Florida D.0 Payer Specification

July 21, 2020

NCPDP Version D Claim Billing/Claim Re-bill Template

Request Claim Billing/Claim Re-bill Payer Sheet Template

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

General Information

Payer Name: Florida Medicaid	**Date:** 05/13/2011	
Plan Name/Group Name: FL100/FLMedicaid	**BIN:** Ø13352	**PCN:** PØ35Ø13352
Processor: Magellan Medicaid Administration		
Effective as of: TBD	**NCPDP Telecommunication Standard Version/Release #:** D.0	
NCPDP Data Dictionary Version Date: June 2010	**NCPDP External Code List Version Date:** June 2010	
Contact/Information Source: http://ahca.myflorida.com/medicaid/		
Certification Testing Window: TBD		
Certification Contact Information: 804-217-7900		
Provider Relations Help Desk Info: 800-603-1714		
Other versions supported: NCPDP Telecommunication version 5.1 until TBD		

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 Verification

Field Legend for Columns

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

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.Ø*.

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

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	Ø13352	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	▪ B1 Billing ▪ B2 Reversal ▪ B3 Re-bill ▪ E1 Eligibility Verification	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	PØ35Ø13352	M	
1Ø9-A9	TRANSACTION COUNT	▪ Ø1 = One occurrence ▪ Ø2 = Two occurrences ▪ Ø3 = Three occurrences ▪ Ø4 = Four occurrences	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 – National Provider Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned when vendor is certified with Magellan Medicaid Administration

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

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID	Florida Medicaid ID Number	M	Medicaid ID Number <patient specific>
3Ø1-C1	GROUP ID	FLMEDICAID	R	
36Ø-2B	MEDICAID INDICATOR	FL	RW	*Imp Guide:* Required, if known, when patient has Medicaid coverage.
115-N5	MEDICAID ID NUMBER	Florida Medicaid ID <PATIENT SPECIFIC>	RW	*Imp Guide:* Required, if known, when patient has Medicaid coverage.

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
331-CX	PATIENT ID QUALIFIER		RW	*Imp Guide:* Required if Patient ID (332-CY) is used. *Payer Requirement:* Same as *Imp Guide*
332-CY	PATIENT ID		RW	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs to validate dual eligibility. *Payer Requirement:* Same as *Imp Guide*
3Ø4-C4	DATE OF BIRTH	Format = CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE	▪ Ø = Not Specified ▪ 1 = Male ▪ 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required when the patient has a last name. *Payer Requirement:* Required for patient name validation.
384-4X	PATIENT RESIDENCE	▪ 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 ▪ 6 = Group Home	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* ▪ **3** = Nursing Facility is required when a patient is in a Nursing Home

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 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	
This payer does not support partial fills		

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	*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	12 bytes	M	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
436-E1	PRODUCT/SERVICE ID QUALIFIER	▪ ØØ = Not specified ▪ Ø3 = National Drug Code (NDC)	M	ØØ = Not specified = Must be submitted for compound claims.
4Ø7-D7	PRODUCT/SERVICE ID	▪ NDC for non-compound claims ▪ '0' for compound claims	M	
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE NUMBER		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Same as *Imp Guide*
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE		RW	*Imp Guide:* Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription. *Payer Requirement:* Same as *Imp Guide*
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
4Ø3-D3	FILL NUMBER	▪ Ø = Original dispensing ▪ 1-99 = Refill number - Number of the replenishment	R	▪ Ø = Original dispensing ▪ 1-99 = Refill number - Number of the replenishment
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	▪ 1 = Not a Compound ▪ 2 = Compound	R	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	▪ Ø = No Product Selection Indicated ▪ 1 = Substitution Not Allowed by Prescriber ▪ 2 = Substitution Allowed-Patient Requested Product Dispensed ▪ 3 = Substitution Allowed-Pharmacist Selected Product Dispensed ▪ 4 = Substitution Allowed-Generic Drug Not in Stock ▪ 5 = Substitution Allowed-Brand Drug Dispensed as a Generic ▪ 6 = Override ▪ 7 = Substitution Not Allowed-Brand Drug Mandated by Law ▪ 8 = Substitution Allowed-Generic Drug Not Available in Marketplace ▪ 9 = Substitution Allowed By Prescriber but Plan Requests Brand – Patient's Plan Requested Brand Product To Be Dispensed	R	*Payer Requirement:* ▪ **DAW = 7** will override payment (i.e., bypass FUL and SMAC) for certain brand name drugs
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	▪ Ø = No refills authorized ▪ 1-99 = Authorized Refill number - with 99 being as needed, refills unlimited	M	*Imp Guide:* Required if necessary for plan benefit administration. ▪ Ø = No refills authorized ▪ 1-99 = Authorized Refill number – with 99 being as needed, refills unlimited

