



**Medco Version D.0 Medicare Part D Payer Sheet**

**GENERAL INFORMATION**

Payer Name: <b>Medco</b>		Date: <b>10/11/2011</b>
Plan Name/Group Name: <b>MEDICARE PART D AS PAYER or MEDICARE PART D AS SECONDARY PAYER</b>		<b>BIN: 610014</b> <b>PCN: MEDDPRIME</b>
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Processor: <b>TelePAID<sup>®</sup> System</b>		
Effective as of: <b>12/08/2011</b>		NCPDP Telecommunication Standard Version/Release #: <b>D.0</b>
NCPDP Data Dictionary Version Date: <b>07/01/2007</b>		NCPDP External Code List Version Date: <b>10/01/2009</b> NCPDP Emergency External Code List Version Date: <b>07/01/2011</b>
Contact/Information Source: <b>General Website: <a href="http://www.medcohealth.com/medco/corporate/home.jsp">www.medcohealth.com/medco/corporate/home.jsp</a></b> <b>Payer sheets available at: <a href="http://www.medco.com/rph">www.medco.com/rph</a></b>		
Certification Testing Window <b>The TelePAID<sup>®</sup> test system is available on Monday through Friday from 9:00 a.m. to 12:00 p.m., eastern time, and 1:00 p.m. to 4:00 p.m., eastern time.</b>		
Certification Contact Information: <b>Pharmacy Certification Voice Mail Box 1 201 269-5168</b> <b>Medco Version D.0 Questions team @ <a href="mailto:VersionD.0Quest@medco.com">VersionD.0Quest@medco.com</a></b>		
Provider Relations Help Desk Info: <b>Pharmacy Services 1 800 922-1557</b>		
Other versions supported: <b>Other versions 5.1 Telecommunication Standard Supported until 1/1/2012 Refer to the 5.1 payer sheet</b>		

**OTHER TRANSACTIONS SUPPORTED**

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

Transaction Code	Transaction Name
B1	Billing Transaction
B2	Billing Reversal

**FIELD LEGEND FOR COLUMNS**

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

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

**CLAIM BILLING TRANSACTION**

The following lists the segments and fields in a Claim Billing for the NCPDP Telecommunication Standard Implementation Guide Version D.0. **Please note the payer requirement is considered to be the same as stated in the Imp Guide statement of the Payer Situation unless otherwise noted.**

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

Field #	Transaction Header Segment NCPDP Field Name	Value	Payer Usage	Claim Billing Payer Situation
1Ø1-A1	BIN NUMBER	610014	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	MEDDPRIME	M	
1Ø9-A9	TRANSACTION COUNT	1	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Assigned when certified by TelePAID®	M	

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

Field #	Insurance Segment Segment Identification (111-AM) = "Ø4"	Value	Payer Usage	Claim Billing Payer Situation
3Ø2-C2	CARDHOLDER ID		M	
3Ø1-C1	GROUP ID		M	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Required if needed for pharmacy claim processing and payment.
3Ø3-C3	PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID.  Payer Requirement: <b>Required When Person Number is provided on the ID card.</b>
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.
997-G2	CMS PART D DEFINED QUALIFIED FACILITY		RW	Imp Guide: Required if specified in trading partner agreement.  Payer Requirement: <b>May be submitted by Long Term Care Pharmacies.</b>

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Patient Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent	<b>X</b>	
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.
311-CB	PATIENT LAST NAME		R	
325-CP	PATIENT ZIP/POSTAL ZONE		RW	Imp Guide: Optional.  Payer Requirement <b>Emergency/Disaster Situations; Patient Zip Code of the emergency should be entered.</b>
3Ø7-C7	PLACE OF SERVICE	01(Pharmacy)	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.  Payer Requirement: <b>Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract.</b>  <b>Long Term Care Facility Field Combinations:</b> Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147-U7 = "5" or "3" or "1"  <b>Assisted Living Facility</b> Place of Service 307-C7 = "1" Patient Residence 384-4X = "4" Pharmacy Service Type 147-U7 = "5" or "1"  <b>Home Infusion Therapy</b> Place of Service 307-C7 = "1" Patient Residence 384-4X = "1" or "4" Pharmacy Service Type 147-U7 = "3"

