



























































|                | <b>Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"</b> |              |                    | <b>Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)</b>  |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i>  |
| 992-MJ         | OTHER PAYER GROUP ID   |              | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.  |
| 142-UV         | OTHER PAYER PERSON CODE  |              | RW                 | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer.          |
| 127-UB         | OTHER PAYER HELP DESK PHONE NUMBER   |              | RW                 | <i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver.                                  |
| 143-UW         | OTHER PAYER PATIENT RELATIONSHIP CODE  |              | RW                 | <i>Imp Guide:</i> Required if needed to uniquely identify the relationship of the patient to the cardholder ID, as assigned by the other payer. |
| 144-UX         | OTHER PAYER BENEFIT EFFECTIVE DATE   |              | RW                 | <i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.   |
| 145-UY         | OTHER PAYER BENEFIT TERMINATION DATE   |              | RW                 | <i>Imp Guide:</i> Required when other coverage is known which is after the Date of Service submitted.   |

\*\*\*\*\*CLAIM BILLING/CLAIM REBILL ACCEPTED/REJECTED RESPONSE\*\*\*\*\*

| <b>Response TRANSACTION HEADER Segment</b> | <b>Check</b> | <b>Claim Billing/Claim Rebill Accepted/Rejected</b><br><i>If Situational, Payer Situation</i> |
|--|--------------|---|
| This Segment is always sent                | X            |   |

|                | <b>Response Transaction Header Segment</b> |              |                    | <b>Claim Billing/Claim Rebill Accepted/Rejected</b> |
|----------------|--|--------------|--------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>                    | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i>                              |
| 1Ø2-A2         | VERSION/RELEASE NUMBER                     | DØ           | M                  |   |



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

| Response MESSAGE Segment    | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>If Situational, Payer Situation |
|-----------------------------|-------|---|
| This Segment is always sent |       |   |
| This Segment is situational | X     |   |

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

| Response STATUS Segment     | Check | Claim Billing/Claim Rebill Accepted/Rejected<br>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  |   |
| 503-F3   | AUTHORIZATION NUMBER        |                     | RW   | <i>Imp Guide:</i> Required if needed to identify the transaction. |
| 510-FA   | REJECT COUNT                | Maximum count of 5. | R  |   |
| 511-FB   | REJECT CODE                 |                     | R  |   |



|                | <b>Response Status Segment<br/>Segment Identification (111-AM)<br/>= "21"</b> |                    |                        | <b>Claim Billing/Claim Rebill<br/>Accepted/Rejected</b>  |
|----------------|---|--------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>       | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 546-4F         | REJECT FIELD OCCURRENCE INDICATOR   |                    | RW                     | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.   |
| 13Ø-UF         | ADDITIONAL MESSAGE INFORMATION COUNT  | Maximum count of 5 | RW                     | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.   |
| 132-UH         | ADDITIONAL MESSAGE INFORMATION QUALIFIER                                      |                    | RW                     | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.   |
| 526-FQ         | ADDITIONAL MESSAGE INFORMATION  |                    | RW                     | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.   |
| 131-UG         | ADDITIONAL MESSAGE INFORMATION CONTINUITY                                     |                    | RW                     | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F         | HELP DESK PHONE NUMBER QUALIFIER  |                    | RW                     | <i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.   |
| 55Ø-8F         | HELP DESK PHONE NUMBER  |                    | RW                     | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  |

| <b>Response CLAIM Segment</b> | <b>Check</b> | <b>Claim Billing/Claim Rebill Accepted/Rejected</b><br><i>If Situational, Payer Situation</i> |
|-------------------------------|--------------|---|
| This Segment is always sent   | X            |   |



