New York Medication Grant Program (MGP)
NCPDP D.0 Payer Specifications

October 18, 2022

Request Claim Billing/Claim Re-bill Payer Sheet

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

General Information

Payer Name: New York Medication Grant Program		
Plan Name/Group Name: NYMGP	**BIN:** ØØ526Ø	**PCN:** 75ØØØØ526Ø
Processor: Magellan Rx Management		
Effective as of: 01/01/2015	**NCPDP Telecommunication Standard Version/Release #:** D.Ø	
NCPDP Data Dictionary Version Date: June, 2010	**NCPDP External Code List Version Date:** June, 2010	
Contact/Information Source: Magellan Rx Management – Albany, NY		
Certification Testing Window: Contact Certification Department		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 866-254-1669		
Other versions supported: NCPDP Telecommunications version 5.1 until 12/31/11		

Other Transactions Supported

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

Transaction Code	Transaction Name
B1	Billing
B2	Reversal
B3	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
REPEATING FIELD	***	The "***" indicates that the field is repeating. One of the other designators, "M", "R" or "RW" will precede it.	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 document.

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.Ø ("Imp Guide")*.

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 (11Ø-AK) is Payer Issued	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN Number	ØØ526Ø	M	ØØ526Ø – NY MGP
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	Mandatory
1Ø3-A3	TRANSACTION CODE	B1 Billing B2 Reversal B3 Re-bill E1 Eligibility	M	Mandatory
1Ø4-A4	PROCESSOR CONTROL NUMBER	75ØØØØ526Ø	M	Mandatory
1Ø9-A9	TRANSACTION COUNT	Ø1 = One occurrence Ø2 = Two occurrences Ø3 = Three occurrences Ø4 = Four occurrences	M	Mandatory

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – National Provider Identifier (NPI)	M	Mandatory Code qualifying the 'Service Provider ID' (2Ø1-B1) Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	Mandatory
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	Mandatory
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned when vendor is certified with Magellan Rx Management

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) = "Ø4"		Claim Billing/Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situations**
3Ø2-C2	CARDHOLDER ID	MGP Cardholder ID	M	NY MGP ID Number <patient specific> Format = MGNNNNNNN
312-CC	CARDHOLDER FIRST NAME	Required for this program	R	Required for this program
313-CD	CARDHOLDER LAST NAME	Required for this program	R	Required for this program
3Ø1-C1	GROUP ID	NYMGP	R	*Imp Guide*: Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. *Payer Requirement*: Same as *Imp Guide*.

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	The Patient Segment is situational for a Claim Billing or Encounter request. It is used when a receiver needs some of the patient demographic information to perform eligibility and claim/encounter determination. The Patient Segment must be submitted when needed to differentiate between the patient and the cardholder. If the cardholder and the patient are the same, then the Patient Segment is not submitted unless additional information about the patient is needed to clarify the claim/encounter determination. The Segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.

Patient Segment Segment Identification (111 AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situations**
3Ø4-C4	DATE OF BIRTH	Format = CCYYMMDD	R	Required for this program
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified 1 = Male 2 = Female	R	Required for this program
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* Required for a patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required when the patient has a last name. *Payer Requirement:* Required for a patient name validation.

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 Situations**
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	Mandatory
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC) ØØ = Compound	M	Mandatory
4Ø7-D7	PRODUCT/SERVICE ID	NDC for non-compound claims 'Ø' for compound claims	M	Mandatory

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situations**
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Same as *Imp Guide*.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Same as *Imp Guide*.
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	Required for this program
46Ø -ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*).
4Ø3-D3	FILL NUMBER	Ø = Original dispensing 1-99 = Refill number – Number of the replenishment	R	Required for this program
4Ø5-D5	DAYS SUPPLY		R	Required for this program
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Required for this program
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber	R	DAW 0 and 1 allowed.
414-DE	DATE PRESCRIPTION WRITTEN	Format = CCYYMMDD	R	Required for this program

