866-244-8554		
Certification Testing Window: November 1 – November 30, 2011		
Certification Contact Information: send email to: D.0Certification@sxc.com		
Provider Relations Help Desk Info: 866-244-8554		
Other versions supported: None		

Changes to updated payer sheet version – 3.0 11/06/2011

Page #	Description
1	Effective date for D.0 is changed to 01/01/2012
1	NCPDP Telecommunication Standard Version/Release #: D.0 – changed from 5.1
2	Field 102-A3 – B2 transaction is now included in a separate segment listing below
2	Field 102-A2 – updated from 5.1 to D.0
2	Deleted duplicate tables and text – GENERAL INFORMATION, Field legend for columns, CLAIM BILLING/CLAIM REBILL TRANSACTION
3	Field 384-4X – New field for D.0 – changed from Patient Location, added 02=skilled nursing facility and 03=nursing facility to better capture data
11	Field 337-4C – Increased maximum count from 3 to 9
11-13	Fields 353-NR, 351-NP, and 352-NQ added

Field legend for columns

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

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

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CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction header segment questions	Check	Claim billing/Claim rebill If situational, payer situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction header segment			Claim billing/Claim rebill
Field #	NCPDP field name	Value	Payer usage	Payer situation
1Ø1-A1	Bin number	001553	M	
1Ø2-A2	Version/release number	DØ	M	
1Ø3-A3	Transaction code	B1, B3	M	
1Ø4-A4	Processor control number	NVM	M	
1Ø9-A9	Transaction count	Up to 4	M	
2Ø2-B2	Service provider ID qualifier	01 (NPI)	M	
2Ø1-B1	Service provider ID	National Provider Identifier	M	
4Ø1-D1	Date of service	CCYYMMDD	M	
11Ø-AK	Software vendor/certification ID	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.	M	

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

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

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
312-CC	CARDHOLDER FIRST NAME		R	Imp Guide: Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name. Payer Requirement: Same as Imp Guide
313-CD	CARDHOLDER LAST NAME		R	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Same as Imp Guide

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

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	Imp Guide: Required when the patient has a first name. Payer Requirement: Same as Imp Guide
311-CB	PATIENT LAST NAME		R	
384-4X	PATIENT RESIDENCE	02 = Skilled Nursing Facility 03 = Nursing Facility 04 = Assisted Living Facility 11 = Hospice	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required when needed to identify Long Term Care (LTC) conditions

Claim Segment Questions	Check	Claim Billing/Claim Rebill
		If Situational, *Payer Situation*
This Segment is always sent	X	
This payer supports partial fills	X	
This payer does not support partial fills		

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PREscription/Service Reference Number Qualifier	1 = Rx Billing	M	Imp Guide: For Transaction Code of **B1**, in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is **1** (Rx Billing).
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03 = NDC	M	
4Ø7-D7	Product/Service ID	11-digit NDC	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Imp Guide: Required if the completion transaction in a partial fill (Dispensing Status (343-HD) = **C** (Completed)). Required if the Dispensing Status (343-HD) = **P** (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Payer Requirement: Same as Imp Guide
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Imp Guide: Required if the completion transaction in a partial fill (Dispensing Status (343-HD) = **C** (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = **P** (Partial Fill) and there are multiple occurrences of partial fills for this prescription.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Same as Imp Guide
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	0 = Original dispensing 199 = Refill Number	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	0 = Not Specified 1 = Not a Compound 2 = Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0 = No Product selection indicated 1 = Substitution not allowed by prescriber 2 = Substitution allowed – patient requested brand 3 = Substitution allowed – pharmacist selected product dispensed 4 = Substitution allowed – generic drug not in stock 5 = Substitution allowed – brand drug dispensed as generic 6 = Override 7 = Substitution not allowed – brand drug mandated by law 8 = Substitution allowed – generic drug not available in marketplace 9 = Other	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used. Payer Requirement: Same as Imp Guide
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1)

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	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of **19** (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. Payer Requirement: Same as Imp Guide
3Ø8-C8	OTHER COVERAGE CODE	00 = Not specified 01 = No other coverage 02 = Other coverage exists – payment collected 03 = Other coverage exists – claim not covered 04 = Other coverage exists – payment not collected 05 = Managed care plan denial 06 = Other coverage denied – not a participating provider 07 = Other coverage exists – Not in effect on DOS 08 = Claim is billing for copay	RW	Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. Payer Requirement: Same as Imp Guide
429-DT	SPECIAL PACKAGING INDICATOR	3 = Pharmacy Unit Dose	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required when the pharmacy has repackaged a non-unit dose product

