

Kentucky D.0 Payer Specification

November 4, 2015

NCPDP Version D Claim Billing/Claim Re-bill Template

Request Claim Billing/Claim Re-bill Payer Sheet Template

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

General Information

| | | |
|--|---|------------------------|
| Payer Name: Kentucky Medicaid | Date: 11/04/2015 | |
| Plan Name/Group Name: KYSTD001 / Kentucky Standard Plan | BIN: 011529 | PCN: P022011529 |
| Processor: Processor/Fiscal Intermediary | | |
| Effective as of: 01/01/2012 | NCPDP Telecommunication Standard Version/Release #: D.0 | |
| NCPDP Data Dictionary Version Date: June 2010 | NCPDP External Code List Version Date: June 2010 | |
| Contact/Information Source: https://kentucky.magellanmedicaid.com/ http://www.chfs.ky.gov/dms/ | | |
| Certification Testing Window: 08/29/2011 – 09/29/2011 | | |
| Certification Contact Information: 804-217-7900 | | |
| Provider Relations Help Desk Info: 866-254-1669 | | |
| Other versions supported: None | | |

Other Transactions Supported

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

| Transaction Code | Transaction Name |
|------------------|--------------------------|
| B1 | Claim Billing |
| B2 | Claim Reversal |
| B3 | Claim Re-bill |
| E1 | Eligibility Verification |

Field Legend for Columns

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

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

Claim Billing/Claim Re-bill Transaction

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

| Transaction Header Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|---|-------|---|
| This Segment is always sent | X | |
| Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued | X | |

| Transaction Header Segment | | Claim Billing/Claim Re-bill | | |
|----------------------------|--------------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 101-A1 | BIN NUMBER | 011529 | M | |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | <ul style="list-style-type: none"> • B1 Billing • B2 Reversal • B3 Re-bill • E1 Eligibility Verification | M | |
| 104-A4 | PROCESSOR CONTROL NUMBER | P022011529 | M | |

| Transaction Header Segment | | Claim Billing/Claim Re-bill | | |
|----------------------------|----------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 109-A9 | TRANSACTION COUNT | <ul style="list-style-type: none"> 1 One Occurrence 2 Two Occurrences 3 Three Occurrences 4 Four Occurrences | M | |
| 202-B2 | SERVICE PROVIDER ID QUALIFIER | 01 – National Provider Identifier (NPI) | M | |
| 201-B1 | SERVICE PROVIDER ID | NPI | M | |
| 401-D1 | DATE OF SERVICE | Format = CCYYMMDD | M | |
| 110-AK | SOFTWARE VENDOR/CERTIFICATION ID | | M | Assigned by Magellan Medicaid Administration |

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

| Insurance Segment Segment Identification (111-AM) = "04" | | Claim Billing/Claim Re-bill | | |
|---|--------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | M | Kentucky Medicaid ID Number <patient specific> |
| 301-C1 | GROUP ID | KYMEDICAID | R | |
| 360-2B | MEDICAID INDICATOR | Two character State Postal Code indicating the state where Medicaid coverage exists. | RW | <i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage. |
| 115-N5 | MEDICAID ID NUMBER | Kentucky Medicaid ID Number (patient specific) | RW | <i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage. |

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

| Patient Segment Segment Identification (111-AM) = "Ø1" | | Claim Billing/Claim Re-bill | | |
|---|----------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 331-CX | PATIENT ID QUALIFIER | <ul style="list-style-type: none"> • Ø1 = Social Security Number • 1J = Facility ID Number • Ø2 = Driver's License Number • Ø3 = US Military ID • Ø4 = Non-SSN-based patient identifier assigned by health plan • Ø5 = SSN-based patient identifier assigned by health plan • Ø6 = Medicaid ID • Ø7 = State Issued ID • Ø8 = Passport ID • Ø9 = Medicare HIC# • 1Ø = Employer Assigned ID • 11 = Payer/PBM Assigned ID • 12 = Alien Number • 13 = Government Student VISA Number • 14 = Indian Tribal ID • 99 = Other • EA = Medical Record Identification Number (EHR) | RW | <i>Imp Guide:</i> Required if Patient ID (332-CY) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 332-CY | PATIENT ID | | RW | <i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs to validate dual eligibility. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 3Ø4-C4 | DATE OF BIRTH | | R | |

