

IQVIA

NCPDP Version D.0 Payer Sheet

TABLE OF CONTENTS

CLAIM BILLING - COPAY ASSISTANCE/DEBITRX AND CASH DISCOUNT PLANS	3
CLAIM BILLING REQUEST	3
CLAIM BILLING ACCEPTED/PAID RESPONSE	11
CLAIM BILLING ACCEPTED/REJECTED RESPONSE	15
CLAIM BILLING REJECTED/REJECTED RESPONSE.....	17
CLAIM BILLING - VOUCHER PLANS	19
CLAIM BILLING REQUEST	19
CLAIM BILLING ACCEPTED/PAID RESPONSE	25
CLAIM BILLING ACCEPTED/REJECTED RESPONSE	28
CLAIM BILLING REJECTED/REJECTED RESPONSE.....	30
CLAIM REVERSAL - ALL PLANS	32
CLAIM REVERSAL REQUEST.....	32
CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE	34
CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE	35
CLAIM REVERSAL REJECTED/REJECTED RESPONSE	38
SERVICE BILLING	40
SERVICE BILLING REQUEST	40
SERVICE BILLING ACCEPTED/PAID RESPONSE	45
SERVICE BILLING ACCEPTED/REJECTED RESPONSE.....	47
SERVICE BILLING REJECTED/REJECTED RESPONSE	49
SERVICE REVERSAL	51
SERVICE REVERSAL REQUEST	51
SERVICE REVERSAL ACCEPTED/PAID RESPONSE.....	53
SERVICE REVERSAL ACCEPTED/REJECTED RESPONSE	55
SERVICE REVERSAL REJECTED/REJECTED RESPONSE.....	57
APPENDIX A. REVISION HISTORY	59



CLAIM BILLING REQUEST

GENERAL INFORMATION

Payer Name: IQVIA		Date: 09/01/2020
Plan Name/Group Name: Copay Assistance Plans	BIN: 601341	PCN: OHCP
Plan Name/Group Name: Cash Discount Plans	BIN: 601341	PCN: OHDC
Processor: IQVIA		
Effective as of: 09/01/2020	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2018	
Contact/Information Source: 1-800-364-4767 https://www.iqvia.com/locations/united-states/solutions/life-sciences/commercial-solutions/market-access/patient-affordability-and-engagement/pharmacy-and-patient-co-pay-support-tools		
Certification Testing Window: Certification Not Required		
Certification Contact Information: N/A		
Provider Relations Help Desk Info: 1-800-364-4767		
Other versions supported: N/A		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal
S1	Service Billing Claim
S2	Service Billing 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

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

CLAIM BILLING TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	Certification is not required.

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing <i>Payer Situation</i>
101-A1	BIN NUMBER	601341	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	OHCP/OHDC	M	RxPCN as shown on the card.
109-A9	TRANSACTION COUNT	Maximum count of 4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID 07 = NCPDP Provider Identification Number	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	Blank Fill

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

	Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	RxID as shown on the card.
309-C9	ELIGIBILITY CLARIFICATION CODE		RW	<p><i>Imp Guide:</i> Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage.</p> <p><i>Payer Requirement:</i> Required based on plan.</p>
301-C1	GROUP ID		R	<p><i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs.</p> <p>Required if needed for pharmacy claim processing and payment.</p> <p><i>Payer Requirement:</i> RxGroup as shown on the card.</p>
303-C3	PERSON CODE		R	<p><i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID.</p> <p><i>Payer Requirement:</i> Suffix as shown on the card.</p>
360-2B	MEDICAID INDICATOR		RW	<p><i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.</p>
115-N5	MEDICAID ID NUMBER		RW	<p><i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage.</p> <p><i>Payer Requirement:</i> Same as Imp Guide.</p>
990-MG	OTHER PAYER BIN NUMBER		RW	<p><i>Imp Guide:</i> Not used.</p> <p><i>Payer Requirement:</i> Required if the patient has other coverage which was billed.</p>
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	<p><i>Imp Guide:</i> Not used.</p> <p><i>Payer Requirement:</i> Required if the patient has other coverage which was billed.</p>
992-MJ	OTHER PAYER GROUP ID		RW	<p><i>Imp Guide:</i> Not used.</p> <p><i>Payer Requirement:</i> Required if the patient has other coverage which was billed.</p>

