



REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET TEMPLATE

** Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template**

GENERAL INFORMATION

Navitus Health Solutions Telecommunications Standard D.0 Payer Sheet to be used for (Commercial Non-Medicare D)

Payer Name: Navitus Health Solutions	Date: 1/1/2024	
Plan Name/Group Name: Navitus	BIN: 610602	PCN: NVT
Plan Name: Dean Health Plan	BIN: 610602	PCN: 5104
Plan Name: City of Janesville	BIN: 610602	PCN: COJ
Plan Name: Employee Trust Funds	BIN: 610602	PCN: ETF
Plan Name: Prevea360	BIN: 610602	PCN: 6104
Plan Name: Wellfirst	BIN: 610602	PCN: 8104
Plan Name: Honest Discount	BIN: 610602	PCN: HDX
Plan Name: LowestMed (dba RxSaver)	BIN: 610602	PCN: LMD
Plan Name: Navitus Part B	BIN: 610602	PCN: NVTPARTB
Plan Name: UCARE MA only	BIN: 610602	PCN: NVPRTB
Plan Name: UMP	BIN: 610602	PCN: NVTU
Plan Name: WA DOH Formula Bridge Program	BIN: 610602	PCN: WADO



Plan Name: Dean Health Plan Employer Plan	BIN: 610602	PCN: DHE
Plan Name: Dean Health Plan by Medica	BIN: 610602	PCN: 5304
Plan Name: Prevea360 Health Plan by Medica	BIN: 610602	PCN: 6304
Plan Name: Medica (Formerly WellFirst) MO	BIN: 610602	PCN: 7304
Plan Name: Medica (Formerly WellFirst) IL	BIN: 610602	PCN: 9304
Processor: NaviClaimRx		
Effective as of: 2/27/2024	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2018	
Contact/Information Source: www.navitus.com		
Certification Testing Window: Certification not required		
Provider Relations Help Desk Info: Please reference member ID card for appropriate Call Center information.		

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No

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

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
1Ø1-A1	BIN NUMBER	610602	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See PCN Values above under general information	M	
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	NPI only supported
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	NPI only supported



	Transaction Header Segment			Claim Billing/Claim Rebill
401-D1	DATE OF SERVICE	CCYYMMDD	M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	Payer Requirement: Required- Enter what is on ID card
301-C1	GROUP ID		R	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Required-Enter what is on ID Card
303-C3	PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID. Payer Requirement: Enter Person Code as seen on ID Card
306-C6	PATIENT RELATIONSHIP CODE		RW	Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder. Payer Requirement:

	Insurance Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "Ø4"			
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
36Ø-2B	MEDICAID INDICATOR		RW	<i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage.
115-N5	MEDICAID ID NUMBER		RW	<i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage.

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

	Patient Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "Ø1"			
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH	CCYYMMDD	R	<i>Payer Requirement:</i> Required
3Ø5-C5	PATIENT GENDER CODE		R	<i>Payer Requirement:</i> Required
31Ø-CA	PATIENT FIRST NAME		R	<i>Imp Guide:</i> Required when the patient has a first name. <i>Payer Requirement:</i> Required

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
311-CB	PATIENT LAST NAME		R	<i>Payer Requirement: Required</i>
325-CP	PATIENT ZIP/POSTAL ZONE		RW	<i>Imp Guide</i> Emergency/Disaster situations; Patient Zip code of the emergency should be entered.
384-4X	PATIENT RESIDENCE CODE		RW	
3Ø7-C7	PLACE OF SERVICE		RW	

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

Claim Segment		Claim Billing/Claim Rebill		
Segment Identification (111-AM) = "Ø7"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = 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	RX Number
436-E1	PRODUCT/SERVICE ID QUALIFIER	00-not specified 03-NDC	M	Use "00" for multi-ingredient compounds
4Ø7-D7	PRODUCT/SERVICE ID		M	Use "0" for multi-ingredient compounds
442-E7	QUANTITY DISPENSED		R	<i>Payer Requirement:</i> Required
4Ø3-D3	FILL NUMBER		R	<i>Payer Requirement:</i> Required
4Ø5-D5	DAYS SUPPLY		R	<i>Payer Requirement:</i> Required
4Ø6-D6	COMPOUND CODE	1 or 2	R	<i>Payer Requirement:</i> Required (NVT supports & requires use of Compound Segment for Compounded prescriptions)
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	<i>Payer Requirement:</i> Required Varies by plan specifications
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	<i>Payer Requirement:</i> Required
415-DF	NUMBER OF REFILLS AUTHORIZED		R	<i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Required