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Imp Guide: Required if Originally Prescribed Product/Service Code (455-EA) is used. Payer Requirement: Same as Imp Guide
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Imp Guide: Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed. Payer Requirement: Same as Imp Guide
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Imp Guide: Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities. Payer Requirement: Same as Imp Guide
6ØØ-28	UNIT OF MEASURE	EA = Each GM = Grams ML = Milliliters	RW	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
418-DI	LEVEL OF SERVICE	3 = Emergency	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required to identify emergency conditions
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. 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. Payer Requirement: Same as Imp Guide
343-HD	DISPENSING STATUS		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. 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. 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. 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.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Same as Imp Guide

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. Payer Requirement: Same as Imp Guide
433-DX	PATIENT PAID AMOUNT SUBMITTED		R	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
438-E3	INCENTIVE AMOUNT SUBMITTED		R	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Required when billing for unit dose packaging fee
426-DQ	USUAL AND CUSTOMARY CHARGE	For Public Health Service entities, usual and customary charge is the actual acquisition cost	R	*Imp Guide:* Required if needed per trading partner agreement. Payer Requirement: Same as Imp Guide
43Ø-DU	GROSS AMOUNT DUE		R	

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

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

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider Identification	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. Payer Requirement: Same as Imp Guide
411-DB	PRESCRIBER ID	NPI	R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Same as Imp Guide

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent	X	
This Segment is situational		Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

If the payer supports the coordination of benefits/other payments segment, only one scenario method shown above may be supported per template. The template shows the coordination of benefits/other payments segment that must be used for each scenario method. The payer must choose the appropriate scenario method with the segment chart,

and delete the other scenario methods with their segment charts. See section *Coordination of Benefits (COB) Processing* for more information.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
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 = Primary 02 = Secondary 03 = Tertiary 99 = Composite	M	
339-6C	OTHER PAYER ID QUALIFIER	Required Blank = Not Specified 01 = National Payer ID 02 = Health Industry Number (HIN) 03 = Bank Information Number (BIN) 04 = National Association of Insurance Commissioners (NAIC) 09 = Coupon 99 = Other	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: Same as Imp Guide
34Ø-7C	OTHER PAYER ID	Other Payer ID must = 88888	RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. Payer Requirement: Same as Imp Guide
443-E8	OTHER PAYER DATE	CCYYMMDD	RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. Payer Requirement: Same as Imp Guide
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.*

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Same as Imp Guide
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Blank = Not Specified 01 = Amt Charged Periodic Deductible 02 = $ Charged Product Selection/Brand Drug 03 = Amt Attrib to Sales Tax 04 = Amt Over Periodic Benefit Max 05 = Amount of Copay 06 = Patient Pay Amount 07 = Amount of Coinsurance 08 = $ Charged Prod Sel/NP form 09 = $ Charged Health Plan Asst Amt 10 =$ Charged Prov Network Sel 11 = $ Charged Pro Sel/Brd NP Form 12 = $ Charged to Coverage Gap 13 = $ Charged to Processor Fee	RW	*Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.* *Payer Requirement: Submit 06 for Patient Pay Amount*
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide: Required if necessary for patient financial responsibility only billing.* *Required if necessary for state/federal/regulatory agency programs.* *Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.*

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	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Required if Other Coverage Code is 2, 3 or 4; Do Not Leave Blank
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. Payer Requirement: Same as Imp Guide
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Blank = Not Specified 01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit 08 = Sum of all reimbursement 98 = Coupon 99 = Other	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. Payer Requirement: Same as Imp Guide
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. Payer Requirement: Same as Imp Guide

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

This Segment is situational	x	

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

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill	
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. Payer Requirement: Same as Imp Guide	
Joel.jonas-1000	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide	
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide	
441-E6	RESULT OF SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.	

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide
474-8E	DUR/PPS LEVEL OF EFFORT		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide
475-J9	DUR CO-AGENT ID QUALIFIER	03 = NDC	RW	*Imp Guide:* Required if DUR Co-Agent ID (476-H6) is used. Payer Requirement: Same as Imp Guide
476-H6	DUR CO-AGENT ID	NDC	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide

Coupon Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*	
This Segment is always sent			
This Segment is situational	X	Not required at this time, fields intentionally not listed.	