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	<b>Patient Segment Segment Identification (111-AM) = "Ø1"</b>			<b>Claim Billing</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
384-4X	PATIENT RESIDENCE	1(Home) 3(Nursing Facility) 4(Assisted Living Facility)	RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement: <b>Required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract.</b></p> <p><b>Long Term Care Facility Field Combinations:</b>            Place of Service 307-C7 = "1"            Patient Residence 384-4X = "3"            Pharmacy Service Type 147-U7 = "5" or "3" or "1"</p> <p><b>Assisted Living Facility</b>            Place of Service 307-C7 = "1"            Patient Residence 384-4X = "4"            Pharmacy Service Type 147-U7 = "5" or "1"</p> <p><b>Home Infusion Therapy</b>            Place of Service 307-C7 = "1"            Patient Residence 384-4X = "1" or "4"            Pharmacy Service Type 147-U7 = "3"</p>

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

Field #	Claim Segment Segment Identification (111-AM) = "Ø7"	Value	Payer Usage	Claim Billing 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	00 (Not Specified) 03(NDC)	M	Use 00 for Multi- ingredient compound claim.
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 0 for Multi- ingredient compound claim.
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)	R	See Compound Segment for support of multi-ingredient compounds when compound = 2.
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	Imp Guide: Required if necessary for plan benefit administration.
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.
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 medications.  Payer Requirement: The value of 2 is used to respond to a Max Daily Dose/High Dose Reject.

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Claim Segment Segment Identification (111-AM) = "07"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
308-C8	OTHER COVERAGE CODE	<p>2(Other coverage exists-payment collected )</p> <p>3(Other Coverage Billed – claim not covered)</p> <p>4(Other coverage exists-payment not collected)</p>	RW	<p>Imp Guide: 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>
418-DI	LEVEL OF SERVICE		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p>
461-EU	PRIOR AUTHORIZATION TYPE CODE	<p>1(Prior Authorization)</p> <p>8(Payer Defined Exemption)</p> <p>9(Emergency Preparedness)</p>	RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement:  This field is used in conjunction with the Prior Authorization Number Submitted field. Based on benefit set up, a client may allow for TCO (temporary Coverage Overrides, Transaction Supplies or Emergency Fills).</p> <p>Value 9 effective 1/1/2012.</p>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<p>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</p> <p>Payer Requirement:  When 1 in field 461-EU, then 1111 populated.  When 8 in field 461-EU, then 9999 populated.</p> <p>Value 9 effective 1/1/2012.  When 9 in field 461-EU, then one of the 911-0 thru 5 populated or when applicable from the appropriate reject claim response use the value returned from field 498-PY PRIOR AUTHORIZATION NUMBER-ASSIGNED.</p>
357-NV	DELAY REASON CODE	<p>1(Proof of eligibility unknown or unavailable)</p> <p>2(Litigation)</p> <p>7(Third party processing delay)</p> <p>8(Delay in eligibility)</p>	RW	<p>Imp Guide: Required when needed to specify the reason that submission of the transaction has been delayed.</p> <p>Payer Requirement: MED D Only - processor accepts following values to override a claim reject '81'.</p>

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Claim Segment Segment Identification (111-AM) = "07"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
		determination) 9(Original claims rejected or denied...) 10(Administration delay in the prior approval process)		
995-E2	ROUTE OF ADMINISTRATION		RW	Imp Guide: Required if specified in trading partner agreement.  Payer Requirement: Required when Compound Code (406-D6) = 2 (compound).
147-U7	PHARMACY SERVICE TYPE	1 (Community/Retail Pharmacy Services) 3( Home Infusion Therapy Services) 5( Long Term Care Pharmacy Services)	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: Values 1, 3, or 5 required when the Patient Residence and Pharmacy Service Type submitted are for Long Term Care, Asst Living or Home Infusion processing. Values entered should be consistent with your contract.  <b>Long Term Care Facility Field Combinations:</b> Place of Service 307-C7 = "1" Patient Residence 384-4X = "3" Pharmacy Service Type 147-U7 = "5" or "3" or "1"  <b>Assisted Living Facility</b> Place of Service 307-C7 = "1" Patient Residence 384-4X = "4" Pharmacy Service Type 147-U7 = "5" or "1"  <b>Home Infusion Therapy</b> Place of Service 307-C7 = "1" Patient Residence 384-4X = "1" or "4" Pharmacy Service Type 147-U7 = "3"

