Nevada Medicaid and Nevada Check Up
NCPDP D.Ø Payer Sheet
for Pharmacy Providers

(Appendix B of the Pharmacy Billing Manual)

Nevada Medicaid and Nevada Check Up
NCPDP D.Ø Payer Sheet for Pharmacy Providers

NCPDP Version D Claim Billing/Claim Rebill

GENERAL INFORMATION

Payer Name: Nevada DHCFP	Date: 11/30/2011	
Plan Name/Group Name: Nevada Medicaid/Nevada Check Up	BIN: ØØ1553	PCN: NVM
Processor: OptumRx		
Effective as of: 1/1/2Ø12	NCPDP Telecommunication Standard Version/Release #: D. Ø	
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: October 2ØØ9	
Contact/Information Source: OptumRx, 1600 McConnor Parkway, Schaumburg, IL 60173-6801, 866-244-8554		
Provider Relations Help Desk Info: OptumRx Clinical Call Center at 866-244-8554		
Other versions supported: None		

Page #/ Comment #	Description
1	Corrected Payer Name in General Information table and throughout document.
1	Changed NCPDP Data Dictionary Version Date in General Information table.
1	Changed NCPDP External Code List Version Date in General Information table.
Global Change	Changed all zero characters to Ø
4	Field 4Ø1-D1 – Removed format definitions.
5	Fields 312-CC, 313-CD, & 31Ø-CA – Changed payer usage as instructed.
6	Fields 436-E1 & 4 Ø 7-D7 – Changed the values as recommended.
7	Field 4Ø3-D3 – Changed the value to avoid confusion as recommended.
7	Field 4Ø6-D6 – Changed the payer usage from R to M.
7	Field 4Ø8-D8 – Removed the value list to assure correct interpretation by the POS of pharmacy submitted codes.
8	Field 3Ø8-C8 – Deleted the value list to avoid COB selection of coding.
8	Field 46Ø-ET – Rule CMS-0055-F related updates for Quantity Prescribed
9	Fields 461-EU & 462-EV – DXC Technology, the fiscal agent for Nevada Medicaid, determined that the fields should remain as currently indicated.
10, 11	Fields 412-DC, 433-DX, 438-E3 & 426-DQ – Changed the values in the first three fields from R to O and the fourth field from R to Q.
11	Field 426-DQ – Removed the value list to avoid confusion to non-34 Ø b providers.
Comment 15	Pharmacy Provider Segment Questions - Removed segment – not required.
11	Fields 466-EZ & 411-D8 – Changed the Payer Usage from R to M.
12	Coordination of Benefits/Other Payments – Checked Scenario 1 and combined the information from Scenario 3 - unchecked Scenario 3.
12	Field 338-5C – Deleted the values and updated with the change to scenario 1.
12	Fields 339-6C & 34Ø-7C – Removed the qualifier values as recommended.