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: Same as *Imp Guide*
419-DJ	PRESCRIPTION ORIGIN CODE	▪ Ø = Not Known ▪ 1 = Written ▪ 2 = Telephone ▪ 3 = Electronic ▪ 4 = Facsimile ▪ 5 = Pharmacy	RW	*Imp Guide:* Required if necessary for plan benefit administration. *Payer Requirement:* Required for claims processing on new prescriptions. ▪ 1 = Written ▪ 2 = Telephone ▪ 3 = Electronic ▪ 4 = Facsimile ▪ 5 = Pharmacy
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Submission Clarification Code (42Ø-DK) is used. *Payer Requirement:* Required if field 42Ø-DK is sent.
42Ø-DK	SUBMISSION CLARIFICATION CODE	▪ 1 = No Override ▪ 2 = Other Override ▪ 3 = Vacation Supply ▪ 4 = Lost Prescription ▪ 5 = Therapy Change ▪ 6 = Starter Dose ▪ 7 = Medically Necessary ▪ 8 = Process Compound For Approved Ingredients ▪ 9 = Encounters ▪ 1Ø = Meets Plan Limitations ▪ 11 = Certification on File ▪ 12 = DME Replacement Indicator ▪ 13 = Payer-Recognized Emergency/Disaster Assistance Request ▪ 14 = Long Term Care Leave of Absence	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of "19" (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. *Payer Requirement:* Required when need to provide additional information for coverage purposes. ▪ **2** = Capture Eligibility claims No longer supported.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 15 = Long Term Care Replacement Medication ▪ 16 = Long Term Care Emergency box (kit) or automated dispensing machine ▪ 17 = Long Term Care Emergency supply remainder ▪ 18 = Long Term Care Patient Admit/Readmit Indicator ▪ 19 = Split Billing ▪ 20 = 340B ▪ 42 = Prescriber ID Submitted is valid and prescribing requirements have been validated ▪ 99 = Other		▪ **8** = Process compound for Approved Ingredients Only ▪ **9** = Encounters ▪ **99** = Enhanced Benefit Claims ▪ **20** = 340B ▪ **42 = may be used at POS to temporarily override Error Code 25 when State License is used and NPI is unknown.**
460-ET	QUANTITY PRESCRIBED	▪	RW	*Imp Guide:* Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document).
3Ø8-C8	OTHER COVERAGE CODE	▪ 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	R	*Imp Guide:* Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. *Payer Requirement:* Same as *Imp guide.*
429-DT	SPECIAL PACKAGING INDICATOR	▪ Ø = Not Specified ▪ 1 = Not Unit Dose	RW	*Imp Guide:* Required if this field could result in different coverage,

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 2 = Manufacturer Unit Dose ▪ 3 = Pharmacy Unit Dose ▪ 4 = Custom Packaging ▪ 5 = Multi-drug compliance packaging		pricing, or patient financial responsibility. *Payer Requirement:* ▪ **3** = Pharmacy Repackaging; used when the provider repackages a product that is not identified as Unit Dose on the First DataBank file.
6ØØ-28	UNIT OF MEASURE	▪ EA = Each ▪ GM = Grams ▪ ML = Milliliters	R	*Imp Guide:* Required if necessary for state/federal/regulatory agency programs. Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*
418-DI	LEVEL OF SERVICE	▪ Ø = Not Specified ▪ 1 = Patient consultation ▪ 2 = Home delivery ▪ 3 = Emergency ▪ 4 = 24 hour service ▪ 5 = Patient consultation regarding generic product selection ▪ 6 = In-Home Service	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* ▪ **03** = Required when overriding for an emergency fill.
461-EU	PRIOR AUTHORIZATION TYPE CODE	▪ Ø = Not Specified ▪ 1 = Prior Authorization ▪ 2 = Medical Certification ▪ 3 = EPSDT (Early Periodic Screening Diagnosis Treatment ▪ 4 = Exemption from Copay and/or Coinsurance ▪ 5 = Exemption from RX ▪ 6 = Family Planning Indicator ▪ 7 = TANF (Temporary Assistance for Needy Families)	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* ▪ **Ø** = for partial returns ▪ **1** = 3–day emergency supply ▪ **2** = Psychotropic Meds ▪ 3 = REMS/RDDS requirement ▪ 5 = Acute Therapy Exempt Short Acting Narcotic ▪ **6** = for family planning prescription contraceptives; over-the-counter

