

Arkansas Medicaid NCPDP D.0 Payer Specifications

July 24, 2020

Request Claim Billing/Claim Re-Bill Payer Sheet

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

General Information

Payer Name: Arkansas Medicaid		
Plan Name/Group Name: Arkansas Medicaid	BIN: 017606	PCN: P027017606
Processor: Magellan Medicaid Administration		
Effective as of: 03/14/2015	NCPDP Telecommunication Standard Version/Release #: D.0	
NCPDP Data Dictionary Version Date: October, 2013	NCPDP External Code List Version Date: October, 2013	
Contact/Information Source: For questions prior to 03/14/2015, please call 800-424-5932. For questions from 03/14/2015 forward, please call 800-424-7895.		
Certification Testing Window: 02/02/2015 – 02/16/2015		
Certification Contact Information: Please contact Thomasina Thomas at 804-548-0479 to schedule a time for testing.		
Provider Relations Help Desk Info: 1-800-424-7895		
Other versions supported: No other versions supported		

Other Transactions Supported

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

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Re-Bill
E1	Claim Eligibility Transaction

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Field Legend for Columns

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

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

Claim Billing/Claim Re-Bill Transaction

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

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

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	017606	M	NEW!
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B2, B3, E1	M	B1 Billing B2 Reversal B3 Re-Bill E1 Eligibility Verification
104-A4	PROCESSOR CONTROL NUMBER	P027017606	M	NEW!

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø9-A9	TRANSACTION COUNT	<ul style="list-style-type: none"> • Ø1 = One occurrence • Ø2 = Two occurrences • Ø3 = Three occurrences • Ø4 = Four occurrences 	M	One transaction for B2 or compound claim; Four allowed for B1 or B3
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	Code qualifying the 'Service Provider ID' (Field # 2Ø1-B1) Ø1 – National Provider Identifier (NPI)
2Ø1-B1	Service Provider ID	National Provider Identifier (NPI)	M	
4Ø1-D1	Date of Service	Format = CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID		M	Required when vendor certification is required by Magellan Rx Management – otherwise submit all zeroes

Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø2-C2	CARDHOLDER ID	10-Digit Arkansas Medicaid ID Number	M	AR Medicaid identification number (patient specific)
3Ø1-C1	GROUP ID	ARMEDICAID	R	NEW!
312-CC	CARDHOLDER FIRST NAME		R	
313-CD	CARDHOLDER LAST NAME		R	
36Ø-2B	MEDICAID INDICATOR	Two character State Postal Code indicating the state where Medicaid coverage exists.	RW	<i>Imp Guide:</i> Required, if known, when patient has Medicaid coverage. Example: AR

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

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-Bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH	8 digit date of birth Format = CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE	<ul style="list-style-type: none"> • Ø = Not Specified • 1 = Male • 2 = Female 	R	
31Ø-CA	PATIENT FIRST NAME		R	<ul style="list-style-type: none"> • <i>Required when the patient has a first name; must support special characters</i> • <i>Required for a patient name validation</i>
311-CB	PATIENT LAST NAME		R	<ul style="list-style-type: none"> • <i>Required when the patient has a last name; must support special characters</i> • <i>Required for a patient name validation</i>
3Ø7-C7	PLACE OF SERVICE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i> • <i>Payer Requirement: Same as Imp Guide</i>
335-2C	PREGNANCY INDICATOR	<ul style="list-style-type: none"> • Blank = Not Specified • 1 = Not Pregnant • 2 = Pregnant 	RW	<i>Payer requirement: Required if the patient is known to be pregnant</i>
384-4X	PATIENT RESIDENCE	<ul style="list-style-type: none"> • Ø = Not Specified • 1 = Home • 2 = Skilled Nursing Facility. PART B ONLY • 3 = Nursing Facility • 4 = Assisted Living Facility • 5 = Custodial Care Facility. PART B ONLY 	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-Bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
		<ul style="list-style-type: none"> • 6 = Group Home • 7 = Inpatient Psychiatric Facility • 8 = Psychiatric Facility – Partial Hospitalization • 9 = Intermediate Care Facility/Mentally Retarded • 1Ø = Residential Substance Abuse Treatment Facility • 11 = Hospice • 12 = Psychiatric Residential Treatment Facility • 13 = Comprehensive Inpatient Rehabilitation Facility • 14 = Homeless Shelter • 15 = Correctional Institution 		