Page #/ Comment #	Description
12	Field 443-E8 – Removed the date format as recommended.
13	Field 342-HC – Removed the value list to support all values as recommended.
13	Fields 471-5E & 472-6E – Added Other Payer Reject Count and Other Payer Reject Code to assist the provider in identifying that another payer received payment.
Comment 23	Other Payer-Patient Responsibility Amount fields - (Field 352-NQ) – Removed when changed to scenario 1 from scenario3.
Comment 24	Worker's Comp Segment Questions – This area is removed from the document since there was no situation defined for its use.
14	DUR/PPS Segment Questions – Removed the comment as recommended.
14	DUR/PPR Segment and Improper Field # – Removed second row as it was previously identified.
Comment 27	All DUR/PPRS Segment fields have been removed as recommended.
15	Coupon Segment Questions – Removed segment as there was no situation defined.
15	Compound Segment Questions – Updated segment to include situation requirements.
15	Fields 362-2G & 363-2H –Removed these fields as they are not required for submission.
17	Field 424-DO – Removed the verbiage from the value as recommended.
Comment 32	Additional Documentation Segment Questions - This area is removed from the document since there was no situation defined for its use.
Comment 33	Facility Segment Questions - This area is removed from the document since there was no situation defined for its use.
Comment 34	Narrative Segment Questions - This area is removed from the document since there was no situation defined for its use.
Comment 35	Response Message Segment Questions - This area is removed from the document as the segment is never sent.
20	Field 5Ø4-F4 – Removed segment as recommended.
Comment 38	Response Patient Segment Questions - This area is removed from the document as the segment is never sent.
20	Fields 547-5F & 548-6F – Removed fields as recommended.
20	Field 5Ø7-F7 – Changed the Payer Usage R segment to RW.
21, 22	Fields 557-AV, 558-AW, 559-AX, 56 Ø -AY, 561-AZ, 348-HK, 349-HM, 575-EQ, & 574-2Y – Added these fields to avoid possible future provider billing issues.
23, 24	Fields 523-FN, 517-FH, 518-FI, 52 Ø -FK & 572-4U – Added the new fields which include the component pieces of patient responsibility amounts.
Comment 43	Response DUR/PPS Segment Questions – Added information for which the situation is returned.
25	Fields 528-FS & 529-FT – Removed the values list since the information supports a full list and not a subset of the full list.
Comment 45	Response Coordination of Benefits/Other Payers Segment Questions – Removed segment as it is not supported on a paid claim.
Comment 46	Response Message Segment Questions – This area is removed from the document as the segment is never sent.
Comment 47	Response Insurance Segment Questions – This area is removed from the document since there was no situation defined for its use.
Comment 48	Response Patient Segment Questions - This area is removed from the document as the segment is never sent.
27	Field 5Ø3-F3 – Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.

Page #/ Comment #	Description
28	Field 131-UG – Added Additional Message Information Continuity field as recommended.
Comment 51	Response DUR/PPS Segment Questions – Added situation information as recommended.
Comment 52	Response Prior Auth Segment Questions - Added situation information as recommended.
Comment 53	Response Coordination of Benefits/Other Payers Segment Questions - Added situation information as recommended.
Comment 54	Response Message Segment Questions - Added situation information as recommended.
35	Field 131-UG – Added Additional Message Information Continuity field as recommended.
Comment 56	Field Legend – Removed NOT USED row from table as recommended.
Comment 57	Transaction Header Segment Questions – Corrected field as Catamaran does not require certification.
34	Field 4Ø1-D1 – Removed date format in Value column as recommended.
37	Field 11Ø-AK – Corrected message in Value column regarding Switch.
Comment 60	Insurance Segment Questions – This area is removed from the document since there was no situation defined for its use.
37	Fields 436-E1 & 4Ø7-D7 – DXC Technology, the fiscal agent for Nevada Medicaid, considered this issue and determined that no changes be made.
38	Field 3Ø8-C8 – Deleted the Values list as recommended.
38	Field 438-E3 – Added Payer Situation information as recommended.
38	Field 43Ø-DU – Changed Payer Usage value from R to RW.
Comment 65	Coordination of Benefits/Other Payers Segment Questions – Added situation information to segment as recommended.
Comment 66	DUR/PPS Segment Questions - This area is removed from the document since there was no situation defined for its use.
Comment 67	Response Message Segment Questions – Changed the response to: always sent, as recommended.
40	Field 5Ø3-F3 - Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.
Comment 69	Response Pricing Segment Questions - Changed the response to: always sent, as recommended.
41	Field 5Ø9-F9 - Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.
42	Field 5Ø4-F4 - Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.
42	Field 5Ø3-F3 - Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.
43	Field 131-UG – Added the Additional Message Information Continuity field in the segment.
45	Field 5Ø4-F4 - Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.
45	Field 5Ø3-F3 - Changed Payer Usage R segment to RW to assure that all fields have an appropriate Payer Situation defined.

Field legend for columns

ayer usage column	'alue	xplanation	ayer ituation olumn
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 rebill transactions and those that do not have qualified requirements (that is, not used) for this payer are excluded from the template.