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 8 = Payer Defined Exemption ▪ 9 = Emergency Preparedness		contraceptives and prenatal vitamins ▪ **8** = for vitamins or phosphate binders for dialysis patients
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* ▪ **2ØØØØØØØØØØ** = for partial returns ▪ **8ØØ12345678** = Enhanced Benefit Account claims
343-HD	DISPENSING STATUS	▪ P = Partial Fill ▪ C = Completion of Partial Fill	RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. ▪ P = Partial Fill ▪ C = Completion of Partial Fill *Payer Requirement:* Same as *Imp Guide*
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Same as *Imp Guide*
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Same as *Imp Guide*
995-E2	ROUTE OF ADMINISTRATION	SNOMED	RW	*Imp Guide:* Required if specified in trading partner agreement. *Payer Requirement:* Required when submitting compound claims.
996-G1	COMPOUND TYPE	▪ Ø1 = Anti-infective ▪ Ø2 = Ionotropic ▪ Ø3 = Chemotherapy ▪ Ø4 = Pain management	RW	*Imp Guide:* Required if specified in trading partner agreement.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ Ø5 = TPN/PPN (Hepatic, Renal, Pediatric) Total Parenteral Nutrition/ Peripheral Parenteral Nutrition ▪ Ø6 = Hydration ▪ Ø7 = Ophthalmic ▪ 99 = Other		*Payer Requirement:* Required when submitting compound claims.

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as *Imp Guide*
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. No longer required for Other coverage code = 2
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as *Imp Guide*
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW***	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used.

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: Same as *Imp Guide*
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	▪ Ø1 = Delivery Cost ▪ Ø2 = Shipping Cost ▪ Ø3 = Postage Cost ▪ Ø4 = Administrative Cost ▪ Ø9 = Compound Preparation Cost Submitted	RW***	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used. *Payer Requirement:* Same as *Imp Guide*
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED		RW***	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as *Imp Guide*
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* Required for claims processing.
43Ø-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION	▪ ØØ = Default ▪ Ø1 = AWP ▪ Ø2 = Local Wholesaler ▪ Ø3 = Direct ▪ Ø4 = EAC (Estimated Acquisition Cost) ▪ Ø5 = Acquisition ▪ Ø6 = MAC (Maximum Allowable Cost) ▪ Ø7 = Usual & Customary ▪ Ø8 = 34ØB/Disproportionate Share Pricing ▪ Ø9 = Other ▪ 1Ø = ASP (Average Sales Price) ▪ 11 = AMP (Average Manufacturer Price) ▪ 12 = WAC (Wholesale Acquisition Cost)	RW	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* ▪ 'Ø8' = 340B Providers must submit the value of 08-340B Disproportion Price/Public Health for 340B claims-

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 13 = Special Patient Pricing		

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

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
466-EZ	PRESCRIBER ID QUALIFIER	▪ Ø1 = National Provider Identifier (NPI) ▪ Ø8 = State License	M	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* ▪ Ø1 = NPI Number ▪ Ø8 = State License Number
411-DB	PRESCRIBER ID	▪ NPI ▪ State License	M	*Imp Guide:* Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Required for claims processing.
427-DR	PRESCRIBER LAST NAME			*Imp Guide:* Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. *Payer Requirement:* Same as *Imp Guide*

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	Required only for secondary, tertiary, etc., claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