| Patient Segment Segment Identification (111-AM) = "Ø1" | | Claim Billing/Claim Re-bill | | |
|---|------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø5-C5 | PATIENT GENDER CODE | <ul style="list-style-type: none"> • Ø = Not Specified • 1 = Male • 2 = Female | R | |
| 31Ø-CA | PATIENT FIRST NAME | | R | <i>Imp Guide:</i> Required when the patient has a first name. <i>Payer Requirement:</i> Required for patient name validation. |
| 311-CB | PATIENT LAST NAME | | R | <i>Imp Guide:</i> Required when the patient has a last name. <i>Payer Requirement:</i> Required for patient name validation. |
| 335-2C | PREGNANCY INDICATOR | <ul style="list-style-type: none"> • Blank = Not Specified • 1 = Not Pregnant • 2 = Pregnant | RW | <i>Imp Guide:</i> Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement:</i> Required when patient is pregnant to waive co-pay. |
| 35Ø-HN | PATIENT E-MAIL ADDRESS | | I | <i>Imp Guide:</i> May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Patient Segment Segment Identification (111-AM) = "Ø1" | | Claim Billing/Claim Re-bill | | |
|---|-------------------|--|--|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 384-4X | PATIENT RESIDENCE | <ul style="list-style-type: none"> • Ø = Not Specified • 1 = Home • 2 = Skilled Nursing Facility. PART B ONLY • 3 = Nursing Facility • 4 = Assisted Living Facility • 5 = Custodial Care Facility. PART B ONLY • 6 = Group Home • 7 = Inpatient Psychiatric Facility • 8 = Psychiatric Facility – Partial Hospitalization • 9 = Intermediate Care Facility/Mentally Retarded • 1Ø = Residential Substance Abuse Treatment Facility • 11 = Hospice • 12 = Psychiatric Residential Treatment Facility • 13 = Comprehensive Inpatient Rehabilitation Facility • 14 = Homeless Shelter • 15 = Correctional Institution | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> <p>Long-Term Care residence codes are identified as follows:</p> <ul style="list-style-type: none"> • Patient Residence = 2 Skilled Nursing Facility. • Patient Residence = 3 Nursing Facility • Patient Residence = 4 Assisted Living Facility • Patient Residence = 5 Custodial Care Facility • Patient Residence = 6 Group Home • Patient Residence = 9 Intermediate Care Facility |
| Claim Segment Questions | | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation | |
| This Segment is always sent | | X | | |
| This payer supports partial fills | | X | | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|--|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | <i>Payer Requirement:</i> For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |
| 436-E1 | PRODUCT/SERVICE ID QUALIFIER | <ul style="list-style-type: none"> Blank = Not specified Ø3 = National Drug Code (NDC) ØØ = Not Specified | M | <i>Payer Requirement:</i> Use "ØØ" for compounds. |
| 4Ø7-D7 | PRODUCT/SERVICE ID | <ul style="list-style-type: none"> NDC for non-compound claims "Ø" for compound claims | M | |
| 456-EN | ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER | | RW | 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 457-EP | ASSOCIATED PRESCRIPTION/SERVICE DATE | | RW | <i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 442-E7 | QUANTITY DISPENSED | Metric Decimal Quantity | R | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|--|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 4Ø3-D3 | FILL NUMBER | <ul style="list-style-type: none"> • Ø = Original dispensing • 1–99 = Refill number - Number of the replenishment | R | |
| 4Ø5-D5 | DAYS SUPPLY | | R | |
| 4Ø6-D6 | COMPOUND CODE | <ul style="list-style-type: none"> • 1 = Not a Compound • 2 = Compound | R | |
| 4Ø8-D8 | DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE | <ul style="list-style-type: none"> • Ø = No Product Selection Indicated • 1 = Substitution Not Allowed by Prescriber • 2 = Substitution Allowed-Patient Requested Product Dispensed • 3 = Substitution Allowed-Pharmacist Selected Product Dispensed • 4 = Substitution Allowed-Generic Drug Not in Stock • 5 = Substitution Allowed-Brand Drug Dispensed as a Generic • 6 = Override • 7 = Substitution Not Allowed-Brand Drug Mandated by Law • 8 = Substitution Allowed-Generic Drug Not Available in Marketplace • 9 = Substitution Allowed By Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product To Be | R | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|-------------------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | Dispensed | | |
| 414-DE | DATE PRESCRIPTION WRITTEN | | R | |
| 415-DF | NUMBER OF REFILLS AUTHORIZED | <ul style="list-style-type: none"> • Ø = No refills authorized • 1–99 = Authorized Refill number - with 99 being as needed, refills unlimited | R | <i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 419-DJ | PRESCRIPTION ORIGIN CODE | <ul style="list-style-type: none"> • Ø = Not Known • 1 = Written • 2 = Telephone • 3 = Electronic • 4 = Facsimile • 5 = Pharmacy | R | <i>Imp Guide:</i> Required if necessary for plan benefit administration. <i>Payer Requirement:</i> Only 1 – 5 allowed. |
| 354-NX | SUBMISSION CLARIFICATION CODE COUNT | Maximum count of 3. | RW*** | <i>Imp Guide:</i> Required if Submission Clarification Code (42Ø-DK) is used. <i>Payer Requirement:</i> Required if Submission Clarification Code (42Ø-DK) is used. |
| 42Ø-DK | SUBMISSION CLARIFICATION CODE | <ul style="list-style-type: none"> • 1 = No Override • 2 = Other Override • 3 = Vacation Supply • 4 = Lost Prescription • 5 = Therapy Change • 6 = Starter Dose • 7 = Medically Necessary • 8 = Process Compound For Approved Ingredients • 9 = Encounters • 1Ø = Meets Plan Limitations • 11 = Certification on File • 12 = DME Replacement Indicator • 13 = Payer-Recognized | RW | <i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø). 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. <i>Payer Requirement:</i> Required when need to provide additional information for coverage purposes. |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|---------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | Emergency/Disaster Assistance Request <ul style="list-style-type: none"> • 14 = Long-Term Care Leave of Absence • 15 = Long-Term Care Replacement Medication • 16 = Long-Term Care Emergency box (kit) or automated dispensing machine • 17 = Long-Term Care Emergency supply remainder • 18 = Long-Term Care Patient Admit/Readmit Indicator • 19 = Split Billing • 2Ø = 34ØB • 99 = Other | | |