Claim Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	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	12 Bytes	M	
436-E1	PRODUCT/SERVICE ID	<ul style="list-style-type: none"> • ØØ = Not specified 	M	<ul style="list-style-type: none"> • ØØ must be submitted for

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	QUALIFIER	<ul style="list-style-type: none"> Ø3 = National Drug Code (NDC) 		<i>compounds</i> <ul style="list-style-type: none"> 03 for non-compound claims
4Ø7-D7	PRODUCT/SERVICE ID	<ul style="list-style-type: none"> NDC for non-compound claims "Ø" for compound claims 	M	CHANGED! "Ø" for compound claims
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	<ul style="list-style-type: none"> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	<ul style="list-style-type: none"> Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. Payer Requirement: Same as Imp Guide
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
460-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide:</i> Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the <i>Version D.0 Editorial Document</i>).

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø3-D3	FILL NUMBER	<ul style="list-style-type: none"> • Ø = Original dispensing • 1–5 = Refill number – Number of the replenishment 	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	<ul style="list-style-type: none"> • 1 = Not a Compound • 2 = Compound 	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	<ul style="list-style-type: none"> • Ø = No Product Selection Indicated • 1 = Substitution Not Allowed by Prescriber 	R	Values other than "0", "1,"
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	<ul style="list-style-type: none"> • Ø = No refills authorized • 1–99 = Authorized Refill number – with 99 being as needed, refills unlimited 	R	NEW!
419-DJ	PRESCRIPTION ORIGIN CODE	<ul style="list-style-type: none"> • 1 = Written • 2 = Telephone • 3 = Electronic • 4 = Facsimile • 5 = Pharmacy 	R	NEW!
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
42Ø-DK	SUBMISSION CLARIFICATION CODE	8 = Process Compound for Approved Ingredients	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø).</i> • <i>Payer Requirement: Same as Imp Guide</i>

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø8-C8	OTHER COVERAGE CODE	<ul style="list-style-type: none"> • Ø = Not Specified by patient • 1 = No Other Coverage • 2 = Other coverage exists-payment collected • 3 = Other Coverage Billed - claim not covered • 4 = Other coverage exists-payment not collected 	RW	<ul style="list-style-type: none"> • <i>Required for Coordination of Benefits.</i> • <i>OCC 8 is not allowed</i>
429-DT	SPECIAL PACKAGING INDICATOR	<ul style="list-style-type: none"> • 1 = Not Unit Dose • 2 = Manufacturer Unit Dose • 3 = Pharmacy Unit Dose 	RW	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Required on partial or completion fills
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Required on partial or completion fills
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Required on partial or completion fills
454-EK	SCHEDULED PRESCRIPTION ID NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if necessary for state/federal/regulatory agency programs.</i> • <i>Payer Requirement: Follow State regulatory guidance for products that require a scheduled prescription ID number.</i>
6ØØ-28	UNIT OF MEASURE	<ul style="list-style-type: none"> • Values: • EA = Each • GM = Grams • ML = Milliliters 	R	NEW! Required