If the Payer supports the Coordination of Benefits/Other Payments Segment, only one scenario method shown above may be supported per template. The template shows the Coordination of Benefits/Other Payments Segment that must be used for each scenario method. The Payer must choose the appropriate scenario method with the segment chart, and delete the other scenario methods with their segment charts. See section Coordination of Benefits (COB) Processing for more information.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
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	▪ Blank = Not Specified ▪ Ø1 = Primary – First ▪ Ø2 = Secondary – Second ▪ Ø3 = Tertiary – Third ▪ Ø4 = Quaternary – Fourth ▪ Ø5 = Quinary – Fifth ▪ Ø6 = Senary – Sixth ▪ Ø7 = Septenary – Seventh ▪ Ø8 = Octonary – Eighth ▪ Ø9 = Nonary – Ninth	M	
339-6C	OTHER PAYER ID QUALIFIER	▪ Ø1 = National Payer ID ▪ Ø2 = Health Industry Number (HIN) ▪ Ø3 = Bank Information Number (BIN) Card Issuer ID ▪ Ø4 = National Association of Insurance Commissioners (NAIC)	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ Ø5 = Medicare Carrier Number ▪ 99 = Other		
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide*
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide*
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. *Payer Requirement:* Same as *Imp Guide*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	▪ Ø1 = Delivery ▪ Ø2 = Shipping ▪ Ø3 = Postage ▪ Ø4 = Administrative ▪ Ø5 = Incentive ▪ Ø6 = Cognitive Service ▪ Ø7 = Drug Benefit ▪ Ø9 = Compound Preparation Cost Submitted ▪ 1Ø = Sales Tax	RW***	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Same as *Imp Guide*
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Same as *Imp Guide*
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement*: Same as *Imp Guide*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide*: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement*: Same as *Imp Guide*
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide*: Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement*: Same as *Imp Guide*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	▪ Blank = Not Specified ▪ Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer ▪ Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer ▪ Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement:* Same as *Imp Guide*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer ▪ Ø5 = Amount of Copay (518-FI) as reported by previous payer ▪ Ø6 = Patient Pay Amount (5Ø5-F5) as reported by previous payer ▪ Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer ▪ Ø8 = Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer ▪ Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer ▪ 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer ▪ 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer		

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		▪ 12 = Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap ▪ 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as *Imp Guide*

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

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	R***	*Imp Guide:* Required if DUR/PPS Segment is used. *Payer Requirement:* Same as *Imp Guide*
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if this field could result in different coverage,

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when needed to communicate DUR information. See "ProDUR" section in Provider Manual.
44Ø-E5	PROFESSIONAL SERVICE CODE		RW***	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when needed to communicate DUR information. See "Pro-DUR" section in Provider Manual.
441-E6	RESULT OF SERVICE CODE		RW***	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. *Payer Requirement:* Required when needed to communicate DUR information. See "Pro-DUR" section in Provider Manual.

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

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	It is used for multi-ingredient prescriptions, when each ingredient is reported.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	▪ Blank = Not Specified ▪ Ø1 = Capsule ▪ Ø2 = Ointment ▪ Ø3 = Cream ▪ Ø4 = Suppository ▪ Ø5 = Powder ▪ Ø6 = Emulsion ▪ Ø7 = Liquid ▪ 1Ø = Tablet ▪ 11 = Solution ▪ 12 = Suspension ▪ 13 = Lotion ▪ 14 = Shampoo ▪ 15 = Elixir ▪ 16 = Syrup ▪ 17 = Lozenge ▪ 18 = Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	▪ 1 = Each ▪ 2 = Grams ▪ 3 = Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
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	Amount expressed in metric decimal units of the product included in the compound.	M	
449-EE	COMPOUND INGREDIENT DRUG COST	Enter the ingredient drug cost for each product used in making the compound.	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed.