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situations**
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1-99 = Authorized Refill number – with 99 being as needed, refills unlimited	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Same as *Imp Guide*.
419-DJ	PRESCRIPTION ORIGIN CODE	Ø = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Same as *Imp Guide*.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW***	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Required if field 42Ø-DK is sent.
42Ø-DK	SUBMISSION CLARIFICATION CODE	8 = Process Compound for Approved Ingredients	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). *Payer Requirement:* Required when need to provide additional information for coverage purposes. (Include a value of "8" when submitting a compound claim.)
3Ø8-C8	OTHER COVERAGE CODE	Ø = Not Specified by patient 1 = No other coverage identified	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:* OCC Codes 2 thru 8 N/A = not allowed-Reject Message 13 M/I Other coverage code.

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situations**
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* NYSDOH requires the Prescription Pad Serial Number from the Official NYS Prescription blank. When the following scenarios exist, use the following values in lieu of reporting the Official Prescription Form Serial Number: • Prescriptions received via Fax or electronically, use EEEEEEEE. • Prescriptions on carve-out drugs for Nursing Home patients use NNNNNNNN. • Prescriptions written by Out of State Prescribers, use ZZZZZZZZ Oral Prescriptions use 99999999.
343-HD	DISPENSING STATUS	P = Partial Fill C = Completion of Partial Fill	RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription *Payer Requirement:* Same as *Imp Guide*.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription *Payer Requirement:* Same as *Imp Guide*.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription *Payer Requirement:* Same as *Imp Guide*.
995-E2	ROUTE OF ADMINISTRATION	SNOMED	RW	Required when specified in trading partner agreement. *Payer Requirement:* (any unique payer requirement(s)).

Claim Segment Segment Identification (111 AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situations**
996-G1	COMPOUND TYPE	Ø1 = Anti-infective Ø2 = Ionotropic Ø3 = Chemotherapy Ø4 = Pain management Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition Ø6 = Hydration Ø7 = Ophthalmic 99 = Other	RW	Required when submitting a new compound. *Payer Requirement:* Same as *Imp Guide*.

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**
4Ø9-D9	INGREDIENT COST SUBMITTED		M	Mandatory
412-DC	DISPENSING FEE SUBMITTED		M	Mandatory
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:* Required for claim processing.
43Ø-DU	GROSS AMOUNT DUE		M	Gross Amount Due = Ingredient Cost submitted + Dispensing Fee Submitted.

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

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	*Imp Guide:* Required if Prescriber ID (411-DB) is used. Ø1 = National Provider Identifier (NPI) *Payer Requirement:* Same as *Imp Guide*.
411-DB	PRESCRIBER ID	NPI FORMAT = NNNNNNNNN	R	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required for claim submission.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational		Participants with other insurance are not eligible for MGP. Voluntary submission of Other payer information will be received on the incoming claims record and the total amount paid will be zero.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Same as *Imp Guide*.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Required for B1 and B3 transactions when there is DUR information.

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.	R***	*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:* Required when needed to communicate DUR information.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW***	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when needed to communicate DUR information.
441-E6	RESULT OF SERVICE CODE	ØØ = Not Specified 1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1E = Filled, With Different Drug 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval 1H = Brand-to-Generic Change 1J = Rx-to-OTC Change 1K = Filled with Different Dosage Form 2A = Prescription Not Filled 2B = Not Filled,	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:* Required when needed to communicate DUR information.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Directions Clarified 3A = Recommendation Accepted 3B = Recommendation Not Accepted 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3F = Therapy Changed 3G = Drug Therapy Unchanged 3H = Follow-Up/Report 3J = Patient Referral 3K = Instructions Understood 3M = Compliance Aid Provided 3N = Medication Administered 4A = Prescribed with acknowledgements		

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 for B1/B3 transactions when 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	Blank = Not Specified Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = Tablet 11 = Solution	M	Mandatory