| 3Ø8-C8 | OTHER COVERAGE CODE | <ul style="list-style-type: none"> • Ø = Not Specified by patient • 1 = No other coverage • 2 = Other coverage exists-payment collected • 3 = Other Coverage Billed – claim not covered • 4 = 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. <i>Payer Requirement:</i> Note: OCC = 5, 6, 7, and 8 no longer supported. OCC = 3 requires submission of other payer reject code (see Field # 472-6E) |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|-----------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 429-DT | SPECIAL PACKAGING INDICATOR | <ul style="list-style-type: none"> • Ø = Not Specified • 1 = Not Unit Dose • 2 = Manufacturer Unit Dose • 3 = Pharmacy Unit Dose • 4 = Custom Packaging • 5 = Multi-drug compliance packaging | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement:</i> Required when needed to identify unit dose packaging. Specifically for re-packaging fees.</p> |
| 6ØØ-28 | UNIT OF MEASURE | <ul style="list-style-type: none"> • EA = Each • GM = Grams • ML = Milliliters | RW | <p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.</p> <p>Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>. Required for all claim submissions.</p> |
| 418-DI | LEVEL OF SERVICE | <ul style="list-style-type: none"> • Ø = Not Specified • 1 = Patient consultation • 2 = Home delivery • 3 = Emergency • 4 = 24-hour service • 5 = Patient consultation regarding generic product selection • 6 = In-Home Service | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement:</i> Required when overriding for an emergency fill. (Ø3 = Emergency)</p> |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|--------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 461-EU | PRIOR AUTHORIZATION TYPE CODE | <ul style="list-style-type: none"> • Ø = Not Specified • 1 = Prior Authorization • 2 = Medical Certification • 3 = EPSDT (Early Periodic Screening Diagnosis Treatment) • 4 = Exemption from Co-pay and/or Coinsurance • 5 = Exemption from Rx • 6 = Family Planning Indicator • 7 = TANF (Temporary Assistance for Needy Families) • 8 = Payer Defined Exemption • 9 = Emergency Preparedness | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement:</i> Required when needed to provide additional information for coverage purposes. (Including 4 = Exemption from co-pay for all claims associated with a compound, except the first claim)</p> |
| 462-EV | PRIOR AUTHORIZATION NUMBER SUBMITTED | | RW | <p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| 343-HD | DISPENSING STATUS | <ul style="list-style-type: none"> • P = Partial Fill • C = Completion of Partial Fill | RW | <p><i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| 344-HF | QUANTITY INTENDED TO BE DISPENSED | | RW | <p><i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|--------------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 345-HG | DAYS SUPPLY INTENDED TO BE DISPENSED | | RW | <i>Imp Guide:</i> Required for the partial fill or the completion fill of a prescription. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 357-NV | DELAY REASON CODE | <ul style="list-style-type: none"> • 1 = Proof of eligibility unknown or unavailable • 2 = Litigation • 3 = Authorization delays • 4 = Delay in certifying provider • 5 = Delay in supplying billing forms • 6 = Delay in delivery of custom-made appliances • 7 = Third-party processing delay • 8 = Delay in eligibility determination • 9 = Original claims rejected or denied due to a reason unrelated to the billing limitation rules • 1Ø = Administration delay in the prior approval process • 11 = Other • 12 = Received late with no exceptions • 13 = Substantial damage by fire, etc., to provider records • 14 = Theft, sabotage/other willful acts by employee | RW | <i>Imp Guide:</i> Required when needed to specify the reason that submission of the transaction has been delayed. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Billing/Claim Re-bill | | |
|---|-------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 995-E2 | ROUTE OF ADMINISTRATION | | RW | <i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement:</i> Required when submitting compounds. |
| 996-G1 | COMPOUND TYPE | <ul style="list-style-type: none"> • Ø1 = Anti-infective • Ø2 = Iontropic • Ø3 = Chemotherapy • Ø4 = Pain management • Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition • Ø6 = Hydration • Ø7 = Ophthalmic • 99 = Other | RW | <i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement:</i> Required when submitting compounds. |
| 147-U7 | PHARMACY SERVICE TYPE | <ul style="list-style-type: none"> • 1 = Community / Retail Pharmacy Services • 2 = Compounding Pharmacy Services • 3 = Home Infusion Therapy Provider Services • 4 = Institutional Pharmacy Services • 5 = Long Term Care Pharmacy Services • 6 = Mail-Order Pharmacy Services • 7 = Managed Care Organization Pharmacy Services • 8 = Specialty Care Pharmacy Services • 99 = Other | 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-bill | | |
|---|--|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 409-D9 | INGREDIENT COST SUBMITTED | | R | |
| 412-DC | DISPENSING FEE 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> Same as <i>Imp Guide</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> Same as <i>Imp Guide</i> . |
| 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> Same as <i>Imp Guide</i> . |
| 479-H8 | OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER | <ul style="list-style-type: none"> • 01 = Delivery Cost • 02 = Shipping Cost • 03 = Postage Cost • 04 = Administrative Cost • 09 = Compound Preparation Cost Submitted • 99 = Other | RW*** | <i>Imp Guide:</i> Required if Other Amount Claimed Submitted (480-H9) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 480-H9 | OTHER AMOUNT CLAIMED 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> Same as <i>Imp Guide</i> . |