Compound Segment Segment Identification (111-AM) = "1Ø"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: Required for each ingredient.
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	▪ ØØ = Default ▪ Ø1 = AWP ▪ Ø2 = Local Wholesaler ▪ Ø3 = Direct ▪ Ø4 = EAC (Estimated Acquisition Cost) ▪ Ø5 = Acquisition ▪ Ø6 = MAC (Maximum Allowable Cost) ▪ Ø7 = Usual & Customary ▪ Ø8 = 34ØB/Disproportionate Share Pricing ▪ Ø9 = Other ▪ 1Ø = ASP (Average Sales Price) ▪ 11 = AMP (Average Manufacturer Price) ▪ 12 = WAC (Wholesale Acquisition Cost) ▪ 13 = Special Patient Pricing	RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. *Payer Requirement:* Same as *Imp Guide.* Put in same comment here that we have for other BOC

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

Response Claim Billing/Claim Re-bill Payer Sheet Template

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

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

General Information

Payer Name: Florida Medicaid	**Date:** 05/13/2011	
Plan Name/Group Name: FL100/FLMEDICAID	**BIN:** Ø13352	**PCN:** PØ35Ø13352

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

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

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	▪ B1 Billing ▪ B3 Rebill	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID	FLMEDICAID	RW	*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist. *Payer Requirement:* Same as *Imp Guide*
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist. *Payer Requirement:* Same as *Imp Guide*

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**
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as *Imp Guide*
569-J8	PAYER ID		RW	*Imp Guide*: Required to identify the ID of the payer responding. *Payer Requirement*: Same as *Imp Guide*
3Ø2-C2	CARDHOLDER ID	FL Medicaid ID Number <patient specific>	RW	*Imp Guide*: Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement*: Same as *Imp Guide*

Response Patient 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	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH	Format – CCYYMMDD	R	*Imp Guide:* Required if known. *Payer Requirement:* Same as *Imp Guide*

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	▪ P = Paid ▪ D = Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW***	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide*
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW***	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*

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**
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*

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

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

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

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
5Ø5-F5	PATIENT PAY AMOUNT		R	Returned if the processor determines that the patient has payment responsibility for part/all of the claim.
5Ø6-F6	INGREDIENT COST PAID		R	Required if this value is used to arrive at the final reimbursement.
5Ø7-F7	DISPENSING FEE PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. *Payer Requirement:* Same as *Imp Guide*
521-FL	INCENTIVE AMOUNT PAID		RW	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø). *Payer Requirement:* Same as *Imp Guide*
563-J2	OTHER AMOUNT PAID COUNT	Maximum count of 3.	RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*
564-J3	OTHER AMOUNT PAID QUALIFIER		RW***	*Imp Guide:* Required if Other Amount Paid (565-J4) is used. *Payer Requirement:* Same as *Imp Guide*

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***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (Ø). *Payer Requirement:* Same as *Imp Guide*
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW***	*Imp Guide:* Required if this value is used to arrive at the final reimbursement. Required if Other Payer Amount Paid (431-DV) is greater than zero (Ø) and Coordination of Benefits/Other Payments Segment is supported. *Payer Requirement:* Same as *Imp Guide*
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	*Imp Guide:* Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø). Required if Basis of Cost Determination (432-DN) is submitted on billing. *Payer Requirement:* Same as *Imp Guide*
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*
513-FD	REMAINING DEDUCTIBLE AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*
514-FE	REMAINING BENEFIT AMOUNT		RW	*Imp Guide:* Provided for informational purposes only. *Payer Requirement:* Same as *Imp Guide*

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**
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes deductible *Payer Requirement:* Same as *Imp Guide*
518-FI	AMOUNT OF COPAY		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes co-pay as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes amount exceeding periodic benefit maximum. *Payer Requirement:* Same as *Imp Guide*
346-HH	BASIS OF CALCULATION—DISPENSING FEE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*
347-HJ	BASIS OF CALCULATION—COPAY		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*
572-4U	AMOUNT OF COINSURANCE		RW	*Imp Guide:* Required if Patient Pay Amount (5Ø5-F5) includes coinsurance as patient financial responsibility. *Payer Requirement:* Same as *Imp Guide*

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**
573-4V	BASIS OF CALCULATION-COINSURANCE		RW	*Imp Guide:* Required if Dispensing Status (343-HD) on submission is "P" (Partial Fill) or "C" (Completion of Partial Fill). *Payer Requirement:* Same as *Imp Guide*

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

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Paid (or Duplicate of Paid)		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW***	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide*
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide*
528-FS	CLINICAL SIGNIFICANCE CODE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*
529-FT	OTHER PHARMACY INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*