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema		
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 = Each 2 = Grams 3 = Milliliters	M	Mandatory
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	Mandatory
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code (NDC) - Formatted 11 digits (N)	M	Mandatory
489-TE	COMPOUND PRODUCT ID		M	Mandatory
448-ED	COMPOUND INGREDIENT QUANTITY	Amount expressed in metric decimal units of the product included in the compound.	M	Mandatory
449-EE	COMPOUND INGREDIENT DRUG COST	Enter the ingredient drug cost for each product used in making the compound.	M	*Imp Guide*: Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement*: Required for each ingredient.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	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	RW	Mandatory

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		1Ø = ASP (Average Sales Price) 11 = AMP (Average Manufacturer Price) 12 = WAC (Wholesale Acquisition Cost) 13 = Special Patient Pricing		
362-2G	COMPOUND INGREDIENT MODIFIER CODE COUNT	Maximum count of 1Ø.	RW	Required when Compound Ingredient Modifier Code (363-2H) is sent
363-2H	COMPOUND INGREDIENT MODIFIER CODE	HCPCS	R	Required for this program

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Segment may be Required at a Future Date for these transactions: B1 and B3 when designated clinical information is needed for Drug Coverage Consideration.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
Intentionally not listed.				

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

Response Claim Billing/Claim Re-bill Payer Sheet

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

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

General Information

Payer Name: Medication Grant Program		
Plan Name/Group Name: NYMGP	**BIN:** ØØ5260	**PCN:** 75ØØØØ5260
Processor: Magellan Medicaid Administration		
Effective as of: 01/01/2015	**NCPDP Telecommunication Standard Version/Release #:** D.Ø	
NCPDP Data Dictionary Version Date: June, 2010	**NCPDP External Code List Version Date:** June, 2010	
Contact/Information Source: Magellan Rx Management – Albany, NY		
Certification Testing Window: Contact Certification Department		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 866-254-1669		
Other versions supported: NCPDP Telecommunication version 5.1 until 12/31/2011		

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.Ø*.

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	Mandatory
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	Mandatory

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill 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:* Same as *Imp Guide*.

Response Insurance 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 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**
3Ø1-C1	GROUP ID	NYMGP	RW	*Imp Guide:* 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 coverages exist. *Payer Requirement:* Same as *Imp Guide*.

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	*Imp Guide:* 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. *Payer Requirement:* Same as *Imp Guide*.
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	Required when needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.	RW	*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
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**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH	Format - CCYYMMDD	R	*Imp Guide:* Required if known. *Payer Requirement:* Same as *Imp Guide*.

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	P = Paid D = Duplicate of Paid	M	Mandatory
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW***	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide*.
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.

Response 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**
987-MA	URL		RW	*Imp Guide: Provided for informational purposes only to relay health care communications via the Internet.* *Payer Requirement: Same as Imp Guide.*

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 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 = RxBilling	M	*Imp Guide:* For Transaction Code of "B1," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	Mandatory
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6		Required when Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Required when Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID		RW	Required when a product preference exists that needs to be communicated to the receiver via an ID.
554-AS	PREFERRED PRODUCT INCENTIVE		RW	Required when there is a known incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
555-AT	PREFERRED PRODUCT COST SHARE INCENTIVE		RW	Required when there is a known patient financial responsibility incentive amount associated with the Preferred Product ID (553-AR) and/or Preferred Product Description (556-AU).
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Required when a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

Response Pricing Segment Questions	Check	Claim Billing/Claim Re-bill 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 Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø5-F5	PATIENT PAY AMOUNT		R	Returned if the processor determines that the patient has payment responsibility for part/all of the claim.
5Ø6-F6	INGREDIENT COST PAID		R	Required if this value is used to arrive at the final reimbursement.
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*.
521-FL	INCENTIVE AMOUNT PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). *Payer Requirement:* Same as *Imp Guide*.
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*.
564-J3	OTHER AMOUNT PAID QUALIFIER		RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*.
565-J4	OTHER AMOUNT PAID		RW***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). *Payer Requirement:* Same as *Imp Guide*.
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. *Payer Requirement:* Same as *Imp Guide*.
5Ø9-F9	TOTAL AMOUNT PAID		R	

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**
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*.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*.
514-FE	REMAINING BENEFIT AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *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 co-pay as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*.
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*.
346-HH	BASIS OF CALCULATION – DISPENSING FEE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*.
347-HJ	BASIS OF CALCULATION – COPAY		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*.
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*.
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*.