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

	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	<p><i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</p> <p><b>Payer Requirement: Effective 01/01/2012 Dispensing Fee Submitted is required when Submission Clarification Code =19(Split Billing).Pharmacy should provide appropriate dispensing fee for the transaction.</b></p>
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<p><i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</p> <p><b>Payer Requirement: Required when submitting a claim for a vaccine drug and administrative fee together.</b></p>
481-HA	FLAT SALES TAX AMOUNT SUBMITTED		RW	<p><i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</p>
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED		RW	<p><i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</p>
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED		RW	<p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Basis Submitted (484-JE) are used.</p> <p>Required if this field could result in different pricing.</p> <p>Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).</p>
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED		RW	<p><i>Imp Guide:</i> Required if Percentage Sales Tax Amount Submitted (482-GE) and Percentage Sales Tax Rate Submitted (483-HE) are used.</p> <p>Required if this field could result in different pricing.</p>

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Pricing Segment Segment Identification (111-AM) = "11"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if needed to calculate Percentage Sales Tax Amount Paid (559-AX).
426-DQ	USUAL AND CUSTOMARY CHARGE		R	Imp Guide: Required if needed per trading partner agreement.
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		R	Imp Guide: Required if needed for receiver claim/encounter adjudication.  Payer Requirement: Basis of Cost Determination not required for Multi Ingredient Compound claims.

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) = "03"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	01(NPI) 08(State License) 12(DEA)	R	Imp Guide: Required if Prescriber ID (411-DB) is used.
411-DB	PRESCRIBER ID	NPI #, DEA# or State License #	R	Imp Guide: Required if this field could result in different coverage or patient financial responsibility.  Required if necessary for state/federal/regulatory agency programs.  Payer Requirement: NPI, DEA or State License Number
427-DR	PRESCRIBER LAST NAME		RW	Imp Guide: Required when the Prescriber ID (411-DB) is not known.  Required if needed for Prescriber ID (411-DB) validation/clarification.  Payer Requirement: Required when Prescriber Id Qualifier =08 (State License) is submitted.

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Prescriber Segment Segment Identification (111-AM) = "03"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
367-2N	PRESCRIBER STATE/PROVINCE ADDRESS		RW	Imp Guide: Required if needed to assist in identifying the prescriber.  Required if necessary for state/federal/regulatory agency programs.  Payer Requirement: Required when submitting Prescriber Id Qualifier = 8 (State License) or Prescriber Id Qualifier = 12 (DEA) is submitted.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
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) = "05"			Claim Billing Scenario 1 - Other Payer Amount Paid Repetitions Only	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03(BIN)	M	Imp Guide: Required if Other Payer ID (340-7C) is used.
340-7C	OTHER PAYER ID		M	Imp Guide: Required if identification of the Other Payer is necessary for claim/encounter adjudication.
443-E8	OTHER PAYER DATE		RW	Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used.
342-HC	OTHER PAYER AMOUNT PAID		RW	Imp Guide: Required if Other Payer

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	<b>Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"</b>			<b>Claim Billing Scenario 1- Other Payer Amount Paid Repetitions Only</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
	QUALIFIER			Amount Paid (431-DV) is used.
431-DV	OTHER PAYER AMOUNT PAID		RW	Imp Guide: Required if Other Payer has approved payment for some/all of the billing.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	Imp Guide: Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE		RW	Imp Guide: Required when the other payer has denied the payment for the billing.