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**
53Ø-FU	PREVIOUS DATE OF FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Same as *Imp Guide*
531-FV	QUANTITY OF PREVIOUS FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement:* Same as *Imp Guide*
532-FW	DATABASE INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*
533-FX	OTHER PRESCRIBER INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*
544-FY	DUR FREE TEXT MESSAGE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*
57Ø-NS	DUR ADDITIONAL TEXT		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*

Response Coordination of Benefits/Other Payers Segment 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	

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**
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 (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*
356-NU	OTHER PAYER CARDHOLDER ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*
992-MJ	OTHER PAYER GROUP ID		RW	*Imp Guide:* Required if other insurance information is available for coordination of benefits. *Payer Requirement:* Same as *Imp Guide*

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**
142-UV	OTHER PAYER PERSON CODE		RW	*Imp Guide:* Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide*
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number of the other payer to the receiver. *Payer Requirement:* Same as *Imp Guide*
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	*Imp Guide:* Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. *Payer Requirement:* Same as *Imp Guide*
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted. *Payer Requirement:* Same as *Imp Guide*
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	*Imp Guide:* Required when other coverage is known which is after the Date of Service submitted. *Payer Requirement:* Same as *Imp Guide*

Claim Billing/Claim Re-bill Accepted/Rejected Response

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**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	▪ B1 Billing ▪ B3 Rebill	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-bill 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**
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Same as *Imp Guide*

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

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø1-C1	GROUP ID	FLMEDICAID	RW	*Imp Guide:* Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available. Required to identify the actual group that was used when multiple group coverages exist. *Payer Requirement:* Same as *Imp Guide*
545-2F	NETWORK REIMBURSEMENT ID		RW	*Imp Guide:* Required if needed to identify the network for the covered member. Required if needed to identify the actual Network Reimbursement ID, when applicable and/or available. Required to identify the actual Network Reimbursement ID that was used when multiple Network Reimbursement IDs exist. *Payer Requirement:* Same as *Imp Guide*
568-J7	PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Payer ID (569-J8) is used. *Payer Requirement:* Same as *Imp Guide*
569-J8	PAYER ID		RW	*Imp Guide:* Required to identify the ID of the payer responding. *Payer Requirement:* Same as *Imp Guide*

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID	FL Medicaid ID Number <patient specific>	RW	*Imp Guide:* Required if the identification to be used in future transactions is different than what was submitted on the request. *Payer Requirement:* Same as *Imp Guide*

Response 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	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required if known. *Payer Requirement:* Required for patient name validation.
3Ø4-C4	DATE OF BIRTH	Format - CCYYMMDD	R	*Imp Guide:* Required if known. *Payer Requirement:* Same as *Imp Guide*

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

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

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

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

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	*Imp Guide:* For Transaction Code of "B1" or "B3," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW***	*Imp Guide:* Required if Reason For Service Code (439-E4) is used. *Payer Requirement:* Same as *Imp Guide*
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if utilization conflict is detected. *Payer Requirement:* Same as *Imp Guide*
528-FS	CLINICAL SIGNIFICANCE CODE		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*
529-FT	OTHER PHARMACY INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*
53Ø-FU	PREVIOUS DATE OF FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Same as *Imp Guide*
531-FV	QUANTITY OF PREVIOUS FILL		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. Required if Previous Date Of Fill (53Ø-FU) is used. *Payer Requirement:* Same as *Imp Guide*
532-FW	DATABASE INDICATOR		RW***	*Imp Guide:* Required if needed to supply additional information for the utilization conflict. *Payer Requirement:* Same as *Imp Guide*

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

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

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	*Payer Requirement:* Same as *Imp Guide*
339-6C	OTHER PAYER ID QUALIFIER		RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide*

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

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

Claim Billing/Claim Re-bill Rejected/Rejected Response

Claim Billing/Claim Re-bill Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Billing/Claim Re-bill Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	▪ B1 Billing ▪ B3 Rebill	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	R = Rejected	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

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

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***	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as *Imp Guide*
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Same as *Imp Guide*
55Ø-8F	HELP DESK PHONE NUMBER		RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as *Imp Guide*

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

NCPDP Version D Claim Reversal Template

Request Claim Reversal Payer Sheet Template

Start of Request Claim Reversal (B2) Payer Sheet Template

General Information

Payer Name: Florida Medicaid	**Date:** 05/13/2011	
Plan Name/Group Name: FL100/FLMEDICAID	**BIN:** Ø13352	**PCN:** PØ35Ø13352