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

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***	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide*.
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide*.
528-FS	CLINICAL SIGNIFICANCE CODE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
529-FT	OTHER PHARMACY INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
53Ø-FU	PREVIOUS DATE OF FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Same as *Imp Guide*.
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*.

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**
544-FY	DUR FREE TEXT MESSAGE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
57Ø-NS	DUR ADDITIONAL TEXT		RW***	*Imp Guide*: Required if needed to supply additional information for the utilization conflict. Payer Requirement: Same as *Imp Guide*.

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

Claim Billing/Claim Re-bill Accepted/Rejected Response

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

Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	Ø12345	M	Ø12345 – New York EPIC
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 Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "2Ø"		Claim Billing/Claim Re-bill 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*.

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

Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID	NYMGP	RW	*Imp Guide:* 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 coverages exist. *Payer Requirement:* Same as *Imp Guide*.
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* 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. *Payer Requirement:* Same as *Imp Guide*.
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	MGP ID Number <patient specific> Format – GNNNNNNN	RW	*Imp Guide:* Required if the identification to be used in future transactions is different from what was submitted on the request. *Payer Requirement:* Same as *Imp Guide*.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
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**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH	Format - CCYYMMDD	R	*Imp Guide:* Required if known. *Payer Requirement:* Same as *Imp Guide*.

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	
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*.

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/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		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*.
987-MA	URL		RW	*Imp Guide:* Provided for informational purposes only to relay health care communications via the Internet. *Payer Requirement:* Same as *Imp Guide*.

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 = RxBilling	M	*Imp Guide:* For Transaction Code of "B1" or "B3", 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 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***	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide*.
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide*.
528-FS	CLINICAL SIGNIFICANCE CODE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
529-FT	OTHER PHARMACY INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
53Ø-FU	PREVIOUS DATE OF FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Same as *Imp Guide*.
531-FV	QUANTITY OF PREVIOUS FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement:* Same as *Imp Guide*.
532-FW	DATABASE INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
533-FX	OTHER PRESCRIBER INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
544-FY	DUR FREE TEXT MESSAGE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.
57Ø-NS	DUR ADDITIONAL TEXT		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*.

Response Coordination of Benefits/Other Payers Segment	Check	Claim Billing/Claim Re-bill Accepted/Rejected

Questions		If Situational, Payer Situation
This Segment is situational	X	

Response Coordination of Benefits/Other Payers 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	*Payer Requirement:* Same as *Imp Guide*.
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide*.
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*.
356-NU	OTHER PAYER CARDHOLDER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*.
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*.
142-UV	OTHER PAYER PERSON CODE		RW	*Imp Guide:* Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide*.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver. *Payer Requirement:* Same as *Imp Guide*.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	*Imp Guide:* Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide*.

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

Claim Billing/Claim 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 - Billing B3 - Re-bill	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	Ø1	M	Ø1 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	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 situational	X	

Response Message Segment 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	*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 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	
5Ø3-F3	AUTHORIZATION NUMBER			*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*.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.
987-MA	URL		RW	*Imp Guide: Provided for informational purposes only to relay health care communications via the Internet.* *Payer Requirement: Same as Imp Guide.*
****End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet****				

NCPDP Version D Claim Reversal

Request Claim Reversal Payer Sheet

Start of Request Claim Reversal (B2) Payer Sheet

General Information

Payer Name: Medication Grant Program		
Plan Name/Group Name: NYMGP	**BIN:** ØØ5260	**PCN:** 75ØØØØ526Ø
Processor: Magellan Medicaid Administration		
Effective as of: 01/01/2012	**NCPDP Telecommunication Standard Version/Release #:** D.Ø	
NCPDP Data Dictionary Version Date: June, 2010	**NCPDP External Code List Version Date:** June, 2010	
Contact/Information Source: Magellan Rx Management – Albany, NY		
Certification Testing Window: Contact Certification Department		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 866-254-1669		
Other versions supported: NCPDP Telecommunication version 5.1 until 12/31/2011		

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?)	Unlimited

Claim Reversal Transaction

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

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

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	ØØ526Ø	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2 - Reversal	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	75ØØØØ526Ø	M	
1Ø9-A9	TRANSACTION COUNT		M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1	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	X	

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

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 Reversal		
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 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 = Not Specified Ø3 = National Drug Code	M	If reversal is for multi-ingredient prescription, the value must be ØØ.
4Ø7-D7	PRODUCT/SERVICE ID	NDC – for non-compound claims 'Ø' – for compound claims	M	
4Ø3-D3	FILL NUMBER		RW	*Imp Guide:* Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. *Payer Requirement:* Same as *Imp Guide.*

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**

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

DUR/PPS Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**

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

Response Claim Reversal Payer Sheet

Claim Reversal Accepted/Approved Response

Start of Claim Reversal Response (B2) Payer Sheet

General Information

Payer Name: Medication Grant Program		
Plan Name/Group Name: NYMGP	**BIN:** ØØ526Ø	**PCN:** 75ØØØØ526Ø
Processor: Magellan Medicaid Administration		
Effective as of: 01/01/2012	**NCPDP Telecommunication Standard Version/Release #:** D.Ø	
NCPDP Data Dictionary Version Date: June, 2010	**NCPDP External Code List Version Date:** June, 2010	
Contact/Information Source: Magellan Rx Management – Albany, NY		
Certification Testing Window: Contact Certification Department		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 866-254-1669		
Other versions supported: NCPDP Telecommunication version 5.1 until 12/31/2011		

Claim Reversal Accepted/Approved Response

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

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

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

Response Transaction Header Segment		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
This Segment is 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*.
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide*: Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement*: Same as *Imp Guide*.
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW***	*Imp Guide*: Required if Additional Message Information (526-FQ) is used. *Payer Requirement*: Same as *Imp Guide*.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide*: Required if Additional Message Information (526-FQ) is used. *Payer Requirement*: Same as *Imp Guide*.

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

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

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = 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	

Response Pricing Segment Questions	Check	Claim Reversal Accepted/Approved If Situational, Payer Situation
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**
5Ø9-F9	TOTAL AMOUNT PAID		RW	*Imp Guide:* Required if any other payment fields sent by the sender. *Payer Requirement:* Same as *Imp Guide*.

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	Ø1	M	Ø1 - National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	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	

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*.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.
987-MA	URL		RW	*Imp Guide: Provided for informational purposes only to relay health care communications via the Internet.* *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

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

Response Transaction Header Segment		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	ØØ526Ø	M	ØØ526Ø – NY MGP
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	Mandatory
1Ø3-A3	TRANSACTION CODE	B2	M	Mandatory
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	Mandatory
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	Mandatory
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1- National Provider Identifier (NPI)	M	Mandatory
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	Mandatory
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	Mandatory
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned when vendor is certified with Magellan Rx Management

Response Message Segment Questions	Check	Claim Reversal Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

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	*Imp Guide:* Required when needed to identify the transaction.
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*.
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526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*.
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*.
987-MA	URL		RW	*Imp Guide: Provided for informational purposes only to relay health care communications via the Internet.* *Payer Requirement: Same as Imp Guide.*

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

Revision History

Date	Name	Comments
01/01/2015	Implementation team	Initial creation
07/24/2020	Steven Giera	Added quantity prescribed field (field #46Ø -ET) required for Schedule II drugs in Claim Segment Ø7
	Documentation Management team	Rebranded; reformatted; updated and standardized naming conventions; and added Revision History table
10/18/2022	Documentation Management team	Updated document to reference current company name.