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Billing/Claim Re-bill | | |
|---|-----------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 426-DQ | USUAL AND CUSTOMARY CHARGE | | R | <i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 430-DU | GROSS AMOUNT DUE | | R | |
| 423-DN | BASIS OF COST DETERMINATION | <ul style="list-style-type: none"> • 00 = Default • 01 = AWP • 02 = Local Wholesaler • 03 = Direct • 04 = EAC (Estimated Acquisition Cost) • 05 = Acquisition • 06 = MAC (Maximum Allowable Cost) • 07 = Usual & Customary • 08 = 340B/Disproportionate Share Pricing • 09 = Other • 10 = ASP (Average Sales Price) • 11 = AMP (Average Manufacturer Price) • 12 = WAC (Wholesale Acquisition Cost) • 13 = Special Patient Pricing | RW | <i>Imp Guide:</i> Required if needed for receiver claim/encounter adjudication. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Prescriber Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|------------------------------|-------|--|
| This Segment is always sent | X | |
| This Segment is situational | | |

| Prescriber Segment Segment Identification (111-AM) = "Ø3" | | Claim Billing/Claim Re-bill | | |
|--|-------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 466-EZ | PRESCRIBER ID QUALIFIER | Ø1 = National Provider Identifier (NPI) | R | <i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Ø1 = National Provider Identifier (NPI) |
| 411-DB | PRESCRIBER ID | National Provider Identifier (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 for claims processing (NPI). |

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

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill 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 | |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill 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 |
| 338-5C | OTHER PAYER COVERAGE TYPE | <ul style="list-style-type: none"> • Blank = Not Specified • Ø1 = Primary – First • Ø2 = Secondary – Second • Ø3 = Tertiary – Third • Ø4 = Quaternary – Fourth • Ø5 = Quinary – Fifth • Ø6 = Senary – Sixth • Ø7 = Septenary – Seventh • Ø8 = Octonary – Eighth • Ø9 = Nonary – Ninth | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | <ul style="list-style-type: none"> • Ø1 = National Payer ID • Ø2 = Health Industry Number (HIN) • Ø3 = Bank Information Number (BIN) Card Issuer ID • Ø4 = National Association of Insurance Commissioners (NAIC) • Ø5 = Medicare Carrier Number • Ø9 = Coupon • 99 = Other | RW | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 34Ø-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 443-E8 | OTHER PAYER DATE | | RW | <i>Imp Guide:</i> Other payer date is necessary for claim/encounter adjudication. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill 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 |
| 341-HB | OTHER PAYER AMOUNT PAID COUNT | Maximum count of 9. | RW | <i>Imp Guide:</i> Required if Other Payer Amount Paid Qualifier (342-HC) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 342-HC | OTHER PAYER AMOUNT PAID QUALIFIER | <ul style="list-style-type: none"> • Ø1 = Delivery • Ø2 = Shipping • Ø3 = Postage • Ø4 = Administrative • Ø5 = Incentive • Ø6 = Cognitive Service • Ø7 = Drug Benefit • Ø9 = Compound Preparation Cost Submitted • 1Ø = Sales Tax | RW | <i>Imp Guide:</i> Required if Other Payer Amount Paid (431-DV) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 471-5E | OTHER PAYER REJECT COUNT | Maximum count of 5. | RW | <i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 472-6E | OTHER PAYER REJECT CODE | | RW | <i>Imp Guide:</i> 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 |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill 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 |
| | | | | covered). <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 353-NR | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT | Maximum count of 25. | | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 351-NP | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER | <ul style="list-style-type: none"> • Blank = Not Specified • Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer • Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer • Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer • Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer • Ø5 = Amount of Copay (518-FI) as reported by previous payer • Ø6 = Patient Pay Amount (5Ø5-F5) as reported by previous payer • Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer | | <i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill 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 |
| | | <ul style="list-style-type: none"> • Ø8 = Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer • Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer • 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer • 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer • 12 = Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap • 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer | | |
| 352-NQ | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | | | <p><i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing.</p> <p>Required if necessary for state/federal/regulatory agency</p> |

| Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5" | | Claim Billing/Claim Re-bill 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 |
| | | | | <p>programs.</p> <p>Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |

| DUR / PPS Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | <p>It is used when a sender notifies the receiver of drug utilization, drug evaluations, or information on the appropriate selection to process the claim/encounter. The DUR/PPS information may be sent on the initial submission or alternatively sent after a DUR/PPS rejection from a receiver.</p> <p>The Segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.</p> |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Billing/Claim Re-bill | | |
|---|-------------------------|-----------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | RW | <p><i>Imp Guide:</i> Required if DUR/PPS Segment is used.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| 439-E4 | REASON FOR SERVICE CODE | | 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</p> |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Billing/Claim Re-bill | | |
|---|---------------------------|-----------------------------|--|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | professional pharmacy service. <i>Payer Requirement:</i> Required when needed to communicate DUR information (Ingredient Duplication [ID] Drug-Drug [DD]). See ProDUR Section in Provider Manual. |
| 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> Required when needed to communicate DUR information. See ProDUR Section in Provider Manual. |
| 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. Required if this field affects payment for or documentation of professional pharmacy service. <i>Payer Requirement:</i> Required when needed to communicate DUR information. See ProDUR Section in Provider Manual. |
| Compound Segment Questions | | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation | |
| This Segment is always sent | | | | |