Field Legend for Columns

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	**M**	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	**R**	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	**RW**	"Required when." The situations designated have qualifications for usage ("Required if x," "Not required if y").	Yes
NOT USED	**NA**	The Field is not used for the Segment in the designated Transaction. Not used are shaded for clarity for the Payer when creating the Template. For the actual Payer Template, not used fields must be deleted from the transaction (the row in the table removed).	No

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	999 days

Claim Reversal Transaction

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

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

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
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		

Transaction Header Segment		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	Ø13352	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2 – Reversal	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	PØ35Ø13352	M	
1Ø9-A9	TRANSACTION COUNT		M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 = 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	0000000000	M	Assigned by Magellan Medicaid Administration

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

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

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1	M	*Imp Guide:* For Transaction Code of "B2," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	▪ 00 = Not Specified ▪ 03 = National Drug Code	M	If reversal is for multi-ingredient prescription, the value must be 00.
4Ø7-D7	PRODUCT/SERVICE ID	▪ NDC – for non-compound claims ▪ '0' – for compound claims	M	
4Ø3-D3	FILL NUMBER	▪ 0 ▪ 1-99	RW	*Imp Guide:* Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. *Payer Requirement:* Same as *Imp Guide*
3Ø8-C8	OTHER COVERAGE CODE		RW	*Imp Guide:* Required if needed by receiver to match the claim that is being reversed. *Payer Requirement:* Same as *Imp Guide*

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

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Imp Guide:* Required if this field could result in contractually agreed upon payment. *Payer Requirement:* Same as *Imp Guide*
43Ø-DU	GROSS AMOUNT DUE		RW	*Imp Guide:* Required if this field could result in contractually agreed upon payment. *Payer Requirement:* Same as *Imp Guide*

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

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

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences.	RW***	*Imp Guide:* Required if DUR/PPS Segment is used.

DUR/PPS Segment Segment Identification (111-AM) = "Ø8"		Claim Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				Payer Requirement: Same as *Imp Guide*
439-E4	REASON FOR SERVICE CODE		RW***	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*
44Ø-E5	PROFESSIONAL SERVICE CODE		RW***	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*
441-E6	RESULT OF SERVICE CODE		RW***	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*
474-8E	DUR/PPS LEVEL OF EFFORT		RW***	*Imp Guide:* Required if this field is needed to report drug utilization review outcome. *Payer Requirement:* Same as *Imp Guide*

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

Response Claim Reversal Payer Sheet Template

Claim Reversal Accepted/Approved Response

Start of Claim Reversal Response (B2) Payer Sheet Template

General Information

Payer Name: Florida Medicaid	**Date:** 05/13/2011	
Plan Name/Group Name: FL100/FLMEDICAID	**BIN:** Ø13352	**PCN:** PØ35Ø13352

Claim Reversal Accepted/Approved Response

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

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

Response Transaction Header Segment		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as *Imp Guide*
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW***	*Imp Guide:* Required if Approved Message Code (548-6F) is used. *Payer Requirement:* Same as *Imp Guide*
548-6F	APPROVED MESSAGE CODE		RW***	*Imp Guide:* Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. *Payer Requirement:* Same as *Imp Guide*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW***	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as *Imp Guide*

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

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

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

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal Accepted/Approved		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
521-FL	INCENTIVE AMOUNT PAID		RW	*Imp Guide:* Required if this field is reporting a contractually agreed upon payment. *Payer Requirement:* Same as *Imp Guide*
5Ø9-F9	TOTAL AMOUNT PAID		RW	*Imp Guide:* Required if any other payment fields sent by the sender. *Payer Requirement:* Same as *Imp Guide*

Claim Reversal Accepted/Rejected Response

Claim Reversal Accepted/Rejected Response

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

Response Transaction Header Segment		Claim Reversal Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 – National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

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

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

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

Claim Reversal Rejected/Rejected Response

Claim Reversal Rejected/Rejected Response

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

Response Transaction Header Segment		Claim Reversal Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01	M	01 - National Provider Identifier (NPI)
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

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

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

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

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

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