Claim Segment		Claim Billing/Claim Rebill		
Segment Identification (111-AM) = "Ø7"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
419-DJ	PRESCRIPTION ORIGIN CODE	0= Not Specified 1= Written 2= Telephone 3= Electronic 4= Facsimile 5=Pharmacy	R	<p><i>Imp Guide:</i> Required if necessary for plan benefit administration.</p> <p><i>Payer Requirement:</i> Values 1-5 ONLY accepted for Non Medicare Part D- All other codes will be excluded. (Values Required for Medicare Part D 1-4 ONLY)</p>
354-NX	SUBMISSION CLARIFICATION CODE COUNT	New-Maximum count of 3.	RW	<p><i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used.</p>
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	<p><i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø).</p> <p>If the Date of Service (4Ø1-D1) 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.</p> <p><i>Payer Requirement:</i> Value 20- Required if inventory used if from 340B purchased drugs for reporting purposes</p>
460-ET	QUANTITY PRESCRIBED		RW	<p><i>Imp Guide:</i> Required if the prescriber orders a specific number of iterations of a service.</p> <p>Not required if value is equal to 1.</p>

Claim Segment		Claim Billing/Claim Rebill		
Segment Identification (111-AM) = "Ø7"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<i>Payer Requirements</i> - Required when the claim is for a Schedule II drug or when a compound contains a Schedule II drug
3Ø8-C8	OTHER COVERAGE CODE	02" Other Coverage exists- payment collected "03" Other Coverage exists- claim not covered "04" Other Coverage exists- payment not collected	RW	<i>Imp Guide</i> : 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.
418-DI	LEVEL OF SERVICE		RW	
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Imp Guide</i> : Required if specified in trading partner agreement.
996-G1	COMPOUND TYPE		RW	<i>Imp Guide</i> : Required if specified in trading partner agreement.
147-U7	PHARMACY SERVICE TYPE		RW	<i>Imp Guide</i> : Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	<i>Payer Requirement:</i> Required
412-DC	DISPENSING FEE SUBMITTED		R	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Required
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i>
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Required when submitting compound or vaccine claims..
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	<i>Imp Guide:</i> Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. <i>Payer Requirement:</i>
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	01-Delivery Cost 02-Shipping Cost 03- Postage Cost 04- Administrative Cost	RW	<i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used. <i>Payer Requirement:</i>

	Pricing Segment Segment Identification (111-AM) = “11”			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		09- Compound preparation Cost Submitted		
480-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Payer Requirement:
481-HA	FLAT SALES TAX AMOUNT		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	Imp Guide: Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Imp Guide: Required if needed per trading partner agreement.

	Pricing Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "11"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Required
43Ø-DU	GROSS AMOUNT DUE		R	Payer Requirement: Required
423-DN	BASIS OF COST DETERMMINATION		RW	Imp Guide: Required if need for receiver claim/encounter adjudication

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

	Pharmacy Provider Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "Ø2"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
465-EY	PROVIDER ID QUALIFIER	01= NPI	R	Imp Guide: Required if Provider ID (444-E9) is used. Payer Requirement: Required



	Pharmacy Provider Segment Segment Identification (111-AM) = "Ø2"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
444-E9	PROVIDER ID	NPI	R	<p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.</p> <p>Required if necessary to identify the individual responsible for dispensing of the prescription.</p> <p>Required if needed for reconciliation of encounter-reported data or encounter reporting.</p> <p><i>Payer Requirement:</i> Required -Must submit the value corresponding to the qualifier</p>

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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	R	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Required
411-DB	PRESCRIBER ID	NPI	R	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Required

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	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 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	NVT Max of 3
338-5C	OTHER PAYER COVERAGE TYPE	01=Primary 02=Secondary 03=Tertiary	M	
339-6C	OTHER PAYER ID QUALIFIER		R	Imp Guide: Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: Required
34Ø-7C	OTHER PAYER ID		R	Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication. Payer Requirement: Required
443-E8	OTHER PAYER DATE		R	Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. Payer Requirement: Required
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.

Coordination of Benefits/Other Payments Segment				Claim Billing/Claim Rebill
Segment Identification (111-AM) = "Ø5"				Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	10-Sales Tax 09- Compound Preparation Cost 01-Delivery 02- Shipping 03- Postage 04- Administrative 05- Incentive 07- Drug Benefit	RW	<i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		RW	<i>Imp Guide:</i> 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.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = “Ø5”			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Imp Guide: Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	Imp Guide: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered).

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Based on Pharmacy determination for clinical or vaccine processing

	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.	R	<i>Imp Guide:</i> Required if DUR/PPS Segment is used. <i>Payer Requirement:</i> Required
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> 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.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	<i>Imp Guide:</i> 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. <i>Payer Requirement-</i> Submit MA when provider billing vaccine admin fees
441-E6	RESULT OF SERVICE CODE		RW	<i>Imp Guide:</i> 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.
474-8E	DUR/PPS LEVEL OF EFFORT	Use when submitting Level of Effort for Compound Claims Value 11= 1-5 min Value 12= 6-15 min Value 13= 16-30 min Value 14= 31 + min	RW	<p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for or documentation of professional pharmacy service.</p> <p><i>Payer Requirement:</i> NVT requires when submitting for level of effort for Compound Claims</p>

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	This segment required when submitting a claim for Multi Ingredient Claims Transaction (Compound code = 2)

	Compound Segment			Claim Billing/Claim Rebill
	Segment Identification (111-AM) = "1Ø"			
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	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	<i>Imp Guide:</i> Required when Compound Ingredient Modifier Code (363-2H) is sent.
363-2H	COMPOUND INGREDIENT MODIFIER CODE	Maximum count of 1Ø.	RW	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.



Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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	<i>Imp Guide:</i> Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER		RW	<i>Imp Guide:</i> Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		RW	<i>Imp Guide:</i> 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.



CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

** Start of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template**

GENERAL INFORMATION

Payer Name: Navitus Health Solutions, LLC	Date: 1/1/2024	
Plan Name/Group Name: Navitus	BIN: 610602	PCN: NVT
Plan Name/Group Name: Dean Health Plan	BIN: 610602	PCN: 5104
Plan Name: City of Janesville	BIN: 610602	PCN: COJ
Plan Name/Group Name: Employers Trust Fund	BIN: 610602	PCN: ETF
Plan Name: Prevea360	BIN: 610602	PCN: 6104
Plan Name: Wellfirst	BIN: 610602	PCN: 8104
Plan Name: Wellfirst ACA Plan (Exchange)	BIN: 610602	PCN: 7104
Plan Name: Wellfirst IL Plan (Off Exchange)—NEW 2/1/2021--	BIN: 610602	PCN: 9104
Plan Name: Honest Discount	BIN: 610602	PCN: HDX



Plan Name: LowestMed (dba RxSaver)	BIN: 610602	PCN: LMD
Plan Name: Navitus Part B	BIN: 610602	PCN: NVTPARTB
Plan Name: WA DOH Formula Bridge Program	BIN: 610602	PCN: WADO
Plan Name: UCARE MA only	BIN: 610602	PCN: NVPRTB

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.0*.

Response Transaction Header Segment Questions	Check	1. Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
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
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	

	Response Transaction Header Segment			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Provide general information when used for transmission-level messaging. (additional message text)</i>

	Response Message Segment Segment Identification (111-AM) = “20”			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.



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

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID	.	R	<p><i>Imp Guide:</i> Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.</p> <p>Required to identify the actual group that was used when multiple group coverages exist.</p> <p><i>Payer Requirement:</i> Required</p>

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
545-2F	NETWORK REIMBURSEMENT ID		R	<p><i>Imp Guide:</i> Required if needed to identify the network for the covered member.</p> <p>Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.</p> <p>Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.</p> <p><i>Payer Requirement:</i> Required</p>
302-C2	CARDHOLDER ID		R	<p><i>Imp Guide:</i> Required if the identification to be used in future transactions is different than what was submitted on the request.</p> <p><i>Payer Requirement:</i> Required</p>

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

	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		R	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> (Required for Twins/Triplets/etc) *Note: When we checked claims for a triplet, we are not sending this information.
311-CB	PATIENT LAST NAME		R	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Required *Note: When we checked claims for a triplet, we are not sending this information.
3Ø4-C4	DATE OF BIRTH	CCYYMMDD	R	<i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Required *Note: When we checked claims for a triplet, we are not sending this information.

Response Status Segment Questions	Check	Claim Billing/Claim Rebill 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/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	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	<i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.

	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.-
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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver. (888) 333-2757

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill 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/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	<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).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	<i>Imp Guide:</i> Required if Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID		RW	<i>Imp Guide:</i> Required if a product preference exists that needs to be communicated to the receiver via an ID.
554-AS	PREFERRED PRODUCT INCENTIVE		RW	<i>Imp Guide:</i> Required if there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	<i>Imp Guide:</i> Required if there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	<i>Imp Guide:</i> Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).



Response Pricing Segment Questions	Check	Claim Billing/Claim Rebill 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/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	Payer Requirement: Required
506-F6	INGREDIENT COST PAID		R	Payer Requirement: Required
507-F7	DISPENSING FEE PAID		R	Imp Guide: Required if this value is used to arrive at the final reimbursement. Payer Requirement: Required
557-AV	TAX EXEMPT INDICATOR		RW	Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Imp Guide: Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.

Response Pricing Segment		Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)		
Segment Identification (111-AM) = “23”				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	<p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).</p> <p>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.</p>
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	<p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</p>
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	<p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</p>
521-FL	INCENTIVE AMOUNT PAID		RW	<p><i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.</p> <p>Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).</p> <p><i>Payer Requirement:</i></p>
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.-	RW	<p><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</p> <p><i>Payer Requirement:</i></p>
564-J3	OTHER AMOUNT PAID QUALIFIER	01-Delivery Cost 02-Shipping Cost 03- Postage Cost 04- Administrative Cost 09- Compound preparation Cost Submitted	RW	<p><i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used.</p> <p><i>Payer Requirement:</i></p>

Response Pricing Segment		Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)		
Segment Identification (111-AM) = “23”				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
565-J4	OTHER AMOUNT PAID		RW	<i>Imp Guide:</i> 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). <i>Payer Requirement:</i>
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<i>Imp Guide:</i> 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. <i>Payer Requirement:</i>
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	<i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i>
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	<i>Imp Guide:</i> Provided for informational purposes only.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	<i>Imp Guide:</i> Provided for informational purposes only.
514-FE	REMAINING BENEFIT AMOUNT		RW	<i>Imp Guide:</i> Provided for informational purposes only.

	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
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes deductible
518-FI	AMOUNT OF COPAY		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	<i>Imp Guide:</i> Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.
575-EQ	PATIENT SALES TAX AMOUNT		RW	<i>Imp Guide:</i> Used when necessary to identify the Patient's portion of the Sales Tax. *Note: When we reviewed claims for members that paid the sales tax amount, this field is not going back.
574-2Y	PLAN SALES TAX AMOUNT		RW	<i>Imp Guide:</i> Used when necessary to identify the Plan's portion of the Sales Tax
572-4U	AMOUNT OF COINSURANCE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	<i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill).
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used
393-MV	BENEFIT STAGE QUALIFIER		RW	<i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used

Response Pricing Segment		Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)		
Segment Identification (111-AM) = “23”				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
394-MW	BENEFIT STAGE AMOUNT		RW	<p><i>Imp Guide:</i> Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.</p> <p>Required if necessary for state/federal/regulatory agency programs</p>
577-G3	ESTIMATED GENERIC SAVINGS		RW	<p><i>Imp Guide:</i> This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic.</p>
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	<p><i>Imp Guide:</i> This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.</p>
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	<p><i>Imp Guide:</i> Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero.</p>
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	<p><i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another</p>
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	<p><i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.</p>

	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
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	<i>Imp Guide:</i> Required when the patient's financial responsibility is due to the coverage gap.
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	<i>Imp Guide:</i> Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	<i>Imp Guide:</i> Required when Basis of Reimbursement Determination (522-FM) is "14" (Patient Responsibility Amount) or "15" (Patient Pay Amount) unless prohibited by state/federal/regulatory agency.



Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	When DUR information is to be provided

	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	<i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.

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

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

	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	<i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.
34Ø-7C	OTHER PAYER ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	<i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver.

	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	<i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	<i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	<i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

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

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provided when additional message text

	Response Message Segment Segment Identification (111-AM) = "20"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE			<i>Imp Guide:</i> Required if text is needed for clarification or detail.

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

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
301-C1	GROUP ID		RW	<i>Imp Guide:</i> Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverage's exist.

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
545-2F	NETWORK REIMBURSEMENT ID		RW	<p><i>Imp Guide:</i> Required if needed to identify the network for the covered member.</p> <p>Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.</p> <p>Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.</p>
302-C2	CARDHOLDER ID		RW	<p><i>Imp Guide:</i> Required if the identification to be used in future transactions is different than what was submitted on the request.</p>



Response Patient Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
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	<i>Imp Guide:</i> Required if known.
311-CB	PATIENT LAST NAME		RW	<i>Imp Guide:</i> Required if known.
3Ø4-C4	DATE OF BIRTH		RW	<i>Imp Guide:</i> Required if known.

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

Response Status Segment		Claim Billing/Claim Rebill Accepted/Rejected		
Segment Identification (111-AM) = "21"				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> 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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.
987-MA	URL		RW	<i>Imp Guide:</i> Provided for informational purposes only to relay health care communications via the Internet. <i>Payer Requirement:</i> www.navitus.com

Response Claim Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
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	<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).

	Response Claim Segment			Claim Billing/Claim Rebill Accepted/Rejected
	Segment Identification (111-AM) = "22"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	<i>Imp Guide:</i> Required if Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	<i>Imp Guide:</i> Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID		RW	<i>Imp Guide:</i> Required if a product preference exists that needs to be communicated to the receiver via an ID.
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	<i>Imp Guide:</i> Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected
		If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	When DUR has additional information to be returned

	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	<i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.



	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
57Ø-NS	DUR ADDITIONAL TEXT		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, <i>Payer Situation</i>
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
<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	<i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.

	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
340-7C	OTHER PAYER ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
356-NU	OTHER PAYER CARDHOLDER ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
992-MJ	OTHER PAYER GROUP ID		RW	<i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.
142-UV	OTHER PAYER PERSON CODE		RW	<i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	<i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	<i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	<i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i>
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
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	



Response Message Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Provided when additional message text is needed

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

Response Status Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, <i>Payer Situation</i>
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	
Ø3-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction.
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	<i>Payer Requirement:</i> Required
511-FB	REJECT CODE		R	<i>Payer Requirement:</i> Required
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> 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.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.



	Response Status Segment			Claim Billing/Claim Rebill Rejected/Rejected
	Segment Identification (111-AM) = "21"			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
55Ø-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver.



NCPDP VERSION D CLAIM REVERSAL TEMPLATE

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

GENERAL INFORMATION

Payer Name: Navitus Health Solutions, LLC	Date: 1/1/2024	
Plan Name/Group Name: Navitus Health Solutions	BIN: 610602	PCN: NVT
Plan Name/Group Name: Dean Health Plan	BIN: 610602	PCN: 5104
Plan Name: City of Janesville	BIN: 610602	PCN: COJ
Plan Name/Group Name: Employee Trust Funds	BIN: 610602	PCN: ETF
Plan Name: Prevea360	BIN: 610602	PCN: 6104
Plan Name: Wellfirst	BIN: 610602	PCN: 8104
Plan Name: Wellfirst ACA Plan (Exchange)	BIN: 610602	PCN: 7104
Plan Name: Wellfirst IL Plan (Off Exchange)—NEW 2/1/2021--	BIN: 610602	PCN: 9104
Plan Name: Honest Discount	BIN: 610602	PCN: HDX
Plan Name: LowestMed (dba RxSaver)	BIN: 610602	PCN: LMD
Plan Name: Navitus Part B	BIN: 610602	PCN: NVTPARTB
Plan Name: WA DOH Formula Bridge Program	BIN: 610602	PCN: WADO



Plan Name: UCARE MA only	BIN: 610602	PCN: NVPRTB
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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
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	No

Payer Usage Column	Value	Explanation	Payer Situation Column
		deleted from the transaction (the row in the table removed).	

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	Reversal window is open, however, resubmission is open 90 DAYS from date of fill

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, <i>Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

	Transaction Header Segment			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	610602	M	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.
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	See PCN listed above	M	
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	



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

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Reversal
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		RW	<i>Imp Guide:</i> Required if needed to match the reversal to the original billing

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	<i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.
3Ø8-C8	OTHER COVERAGE CODE		RW	<i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, <i>Payer Situation</i>
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	

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



RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: Navitus Health Solutions, LLC	Date: 1/1/2024	
Plan Name/Group Name: Navitus Health Solutions	BIN: 610602	PCN: NVT
Plan Name/Group Name: Dean Health Plan	BIN: 610602	PCN: 5104
Plan Name: City of Janesville	BIN: 610602	PCN: COJ
Plan Name/Group Name: Employee Trust Funds	BIN: 610602	PCN: ETF
Plan Name: Prevea360	BIN: 610602	PCN: 6104
Plan Name: Wellfirst	BIN: 610602	PCN: 8104
Plan Name: Wellfirst ACA Plan (Exchange)	BIN: 610602	PCN: 7104
Plan Name: Wellfirst IL Plan (Off Exchange)—NEW 2/1/2021--	BIN: 610602	PCN: 9104
Plan Name: Honest Discount	BIN: 610602	PCN: HDX
Plan Name: LowestMed (dba RxSaver)	BIN: 610602	PCN: LMD
Plan Name: Navitus Part B	BIN: 610602	PCN: NVTPARTB



Plan Name: WA DOH Formula Bridge Program	BIN: 610602	PCN: WADO
Plan Name: UCARE MA only	BIN: 610602	PCN: NVPRTB

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.0*.

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
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	

	Response Transaction Header Segment			Claim Reversal – Accepted/Approved
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
401-D1	DATE OF SERVICE	Same value as in request	M	

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

	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		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usag e	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	<i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> 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.

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

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, <i>Payer Situation</i>
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	<i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).



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