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

| Compound Segment Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-bill | | |
|--|---|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 45Ø-EF | COMPOUND DOSAGE FORM DESCRIPTION CODE | <ul style="list-style-type: none"> • Blank = Not Specified • Ø1 = Capsule • Ø2 = Ointment • Ø3 = Cream • Ø4 = Suppository • Ø5 = Powder • Ø6 = Emulsion • Ø7 = Liquid • 1Ø = Tablet • 11 = Solution • 12 = Suspension • 13 = Lotion • 14 = Shampoo • 15 = Elixir • 16 = Syrup • 17 = Lozenge • 18 = Enema | M | |
| 451-EG | COMPOUND DISPENSING UNIT FORM INDICATOR | <ul style="list-style-type: none"> • 1 = Each • 2 = Grams • 3 = Milliliters | M | |
| 447-EC | COMPOUND INGREDIENT COMPONENT COUNT | Maximum 25 ingredients | M | |
| 488-RE | COMPOUND PRODUCT ID QUALIFIER | Ø3 = National Drug Code (NDC) – Formatted 11 digits (N) | M | |
| 489-TE | COMPOUND PRODUCT ID | | M | |

| Compound Segment Segment Identification (111-AM) = "1Ø" | | Claim Billing/Claim Re-bill | | |
|--|---|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 448-ED | COMPOUND INGREDIENT QUANTITY | Amount expressed in metric decimal units of the product included in the compound. | M | |
| 449-EE | COMPOUND INGREDIENT DRUG COST | Ingredient Cost for the metric decimal quantity of that product included in the compound. | RW | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Required for each ingredient. Sum of all individual ingredient costs must equal claim Ingredient Cost submitted. |
| 49Ø-UE | COMPOUND INGREDIENT BASIS OF COST DETERMINATION | <ul style="list-style-type: none"> • ØØ = Default • Ø1 = AWP • Ø2 = Local Wholesaler • Ø3 = Direct • Ø4 = EAC (Estimated Acquisition Cost) • Ø5 = Acquisition • Ø6 = MAC (Maximum Allowable Cost) • Ø7 = Usual & Customary • Ø8 = 34ØB/ Disproportionate Share Pricing • Ø9 = Other • 1Ø = ASP (Average Sales Price) • 11 = AMP (Average Manufacturer Price) • 12 = WAC (Wholesale Acquisition Cost) • 13 = Special Patient Pricing | S | <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Clinical Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|-----------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | It is used to specify diagnosis information |

| Clinical Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|----------------------------|-------|---|
| | | associated with the Claim Billing or Encounter transaction. The Segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim. |

| Clinical Segment Segment Identification (111-AM) = "13" | | Claim Billing/Claim Re-bill | | |
|--|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 424-D0 | Code identifying the diagnosis of the patient | Maximum of 15 | RW*** | <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 492-WE | DIAGNOSIS CODE QUALIFIER | <ul style="list-style-type: none"> 01 = ICD9 02 = ICD10 | RW*** | <i>Imp Guide:</i> Required if Diagnosis Code (424-DO) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Facility Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | It is used when these fields could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. |

| Facility Segment Segment Identification (111-AM) = "15" | | Claim Billing/Claim Re-bill | | |
|--|------------------|-----------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 336-8C | FACILITY ID | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. <i>Payer Requirement:</i> Same as <i>Imp</i> |

| Facility Segment Segment Identification (111-AM) = "15" | | Claim Billing/Claim Re-bill | | |
|--|------------------|-----------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | <i>Guide.</i> |
| 385-3Q | FACILITY NAME | | RW | <i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| **End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template** | | | | |

Response Claim Billing/Claim Re-bill Payer Sheet Template

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

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

General Information

| | | |
|--|-------------------------|------------------------|
| Payer Name: Kentucky Medicaid | Date: 11/04/2015 | |
| Plan Name/Group Name: KYSTD001 / Kentucky Standard Plan | BIN: 011529 | PCN: P022011529 |

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

The following lists the segments and fields in a Claim Billing or Claim Re-bill response (Paid or Duplicate of Paid) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

| Response Transaction Header Segment Questions | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) |
|---|-------|--|
| This Segment is always sent | X | |

| Response Transaction Header Segment | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|-------------------------------------|-------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | 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 | 01 – National Provider Identifier (NPI) |
| 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 Re-bill Accepted/Paid (or Duplicate of Paid) |
|------------------------------------|-------|--|
| This Segment is always sent | | |
| This Segment is situational | X | |

| Response Message Segment Segment Identification (111-AM) = "20" | | Claim Billing/Claim Re-bill 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Insurance Segment Questions | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) |
|--------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | X | |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 exist. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 524-FO | PLAN ID | | RW | <i>Imp Guide:</i> Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverage exist. Required if needed to contain the actual plan ID if unknown to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------------|---|---|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| 568-J7 | PAYER ID QUALIFIER | | RW | <p><i>Imp Guide:</i> Required if Payer ID (569-J8) is used.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| 569-J8 | PAYER ID | | RW | <p><i>Imp Guide:</i> Required to identify the ID of the payer responding.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| 302-C2 | CARDHOLDER ID | | RW | <p><i>Imp Guide:</i> Required if the identification to be used in future transactions is different from what was submitted on the request.</p> <p><i>Payer Requirement:</i> Same as <i>Imp Guide</i>.</p> |
| Response Patient Segment Questions | | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | |
| This Segment is always sent | | | | |
| This Segment is situational | | X | | |

| Response Patient Segment Segment Identification (111-AM) = "29" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 310-CA | PATIENT FIRST NAME | | R | <i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Required for patient name validation. |
| 311-CB | PATIENT LAST NAME | | R | <i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Required for patient name validation. |
| 304-C4 | DATE OF BIRTH | | R | <i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|-----------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | <ul style="list-style-type: none"> P = Paid D = Duplicate of Paid | M | |
| 503-F3 | AUTHORIZATION NUMBER | | RW*** | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW*** | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW*** | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Claim Segment Identification (111-AM) = "22" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | <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 | |

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

| Response Pricing Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|---|-----------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 505-F5 | PATIENT PAY AMOUNT | | R | Returned if the processor determines that the patient has payment responsibility for part/all of the claim. |
| 506-F6 | INGREDIENT COST PAID | | R | Required if this value is used to arrive at the final reimbursement. |
| 507-F7 | DISPENSING FEE PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 521-FL | INCENTIVE AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | than zero (Ø). <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 563-J2 | OTHER AMOUNT PAID COUNT | Maximum count of 3. | RW*** | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 564-J3 | OTHER AMOUNT PAID QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Other Amount Paid (565-J4) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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> Same as <i>Imp Guide</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> Same as <i>Imp Guide</i> . |
| 5Ø9-F9 | TOTAL AMOUNT PAID | | R | |
| 522-FM | BASIS OF REIMBURSEMENT DETERMINATION | | RW | <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> Same as <i>Imp Guide</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 |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 512-FC | ACCUMULATED DEDUCTIBLE AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 513-FD | REMAINING DEDUCTIBLE AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 514-FE | REMAINING BENEFIT AMOUNT | | RW | <i>Imp Guide:</i> Provided for informational purposes only. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 517-FH | AMOUNT APPLIED TO PERIODIC DEDUCTIBLE | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes deductible. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 518-FI | AMOUNT OF COPAY | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes co-pay as patient financial responsibility. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 346-HH | BASIS OF CALCULATION— DISPENSING FEE | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| | | | | <i>Guide.</i> |
| 347-HJ | BASIS OF CALCULATION—COPAY | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 348-HK | BASIS OF CALCULATION—FLAT SALES TAX | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Flat Sales Tax Amount Paid (558-AW) is greater than zero (Ø). <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 349-HM | BASIS OF CALCULATION—PERCENTAGE SALES TAX | | RW | <i>Imp Guide:</i> Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill) and Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 571-NZ | AMOUNT ATTRIBUTED TO PROCESSOR FEE | | RW | <i>Imp Guide:</i> Required if the customer is responsible for 100 percent of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 575-EQ | PATIENT SALES TAX AMOUNT | | RW | <i>Imp Guide:</i> Used when necessary to identify the patient's portion of the sales tax. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|----------------------------------|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 574-2Y | PLAN SALES TAX AMOUNT | | RW | <i>Imp Guide:</i> Used when necessary to identify the plan's portion of the sales tax. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 572-4U | AMOUNT OF COINSURANCE | | RW | <i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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). <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 392-MU | BENEFIT STAGE COUNT | Maximum count of 4. | RW | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 393-MV | BENEFIT STAGE QUALIFIER | | RW | <i>Imp Guide:</i> Required if Benefit Stage Amount (394-MW) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 394-MW | BENEFIT STAGE AMOUNT | | RW | <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. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 577-G3 | ESTIMATED GENERIC SAVINGS | | RW | <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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 128-UC | SPENDING ACCOUNT AMOUNT REMAINING | | RW | <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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 129-UD | HEALTH PLAN-FUNDED ASSISTANCE AMOUNT | | RW | <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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 133-UJ | AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION | | RW | <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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 134-UK | AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG | | 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 drug. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Pricing Segment Segment Identification (111-AM) = "23" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---|---|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|-------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW** | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 439-E4 | REASON FOR SERVICE CODE | | RW** | <i>Imp Guide:</i> Required if utilization conflict is detected. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 529-FT | OTHER PHARMACY INDICATOR | | RW** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|----------------------------|---|--|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 532-FW | DATABASE INDICATOR | | RW** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 544-FY | DUR FREE TEXT MESSAGE | | RW** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 570-NS | DUR ADDITIONAL TEXT | | RW** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| Response Coordination of Benefits/Other Payers Segment Questions | | Check | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation | |
| This Segment is always sent | | | | |

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

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|--------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 340-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 992-MJ | OTHER PAYER GROUP ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) | | |
|--|---------------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 142-UV | OTHER PAYER PERSON CODE | | RW | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

Claim Billing/Claim Re-bill Accepted/Rejected Response

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

| Response Transaction Header Segment | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|-------------------------------------|-------------------------------|---|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 102-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 103-A3 | TRANSACTION CODE | B1, B3 | 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 Re-bill Accepted/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | | |

| Response Message Segment Identification (111-AM) = "2Ø" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|---|------------------|---|-------------|---|
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|--------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 exist. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 524-FO | PLAN ID | | RW | <i>Imp Guide:</i> Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available. Required to identify the actual plan ID that was used when multiple group coverage exist. Required if needed to contain the actual plan ID if unknown to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 545-2F | NETWORK REIMBURSEMENT ID | | RW | <i>Imp Guide:</i> Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 568-J7 | PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Payer ID (569-J8) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 569-J8 | PAYER ID | | RW | <i>Imp Guide:</i> Required to identify the ID of the payer responding. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Insurance Segment Segment Identification (111-AM) = "25" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 302-C2 | CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if the identification to be used in future transactions is different from what was submitted on the request. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Patient Segment Segment Identification (111-AM) = "29" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|--------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 310-CA | PATIENT FIRST NAME | | R | <i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Required for patient name validation. |
| 311-CB | PATIENT LAST NAME | | R | <i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Required for patient name validation. |
| 304-C4 | DATE OF BIRTH | | R | <i>Imp Guide:</i> Required if known. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|---|-----------------------------|--|-------------|-----------------|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 503-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 510-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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW*** | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