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
418-DI	LEVEL OF SERVICE	Values: <ul style="list-style-type: none"> • ØØ = Not specified • Ø 3 = Emergency 	RW	Required for Emergency Supply; "3" only allowed value. Must be submitted with a maximum 5 day supply.
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i> • <i>Payer Requirement: Same as Imp Guide</i>
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility.</i> • <i>Payer Requirement: Same as Imp Guide</i>
343-HD	DISPENSING STATUS	<ul style="list-style-type: none"> • P = Partial Fill • C = Completion of Partial Fill 	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required for the partial fill or the completion fill of a prescription.</i> • <i>Payer Requirement: Same as Imp Guide</i>
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required for the partial fill or the completion fill of a prescription.</i> • <i>Payer Requirement: Same as Imp Guide</i>
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required for the partial fill or the completion fill of a prescription.</i> • <i>Payer Requirement: Same as Imp Guide</i>
357-NV	DELAY REASON CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when needed to specify the reason that submission of the transaction has been delayed.</i> • <i>Payer Requirement: Same as Imp Guide</i>
995-E2	ROUTE OF	SNOMED	RW	NEW

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	ADMINISTRATION			<ul style="list-style-type: none"> • <i>Imp Guide: Required if specified in trading partner agreement.</i> • <i>Payer Requirement Required when submitting compounds claims</i>
996-G1	COMPOUND TYPE	<ul style="list-style-type: none"> • Ø1 = Anti-infective • Ø2 = Iontropic • Ø3 = Chemotherapy • Ø4 = Pain management • Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition • Ø6 = Hydration • Ø7 = Ophthalmic • 99 = Other 	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if specified in trading partner agreement.</i> • <i>Payer Requirement: Same as Imp Guide</i>
147-U7	PHARMACY SERVICE TYPE	<ul style="list-style-type: none"> • 1 = Community/ Retail Pharmacy Services • 2 = Compounding Pharmacy Services • 3 = Home Infusion Therapy Provider Services • 5 = Long-Term Care Pharmacy Services • 8 = Specialty Care Pharmacy Services 	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when the submitter must clarify the type of services being performed as a condition for proper reimbursement by the payer.</i> • <i>Payer Requirement: Same as Imp Guide</i>
Pricing Segment Questions		Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation	
This Segment is always sent		X		

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</i> • <i>Payer Requirement: Same as Imp Guide</i>
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	NOT REQUIRED; DO NOT SEND
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if its value has an effect on the Gross Amount Due (430-DU) calculation.</i> • <i>Payer Requirement: Same as Imp Guide</i>
426-DQ	USUAL AND CUSTOMARY CHARGE		R	340b pharmacies must submit actual acquisition cost in this field
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	Values: <ul style="list-style-type: none"> • 07 = Usual & Customary • 08 = 340B/ Disproportionate Share Pricing/Public Health Service • 13 = Special Patient Pricing – The cost calculated by the pharmacy for the drug for this special patient 	R	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed for receiver claim/encounter adjudication.</i> • <i>Payer Requirement: Claims for products purchased through the 340B Program must be submitted with one of the following values:</i> <ul style="list-style-type: none"> – 07 – 08 – 13

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only if law or regulation required.

Prescriber Segment Questions		Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation	
This Segment is always sent		X		
Prescriber Segment Segment Identification (111-AM) = "ø3"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = NPI	R	AR Medicaid requires the National Provider Identifier (NPI) (Ø1)
411-DB	PRESCRIBER ID	Prescriber's individual NPI	R	Required; Must submit valid NPI
427-DR	PRESCRIBER LAST NAME		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when the Prescriber ID (411-DB) is not known.</i> • <i>Required if needed for Prescriber ID (411-DB) validation/clarification.</i>
Coordination of Benefits/Other Payments Segment Questions		Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation	
This Segment is always sent				
This Segment is situational		X	<ul style="list-style-type: none"> • <i>Required only for secondary, tertiary, etc., claims.</i> • <i>It is used when a receiver needs payment information from other receivers to perform claim/encounter determination. This may be in the case of primary, secondary, tertiary etc., health plan coverage for example.</i> • <i>The Coordination of Benefits/Other Payments Segment is mandatory for a Claim Billing or Encounter request to a downstream payer. It is used to assist a downstream payer to uniquely identify a claim or encounter in case of duplicate processing.</i> • <i>The segment is mandatory if required under provider payer contract or mandatory on claims where this information is necessary for adjudication of the claim.</i> 	
Scenario 1 – Other Payer Amount Paid Repetitions Only		X	OCC codes 0, 1, 2, 3, and 4 Supported (no co-pay only billing allowed)	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-Bill 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	Required if submitting other coverage/payment information.
338-5C	Other Payer Coverage Type		M	Required if patient has other coverage
339-6C	OTHER PAYER ID QUALIFIER	03 = BIN 99 = Other	RW	Required if Other Payer ID (Field # 34Ø-7C) is used
34Ø-7C	OTHER PAYER ID		RW	Required if COB segment is used
443-E8	OTHER PAYER DATE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.</i> • <i>Payer Requirement: Same as Imp Guide</i>
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Other Payer Amount Paid Qualifier (342-HC) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Values: Ø 7 = Drug Benefit	RW	<ul style="list-style-type: none"> • <i>Required on all COB claims with Other Coverage Code of 2</i> • <i>"Ø7" is the only accepted value.</i>
431-DV	OTHER PAYER AMOUNT PAID		RW	<i>Imp Guide: Required if other payer has approved payment for some/all of the billing.</i>
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW***	Required on all COB claims with Other Coverage Code of 3.
472-6E	OTHER PAYER REJECT CODE		RW	Required on all COB claims with Other Coverage Code of 3