CLAIM BILLING/CLAIM REBILL TRANSACTION

The following lists the segments and fields in a claim billing or claim rebill transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction header segment questions	Check	Claim billing/Claim rebill 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		
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 rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	Bin number	ØØ1553	M	
1Ø2-A2	Version/release number	DØ	M	
1Ø3-A3	Transaction code	B1, B3	M	
1Ø4-A4	Processor control number	NVM	M	
1Ø9-A9	Transaction count	Up to 4	M	
2Ø2-B2	Service provider ID qualifier	Ø1 (NPI)	M	
2Ø1-B1	Service provider ID	National Provider Identifier	M	
4Ø1-D1	Date of service		M	
11Ø-AK	Software vendor/certification ID	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.	M	

Insurance Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
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	Medicaid ID Number (Client)	M	
312-CC	CARDHOLDER FIRST NAME		M	Imp Guide: Required if necessary for state/federal/regulatory agency programs when the cardholder has a first name. Payer Requirement: Same as Imp Guide
313-CD	CARDHOLDER LAST NAME		M	Imp Guide: Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Same as Imp Guide

Patient Segment Questions	Check	Claim Billing/Claim Rebill If Situational, Payer Situation
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		M	
3Ø5-C5	PATIENT GENDER CODE		M	
31Ø-CA	PATIENT FIRST NAME		M	Imp Guide: Required when the patient has a first name. Payer Requirement: Same as Imp Guide
311-CB	PATIENT LAST NAME		M	
384-4X	PATIENT RESIDENCE	Ø2 = Skilled Nursing Facility Ø3 = Nursing Facility Ø4 = Assisted Living Facility 11 = Hospice	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required when needed to identify Long Term Care (LTC) conditions

Claim Segment Questions	Check	Claim Billing/Claim Rebill 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 Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PREscription/Service Reference Number Qualifier	1 = Rx Billing	M	Imp Guide: For Transaction Code of **B1**, in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is **1** (Rx Billing).
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3 = NDC	M	
4Ø7-D7	Product/Service ID	11-digit NDC	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		M	Beginning 09/21/2020 the accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field for Schedule II prescriptions.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø3-D3	FILL NUMBER	Ø = Original dispensing 99 = Refill Number	M	
4Ø5-D5	DAYS SUPPLY		M	
4Ø6-D6	COMPOUND CODE		M	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		M	
414-DE	DATE PRESCRIPTION WRITTEN		M	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3.	RW	Imp Guide: Required if Submission Clarification Code (42Ø-DK) is used. Payer Requirement: Same as Imp Guide
42Ø-DK	SUBMISSION CLARIFICATION CODE		RW	Imp Guide: Required if clarification is needed and value submitted is greater than zero (Ø). If the Date of Service (4Ø1-D1) contains the subsequent payer coverage date, the Submission Clarification Code (42Ø-DK) is required with value of **19** (Split Billing – indicates the quantity dispensed is the remainder billed to a subsequent payer when Medicare Part A expires. Used only in long-term care settings) for individual unit of use medications. Payer Requirement: Same as Imp Guide
46Ø-ET	QUANTTITY PRESCRIBED		RW	Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the Version D.0 Editorial Document) The accumulated quantity dispensed cannot exceed the value contained in the quantity prescribed field for Schedule II prescriptions as refills are not allowed.

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
3Ø8-C8	OTHER COVERAGE CODE		RW	Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers. Required for Coordination of Benefits. Payer Requirement: Same as Imp Guide
429-DT	SPECIAL PACKAGING INDICATOR	3 = Pharmacy Unit Dose	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required when the pharmacy has repackaged a non-unit dose product
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER		RW	Imp Guide: Required if Originally Prescribed Product/Service Code (455-EA) is used. Payer Requirement: Same as Imp Guide
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE		RW	Imp Guide: Required if the receiver requests association to a therapeutic, or a preferred product substitution, or when a DUR alert has been resolved by changing medications, or an alternative service than what was originally prescribed. Payer Requirement: Same as Imp Guide
446-EB	ORIGINALLY PRESCRIBED QUANTITY		RW	Imp Guide: Required if the receiver requests reporting for quantity changes due to a therapeutic substitution that has occurred or a preferred product/service substitution that has occurred, or when a DUR alert has been resolved by changing quantities. Payer Requirement: Same as Imp Guide