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

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
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		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. Payer Requirement: Same as Imp Guide
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. Payer Requirement: Same as Imp Guide
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	*Imp Guide:* Required when Compound Ingredient Modifier Code (363-2H) is sent. Payer Requirement: Same as Imp Guide
363-2H	COMPOUND INGREDIENT MODIFIER CODE		RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as Imp Guide

Clinical Segment Questions	Check	Claim Billing/Claim Rebill
		If Situational, *Payer Situation*

This Segment is always sent		
This Segment is situational	X	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. Payer Requirement: Same as Imp Guide
492-WE	DIAGNOSIS CODE QUALIFIER	01 = ICD-9	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. Payer Requirement: Same as Imp Guide
424-DO	DIAGNOSIS CODE	See Pharmacy Billing Manual	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Same as Imp Guide

Additional Documentation Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Not required at this time, intentionally not listed

Facility Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Not required at this time, intentionally not listed

Narrative Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Not required at this time, intentionally not listed.

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: SXC Health Solutions	Date: 10/20/2011	
Plan Name/Group Name: Nevada Medicaid/Nevada Checkup	BIN: 001553	PCN: NVM

Claim Billing/Claim Rebill PAID (or Duplicate of PAID) Response

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

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1, 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 Rebill Accepted/Paid (or Duplicate of Paid) 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 Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	Message	20 = Response Message Segment		*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 Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Field Not required at this time, intentionally removed.

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

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. 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. Payer Requirement: Same as Imp Guide
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. 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. Payer Requirement: Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. 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. 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. 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. Payer Requirement: Same as Imp Guide

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

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

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

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		R	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. 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. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). 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. Payer Requirement: Same as Imp Guide

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. 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. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). Payer Requirement: Same as Imp Guide
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. 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). Required if Basis of Cost Determination (432-DN) is submitted on billing. Payer Requirement: Same as Imp Guide

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is **P** (Partial Fill) or **C** (Completion of Partial Fill). Payer Requirement: Same as Imp Guide
347-HJ	BASIS OF CALCULATION—COPAY		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is **P** (Partial Fill) or **C** (Completion of Partial Fill). Payer Requirement: Same as Imp Guide

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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. Payer Requirement: Same as Imp Guide
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if utilization conflict is detected. Payer Requirement: Same as Imp Guide

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
528-FS	CLINICAL SIGNIFICANCE CODE	Blank = Not specified 1 = Major 2 = Moderate 3 = Minor 9 = Undetermined	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide
529-FT	OTHER PHARMACY INDICATOR	0 = Not specified 1 = Your pharmacy 2 = Other pharmacy in same chain 3 = Other pharmacy	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. 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. Required if Quantity of Previous Fill (531-FV) is used. 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. Required if Previous Date Of Fill (53Ø-FU) is used. Payer Requirement: Same as Imp Guide
532-FW	DATABASE INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
533-FX	OTHER PRESCRIBER INDICATOR	0 = Not specified 1 = Same prescriber 2 = Other prescriber	RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. 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. 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. Payer Requirement: Same as Imp Guide

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

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

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. 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. 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. 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. Payer Requirement: Same as Imp Guide
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. 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. Payer Requirement: Same as Imp Guide

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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. Payer Requirement: Same as Imp Guide
144-UX	OTHER PAYER Benefit Effective Date		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted. Payer Requirement: Same as Imp Guide
145-UY	OTHER PAYER Benefit Termination Date		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted. Payer Requirement: Same as Imp Guide

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

Claim Billing/Claim Rebill accepted/rejected Response

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill 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	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø1-D1	Date of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill 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 Rebill 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 Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Fields not required at this time

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

	Response Patient Segment Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
31Ø-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required if known. Payer Requirement: Same as Imp Guide

	Response Patient Segment Segment Identification (111-AM) = "29"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
311-CB	PATIENT LAST NAME		RW	*Imp Guide:* Required if known. Payer Requirement: Same as Imp Guide
3Ø4-C4	DATE OF BIRTH		RW	*Imp Guide:* Required if known. Payer Requirement: Same as Imp Guide

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. 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. 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. Payer Requirement: Same as Imp Guide

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

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill 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 Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill 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. Payer Requirement: Same as Imp Guide
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if utilization conflict is detected. 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. 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. 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. Required if Quantity of Previous Fill (531-FV) is used. Payer Requirement: Same as Imp Guide

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
531-FV	QUANTITY OF PREVIOUS FILL		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. Payer Requirement: Same as Imp Guide
532-FW	DATABASE INDICATOR		RW	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. 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. 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. 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. Payer Requirement: Same as Imp Guide

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

	Response Prior Authorization Segment Segment Identification (111-AM) = "26"			Claim Billing/Claim Rebill 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. Payer Requirement: Same as Imp Guide