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

| <b>Response DUR/PPS Segment</b> | <b>Check</b> | <b>Claim Billing/Claim Rebill Accepted/Rejected<br/>If Situational, <i>Payer Situation</i></b> |
|---------------------------------|--------------|--|
| This Segment is always sent     |              |  |
| This Segment is situational     | X            |  |

|                | <b>Response DUR/PPS Segment<br/>Segment Identification (111-AM)<br/>= "24"</b> |                                     |                        | <b>Claim Billing/Claim Rebill<br/>Accepted/Rejected</b>  |
|----------------|--|-------------------------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>                        | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 567-J6         | DUR/PPS RESPONSE CODE<br>COUNTER   | Maximum 9 occurrences<br>supported. | RW                     | <i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.  |
| 439-E4         | REASON FOR SERVICE CODE  |                                     | RW                     | <i>Imp Guide:</i> Required if utilization conflict is detected.  |
| 528-FS         | CLINICAL SIGNIFICANCE CODE   |                                     | RW                     | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  |
| 529-FT         | OTHER PHARMACY INDICATOR   |                                     | RW                     | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  |
| 530-FU         | PREVIOUS DATE OF FILL  |                                     | RW                     | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br>Required if Quantity of Previous Fill (531-FV) is used. |



|        | <b>Response DUR/PPS Segment<br/>Segment Identification (111-AM)<br/>= "24"</b> |  |    | <b>Claim Billing/Claim Rebill<br/>Accepted/Rejected</b>  |
|--------|--|--|----|--|
| 531-FV | QUANTITY OF PREVIOUS FILL  |  | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.<br><br>Required if Previous Date Of Fill (53Ø-FU) is used. |
| 532-FW | DATABASE INDICATOR   |  | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  |
| 533-FX | OTHER PRESCRIBER<br>INDICATOR  |  | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  |
| 544-FY | DUR FREE TEXT MESSAGE  |  | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  |
| 57Ø-NS | DUR ADDITIONAL TEXT  |  | RW | <i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  |

| <b>Response COB/OTHER PAYERS Segment</b> | <b>Check</b> | <b>Claim Billing/Claim Rebill Accepted/Rejected<br/>If Situational, Payer Situation</b> |
|--|--------------|---|
| This Segment is always sent              |              |   |
| This Segment is situational              | X            |   |

|                | <b>Response Coordination of<br/>Benefits/Other Payers Segment<br/>Segment Identification (111-AM)<br/>= "28"</b> |                     |                        | <b>Claim Billing/Claim Rebill<br/>Accepted/Rejected</b>        |
|----------------|--|---------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i>        | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 355-NT         | OTHER PAYER ID COUNT   | Maximum count of 3. | M                      |  |
| 338-5C         | OTHER PAYER COVERAGE<br>TYPE   |                     | M                      |  |
| 339-6C         | OTHER PAYER ID QUALIFIER   |                     | RW                     | <i>Imp Guide:</i> Required if Other Payer ID (34Ø-7C) is used. |



|                | <b>Response Coordination of Benefits/Other Payers Segment Identification (111-AM) = "28"</b> |              |                    | <b>Claim Billing/Claim Rebill Accepted/Rejected</b>  |
|----------------|--|--------------|--------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>  | <i>Value</i> | <i>Payer Usage</i> | <i>Payer Situation</i>   |
| 34Ø-7C         | OTHER PAYER ID   |              | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 991-MH         | OTHER PAYER PROCESSOR CONTROL NUMBER   |              | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 356-NU         | OTHER PAYER CARDHOLDER ID  |              | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 992-MJ         | OTHER PAYER GROUP ID   |              | RW                 | <i>Imp Guide:</i> Required if other insurance information is available for coordination of benefits.                                   |
| 142-UV         | OTHER PAYER PERSON CODE  |              | RW                 | <i>Imp Guide:</i> Required if needed to uniquely identify the family members within the Cardholder ID, as assigned by the other payer. |
| 127-UB         | OTHER PAYER HELP DESK PHONE NUMBER   |              | RW                 | <i>Imp Guide:</i> Required if needed to provide a support telephone number of the other payer to the receiver.                         |