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

	Patient Segment Segment Identification (111-AM) = "01"			Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		R	<p><i>Imp Guide:</i> Required when the patient has a first name.</p> <p><i>Payer Requirement:</i> Required.</p>

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	Imp Guide: Optional. Payer Requirement: Required.
323-CN	PATIENT CITY ADDRESS		R	Imp Guide: Optional. Payer Requirement: Required.
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	Imp Guide: Optional. Payer Requirement: Required.
325-CP	PATIENT ZIP/POSTAL ZONE		R	Imp Guide: Optional. Payer Requirement: Required.
326-CQ	PATIENT PHONE NUMBER		RW	Imp Guide: Optional. Payer Requirement: Required when available.
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	Imp Guide: May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. Payer Requirement: Required when available.

Claim Segment Questions	Check	Claim Billing 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
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	Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound See Compound Segment for support of multi-ingredient compounds.	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	All values supported	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	Imp Guide: Required if necessary for plan benefit administration. Payer Requirement: Required.
419-DJ	PRESCRIPTION ORIGIN CODE		R	Imp Guide: Required if necessary for plan benefit administration. Payer Requirement: Required.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.

Claim Segment Segment Identification (111-AM) = "Ø7"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Same as Imp Guide.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	<p><i>Imp Guide:</i> Required if clarification is needed and value submitted is greater than zero (Ø).</p> <p>If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications.</p> <p>Payer Requirement: Required based on plan when further explanation is needed for overrides.</p>
46Ø-ET	QUANTITY PRESCRIBED		RW	<p><i>Imp Guide:</i> Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).</p> <p>Payer Requirement: Required based on plan</p>
3Ø8-C8	OTHER COVERAGE CODE	<p>1 = No other coverage 3 = Other Coverage Billed – Claim Not Covered 8 = Claim is billing for patient financial responsibility only</p>	R	<p><i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.</p> <p>Required for Coordination of Benefits.</p> <p>Payer Requirement: Required.</p>
418-DI	LEVEL OF SERVICE	All values supported.	RW	<p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: Required when known.</p>
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: Required based on plan</p>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<p><i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: Required based on plan</p>
357-NV	DELAY REASON CODE		RW	<p><i>Imp Guide:</i> Required when needed to specify the reason that submission of the transaction has been delayed.</p> <p>Payer Requirement: Required based on plan</p>
996-G1	COMPOUND TYPE	All values supported.	RW	<p><i>Imp Guide:</i> Required if specified in trading partner agreement.</p> <p>Payer Requirement: Required based on plan</p>
147-U7	PHARMACY SERVICE TYPE		RW	<p><i>Imp Guide:</i> Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.</p> <p>Payer Requirement: Required when services being performed differ from primary NCPDP dispenser type.</p>

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). <i>Payer Requirement:</i> Same as Imp Guide.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement:</i> Required.
430-DU	GROSS AMOUNT DUE		R	

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

	Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
466-EZ	PRESCRIBER ID QUALIFIER	01 = National Provider Identifier (NPI) 12 = Drug Enforcement Administration (DEA) Number	R	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Required.
411-DB	PRESCRIBER ID		R	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Required.
427-DR	PRESCRIBER LAST NAME		R	<i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. <i>Payer Requirement:</i> Required.
498-PM	PRESCRIBER PHONE NUMBER		R	<i>Imp Guide:</i> Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber.

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if needed for Prior Authorization process. <i>Payer Requirement: Required.</i>
364-2J	PRESCRIBER FIRST NAME		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
365-2K	PRESCRIBER STREET ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
366-2M	PRESCRIBER CITY ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
368-2P	PRESCRIBER ZIP/POSTAL ZONE		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>