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
6ØØ-28	UNIT OF MEASURE	EA = Each GM = Grams ML = Milliliters	RW	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	3 = Emergency	RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Required to identify emergency conditions
461-EU	PRIOR AUTHORIZATION TYPE CODE		RW	Imp Guide: Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement: Same as Imp Guide
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: Same as Imp Guide
343-HD	DISPENSING STATUS		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Same as Imp Guide
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	Imp Guide: Required for the partial fill or the completion fill of a prescription. Payer Requirement: Same as Imp Guide
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	Imp Guide: Required for the partial fill or the completion fill

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				of a prescription. Payer Requirement: Same as Imp Guide
357-NV	DELAY REASON CODE		RW	Imp Guide: Required when needed to specify the reason that submission of the transaction has been delayed. Payer Requirement: Same as Imp Guide
995-E2	ROUTE OF ADMINISTRATION		RW	Imp Guide: Required if specified in trading partner agreement. Payer Requirement: Same as Imp Guide

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

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
412-DC	DISPENSING FEE SUBMITTED		R	*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. Payer Requirement: Submit only if actual payment to pharmacy before submission. Use fields 351-NP and 352-NQ for Patien responsibility for COB

	Pricing Segment Segment Identification (111-AM) = "11"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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:* Required when billing for unit dose packaging fee
426-DQ	USUAL AND CUSTOMARY CHARGE		RW	*Imp Guide:* Required if needed per trading partner agreement. Payer Requirement: Required for 34Øb pharmacy providers
43Ø-DU	GROSS AMOUNT DUE		R	

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

	Prescriber Segment Segment Identification (111-AM) = "Ø3"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	PRESCRIBER ID QUALIFIER	Ø1 = National Provider Identification	M	*Imp Guide:* Required if Prescriber ID (411-DB) is used. Payer Requirement: Same as Imp Guide
411-DB	PRESCRIBER ID	NPI	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: Same as Imp Guide

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This segment is always sent	X	

This segment is situational		Required only for secondary, tertiary, etc. claims.
Scenario 1 - Other Payer Amount Paid Repetitions Only	X	
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)		

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER		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 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		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.

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Not used for patient financial responsibility only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted. *Payer Requirement:* Same as Imp Guide
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. *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: Required for all COB claims with Other coverage code of 2, 4 or 8.*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER		RW	*Imp Guide: Required if Other Payer-Patient Responsibility Amount (352-NQ) is used.* *Payer Requirement: Required for all COB claims with Other Coverage Code of 2, 4 or 8.*
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.*

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			Claim Billing/Claim Rebill Scenario 1 - Other Payer Amount Paid Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Required for all COB claims with Other Coverage Code of 2, 4 or 8. OCC = 2 must be ≥ Ø; OCC = 3 must be > Ø.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Submitted when transmitting clinical interventions

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
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. Payer Requirement: Same as Imp Guide
439-E4	REASON FOR SERVICE CODE		RW	*Imp Guide:* Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this field affects payment for or documentation of professional pharmacy service. Payer Requirement: Same as Imp Guide
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.

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Payer Requirement: Same as Imp Guide
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: Same as Imp Guide
474-8E	DUR/PPS LEVEL OF EFFORT		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: Same as Imp Guide
475-J9	DUR CO-AGENT ID QUALIFIER	Ø 3 = NDC	RW	*Imp Guide:* Required if DUR Co-Agent ID (476-H6) is used. Payer Requirement: Same as Imp Guide
476-H6	DUR CO-AGENT ID	NDC	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: Same as Imp Guide

Compound Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Submit compound code 2 when claim is multi-ingredient compound

	Compound Segment Segment Identification (111-AM) = "1Ø"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. Payer Requirement: Same as Imp Guide
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		RW	*Imp Guide:* Required if needed for receiver claim determination when multiple products are billed. Payer Requirement: Same as Imp Guide

Clinical Segment Questions	Check	Claim Billing/Claim Rebill If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used. Payer Requirement: Same as Imp Guide

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
492-WE	DIAGNOSIS CODE QUALIFIER	Ø1 = ICD-9	RW	*Imp Guide:* Required if Diagnosis Code (424-DO) is used. Payer Requirement: Same as Imp Guide
424-DO	DIAGNOSIS 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 professional pharmacy service. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs. Payer Requirement: Submit diagnosis code(s) as defined in the Nevada Medicaid Pharmacy Billing Manual

RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: Nevada DHCFP	Date: 1Ø/2Ø/2Ø11	
Plan Name/Group Name: Nevada Medicaid/Nevada Check Up	BIN: ØØ1553	PCN: NVM

Claim Billing/Claim Rebill PAID (or Duplicate of PAID) Response

The following lists the segments and fields in a claim billing or claim rebill 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 Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This segment is always sent	X	

	Response Transaction Header Segment			Claim Billing/Claim Rebill – 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, B3	M	
1Ø9-A9	Transaction Count	Same value as in request	M	
5Ø1-F1	Header Response Status	A = Accepted	M	
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M	
2Ø1-B1	Service Provider ID	Same value as in request	M	
4Ø1-D1	Date of Service	Same value as in request	M	

Response Status Segment Questions	Check	Claim Billing/Claim Rebill 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 Rebill – 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
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 Rebill – 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 Rebill 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 Rebill – 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 Rebill 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 Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø5-F5	PATIENT PAY AMOUNT		R	
5Ø6-F6	INGREDIENT COST PAID		R	
5Ø7-F7	DISPENSING FEE PAID		RW	*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
557-AV	TAX EXEMPT INDICATOR		RW	Imp Guide: Required if the sender (health plan) and/or patient is tax exempt and exemption applies to this billing. Payer Requirement: Same as Imp Guide
558-AW	FLAT SALES TAX AMOUNT PAID		RW	Imp Guide: Required if Flat Sales Tax Amount Submitted (481-HA) is greater than zero (Ø) or if Flat Sales Tax Amount Paid (558-AW) is used to arrive at the final reimbursement. Payer Requirement: Same as Imp Guide

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
559-AX	PERCENTAGE SALES TAX AMOUNT PAID		RW	Imp Guide: Required if this value is used to arrive at the final reimbursement. Required if Percentage Sales Tax Amount Submitted (482-GE) is greater than zero (Ø). Required if Percentage Sales Tax Rate Paid (56Ø-AY) and Percentage Sales Tax Basis Paid (561-AZ) are used. Payer Requirement: Same as Imp Guide
56Ø-AY	PERCENTAGE SALES TAX RATE PAID		RW	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) is greater than zero (Ø). Payer Requirement: Same as Imp Guide
561-AZ	PERCENTAGE SALES TAX BASIS PAID		RW	Imp Guide: Required if Percentage Sales Tax Amount Paid (559-AX) 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 Rebill – 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
523-FN	AMOUNT ATTRIBUTED TO SALES TAX		RW	Imp Guide: Required if Patient Pay Amount (5Ø5-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. Payer Requirement: Same as Imp Guide

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing/Claim Rebill – 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 copay 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
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
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

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Message returned when DUR/PPS response generated

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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	Ø = Not specified 1 = Same prescriber 2 = Other prescriber	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

CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1, B3	M	
1Ø9-A9	Transaction Count	Same value as in request	M	
5Ø1-F1	Header Response Status	A = Accepted	M	
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M	
2Ø1-B1	Service Provider ID	Same value as in request	M	
4Ø1-D1	Date of Service	Same value as in request	M	

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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill 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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Accepted/Rejected
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 Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This segment is always sent	X	

	Response Claim Segment Segment Identification (111-AM) = "22"			Claim Billing/Claim Rebill 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**, 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 Rebill Accepted/Rejected If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Response transmitted if DUR/PPS message generated

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill 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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
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

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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 Prior Authorization Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Information transmitted if on-line PA issued

	Response Prior Authorization Segment Segment Identification (111-AM) = "26"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
498-PY	PRIOR AUTHORIZATION NUMBER–ASSIGNED		RW	*Imp Guide:* Required when the receiver must submit this Prior Authorization Number in order to receive payment for the claim. Payer Requirement: Same as Imp Guide

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Information transmitted if other insurance noted on record

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill 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	

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
339-6C	OTHER PAYER ID QUALIFIER		RW	Imp Guide: Required if Other Payer ID (34Ø-7C) is used. Payer Requirement: Same as Imp Guide
34Ø-7C	OTHER PAYER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide
356-NU	OTHER PAYER CARDHOLDER ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide
992-MJ	OTHER PAYER GROUP ID		RW	Imp Guide: Required if other insurance information is available for coordination of benefits. Payer Requirement: Same as Imp Guide
142-UV	OTHER PAYER PERSON CODE		RW	Imp Guide: Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. Payer Requirement: Same as Imp Guide