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if required to affect outcome of claim related to DUR intervention.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW***	<ul style="list-style-type: none"> • <i>Imp Guide: Required if DUR/PPS Segment is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
439-E4	REASON FOR SERVICE CODE	Allowed values: <ul style="list-style-type: none"> • DD = Drug-Drug Interaction • ER = Early Refill • HD = High Dose • TD=Therapeutic Duplication 	RW***	Required when needed to communicate DUR information
44Ø-E5	PROFESSIONAL SERVICE CODE	Allowed values: <ul style="list-style-type: none"> • MØ = Prescriber consulted • PØ = Patient consulted • RØ = Pharmacist consulted other source 	RW***	Required when needed to communicate DUR information
441-E6	RESULT OF SERVICE CODE	Allowed Values: <ul style="list-style-type: none"> • 1A = Filled As Is, False Positive • 1B = Filled Prescription As Is • 1C = Filled, With Different Dose • 1D = Filled, With Different Directions • IE = Filled, with Different Drug • 1F = Filled, With Different Quantity • 1G = Filled, With Prescriber Approval • 2A = Prescription not filled • 2B = Not filled, directions clarified 	RW***	Required when needed to communicate DUR information

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
474-8E	DUR/PPS LEVEL OF EFFORT	Values: <ul style="list-style-type: none"> • Ø = Not Specified • 11 = Level 1 (Lowest) • 12 = Level 2 • 13 = Level 3 	RW	

Compound Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if the claim dispensed is a compound.

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

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
488-RE	COMPOUND PRODUCT ID QUALIFIER	Ø3 = National Drug Code (NDC) – Formatted 11 digits (N)	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	<i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	Values: <ul style="list-style-type: none"> • ØØ = Default • Ø1 = AWP • Ø2 = Local Wholesaler • Ø3 = Direct • Ø4 = EAC (Estimated Acquisition Cost) • Ø5 = Acquisition • Ø6 = MAC (Maximum Allowable Cost) • Ø7 = Usual & Customary • Ø8 = 34ØB/ Disproportionate Share Pricing • Ø9 = Other • 1Ø = ASP (Average Sales Price) • 11 = AMP (Average Manufacturer Price) • 12 = WAC (Wholesale Acquisition Cost) • 13 = Special Patient Pricing 	RW	NEW! <ul style="list-style-type: none"> • <i>Imp Guide:</i> Required if needed for receiver claim determination when multiple products are billed. • Required when submitting compounds claims

Clinical Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Submitted if the clinical detail will affect the outcome of claims processing.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
492-WE	DIAGNOSIS CODE QUALIFIER		RW***	Required if Diagnosis Code (424-DO) is used. AR Medicaid Valid Value: Ø1 = International Classification of Diseases (ICD9)
424-DO	DIAGNOSIS CODE		RW***	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.</i> • <i>Required if this field affects payment for professional pharmacy service.</i> • <i>Required if this information can be used in place of prior authorization.</i> • <i>Required if necessary for state/federal/regulatory agency programs.</i> • <i>Payer Requirement: Required to identify pregnancy.</i>
493-XE	CLINICAL INFORMATION COUNTER	Maximum 5 occurrences supported.	RW***	<ul style="list-style-type: none"> • <i>Required if 494-ZE, 495-H1, 496-H2 are sent.</i> • <i>Grouped with Measurement fields (Measurement Date (494-ZE), Measurement Time (495-H1), Measurement Dimension (496-H2), Measurement Unit (497-H3), Measurement Value (499-H4)</i>

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
494-ZE	MEASUREMENT DATE		RW***	Required if necessary when this field could result in different coverage and/or drug utilization review outcome
495-H1	MEASUREMENT TIME		RW***	<ul style="list-style-type: none"> • Required if time is known or has impact on measurement. • Required if necessary when this field could result in different coverage and/or drug utilization review outcome
496-H2	MEASUREMENT DIMENSION		RW***	<ul style="list-style-type: none"> • Required if Measurement Unit (497-H3) and Measurement Value (499-H4) are used. • Required if necessary when this field could result in different coverage and/or drug utilization review outcome
497-H3	MEASUREMENT UNIT		RW***	<ul style="list-style-type: none"> • Required if Measurement Dimension (496-H2) and Measurement Value (499-H4) are used • Required if necessary when this field could result in different coverage and/or drug utilization review outcome
499-H4	MEASUREMENT VALUE		RW***	<ul style="list-style-type: none"> • Required if Measurement Dimension (496-H2) and Measurement Unit (497-H3) are used. • Required if necessary when this field could result in different coverage and/or drug utilization review outcome

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

Response Claim Billing/Claim Re-Bill Payer Sheet

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

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

General Information

Payer Name: Magellan Medicaid Administration		
Plan Name/Group Name: Arkansas Medicaid	BIN: 017606	PCN: P027017606

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

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

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	<i>Sent if additional information is available from the payer/processor.</i>

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> <i>Imp Guide: Required if text is needed for clarification or detail.</i> <i>Payer Requirement: Same as Imp Guide</i>

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		RW	<ul style="list-style-type: none"> <i>Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.</i> <i>Required to identify the actual group that was used when multiple group coverages exist.</i> <i>Payer Requirement: Same as Imp Guide</i>

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

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if known.</i> • <i>Payer Requirement: Same as Imp Guide</i>
311-CB	PATIENT LAST NAME		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if known.</i> • <i>Payer Requirement: Same as Imp Guide</i>
304-C4	DATE OF BIRTH		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if known.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	<ul style="list-style-type: none"> • <i>P = Paid</i> • <i>D = Duplicate of Paid</i> 	M	
503-F3	AUTHORIZATION NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to identify the transaction.</i> • <i>Payer Requirement: Same as Imp Guide</i>
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Approved Message Code (548-6F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
548-6F	APPROVED MESSAGE CODE		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>
Response Claim Segment Questions		Check		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		X		

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

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

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	<ul style="list-style-type: none"> <i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement. <i>Payer Requirement:</i> Same as Imp Guide
557-AV	TAX EXEMPT INDICATOR		RW	<ul style="list-style-type: none"> <i>Imp Guide:</i> Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. <i>Payer Requirement:</i> Same as Imp Guide
558-AW	FLAT SALES TAX AMOUNT PAID		RW	<ul style="list-style-type: none"> <i>Imp Guide:</i> Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (0) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. <i>Payer Requirement:</i> Same as Imp Guide

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i> • <i>Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø).</i> • <i>Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</i> • <i>Payer Requirement: Same as Imp Guide</i>
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø).</i> • <i>Payer Requirement: Same as Imp Guide</i>
521-FL	INCENTIVE AMOUNT PAID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i> • <i>Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).</i> • <i>Payer Requirement: Same as Imp Guide</i>
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Other Amount Paid (565-J4) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
564-J3	OTHER AMOUNT PAID QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Other Amount Paid (565-J4) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
565-J4	OTHER AMOUNT PAID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i> • <i>Required if Other Amount Claimed Submitted (480-H9) is greater than zero (0).</i> • <i>Payer Requirement: Same as Imp Guide</i>
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this value is used to arrive at the final reimbursement.</i> • <i>Required if Other Payer Amount Paid (431-DV) is greater than zero (0) and Coordination of Benefits/Other Payments Segment is supported.</i> • <i>Payer Requirement: Same as Imp Guide</i>
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Ingredient Cost Paid (506-F6) is greater than zero (0).</i> • <i>Required if Basis of Cost Determination (432-DN) is submitted on billing.</i> • <i>Payer Requirement: Same as Imp Guide</i>
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Provided for informational purposes only.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Provided for informational purposes only.</i> • <i>Payer Requirement: Same as Imp Guide</i>
514-FE	REMAINING BENEFIT AMOUNT		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Provided for informational purposes only.</i> • <i>Payer Requirement: Same as Imp Guide</i>
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes deductible</i> • <i>Payer Requirement: Same as Imp Guide</i>
518-FI	AMOUNT OF COPAY		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes co-pay as patient financial responsibility.</i> • <i>Payer Requirement: Same as Imp Guide</i>
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes amount exceeding periodic benefit maximum.</i> • <i>Payer Requirement: Same as Imp Guide</i>
572-4U	AMOUNT OF COINSURANCE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes coinsurance as patient financial responsibility.</i> • <i>Payer Requirement: Same as Imp Guide</i>
128-UC	SPENDING ACCOUNT AMOUNT REMAINING		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
129-UD	HEALTH PLAN-FUNDED ASSISTANCE AMOUNT		RW	<ul style="list-style-type: none"> • <i>Imp Guide: 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> • <i>Payer Requirement: Same as Imp Guide</i>
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: 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> • <i>Payer Requirement: Same as Imp Guide</i>
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand drug.</i> • <i>Payer Requirement: Same as Imp Guide</i>
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: 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> • <i>Payer Requirement: Same as Imp Guide</i>
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Patient Pay Amount (505-F5) includes an amount that is attributable to a patient's selection of a Brand non-preferred formulary product.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when the patient's financial responsibility is due to the coverage gap.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when DUR intervention is encountered during claim processing.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Reason For Service Code (439-E4) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
439-E4	REASON FOR SERVICE CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if utilization conflict is detected.</i> • <i>Payer Requirement: Same as Imp Guide</i>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
529-FT	OTHER PHARMACY INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
530-FU	PREVIOUS DATE OF FILL		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Required if Quantity of Previous Fill (531-FV) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response DUR/PPS Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
531-FV	QUANTITY OF PREVIOUS FILL		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Required if Previous Date Of Fill (530-FU) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
532-FW	DATABASE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
533-FX	OTHER PRESCRIBER INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
544-FY	DUR FREE TEXT MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
570-NS	DUR ADDITIONAL TEXT		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claims processing.

Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Other Payer ID (340-7C) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
340-7C	OTHER PAYER ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
356-NU	OTHER PAYER CARDHOLDER ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
992-MJ	OTHER PAYER GROUP ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
142-UV	OTHER PAYER PERSON CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver. • <i>Payer Requirement:</i> Same as <i>Imp Guide</i>
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. • <i>Payer Requirement:</i> Same as <i>Imp Guide</i>

Claim Billing/Claim Re-Bill Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
301-C1	GROUP ID		R	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.</i> • <i>Required to identify the actual group that was used when multiple group coverages exist.</i> • <i>Payer Requirement: Same as Imp Guide</i>
302-C2	CARDHOLDER ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if the identification to be used in future transactions is different than what was submitted on the request.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Patient Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when known by plan