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

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing
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	Ø3 = Bank Information Number (BIN)	RW	<i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		Ø5 = Medicare Carrier Number		<i>Payer Requirement: Required when claim has been paid or rejected by previous payer(s).</i>
34Ø-7C	OTHER PAYER ID		RW	<i>Imp Guide:</i> Required if identification of the Other Payer is necessary for claim/encounter adjudication. <i>Payer Requirement: Required when claim has been paid or rejected by previous payer(s).</i>
443-E8	OTHER PAYER DATE		RW	<i>Imp Guide:</i> Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. <i>Payer Requirement: Required when claim has been paid or rejected by previous payer(s).</i>
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Other Payer Reject Code (472-6E) is used. <i>Payer Requirement: Same as Imp Guide.</i>
472-6E	OTHER PAYER REJECT CODE		RW	<i>Imp Guide:</i> Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). <i>Payer Requirement: Same as Imp Guide.</i>
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. <i>Payer Requirement: Same as Imp Guide.</i>
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø1 – Ø5 Ø7 – 13	RW	<i>Imp Guide:</i> Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. <i>Payer Requirement: Components of Patient Pay are required. Usage of Ø6 "Patient Pay as Reported by Previous Payer" accepted as an exception and subject to audit.</i>
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	<i>Imp Guide:</i> Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. <i>Payer Requirement: Required when claim has been paid by previous payer(s).</i>

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required when Compound Code (4Ø6-D6) = 2 (Compound).

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	All values supported.	M	

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	All values supported.	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	<p><i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.</p> <p><i>Payer Requirement:</i> Required for each ingredient.</p>
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	<p><i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.</p> <p><i>Payer Requirement:</i> Required for each ingredient.</p>



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

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020	
Plan Name/Group Name: Copay Assistance Plans	BIN: 601341	PCN: OHCP
Plan Name/Group Name: Cash Discount Plans	BIN: 601341	PCN: OHDC

CLAIM BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

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

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

Field #	Response Transaction Header Segment	Value	Payer Usage	Claim Billing – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

Field #	Response Status Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing – Accepted/Paid (or Duplicate of Paid) <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Always returned.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

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

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

Response Pricing Segment Segment Identification (111-AM) = "23"				Claim Billing – 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	
521-FL	INCENTIVE AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). <i>Payer Requirement:</i> Same as Imp Guide.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i> Same as Imp Guide.

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-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. <i>Payer Requirement: Same as Imp Guide.</i>
514-FE	REMAINING BENEFIT AMOUNT		RW	<i>Imp Guide:</i> Provided for informational purposes only. <i>Payer Requirement: Returned on DebitRx plans to indicate the balance on the debit card.</i>
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes deductible <i>Payer Requirement: Same as Imp Guide.</i>
518-FI	AMOUNT OF COPAY		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility. <i>Payer Requirement: Same as Imp Guide.</i>
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum. <i>Payer Requirement: Same as Imp Guide.</i>
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	<i>Imp Guide:</i> Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay. <i>Payer Requirement: Same as Imp Guide.</i>
572-4U	AMOUNT OF COINSURANCE		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility. <i>Payer Requirement: Same as Imp Guide.</i>
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	<i>Imp Guide:</i> Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (505-F5). The resulting Patient Pay Amount (505-F5) must be greater than or equal to zero. <i>Payer Requirement: Same as Imp Guide.</i>
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another <i>Payer Requirement: Same as Imp Guide.</i>
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug. <i>Payer Requirement: Same as Imp Guide.</i>
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product. <i>Payer Requirement: Same as Imp Guide.</i>

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	<i>Imp Guide:</i> 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. <i>Payer Requirement:</i> Same as Imp Guide.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	<i>Imp Guide:</i> Required when the patient's financial responsibility is due to the coverage gap. <i>Payer Requirement:</i> Same as Imp Guide.

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing Accepted/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Accepted/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
549-7F	HELP DESK PHONE NUMBER QUALIFIER		R	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used. <i>Payer Requirement:</i> Always returned.
55Ø-8F	HELP DESK PHONE NUMBER		R	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Always returned.
987-MA	URL		RW	<i>Imp Guide:</i> Provided for informational purposes only to relay health care communications via the Internet. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

CLAIM BILLING REJECTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing Rejected/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing Rejected/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

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



CLAIM BILLING REQUEST

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020
Plan Name/Group Name: Voucher Plans	BIN: 601341 PCN: OHS
Processor: IQVIA	
Effective as of: 09/01/2020	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2018
Contact/Information Source: 1-800-364-4767 https://www.iqvia.com/locations/united-states/solutions/life-sciences/commercial-solutions/market-access/patient-affordability-and-engagement/pharmacy-and-patient-co-pay-support-tools	
Certification Testing Window: Certification Not Required	
Certification Contact Information: N/A	
Provider Relations Help Desk Info: 1-800-364-4767	
Other versions supported: N/A	

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal
S1	Service Billing Claim
S2	Service Billing 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

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

CLAIM BILLING TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	Certification is not required.

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing <i>Payer Situation</i>
101-A1	BIN NUMBER	601341	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
104-A4	PROCESSOR CONTROL NUMBER	OHS	M	RxPCN as shown on the voucher.
109-A9	TRANSACTION COUNT	Maximum count of 4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID 07 = NCPDP Provider Identification Number	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	Blank Fill

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

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID		M	RxID as shown on the voucher.
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	Imp Guide: Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. Payer Requirement: Required based on plan.
3Ø1-C1	GROUP ID		R	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. Payer Requirement: RxGroup as shown on the voucher.
3Ø3-C3	PERSON CODE		R	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID. Payer Requirement: Suffix as shown on the voucher.
36Ø-2B	MEDICAID INDICATOR		RW	Imp Guide: Required, if known, when patient has Medicaid coverage. Payer Requirement: Same as Imp Guide.
115-N5	MEDICAID ID NUMBER		RW	Imp Guide: Required, if known, when patient has Medicaid coverage. Payer Requirement: Same as Imp Guide.

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

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	Imp Guide: Required when the patient has a first name. Payer Requirement: Required.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	Imp Guide: Optional. Payer Requirement: Required.
323-CN	PATIENT CITY ADDRESS		R	Imp Guide: Optional. Payer Requirement: Required.
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	Imp Guide: Optional. Payer Requirement: Required.
325-CP	PATIENT ZIP/POSTAL ZONE		R	Imp Guide: Optional.

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Required.
326-CQ	PATIENT PHONE NUMBER		RW	Imp Guide: Optional. Payer Requirement: Required when available.
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	Imp Guide: May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient. Payer Requirement: Required when available.

Claim Segment Questions	Check	Claim Billing 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
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	Ø3 = National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER		R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound See Compound Segment for support of multi-ingredient compounds.	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	All values supported	R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	Imp Guide: Required if necessary for plan benefit administration. Payer Requirement: Required.
419-DJ	PRESCRIPTION ORIGIN CODE		R	Imp Guide: Required if necessary for plan benefit administration. Payer Requirement: Required.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used. Payer Requirement: Same as Imp Guide.
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1) 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

Claim Segment Segment Identification (111-AM) = "07"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				medications. <i>Payer Requirement: Required based on plan when further explanation is needed for overrides.</i>
460-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide:</i> Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). <i>Payer Requirement: Required based on plan</i>
308-C8	OTHER COVERAGE CODE	∅ = Not Specified by patient 1 = No other coverage	R	<i>Imp Guide:</i> Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. <i>Payer Requirement: Required.</i>
418-DI	LEVEL OF SERVICE	All values supported.	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: Required when known.</i>
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: Required based on plan.</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility. <i>Payer Requirement: Required based on plan.</i>
357-NV	DELAY REASON CODE		RW	<i>Imp Guide:</i> Required when needed to specify the reason that submission of the transaction has been delayed. <i>Payer Requirement: Required based on plan.</i>
996-G1	COMPOUND TYPE	All values supported.	RW	<i>Imp Guide:</i> Required if specified in trading partner agreement. <i>Payer Requirement: Required based on plan</i>
147-U7	PHARMACY SERVICE TYPE		RW	<i>Imp Guide:</i> Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer. <i>Payer Requirement: Required when services being performed differ from primary NCPDP dispenser type.</i>

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

Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.

Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. <i>Payer Requirement:</i> Same as Imp Guide.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used. Required if this field could result in different pricing. Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX). <i>Payer Requirement:</i> Same as Imp Guide.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	<i>Imp Guide:</i> Required if needed per trading partner agreement. <i>Payer Requirement:</i> Required.
43Ø-DU	GROSS AMOUNT DUE		R	

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

Prescriber Segment Segment Identification (111-AM) = "Ø3"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier (NPI) 12 = Drug Enforcement Administration (DEA) Number	R	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement:</i> Required.
411-DB	PRESCRIBER ID		R	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement:</i> Required.
427-DR	PRESCRIBER LAST NAME		R	<i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. <i>Payer Requirement:</i> Required.
498-PM	PRESCRIBER PHONE NUMBER		R	<i>Imp Guide:</i> Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber. Required if needed for Prior Authorization process. <i>Payer Requirement:</i> Required.
364-2J	PRESCRIBER FIRST NAME		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber.

Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
365-2K	PRESCRIBER STREET ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
366-2M	PRESCRIBER CITY ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
368-2P	PRESCRIBER ZIP/POSTAL ZONE		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required when Compound Code (4Ø6-D6) = 2 (Compound).

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	All values supported.	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	All values supported.	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement: Required for each ingredient.</i>
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. <i>Payer Requirement: Required for each ingredient.</i>



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

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020	
Plan Name/Group Name: Voucher Plans	BIN: 601341	PCN: OHS

CLAIM BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

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

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

	Response Transaction Header Segment			Claim Billing – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Always returned.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

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

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

Response Pricing Segment Segment Identification (111-AM) = "23"				Claim Billing – 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	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. <i>Payer Requirement:</i> Same as Imp Guide.
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. <i>Payer Requirement:</i> Same as Imp Guide.

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	<i>Imp Guide:</i> Required if Patient Pay Amount (505-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. <i>Payer Requirement:</i> Same as Imp Guide.

CLAIM BILLING ACCEPTED/REJECTED RESPONSE

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

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

Response Message Segment Questions	Check	Claim Billing Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

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

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

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

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

CLAIM BILLING REJECTED/REJECTED RESPONSE

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

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

Response Message Segment Questions	Check	Claim Billing Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp Guide.

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



CLAIM REVERSAL REQUEST

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020	
Plan Name/Group Name: Copay Assistance Plans	BIN: 601341	PCN: OHCP
Plan Name/Group Name: Voucher Plans	BIN: 601341	PCN: OHS

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	90 Days

CLAIM REVERSAL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Reversal <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	Certification is not required.

Transaction Header Segment	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
<i>Field #</i>	<i>NCPDP Field Name</i>		
101-A1	BIN NUMBER	601341	M
102-A2	VERSION/RELEASE NUMBER	D0	M
103-A3	TRANSACTION CODE	B2	M
104-A4	PROCESSOR CONTROL NUMBER	OHCP/OHS	M
109-A9	TRANSACTION COUNT	Maximum count of 1	M
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID 07 = NCPDP Provider Identification Number	M
201-B1	SERVICE PROVIDER ID		M
401-D1	DATE OF SERVICE		M
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M
			Blank Fill

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

Insurance Segment	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
Segment Identification (111-AM) = "04"	<i>NCPDP Field Name</i>		
<i>Field #</i>			
302-C2	CARDHOLDER ID		M
301-C1	GROUP ID		R
			<i>Imp Guide:</i> Required if needed to match the reversal to the original billing transaction. <i>Payer Requirement:</i> Required.

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

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



CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020	
Plan Name/Group Name: Copay Assistance Plans	BIN: 601341	PCN: OHCP
Plan Name/Group Name: Voucher Plans	BIN: 601341	PCN: OHS

CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Accepted/Approved <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Accepted/Approved <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

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

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

Response Claim Segment Segment Identification (111-AM) = "22"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> For Transaction Code of "B2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

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

Response Message Segment Questions	Check	Claim Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned

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

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

Field #	Response Status Segment Segment Identification (111-AM) = “21” <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal – Accepted/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

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

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

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

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



SERVICE BILLING REQUEST

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020
Plan Name/Group Name: Cognitive Service Plans	BIN: 601341 PCN: OHMM
Processor: IQVIA	
Effective as of: 09/01/2020	NCPDP Telecommunication Standard Version/Release #: D.0
NCPDP Data Dictionary Version Date: July 2007	NCPDP External Code List Version Date: October 2018
Contact/Information Source: 1-800-364-4767 https://www.iqvia.com/locations/united-states/solutions/life-sciences/commercial-solutions/market-access/patient-affordability-and-engagement/pharmacy-and-patient-co-pay-support-tools	
Certification Testing Window: Certification Not Required	
Certification Contact Information: N/A	
Provider Relations Help Desk Info: 1-800-364-4767	
Other versions supported: N/A	

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
S2	Service Billing 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

Note: Fields that are not used in the Service Billing transactions and those that do not have qualified requirements (i.e. not used) are excluded from the payer sheet.

SERVICE BILLING TRANSACTION

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

Transaction Header Segment Questions	Check	Service Billing <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	Certification is not required.

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Service Billing <i>Payer Situation</i>
101-A1	BIN NUMBER	601341	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S1	M	
104-A4	PROCESSOR CONTROL NUMBER	OHMM	M	RxPCN as shown on the card.
109-A9	TRANSACTION COUNT	Maximum count of 1	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID 07 = NCPDP Provider Identification Number	M	
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	Blank Fill

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

	Insurance Segment Segment Identification (111-AM) = “Ø4”			Service Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø2-C2	CARDHOLDER ID		M	RxID as shown on the card.
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		RW	<i>Imp Guide:</i> Required if needed for receiver inquiry validation and/or determination, when eligibility is not maintained at the dependent level. Required in special situations as defined by the code to clarify the eligibility of an individual, which may extend coverage. <i>Payer Requirement:</i> Required based on plan.
3Ø1-C1	GROUP ID		R	<i>Imp Guide:</i> Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment. <i>Payer Requirement:</i> RxGroup as shown on the card.
3Ø3-C3	PERSON CODE		R	<i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID. <i>Payer Requirement:</i> Suffix as shown on the card.

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

	Patient Segment Segment Identification (111-AM) = “Ø1”			Service Billing
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	<i>Imp Guide:</i> Required when the patient has a first name. <i>Payer Requirement:</i> Required.
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	<i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Required.
323-CN	PATIENT CITY ADDRESS		R	<i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Required.
324-CO	PATIENT STATE / PROVINCE ADDRESS		R	<i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Required.
325-CP	PATIENT ZIP/POSTAL ZONE		R	<i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Required.
326-CQ	PATIENT PHONE NUMBER		RW	<i>Imp Guide:</i> Optional. <i>Payer Requirement:</i> Required when available.
35Ø-HN	PATIENT E-MAIL ADDRESS		RW	<i>Imp Guide:</i> May be submitted for the receiver to relay patient health care communications via the Internet when provided by the patient.

	Patient Segment Segment Identification (111-AM) = "Ø1"			Service Billing
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Required when patient e-mail address is available.

Claim Segment Questions	Check	Service Billing If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		
This payer does not support partial fills	X	Not applicable for Service Billing

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Service Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	Imp Guide: For Transaction Code of "S1" in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø7 = Common Procedure Terminology (CPT4) Ø8 = Common Procedure Terminology (CPT5)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	Imp Guide: If the Product/Service ID Qualifier (436-E1) = "Ø6" (DUR/PPS), the Product/Service ID (4Ø7-D7) is zero. (Zero means "Ø".) Populate the DUR/PPS segment as appropriate. If the Product/Service ID Qualifier (436-E1) = "Ø7" (CPT-4), the Product Service ID (4Ø7-D7) is the actual CPT-4 value. If the Product/Service ID Qualifier (436-E1) = "Ø9" (HCPCS), the Product Service ID (4Ø7-D7) is the actual HCPCS value. If the Product/Service ID Qualifier (436-E1) = "99" (Other), the Product Service ID (4Ø7-D7) is the business partner agreed value. Payer Requirement: Mandatory, see values supported.
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	Imp Guide: Required if needed to associate multiple prescriptions/services from the same sender to allow billing of the current prescription/service. Payer Requirement: Required based on plan.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	Imp Guide: Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if needed to associate multiple prescriptions/services from the same sender to allow billing of the current prescription/service. Payer Requirement: Required based on plan.
442-E7	QUANTITY DISPENSED		R	Imp Guide: Required if value is greater than zero (Ø). Payer Requirement: Same as Imp Guide.
4Ø3-D3	FILL NUMBER		R	Imp Guide: Required if necessary for plan benefit administration.

Claim Segment Segment Identification (111-AM) = "Ø7"			Service Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Required.
414-DE	DATE PRESCRIPTION WRITTEN		R	Imp Guide: Required if necessary for plan benefit administration. Payer Requirement: Required.
3Ø8-C8	OTHER COVERAGE CODE	1 = No other coverage	R	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: Required.
418-DI	LEVEL OF SERVICE	All values supported.	RW	Imp Guide: 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		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required based on plan.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required based on plan.
357-NV	DELAY REASON CODE		RW	Imp Guide: Required when needed to specify the reason that submission of the transaction has been delayed. Payer Requirement: Required based on plan.
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: Required when services being performed differ from primary NCPDP dispenser type.

Pricing Segment Questions	Check	Service Billing If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"			Service Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED		R	Imp Guide: Required. Payer Requirement: Same as Imp Guide.
43Ø-DU	GROSS AMOUNT DUE		R	Imp Guide: Required. Payer Requirement: Same as Imp Guide.

Prescriber Segment Questions	Check	Service Billing If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"			Service Billing	
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Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identifier (NPI) 12 = Drug Enforcement Administration (DEA) Number	R	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used. <i>Payer Requirement: Required.</i>
411-DB	PRESCRIBER ID		R	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
427-DR	PRESCRIBER LAST NAME		R	<i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. <i>Payer Requirement: Required.</i>
498-PM	PRESCRIBER PHONE NUMBER		R	<i>Imp Guide:</i> Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber. Required if needed for Prior Authorization process. <i>Payer Requirement: Required.</i>
364-2J	PRESCRIBER FIRST NAME		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
365-2K	PRESCRIBER STREET ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
366-2M	PRESCRIBER CITY ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>
368-2P	PRESCRIBER ZIP/POSTAL ZONE		R	<i>Imp Guide:</i> Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs. <i>Payer Requirement: Required.</i>



SERVICE BILLING ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020
Plan Name/Group Name: Cognitive Service Plans	BIN: 601341 PCN: OHMM

SERVICE BILLING PAID (OR DUPLICATE OF PAID) RESPONSE

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

Response Transaction Header Segment Questions	Check	Service Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Service Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Billing Accepted/Paid (or Duplicate of Paid) <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			Service Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		R	<i>Imp Guide:</i> Required if needed to identify the transaction. <i>Payer Requirement:</i> Always returned.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

Response Claim Segment Segment Identification (111-AM) = "22"				Service Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	<i>Imp Guide:</i> For Transaction Code of "S1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

Response Pricing Segment Segment Identification (111-AM) = "23"				Service Billing – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
562-J1	PROFESSIONAL SERVICE FEE PAID		R	<i>Imp Guide:</i> Required. <i>Payer Requirement:</i> Same as Imp Guide.
5Ø9-F9	TOTAL AMOUNT PAID		R	<i>Imp Guide:</i> Required. Zero (Ø) value is valid. <i>Payer Requirement:</i> Same as Imp Guide.

SERVICE BILLING ACCEPTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Service Billing Accepted/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	S1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Billing Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

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

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

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

Response Claim Segment Segment Identification (111-AM) = "22"				Service Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	<p><i>Imp Guide:</i> For Transaction Code of "S1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).</p>
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

SERVICE BILLING REJECTED/REJECTED RESPONSE

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Service Billing Rejected/Rejected <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Billing Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

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

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

Field #	Response Status Segment Segment Identification (111-AM) = "21"	Value	Payer Usage	Service Billing Rejected/Rejected <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as <i>Imp Guide</i> .

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



SERVICE REVERSAL REQUEST

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020
Plan Name/Group Name: Cognitive Service Plans	BIN: 601341 PCN: OHMM

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	90 Days

SERVICE REVERSAL TRANSACTION

The following lists the segments and fields in a Service Reversal Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*.

Transaction Header Segment Questions	Check	Service Reversal <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	Certification is not required.

Transaction Header Segment	Value	Payer Usage	Service Reversal <i>Payer Situation</i>
<i>Field #</i> <i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
101-A1 BIN NUMBER	601341	M	
102-A2 VERSION/RELEASE NUMBER	D0	M	
103-A3 TRANSACTION CODE	S2	M	
104-A4 PROCESSOR CONTROL NUMBER	OHMM	M	RxPCN as shown on the card.
109-A9 TRANSACTION COUNT	Maximum count of 1	M	
202-B2 SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID 07 = NCPDP Provider Identification Number	M	
201-B1 SERVICE PROVIDER ID		M	
401-D1 DATE OF SERVICE		M	
110-AK SOFTWARE VENDOR/CERTIFICATION ID	Blank Fill	M	Blank Fill

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

Insurance Segment Segment Identification (111-AM) = "04"	Value	Payer Usage	Service Reversal <i>Payer Situation</i>
<i>Field #</i> <i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
302-C2 CARDHOLDER ID		M	RxID as shown on the card.
301-C1 GROUP ID		R	<i>Imp Guide:</i> Required if needed to match the reversal to the original billing transaction. <i>Payer Requirement:</i> RxGroup as shown on the card.

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Service Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	<i>Imp Guide:</i> For Transaction Code of "S2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø7 = Common Procedure Terminology (CPT4) Ø8 = Common Procedure Terminology (CPT5)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	<p><i>Imp Guide:</i> If the Product/Service ID Qualifier (436-E1) = "Ø6" (DUR/PPS), the Product/Service ID (4Ø7-D7) is zero. (Zero means "Ø".) Populate the DUR/PPS segment as appropriate.</p> <p>If the Product/Service ID Qualifier (436-E1) = "Ø7" (CPT-4), the Product Service ID (4Ø7-D7) is the actual CPT-4 value.</p> <p>If the Product/Service ID Qualifier (436-E1) = "Ø9" (HCPCS), the Product Service ID (4Ø7-D7) is the actual HCPCS value.</p> <p>If the Product/Service ID Qualifier (436-E1) = "99" (Other), the Product Service ID (4Ø7-D7) is the business partner agreed value.</p> <p><i>Payer Requirement: Mandatory, see values supported.</i></p>
4Ø3-D3	FILL NUMBER		R	<p><i>Imp Guide:</i> Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.</p> <p><i>Payer Requirement: Required.</i></p>
3Ø8-C8	OTHER COVERAGE CODE		R	<p><i>Imp Guide:</i> Required if needed by receiver to match the claim that is being reversed.</p> <p><i>Payer Requirement: Required.</i></p>



SERVICE REVERSAL ACCEPTED/APPROVED RESPONSE

GENERAL INFORMATION

Payer Name: IQVIA	Date: 09/01/2020	
Plan Name/Group Name: Cognitive Service Plans	BIN: 601341	PCN: OHMM

SERVICE REVERSAL ACCEPTED/APPROVED RESPONSE

The following lists the segments and fields in a Service Reversal response (Approved) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

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

Field #	Response Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Service Reversal – Accepted/Approved <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	S2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Reversal – Accepted/Approved <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

Field #	Response Message Segment Segment Identification (111-AM) = "20"	Value	Payer Usage	Service Reversal – Accepted/Approved <i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

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

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

Response Claim Segment Segment Identification (111-AM) = "22"			Service Reversal – Accepted/Approved	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	<i>Imp Guide:</i> For Transaction Code of "S2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

SERVICE REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Service Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Service Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	S2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

	Response Message Segment Segment Identification (111-AM) = “20”			Service Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.

Response Status Segment Questions	Check	Service Reversal - Accepted/Rejected <i>If Situational, Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = “21”			Service Reversal – Accepted/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp Guide.

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

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

Response Claim Segment Segment Identification (111-AM) = "22"			Service Reversal – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	2 = Service Billing	M	<i>Imp Guide:</i> For Transaction Code of "S2", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "2" (Service Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

SERVICE REVERSAL REJECTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Service Reversal - Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Transaction Header Segment			Service Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	S2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Service Reversal – Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Sent when there is transmission-level messaging returned.

	Response Message Segment Segment Identification (111-AM) = “20”			Service Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.

Response Status Segment Questions	Check	Service Reversal - Rejected/Rejected If Situational, <i>Payer Situation</i>
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = “21”			Service Reversal – Rejected/Rejected
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. <i>Payer Requirement:</i> Same as Imp Guide.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. <i>Payer Requirement:</i> Same as Imp Guide.

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



APPENDIX A. REVISION HISTORY

Revision #	Date	Comments
1	09/22/2011	<ul style="list-style-type: none">Initial Payer Sheet
2	06/12/2012	<ul style="list-style-type: none">Added Cash Discount Plans
3	05/01/2013	<ul style="list-style-type: none">Added Compound Drugs
4	07/07/2021	<ul style="list-style-type: none">Updated logos and company name