<b>DUR/PPS Segment Questions</b>	<b>Check</b>	<b>Claim Billing If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational	<b>X</b>	<b>Based on pharmacy determination for clinical or vaccine processing. When submitting a claim for a vaccine and administration fee, only the 440-E5 (Professional Service Code) field is required in this segment.</b>

	<b>DUR/PPS Segment Segment Identification (111-AM) = "Ø8"</b>			<b>Claim Billing</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R	Imp Guide: Required if DUR/PPS Segment is used.
439-E4	REASON FOR SERVICE CODE	<b>Values as defined by the External Code List</b>	RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.  Required if this field affects payment for or documentation of professional pharmacy service.
44Ø-E5	PROFESSIONAL SERVICE CODE	<b>Values as defined by the External Code List</b>	RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.  Required if this field affects payment for or documentation of professional pharmacy service.  Payer Requirement: <b>Value = MA (Medication Administered)</b> , is required when submitting a claim for vaccine

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DUR/PPS Segment Segment Identification (111-AM) = "08"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				drug and the administrative fee.
441-E6	RESULT OF SERVICE CODE	Values as defined by the External Code List	RW	Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.  Required if this field affects payment for or documentation of professional pharmacy service.

Compound Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	This segment is required when submitting a claim for Multi Ingredient Claim Transaction (Compound Code =2).

Compound Segment Segment Identification (111-AM) = "10"			Claim Billing	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	Imp Guide: Required if needed for receiver claim determination when multiple products are billed.

Clinical Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	This segment may be required as determined by benefit design. When the segment is submitted then the fields defined below are mandatory.

Clinical Segment Segment Identification (111-AM) = "13"				Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	M	Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	DIAGNOSIS CODE QUALIFIER	01	M	Imp Guide: Required if Diagnosis Code (424-DO) is used.
424-DO	DIAGNOSIS CODE		M	<p>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</p> <p>Required if this field affects payment for professional pharmacy service.</p> <p>Required if this information can be used in place of prior authorization.</p> <p>Required if necessary for state/federal/regulatory agency programs.</p>

## CLAIM BILLING RESPONSE

### GENERAL INFORMATION

Payer Name: <b>Medco</b>	Date: <b>12/08/2011</b>	
Plan Name/Group Name: <b>MEDICARE PART D AS PAYER or MEDICARE PART D AS A SECONDARY PAYER</b>	BIN: <b>610014</b>	PCN: <b>MEDDPRIME</b>
Plan Name/Group Name: Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name: Plan Name/Group Name	BIN:	PCN:

### 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.Ø. **Please note the payer requirement is considered to be the same as stated in the Imp Guide statement of the Payer Situation unless otherwise noted.**

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

	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>
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	<b>X</b>	Provided when additional message text is necessary

	Response Message Segment Segment Identification (111-AM) = "2Ø"			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>
5Ø4-F4	MESSAGE		RW	Imp Guide: Required if text is needed for clarification or detail.

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

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	<b>Response Insurance Segment Segment Identification (111-AM) = "25"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
301-C1	GROUP ID		R	Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.  Required to identify the actual group that was used when multiple group coverages exist.
545-2F	NETWORK REIMBURSEMENT ID		R	Imp Guide: Required if needed to identify the network for the covered member.  Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.  Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
302-C2	CARDHOLDER ID		RW	Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request.

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

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	<b>P, D</b>	<b>M</b>	

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
503-F3	AUTHORIZATION NUMBER		R	Imp Guide: Required if needed to identify the transaction.
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	Imp Guide: Required if Approved Message Code (548-6F) is used.
548-6F	APPROVED MESSAGE CODE		RW	Imp Guide: Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver.

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

Field #	Response Claim Segment Segment Identification (111-AM) = "22"	NCPDP Field Name	Value	Payer Usage	Claim Billing Accepted/Paid (or Duplicate of Paid) Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER			M	Imp Guide: For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER			M	
551-9F	PREFERRED PRODUCT COUNT		Maximum count of 6.	RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.  Payer Requirement: <b>Based on benefit and when preferred alternative are available for the submitted product service ID.</b>
552-AP	PREFERRED PRODUCT ID QUALIFIER			RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID			RW	Imp Guide: Required if a product preference exists that needs to be communicated to the receiver via an ID.
556-AU	PREFERRED PRODUCT DESCRIPTION			RW	Imp Guide: Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

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

Field #	Response Pricing Segment Segment Identification (111-AM) = "23"	NCPDP Field Name	Value	Payer Usage	Claim Billing Accepted/Paid (or Duplicate of Paid) Payer Situation
505-F5	PATIENT PAY AMOUNT			R	
506-F6	INGREDIENT COST PAID			R	
507-F7	DISPENSING FEE PAID			R	Imp Guide: Required if this value is used to arrive at the final reimbursement.

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	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
557-AV	TAX EXEMPT INDICATOR		R	Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing.
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Imp Guide: Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement.
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Imp Guide: Required if this value is used to arrive at the final reimbursement.  Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).  Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).
521-FL	INCENTIVE AMOUNT PAID		RW	Imp Guide: Required if this value is used to arrive at the final reimbursement.  Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		R	Imp Guide: Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).  Required if Basis of Cost Determination (432-DN) is submitted on billing.

	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<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	Imp Guide: 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.
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	Imp Guide: Provided for informational purposes only.
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	Imp Guide: Provided for informational purposes only.
514-FE	REMAINING BENEFIT AMOUNT		RW	Imp Guide: Provided for informational purposes only.
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes deductible
518-FI	AMOUNT OF COPAY		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes copay as patient financial responsibility.
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.
571-NZ	AMOUNT ATTRIBUTED TO PROCESSOR FEE		RW	Imp Guide: Required if the customer is responsible for 100% of the prescription payment and when the provider net sale is less than the amount the customer is expected to pay.
575-EQ	PATIENT SALES TAX AMOUNT		RW	Imp Guide: Used when necessary to identify the Patient's portion of the Sales Tax.
574-2Y	PLAN SALES TAX AMOUNT		RW	Imp Guide: Used when necessary to identify the Plan's portion of the Sales Tax.

	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
572-4U	AMOUNT OF COINSURANCE		RW	Imp Guide: Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	R	Imp Guide: Required if Benefit Stage Amount (394-MW) is used.
393-MV	BENEFIT STAGE QUALIFIER		R	Imp Guide: Required if Benefit Stage Amount (394-MW) is used.  <b>Payer Requirement: Effective 1/1/2012, Benefit Stage Qualifiers 50,60,70 or 80 will be returned to identify situations required for a Medicare Part D payer to identify a claim which was not paid under the Part D benefit.</b>
394-MW	BENEFIT STAGE AMOUNT		R	Imp Guide: Required when a Medicare Part D payer applies financial amounts to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts.  Required if necessary for state/federal/regulatory agency programs.  <b>Payer Requirement: Effective 1/1/2012, amount will be returned as appropriate for the corresponding Benefit Stage Qualifiers (393-MV).</b>
577-G3	ESTIMATED GENERIC SAVINGS		RW	Imp Guide: This information should be provided when a patient selected the brand drug and a generic form of the drug was available. It will contain an estimate of the difference between the cost of the brand drug and the generic drug, when the brand drug is more expensive than the generic.

	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</b>			<b>Claim Billing Accepted/Paid (or Duplicate of Paid)</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	Imp Guide: This dollar amount will be provided, if known, to the receiver when the transaction had spending account dollars reported as part of the patient pay amount.
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	Imp Guide: Required when the patient meets the plan-funded assistance criteria, to reduce Patient Pay Amount (5Ø5-F5). The resulting Patient Pay Amount (5Ø5-F5) must be greater than or equal to zero.
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a cost share differential due to the selection of one pharmacy over another.
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand drug.
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON- PREFERRED FORMULARY SELECTION		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a non-preferred formulary product.
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	Imp Guide: Required when the patient's financial responsibility is due to the coverage gap.
566-J5	OTHER PAYER AMOUNT RECOGNIZED			Imp Guide: Required if this value is used to arrive at the final reimbursement.  Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported.

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

Field #	Response DUR/PPS Segment Identification (111-AM) = "24"	Value	Payer Usage	Claim Billing Accepted/Paid (or Duplicate of Paid) Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Imp Guide: Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.  Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.  Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.

	Response DUR/PPS Segment Identification (111-AM) = "24"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
570-NS	DUR ADDITIONAL TEXT		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	When available 4Rx or Medicare D OHI DATA to be returned.

	Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Imp Guide: Required if Other Payer ID (340-7C) is used.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.
340-7C	OTHER PAYER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
992-MJ	OTHER PAYER GROUP ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.
142-UV	OTHER PAYER PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver.  Payer Requirement: When available and required, 4Rx (Primary) or Medicare D OHI Data may be returned on a claim response.