**1.1.1 CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE**

**CLAIM BILLING/CLAIM REBILL REJECTED/REJECTED RESPONSE**

| <b>Response Transaction Header Segment Questions</b> | <b>Check</b> | <b>Claim Billing/Claim Rebill Rejected/Rejected</b><br><i>If Situational, Payer Situation</i> |
|--|--------------|---|
| 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 |
| 102-A2                              | VERSION/RELEASE NUMBER        | DØ                       | M  |                 |
| 103-A3                              | TRANSACTION CODE              | B1, B3                   | M  |                 |
| 109-A9                              | TRANSACTION COUNT             | Same value as in request | M  |                 |
| 501-F1                              | HEADER RESPONSE STATUS        | R = Rejected             | M  |                 |
| 202-B2                              | SERVICE PROVIDER ID QUALIFIER | Same value as in request | M  |                 |
| 201-B1                              | SERVICE PROVIDER ID           | Same value as in request | M  |                 |
| 401-D1                              | DATE OF SERVICE               | Same value as in request | M  |                 |

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

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

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

| Response Status 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  |  |
| 503-F3   | AUTHORIZATION NUMBER              |                     | RW   | <i>Imp Guide:</i> Required if needed to identify the transaction.                                    |
| 510-FA   | REJECT COUNT                      | Maximum count of 5. | R  |  |
| 511-FB   | REJECT CODE                       |                     | R  |  |
| 546-4F   | REJECT FIELD OCCURRENCE INDICATOR |                     | RW   | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |





|                | <b>Response Status Segment<br/>Segment Identification (111-AM)<br/>= "21"</b> |                     |                        | <b>Claim Billing/Claim Rebill<br/>Rejected/Rejected</b>   |
|----------------|---|---------------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>        | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>  |
| 130-UF         | ADDITIONAL MESSAGE<br>INFORMATION COUNT                                       | Maximum count of 5. | RW                     | <i>Imp Guide:</i> Required if Additional<br>Message Information (526-FQ) is<br>used.  |
| 132-UH         | ADDITIONAL MESSAGE<br>INFORMATION QUALIFIER                                   |                     | RW                     | <i>Imp Guide:</i> Required if Additional<br>Message Information (526-FQ) is<br>used.  |
| 526-FQ         | ADDITIONAL MESSAGE<br>INFORMATION   |                     | RW                     | <i>Imp Guide:</i> Required when<br>additional text is needed for<br>clarification or detail.  |
| 131-UG         | ADDITIONAL MESSAGE<br>INFORMATION CONTINUITY                                  |                     | RW                     | <i>Imp Guide:</i> Required if and only if<br>current repetition of Additional<br>Message Information (526-FQ) is<br>used, another populated repetition<br>of Additional Message Information<br>(526-FQ) follows it, and the text of<br>the following message is a<br>continuation of the current. |
| 549-7F         | HELP DESK PHONE NUMBER<br>QUALIFIER   |                     | RW                     | <i>Imp Guide:</i> Required if Help Desk<br>Phone Number (550-8F) is used.   |
| 550-8F         | HELP DESK PHONE NUMBER  |                     | RW                     | <i>Imp Guide:</i> Required if needed to<br>provide a support telephone<br>number to the receiver.   |

**\*\* End of Response Claim Billing/Claim Rebill (B1/B3) Payer Sheet Template\*\***



**2. NCPDP VERSION D CLAIM REVERSAL TEMPLATE**

**2.1 REQUEST CLAIM REVERSAL PAYER SHEET TEMPLATE**

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

**GENERAL INFORMATION**

|  |                      |  |
|--|----------------------|--|
| Payer Name: Pharmacy Data Management, Inc. | Date: September 2014 |  |
| Plan Name/Group Name:                      | BIN: 006012          | PCN: MEDDPDM<br>PCN: <i>Not required</i>   |
|  | BIN: 014955          | PCN: PDMI<br>PCN: <i>Not required</i>  |
| MarketPlace 2014                           | BIN: 610020          | PCN: MRKTPDM   |
| Spectrum Health Pharmacy                   | BIN: 610020          | PCN: CHOICEPLUS  |
| True Scripts                               | BIN: 017274          | PCN: PDMI  |
| Wisian LLC                                 | BIN: 610325          | PCN: WSN   |
| RxPreferred                                | BIN: 610020          | PCN: RXPREF  |
| Processor: Pharmacy Data Management, