UTAH MEDICAID PILOT TESTING NCPDP VERSION D.Ø PAYER SHEET

REQUEST CLAIM BILLING/CLAIM REBILL

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

GENERAL INFORMATION

Payer Name: Utah Department of Health	Date: November 21, 2Ø11	
Plan Name/Group Name: Utah Medicaid	BIN: Ø15871	PCN:UTTEST
Processor: Goold Health Systems (GHS)		
Effective as of: December 3Ø, 2Ø11	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: March 2Ø1Ø	
Contact/Information Source: Carol Runia		
Certification Testing Window:		
Certification Contact Information: 877-553-8455 POS Tech Support		
Provider Relations Help Desk Info: 1-8ØØ-662-9651		
Other versions supported: NCPDP Telecommunications Standard v5.1 until 12/3Ø/2Ø11		

OTHER TRANSACTIONS SUPPORTED

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

Transaction Code	Transaction Name
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

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

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

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

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

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø15871	M	BIN for Utah Medicaid
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	B1 – Claim billing B3 – Claim Rebill
1Ø4-A4	PROCESSOR CONTROL NUMBER	UTTEST	M	

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	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø9-A9	TRANSACTION COUNT	Ø1- Ø4	M	Ø1=One Occurrence Ø2=Two Occurrences Ø3=Three Occurrences Ø4= Four Occurrences
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	M	Only the NPI is supported
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	No other values required

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

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

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

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH		R	Must Match DOB in Recipient File
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* This field is always sent
311-CB	PATIENT LAST NAME		R	
335-2C	PREGNANCY INDICATOR		RW	*Imp Guide:* Required if pregnancy could result in different coverage, pricing, or patient financial responsibility. Required if "required by law" as defined in the HIPAA final Privacy regulations section 164.5Ø1 definitions (45 CFR Parts 16Ø and 164 Standards for Privacy of Individually Identifiable Health Information; Final Rule-Thursday, December 28, 2ØØØ, page 828Ø3 and following, and Wednesday, August 14, 2ØØ2, page 53267 and following.) *Payer Requirement:* Required when known
384-4X	PATIENT RESIDENCE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Required when known

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Imp Guide:* For Transaction Code of "B1", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ=Compound Ø1=UPC Ø2=HRI Ø3=NDC	M	Use 'ØØ' only when submitting claims for compounded prescriptions, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 'Ø' only when submitting claims for compounded prescriptions, in all other instances use the ID of the product being dispensed
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø=Original Dispensing 1 to 99 = Refill Number	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1=Not a Compound 2=Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN	Must be a valid date	R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø=Not Specified 1 to 99	RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required when available on first fill.
419-DJ	PRESCRIPTION ORIGIN CODE		RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required when known
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Same as Imp. Guide
42Ø-DK	SUBMISSION CLARIFICATION CODE	Ø8=Process Compound for Approved Ingredients	RW	*Imp Guide:* 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. *Payer Requirement:* Required when

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	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products;
3Ø8-C8	OTHER COVERAGE CODE	1=No Other Coverage 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected	RW	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Value greater than 1 required when claim is submitted for coordination of benefits, another payer has already adjudicated the claim, and the COB segment is included in this claim submission; Value 2: sent when at least one previous payer returned a paid an amount greater than $Ø Value 3: for Part D excluded drugs Value 4: only when all prior payers have approved the claim to be paid but assigned full financial responsibility to the patient (i.e., 1ØØ% copay);
429-DT	SPECIAL PACKAGING INDICATOR		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Use 3=Pharmacy Unit Dose for compensation of pharmacy-prepared unit dose packaging.
6ØØ-28	UNIT OF MEASURE		RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement*: Required when known
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø=Not Specified 1=Prior Authorization 2=Med Cert	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Provide value 1 = Prior Auth for Foster Care and also supply clarifying State defined value in PA number submitted (462-EV)
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	72=72 Hour Override	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility.

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	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Submit the value provided by UTTEST staff when needed to override standard rules of coverage, pricing and/or patient financial responsibility.
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	Ø=Not specified 1=Intermediary Auth	RW	*Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary. Required if Intermediary Authorization ID (464-EX) is used. *Payer Requirement:* Same as Imp. Guide
464-EX	INTERMEDIARY AUTHORIZATION ID	Blank= Emergency Limit 3 day supply (when 463-EW = 99) NPI Lock-in Match (when 463-EW=1)	RW	*Imp Guide:* Required for overriding an authorized intermediary system edit when the pharmacy participates with an intermediary. *Payer Requirement:* Same as Imp. Guide
343-HD	DISPENSING STATUS		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* If 'C' Completion of partial fill, then no dispensing fee is paid. Allow only one partial fill per dispensing. Bypass ER only for Completion Blank=Not specified, P=Partial fill, C=Completion of partial fill
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Must be greater than zero if dispensing status is P
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Must be greater than zero if dispensing status is P
995-E2	ROUTE OF ADMINISTRATION		RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Same as Imp. Guide
996-G1	COMPOUND TYPE		RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Same as Imp Guide
147-U7	PHARMACY SERVICE TYPE		RW	*Imp Guide:* Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. *Payer Requirement:* Same as Imp Guide

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

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	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as Imp. Guide
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as Imp Guide
426-DQ	USUAL AND CUSTOMARY CHARGE		RW	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Utah Medicaid agreements require submission of Usual and Customary Charge.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION			*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* Same as Imp. Guide

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

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1=National Provider Identifier	RW	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Field should always be sent
411-DB	PRESCRIBER ID	National Provider ID	RW	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NPI of prescriber is required.
427-DR	PRESCRIBER LAST NAME		RW	*Imp Guide:* Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. *Payer Requirement:* UT Medicaid requires submission

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Coordination of Benefits/Other Payments Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Submit qualifier appropriate to the value submitted in Other Payer ID (34Ø-7C). Submit 'Ø5=Medicare Carrier Number' for Medicare crossover claims
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Submit National Payer ID (also referenced as "HPID") when available, otherwise the BIN used for claim submission to the other payer is required. Utah Medicaid requires the submission of Other Payer ID when Other Payer ID Qualifier is submitted (339-6C)
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Payment or denial date of the claim submitted to the other payer.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.		*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Required when Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	All Values Supported		*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Required when Other Payer Amount Paid (431-DV) is used. Utah Medicaid will consider the following indicators for Medicaid coverage: Only Ø7= Drug Benefit
431-DV	OTHER PAYER AMOUNT PAID			*Imp Guide:* Required if other payer has

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	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Required if other payer has returned a paid response. If OCC=4, populate with Ø.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as Imp Guide
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* Submit as many reject codes as were returned by the other payer, up to the maximum identified in Other Payer Reject Count (471-5E)

DUR/PPS Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational	X	Required if DUR information needs to be sent

	DUR/PPS Segment **Segment Identification (111-AM) = "Ø8"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW	*Imp Guide:* Required if DUR/PPS Segment is used. *Payer Requirement:* Same as Imp. Guide
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Same as Imp. Guide
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional

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	DUR/PPS Segment **Segment Identification (111-AM) = "Ø8"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				pharmacy service. *Payer Requirement:* Same as Imp. Guide
441-E6	RESULT OF SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Same as Imp. Guide
474-8E	DUR/PPS LEVEL OF EFFORT		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Same as Imp. Guide
475-J9	DUR CO-AGENT ID QUALIFIER		RW	*Imp Guide:* Required if DUR Co-Agent ID (476-H6) is used. *Payer Requirement:* *Same as Imp. Guide*
476-H6	DUR CO-AGENT ID		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Same as Imp. Guide

Compound Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational	X	Required when the pharmacy is dispensing a compound of multiple ingredients and requesting payment for the prescribed compound from Utah Medicaid

	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Blank=Not Specified Ø1=UPC Ø2=HRI Ø3=NDC	M	
489-TE	COMPOUND PRODUCT ID		M	

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	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required when the pharmacy is seeking compensation for the individual ingredient.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Required when a value is submitted in Compound Ingredient Drug Cost (449-EE)

Clinical Segment Questions	**Check**	**Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is situational	X	Segment required to capture necessary information for Subrogation

	Clinical Segment **Segment Identification (111-AM) = "13"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. *Payer Requirement:* Same as Imp. Guide
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1=ICD9 Ø2=ICD1Ø	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. *Payer Requirement:* Same as Imp. Guide
424-DO	DIAGNOSIS CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as Imp. Guide
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	RW	*Imp Guide:* Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4). *Payer Requirement:* Same as Imp. Guide
494-ZE	MEASUREMENT DATE		RW	*Imp Guide:* Required if necessary when this field could result in different coverage and/or drug utilization review outcome.

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	Clinical Segment **Segment Identification (111-AM) = "13"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				Payer Requirement: Same as Imp. Guide
495-H1	MEASUREMENT TIME		RW	*Imp Guide:* Required if Time is known or has impact on measurement. Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as Imp. Guide
496-H2	MEASUREMENT DIMENSION		RW	*Imp Guide:* Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. Required if necessary when this field could result in different coverage and/or drug utilization review outcome. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). *Payer Requirement:* Same as Imp. Guide
497-H3	MEASUREMENT UNIT		RW	*Imp Guide:* Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as Imp. Guide
499-H4	MEASUREMENT VALUE		RW	*Imp Guide:* Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used. Required if necessary for patient's weight and height when billing Medicare for a claim that includes a Certificate of Medical Necessity (CMN). Required if necessary when this field could result in different coverage and/or drug utilization review outcome. *Payer Requirement:* Same as Imp. Guide

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

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RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

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

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

GENERAL INFORMATION

Payer Name: Utah Department of Health	Date: November 21, 2Ø11	
Plan Name/Group Name: Utah Medicaid	BIN: Ø15871	PCN:UTTEST

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

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

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

	Response Transaction Header Segment			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** If Situational, *Payer Situation*
This Segment is situational	X	Return when needed for transmission level messaging.

	Response Message Segment Segment Identification (111-AM) = "2Ø"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Will be returned when text information needs to be sent.

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

	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Field should always be sent

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	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Field should always be sent
3Ø2-C2	CARDHOLDER ID		RW	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Same as Imp. Guide

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Will be returned
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp. Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp. Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as Imp. Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp. Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned

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

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

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

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

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. *Payer Requirement:* Same as Imp. Guide
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as Imp. Guide
564-J3	OTHER AMOUNT PAID QUALIFIER	All Values Supported	RW	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as Imp. Guide

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	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
565-J4	OTHER AMOUNT PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). *Payer Requirement:* Same as Imp Guide, but will never be greater than Ø.
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. *Payer Requirement:* Same as Imp. Guide
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	*Imp Guide:* Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. *Payer Requirement:* Same as Imp Guide
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes sales tax that is the financial responsibility of the member but is not also included in any of the other fields that add up to Patient Pay Amount. *Payer Requirement:* Same as Imp Guide
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes deductible *Payer Requirement:* Same as Imp Guide
518-FI	AMOUNT OF COPAY		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes copay as patient financial responsibility. *Payer Requirement:* Must be zeros, else co-pay amount Co-pay not charged on completion of partial fill
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. *Payer Requirement:* Same as Imp Guide