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	PATIENT FIRST NAME		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if known.</i> • <i>Payer Requirement: Same as Imp Guide</i>
311-CB	PATIENT LAST NAME		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if known.</i> • <i>Payer Requirement: Same as Imp Guide</i>
304-C4	DATE OF BIRTH		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if known.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER			<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to identify the transaction.</i> • <i>Payer Requirement: (any unique payer requirement(s))</i>
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> • <i>Payer Requirement: Same as Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as</i>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<i>Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

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

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Reason For Service Code (439-E4) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
439-E4	REASON FOR SERVICE CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if utilization conflict is detected.</i> • <i>Payer Requirement: Same as Imp Guide</i>
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
529-FT	OTHER PHARMACY INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
530-FU	PREVIOUS DATE OF FILL		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Required if Quantity of Previous Fill (531-FV) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
531-FV	QUANTITY OF PREVIOUS FILL		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Required if Previous Date Of Fill (530-FU) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
532-FW	DATABASE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
533-FX	OTHER PRESCRIBER INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
544-FY	DUR FREE TEXT MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>
570-NS	DUR ADDITIONAL TEXT		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to supply additional information for the utilization conflict.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Prior Authorization Segment Segment Identification (111-AM) = "26"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER-ASSIGNED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claim processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Other Payer ID (340-7C) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
340-7C	OTHER PAYER ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
356-NU	OTHER PAYER CARDHOLDER ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
992-MJ	OTHER PAYER GROUP ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if other insurance information is available for coordination of benefits.</i> • <i>Payer Requirement: Same as Imp Guide</i>
142-UV	OTHER PAYER PERSON CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
127-UB	Other Payer Help Desk Phone Number		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Claim Billing/Claim Re-Bill Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	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/Claim Re-Bill 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/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to identify the transaction.</i> • <i>Payer Requirement: Same as Imp Guide</i>
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> • <i>Payer Requirement: Same as Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>
End of Response Claim Billing/Claim Re-Bill (B1/B3) Payer Sheet				

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

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

General Information

Payer Name: Magellan Medicaid Administration		
Client Name: Arkansas Medicaid	BIN: 017606	PCN: P027017606

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 If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued	X	
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		

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	017606	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
104-A4	PROCESSOR CONTROL NUMBER	P027017606	M	
109-A9	TRANSACTION COUNT	1-4	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01-NPI	M	
201-B1	SERVICE PROVIDER ID		M	<i>Payer Requirement:</i> Send NPI of submitting pharmacy provider

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

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

Insurance Segment Segment Identification (111-AM) = "04"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	
301-C1	GROUP ID		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to match the reversal to the original billing transaction.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Claim Segment Segment Identification (111-AM) = "07"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	<i>Imp Guide: For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).</i>
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø3-D3	FILL NUMBER		R	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day.</i> • <i>Payer Requirement: Same as Imp Guide</i>
3Ø8-C8	OTHER COVERAGE CODE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed by receiver to match the claim that is being reversed.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in contractually agreed upon payment.</i> • <i>Payer Requirement: Same as Imp Guide</i>
43Ø-DU	GROSS AMOUNT DUE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if this field could result in contractually agreed upon payment.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Response Claim Reversal Payer Sheet

Claim Reversal Accepted/Approved Response

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

General Information

Payer Name: Magellan Medicaid Administration		
Client Name: Arkansas Medicaid	BIN: 017606	PCN: P027017606

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 If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	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 If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to identify the transaction.</i> • <i>Payer Requirement: Same as Imp Guide</i>
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Approved Message Code (548-6F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
548-6F	APPROVED MESSAGE CODE		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>
Response Claim Segment Questions		Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation	
This Segment is always sent		X		

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

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	INCENTIVE AMOUNT PAID		RW	<ul style="list-style-type: none"> <i>Imp Guide:</i> Required if this field is reporting a contractually agreed upon payment. <i>Payer Requirement:</i> Same as Imp Guide
509-F9	TOTAL AMOUNT PAID		RW	<ul style="list-style-type: none"> <i>Imp Guide:</i> Required if any other payment fields sent by the sender. <i>Payer Requirement:</i> Same as Imp Guide

Claim Reversal Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
	STATUS			
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> • <i>Payer Requirement: Same as Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<ul style="list-style-type: none"> • <i>Payer Requirement: Same as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

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

Claim Reversal Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	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 – 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 Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
503-F3	AUTHORIZATION NUMBER		R	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> • <i>Payer Requirement: Same as Imp Guide</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same</i>

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				<i>as Imp Guide</i>
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Help Desk Phone Number (550-8F) is used.</i> • <i>Payer Requirement: Same as Imp Guide</i>
550-8F	HELP DESK PHONE NUMBER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed to provide a support telephone number to the receiver.</i> • <i>Payer Requirement: Same as Imp Guide</i>
End of Claim Reversal (B2) Response Payer Sheet				

Eligibility Verification

****Start of Request Eligibility Verification (E1) Payer Sheet****

Request Eligibility Verification Payer Sheet

General Information

Payer Name: Magellan Medicaid Administration		
Client Name: Arkansas Medicaid	BIN: 017606	PCN: P027017606

Other Transactions Supported

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Rebill

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

Eligibility Verification Transaction

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

Transaction Header Segment Questions	Check	Claim Reversal
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	X	

Transaction Header Segment Questions	Check	Claim Reversal
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used		

Transaction Header Segment			Claim Reversal	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	017606	M	
1Ø2-A2	VERSION/RELEASE NUMBER		M	
1Ø3-A3	TRANSACTION CODE		M	
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1 - One Occurrence	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	1Ø digit National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	<ul style="list-style-type: none"> • <i>Format = CCYYMMDD</i> • <i>CC – Century</i> • <i>YY – Year</i> • <i>MM – Month</i> • <i>DD – Day</i> 	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	ID assigned by the switch or processor to identify the software source.	M	

Insurance Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	

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

Patient Segment Questions	Check	Claim Billing/Claim Rebill
This Segment is always sent	X	
This Segment is situational		

Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill	
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø4-C4	DATE OF BIRTH	8 digit date of birth Format = CCYYMMDD	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if needed for receiver inquiry validation and/or determination. Required if necessary for state/federal/regulatory agency programs.</i> • <i>Payer Requirement: Same as Imp Guide.</i>

****End of Request Eligibility Verification (E1) Payer Sheet****

Eligibility Verification Response

Eligibility Verification Accepted/Approved Response

****Start of Eligibility Verification Response (E1) Payer Sheet****

General Information

Payer Name: Magellan Medicaid Administration		
Client Name: Arkansas Medicaid	BIN: 017606	PCN: P027017606

Eligibility Verification Accepted/Approved Response

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

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	E1	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 Header Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Reversal – Accepted/Approved	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø4-F4	MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide.</i>

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Approved	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message</i> • <i>Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message</i> • <i>Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide.</i>

Eligibility Verification Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Rejected
This Segment is always sent	X	

Response Transaction Header Segment			Claim Reversal – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	E1	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
This Segment is always sent		
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Reversal – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	MESSAGE		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide.</i>

Response Status Segment Questions	Check	Claim Reversal – Accepted/Rejected
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Accepted/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
510-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if a repeating field is in error, to identify repeating field occurrence.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required if Additional Message Information (526-FQ) is used.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<ul style="list-style-type: none"> • <i>Imp Guide: Required when additional text is needed for clarification or detail.</i> • <i>Payer Requirement: Same as Imp Guide.</i>
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	<ul style="list-style-type: none"> • <i>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.</i> • <i>Payer Requirement: Same as Imp Guide.</i>

Revision History

Date	Name	Comments
03/14/2015	Implementation team	Initial creation
07/24/2020	Steven Giera	Added quantity prescribed field (# 460-ET) required for Schedule II drugs in Claim Segment 07
	Documentation Management team	Rebranded; reformatted; updated and standardized naming conventions; and added Revision History table