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill 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. 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. 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. Payer Requirement: Same as Imp Guide

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
356-NU	OTHER PAYER CARDHOLDER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. 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. Payer Requirement: Same as Imp Guide
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. 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. 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. Payer Requirement: Same as Imp Guide
144-UX	OTHER PAYER Benefit Effective Date		RW	Imp Guide: Required when other coverage is known which is after the Date of Service submitted. Payer Requirement: Same as Imp Guide

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
145-UY	OTHER PAYER Benefit Termination Date		RW	Imp Guide: Required when other coverage is known which is after the Date of Service submitted. Payer Requirement: Same as Imp Guide

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

Claim Billing/Claim Rebill Rejected/Rejected Response

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1, 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 Rebill 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 Rebill 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. Payer Requirement: Same as Imp Guide

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	Imp Guide: Required if needed to identify the transaction. 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. 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. Payer Requirement: Same as Imp Guide

NCPDP D.0 Payer Sheet for Pharmacy Providers

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail. 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. 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. Payer Requirement: Same as Imp Guide

NCPDP VERSION D CLAIM REVERSAL (B2 TRANSACTION)
GENERAL INFORMATION

Payer Name: SXC Health Solutions	Date: 10/20/2011	
Plan Name/Group Name: Nevada Medicaid/Nevada Checkup	BIN: 001553	PCN: NVM

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

Payer Usage Column	Value	Explanation	Payer Situation Column
Qualified Requirement	RW	"Required when". The situations designated have qualifications for usage ("Required if x", "Not required if y").	Yes
NOT USED	NA	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	180 Days

Claim Reversal Transaction

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

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

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Reversal Payer Situation
1Ø1-A1	BIN Number	If more than one BIN/PCN <u>but all plans use the same segments and fields and situations,</u> enter multiple BIN/PCNs under General Information above.	M	
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number	NVM	M	
1Ø9-A9	Transaction Count	Up to 4 transactions.	M	

Field #	Transaction Header Segment			Claim Reversal
	NCPDP Field Name	Value	Payer Usage	Payer Situation
2Ø2-B2	Service Provider ID Qualifier	01 = National Provider Number (NPI)	M	
2Ø1-B1	Service Provider ID	NPI	M	
4ø1-d1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	Assigned with vendor is certified, will reject if missing or not valid	M	

Insurance Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Not Used at this time – Intentionally omitted

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

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
	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	03 = NDC	M	
4Ø7-D7	Product/Service ID	NDC	M	
4Ø3-D3	FILL NUMBER		RW	Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. Payer Requirement: Same as Imp Guide

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø8-C8	OTHER COVERAGE CODE	00 = Not specified 01 = No other coverage 02 = Other coverage exists – payment collected 03 = Other coverage exists – claim not covered 04 = Other coverage exists – payment not collected 05 = Managed care plan denial 06 = Other coverage denied – not a participating provider 07 = Other coverage exists – not in effect on DOS 08 = Claim is billing for copay	RW	Imp Guide: Required if needed by receiver to match the claim that is being reversed. Payer Requirement: Same as Imp Guide

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

	Pricing Segment Segment Identification (111-AM) = "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. Payer Requirement: Same as Imp Guide
43Ø-DU	GROSS AMOUNT DUE		R	Imp Guide: Required if this field could result in contractually agreed upon payment. Payer Requirement: Same as Imp Guide

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

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9.	M	
338-5C	Other Payer Coverage Type		M	

DUR/PPS Segment Questions	Check	Claim Reversal If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Segment not used at this time – Intentionally Omitted

RESPONSE CLAIM REVERSAL PAYER SHEET

General Information

Payer Name: SXC Health Solutions	Date: 10/20/2011	
Plan Name/Group Name: Nevada Medicaid/Nevada Checkup	BIN: 001553	PCN: NVM

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	

	Response Transaction Header Segment			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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		

	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. 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		R	Imp Guide: Required if needed to identify the transaction. 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	

	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. Payer Requirement: Same as Imp Guide
5Ø9-F9	TOTAL AMOUNT PAID		R	Imp Guide: Required if any other payment fields sent by the sender. Payer Requirement: Same as Imp Guide

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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	

Field #	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
	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	X	
This Segment is situational		

Field #	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Reversal – Accepted/Rejected
	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		R	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 If Situational, *Payer Situation*
This Segment is always sent	X	

Field #	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
	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	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. 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. Payer Requirement: Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. Payer Requirement: Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. 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. 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. 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	

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	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).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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	X	
This Segment is situational		

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