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	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
346-HH	BASIS OF CALCULATION—DISPENSING FEE	Ø3= U & C Ø4= Waived Due To Partial Fill	RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement: Same as Imp Guide*
347-HJ	BASIS OF CALCULATION—COPAY	Ø3= U & C Ø4= Waived Due To Partial Fill	RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement: Same as Imp Guide*
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	*Imp Guide:* Required if the customer is responsible for 1ØØ% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. *Payer Requirement:* Same as Imp Guide
572-4U	AMOUNT OF COINSURANCE		RW	*Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility.* *Payer Requirement:* Same as Imp Guide
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	*Imp Guide:* Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero. *Payer Requirement:* Same as Imp Guide
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another *Payer Requirement:* Same as Imp Guide
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug. *Payer Requirement:* Same as Imp Guide

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	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. *Payer Requirement:* Same as Imp Guide
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product. *Payer Requirement:* Same as Imp Guide
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	*Imp Guide:* Required when the patient's financial responsibility is due to the coverage gap. *Payer Requirement:* Same as Imp Guide

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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Imp Guide: Required if Reason For Service Code (439-E4) is used. Payer Requirement: Same as Imp Guide
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected. Payer Requirement: Same as Imp Guide
529-FT	OTHER PHARMACY INDICATOR	Ø=Not Specified 1=Your Pharmacy 2=Other Pharmacy same chain 3=Other Pharmacy	RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as Imp Guide
53Ø-FU	PREVIOUS DATE OF FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. Payer Requirement: Same as Imp Guide

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

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Claim Billing/Claim Rebill Accepted/Rejected** If Situational, *Payer Situation*
This Segment is situational	X	Returned when needed for transmission level messaging

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

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

	Response Insurance Segment Segment Identification (111-AM) = "25"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as Imp. Guide
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as Imp. Guide
3Ø2-C2	CARDHOLDER ID		RW	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Same as Imp. Guide

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

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

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	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as Imp. Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp. Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned

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

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

CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	

	Response Transaction Header Segment			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	**Check**	**Claim Billing/Claim Rebill Rejected/Rejected** If Situational, *Payer Situation*
This Segment is situational	X	Returned when needed for transmission level messaging

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

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

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

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	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing/Claim Rebill Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp. Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned

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

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IOWA MEDICAID NCPDP VERSION D.Ø CLAIM REVERSAL

REQUEST CLAIM REVERSAL PAYER SHEET

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

GENERAL INFORMATION

Payer Name: Utah Department of Health	Date: November 21, 2Ø11	
Plan Name/Group Name: Utah Medicaid	BIN: Ø15871	PCN:UTTEST

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?)	Utah Medicaid will accept reversal/ resubmission within a one 1 year time period from date of service on the claim

CLAIM REVERSAL TRANSACTION

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

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

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø15871	M	BIN for UT Medicaid
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER	UTTEST	M	
1Ø9-A9	TRANSACTION COUNT	Ø1-Ø4	M	Ø1=One Occurrence Ø2=Two Occurrences Ø3=Three Occurrences Ø4= Four Occurrences
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier	M	Only the NPI is supported

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	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of submitting pharmacy
4Ø1-D1	DATE OF SERVICE	Must be calendar date and not in the future	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values supported

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

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

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	*Imp Guide:* For Transaction Code of "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	ØØ – For compound submissions Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	

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

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CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: Utah Department of Health	Date: November 21, 2Ø11	
Plan Name/Group Name: Utah Medicaid	BIN: Ø15871	PCN:UTTEST

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

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

Response Transaction Header Segment Questions	**Check**	**Claim Reversal – Accepted/Approved** If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Transaction Header Segment			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

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

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	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
548-6F	APPROVED MESSAGE CODE		RW	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as Imp. Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp. Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp. Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as Imp. Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp. Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned

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

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CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal - Accepted/Rejected If Situational, *Payer Situation*
This Segment is situational	X	Returned when needed for transmission level messaging

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

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

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

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	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as Imp. Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp. Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as Imp. Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as Imp. Guide

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

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

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, *Payer Situation*
This Segment is situational	X	Returned when needed for transmission level messaging

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as Imp. Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp. Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp. Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as Imp. Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp. Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned

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

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

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