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

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | <i>Imp Guide:</i> For Transaction Code of "B1," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing). |
| 4Ø2-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

| Response DUR/PPS Segment Questions | Check | Claim Billing/Claim Re-bill 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 Re-bill Accepted/Rejected | | |
|--|----------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 567-J6 | DUR/PPS RESPONSE CODE COUNTER | Maximum 9 occurrences supported. | RW*** | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 439-E4 | REASON FOR SERVICE CODE | | RW*** | <i>Imp Guide:</i> Required if utilization conflict is detected. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 528-FS | CLINICAL SIGNIFICANCE CODE | | RW*** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 529-FT | OTHER PHARMACY INDICATOR | | RW*** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 532-FW | DATABASE INDICATOR | | RW*** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |

| Response DUR/PPS Segment Segment Identification (111-AM) = "24" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|----------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 533-FX | OTHER PRESCRIBER INDICATOR | | RW*** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 544-FY | DUR FREE TEXT MESSAGE | | RW*** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 570-NS | DUR ADDITIONAL TEXT | | RW*** | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|---------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 355-NT | OTHER PAYER ID COUNT | Maximum count of 3. | M | |
| 338-5C | OTHER PAYER COVERAGE TYPE | | M | |
| 339-6C | OTHER PAYER ID QUALIFIER | | RW | <i>Imp Guide:</i> Required if Other Payer ID (340-7C) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|--------------------------------------|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 340-7C | OTHER PAYER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 991-MH | OTHER PAYER PROCESSOR CONTROL NUMBER | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 356-NU | OTHER PAYER CARDHOLDER ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 992-MJ | OTHER PAYER GROUP ID | | RW | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |

| Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28" | | Claim Billing/Claim Re-bill Accepted/Rejected | | |
|--|---------------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |

Claim Billing/Claim Re-bill Rejected/Rejected Response

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

| Response Transaction Header Segment | | Claim Billing/Claim Re-bill Rejected/Rejected | | |
|-------------------------------------|-------------------------------|---|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B1, B3 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | Same value as in request | M | |
| 5Ø1-F1 | HEADER RESPONSE STATUS | R = Rejected | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M | Ø1 – National Provider Identifier (NPI) |
| 2Ø1-B1 | SERVICE PROVIDER ID | Same value as in request | M | |
| 4Ø1-D1 | DATE OF SERVICE | Same value as in request | M | |

| Response Message Segment Questions | Check | Claim Billing/Claim Re-bill Rejected/Rejected If Situational, Payer Situation |
|------------------------------------|-------|---|
| This Segment is always sent | | |
| This Segment is situational | | |

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

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Rejected/Rejected | | |
|---|--|--|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 510-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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW*** | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Billing/Claim Re-bill Rejected/Rejected | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 131-UG | ADDITIONAL MESSAGE INFORMATION CONTINUITY | | RW*** | <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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 550-8F | HELP DESK PHONE NUMBER | | RW*** | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

NCPDP Version D Claim Reversal Template

Request Claim Reversal Payer Sheet Template

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

General Information

| | | |
|--|-------------------------|------------------------|
| Payer Name: Kentucky Medicaid | Date: 11/04/2015 | |
| Plan Name/Group Name: KYSTD001 / Kentucky Standard Plan | BIN: 011529 | PCN: P022011529 |
| Plan Name/Group Name: Plan Name/Group Name | BIN: | PCN: |
| Plan Name/Group Name: Plan Name/Group Name | BIN: | PCN: |

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 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?) | 999 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 | X | |

| Transaction Header Segment Questions | Check | Claim Reversal If Situational, Payer Situation |
|--|-------|---|
| 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 Reversal | | |
|----------------------------|----------------------------------|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 1Ø1-A1 | BIN NUMBER | If more than one BIN/PCN <i>but all plans use the same segments and fields and situations</i> , enter multiple BIN/PCNs under General Information above. | M | |
| 1Ø2-A2 | VERSION/RELEASE NUMBER | DØ | M | |
| 1Ø3-A3 | TRANSACTION CODE | B2 – Reversal | M | |
| 1Ø4-A4 | PROCESSOR CONTROL NUMBER | P022011529 | M | |
| 1Ø9-A9 | TRANSACTION COUNT | | M | |
| 2Ø2-B2 | SERVICE PROVIDER ID QUALIFIER | Ø1 – National Provider Identifier (NPI) | M | Ø1 – National Provider Identifier (NPI) |
| 2Ø1-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | |
| 4Ø1-D1 | DATE OF SERVICE | Format = CCYYMMDD | M | |
| 11Ø-AK | SOFTWARE VENDOR/CERTIFICATION ID | | M | Assigned by Magellan Medicaid Administration |

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

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

| Claim Segment Questions | Check | Claim Billing/Claim Re-bill If Situational, Payer Situation |
|---|-------|--|
| This Segment is always sent | X | |
| This payer supports partial fills | X | |
| This payer does not support partial fills | | |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Reversal | | |
|---|---|--|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 | 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 | <ul style="list-style-type: none"> ØØ = Not Specified Ø3 = National Drug Code | M | If reversal is for multi-ingredient prescription, the value must be ØØ. |
| 4Ø7-D7 | PRODUCT/SERVICE ID | <ul style="list-style-type: none"> NDC – for non-compound claims "Ø" – for compound claims | M | |
| 4Ø3-D3 | FILL NUMBER | <ul style="list-style-type: none"> Ø 1 – 99 | RW*** | <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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Claim Segment Segment Identification (111-AM) = "Ø7" | | Claim Reversal | | |
|---|---------------------|----------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 3Ø8-C8 | OTHER COVERAGE CODE | | RW*** | <i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed. <i>Payer Requirement:</i> For OCC = 2, 3, 4, or 8, the COB request segment is required. |

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

| Pricing Segment Segment Identification (111-AM) = "11" | | Claim Reversal | | |
|---|----------------------------|----------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 438-E3 | INCENTIVE AMOUNT SUBMITTED | | RW*** | <i>Imp Guide:</i> Required if this field could result in contractually agreed upon payment. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 43Ø-DU | GROSS AMOUNT DUE | | RW*** | <i>Imp Guide:</i> Required if this field could result in contractually agreed upon payment. <i>Payer Requirement:</i> Gross Amount Due = Ingredient Cost submitted + Dispensing Fee Submitted. |

| 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 | | |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Reversal | | |
|---|---------------------------|---------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 473-7E | DUR/PPS CODE COUNTER | Maximum of 9 occurrences. | RW*** | <i>Imp Guide:</i> Required if DUR/PPS Segment is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 439-E4 | REASON FOR SERVICE CODE | | RW*** | <i>Imp Guide:</i> Required if this field is needed to report drug utilization review outcome. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 44Ø-E5 | PROFESSIONAL SERVICE CODE | | RW*** | <i>Imp Guide:</i> Required if this field is needed to report drug utilization review outcome. <i>Payer Requirement:</i> Submission of ØØ is not allowed. |
| 441-E6 | RESULT OF SERVICE CODE | | RW*** | <i>Imp Guide:</i> Required if this field is needed to report drug utilization review outcome. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| DUR/PPS Segment Segment Identification (111-AM) = "Ø8" | | Claim Reversal | | |
|--|-------------------------|----------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 474-8E | DUR/PPS LEVEL OF EFFORT | | RW*** | <i>Imp Guide:</i> Required if this field is needed to report drug utilization review outcome. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| **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: Kentucky Medicaid | Date: 11/04/2015 | |
| Plan Name/Group Name: KYSTD001 / Kentucky Standard Plan | BIN: 011529 | PCN: P022011529 |

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, 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 |
| 102-A2 | VERSION/RELEASE NUMBER | D0 | 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 | 01 | M | 01 – National Provider Identifier (NPI) |
| 201-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

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

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

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Approved | | |
|---|---|-------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | A = Approved | M | |
| 5Ø3-F3 | AUTHORIZATION NUMBER | | RW | <i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 547-5F | APPROVED MESSAGE CODE COUNT | Maximum count of 5. | RW*** | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |
| 13Ø-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide.</i> |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Approved | | |
|---|---|-------------------------------------|--|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW*** | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 550-8F | HELP DESK PHONE NUMBER | | RW | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| Response Claim Segment Questions | | Check | Claim Reversal Accepted/Approved If Situational, Payer Situation | |
| This Segment is always sent | | X | | |

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Reversal Accepted/Approved | | |
|--|---|-------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | <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). |
| 402-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 | <i>Imp Guide:</i> Required if this field is reporting a contractually agreed upon payment. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 509-F9 | TOTAL AMOUNT PAID | | RW | <i>Imp Guide:</i> Required if any other payment fields sent by the sender. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

Claim Reversal Accepted/Rejected Response

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

| Response Transaction Header Segment | | Claim Reversal Accepted/Rejected | | |
|-------------------------------------|-------------------------------|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 | 01 | M | 01 – National Provider Identifier (NPI) |
| 201-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

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

| Response Message Segment Identification (111-AM) = "2Ø" | | Claim Reversal Accepted/Rejected | | |
|---|------------------|----------------------------------|-------------|---|
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Rejected | | |
|---|--|-------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 112-AN | TRANSACTION RESPONSE STATUS | R = Reject | M | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW*** | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Accepted/Rejected | | |
|---|---|-------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 550-8F | HELP DESK PHONE NUMBER | | RW*** | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

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

| Response Claim Segment Segment Identification (111-AM) = "22" | | Claim Reversal Accepted/Rejected | | |
|--|---|-------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 455-EM | PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER | 1 = Rx Billing | M | <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). |
| 402-D2 | PRESCRIPTION/SERVICE REFERENCE NUMBER | | M | |

Claim Reversal Rejected/Rejected Response

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

| Response Transaction Header Segment | | Claim Reversal Rejected/Rejected | | |
|-------------------------------------|-------------------------------|------------------------------------|-------------|---|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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 | Ø1 | M | Ø1 – National Provider Identifier (NPI) |
| 201-B1 | SERVICE PROVIDER ID | National Provider Identifier (NPI) | M | |
| 401-D1 | DATE OF SERVICE | Same value as in request | M | |

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

| Response Message Segment Identification (111-AM) = "2Ø" | | Claim Reversal Rejected/Rejected | | |
|---|------------------|----------------------------------|-------------|---|
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| 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 | |
| 503-F3 | AUTHORIZATION NUMBER | | R | |
| 510-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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 130-UF | ADDITIONAL MESSAGE INFORMATION COUNT | Maximum count of 25. | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 132-UH | ADDITIONAL MESSAGE INFORMATION QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 526-FQ | ADDITIONAL MESSAGE INFORMATION | | RW*** | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |

| Response Status Segment Segment Identification (111-AM) = "21" | | Claim Reversal Rejected/Rejected | | |
|---|---|-------------------------------------|-------------|--|
| Field # | NCPDP Field Name | Value | Payer Usage | Payer Situation |
| 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. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 549-7F | HELP DESK PHONE NUMBER QUALIFIER | | RW*** | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| 550-8F | HELP DESK PHONE NUMBER | | RW*** | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> . |
| **End of Claim Reversal (B2) Response Payer Sheet Template** | | | | |