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
127-UB	Other Payer Help Desk Phone Number		RW	Imp Guide: Required if needed to provide a support telephone number of the other payer to the receiver. 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 REBILL REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B1, B3	M	
1Ø9-A9	Transaction Count	Same value as in request	M	
5Ø1-F1	Header Response Status	R = Rejected	M	
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
2Ø1-B1	Service Provider ID	Same value as in request	M	
4Ø1-D1	Date of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Rejected/Rejected If Situational, *Payer Situation*
This segment is always sent		
This segment is situational	X	Information transmitted if claim rejected

	Response Message Segment Segment Identification (111-AM) = "2Ø"			Claim Billing/Claim Rebill 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 Rebill Rejected/Rejected If Situational, *Payer Situation*
This segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/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	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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 is 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

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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

NCPDP VERSION D CLAIM REVERSAL (B2 TRANSACTION)

GENERAL INFORMATION

Payer Name: Nevada DHCFP	Date: 1Ø/2Ø/2Ø11	
Plan Name/Group Name: Nevada Medicaid/Nevada Check Up	BIN: ØØ1553	PCN: NVM

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	18Ø 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		
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	If more than one BIN/PCN but all plans use the same segments and fields and situations, enter multiple BIN/PCNs under General Information above.	M	
1Ø2-A2	Version/Release Number	DØ	M	

	Transaction Header Segment			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø3-A3	Transaction Code	B2	M	
1Ø4-A4	Processor Control Number	NVM	M	
1Ø9-A9	Transaction Count	Up to 4 transactions.	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provider Number (NPI)	M	
2Ø1-B1	Service Provider ID	NPI	M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks	M	

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
455-EM	Prescription/Service Reference Number Qualifier		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	Ø3 = NDC	M	
4Ø7-D7	Product/Service ID	NDC	M	

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
4Ø3-D3	FILL NUMBER		RW	Imp Guide: Required if needed for reversals when multiple fills of the same Prescription/Service Reference Number (4Ø2-D2) occur on the same day. Payer Requirement: Same as Imp Guide

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
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	
This segment is situational		

	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: See Pharmacy Billing Manual, applies only to registered providers in certain scenarios
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	Transmit information if other insurance on file

	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	

RESPONSE CLAIM REVERSAL PAYER SHEET

GENERAL INFORMATION

Payer Name: Nevada DHCFP	Date: 1Ø/2Ø/2Ø11	
Plan Name/Group Name: Nevada Medicaid/Nevada Check Up	BIN: ØØ1553	PCN: NVM

Claim reversal accepted/approved response

The following lists the segments and fields in a claim reversal response (Approved) transaction for the NCPDP: *Telecommunication Standard Implementation Guide Version D.Ø*.

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

	Response Transaction Header Segment			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø9-A9	Transaction Count	Same value as in request	M	
5Ø1-F1	Header Response Status	A = Accepted	M	
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M	
2Ø1-B1	Service Provider ID	Same value as in request	M	
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	X	
This segment is situational		

	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

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	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	X	
This segment is situational		

	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

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
5Ø9-F9	TOTAL AMOUNT PAID		RW	Imp Guide: Required if any other payment fields sent by the sender. Payer Requirement: Same as Imp Guide

CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			Claim Reversal – Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø2-A2	Version/Release Number	DØ	M	
1Ø3-A3	Transaction Code	B2	M	
1Ø9-A9	Transaction Count	Same value as in request	M	
5Ø1-F1	Header Response Status	A = Accepted	M	
2Ø2-B2	Service Provider ID Qualifier	Same value as in request	M	
2Ø1-B1	Service Provider ID	Same value as in request	M	
4Ø1-D1	Date of Service	Same value as in request	M	

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

	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 is 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 = RxBilling	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

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	Same value as in request	M	
2Ø1-B1	Service Provider ID	Same value as in request	M	
4Ø1-D1	Date of Service	Same value as in request	M	

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

	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	

	Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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
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