**CLAIM BILLING/ACCEPTED/REJECTED RESPONSE**

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

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

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

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

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

	<b>Response Insurance Segment Segment Identification (111-AM) = "25"</b>			<b>Claim Billing Accepted/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
301-C1	GROUP ID		RW	Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.  Required to identify the actual group that was used when multiple group coverages exist.
545-2F	NETWORK REIMBURSEMENT ID		RW	Imp Guide: Required if needed to identify the network for the covered member.  Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available.  Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist.
302-C2	CARDHOLDER ID		RW	Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request.

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

Field #	Response Status Segment Identification (111-AM) = "21"	Value	Payer Usage	Claim Billing 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	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number.
987-MA	URL		RW	Imp Guide: Provided for informational purposes only to relay healthcare communications via the Internet.  Payer Requirement: Will return WWW.MEDCO.COM/RPH

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/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	Imp Guide: For Transaction Code of "B1", in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455- EM) is "1" (Rx Billing).
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
551-9F	PREFERRED PRODUCT COUNT	Maximum count of 6.	RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.
552-AP	PREFERRED PRODUCT ID QUALIFIER		RW	Imp Guide: Required if Preferred Product ID (553-AR) is used.
553-AR	PREFERRED PRODUCT ID		RW	Imp Guide: Required if a product preference exists that needs to be communicated to the receiver via an ID.
556-AU	PREFERRED PRODUCT DESCRIPTION		RW	Imp Guide: Required if a product preference exists that either cannot be communicated by the Preferred Product ID (553-AR) or to clarify the Preferred Product ID (553-AR).

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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/ Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation

	<b>Response DUR/PPS Segment Segment Identification (111-AM) = "24"</b>			<b>Claim Billing/ Accepted/Rejected</b>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
439-E4	REASON FOR SERVICE CODE		RW	Imp Guide: Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
530-FU	PREVIOUS DATE OF FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.  Required if Quantity of Previous Fill (531-FV) is used.
531-FV	QUANTITY OF PREVIOUS FILL		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.  Required if Previous Date Of Fill (530-FU) is used.
532-FW	DATABASE INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.
570-NS	DUR ADDITIONAL TEXT		RW	Imp Guide: Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<b>Provided when the receiver has the opportunity to reprocess the claim with using a Prior Authorization Number.</b>

	Response Prior Authorization Segment Segment Identification (111-AM) = "26"			Claim Billing Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED		RW	Imp Guide: Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.  Payer Requirement: <b>The value returned in this field will provide the value that may be submitted in Prior Authorization Number Submitted, field 462-EV. This value must be submitted with appropriate corresponding Prior Authorization Type Code, field 461-EU.</b>

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	<b>When 4Rx or Medicare OHI data available</b>

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/ Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03	RW	Imp Guide: Required if Other Payer ID (340-7C) is used.  Payer Requirement: <b>The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.</b>

	Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"			Claim Billing/ Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
340-7C	OTHER PAYER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.
356-NU	OTHER PAYER CARDHOLDER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.
992-MJ	OTHER PAYER GROUP ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits.  Payer Requirement: The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.
142-UV	OTHER PAYER PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.  Payer Requirement: The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/ Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver.  <b>Payer Requirement: The 4Rx data submitted on the claim must be updated this field maybe returned or when available Medicare D OHI Data may be returned.</b>

**CLAIM BILLING REJECTED/REJECTED RESPONSE**

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

	Response Transaction Header Segment			Claim Billing Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	R	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, Payer Situation
This Segment is always sent		
This Segment is situational	X	

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

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

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Billing Rejected/Rejected</b>
<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	M	
503-F3	AUTHORIZATION NUMBER		RW	Imp Guide: Required if needed to identify the transaction.
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 9.	RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	Imp Guide: Required if Additional Message Information (526-FQ) is used.
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	Imp Guide: Required when additional text is needed for clarification or detail.
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	Imp Guide: Required if Help Desk Phone Number (550-8F) is used.
550-8F	HELP DESK PHONE NUMBER		RW	Imp Guide: Required if needed to provide a support telephone number to the receiver.

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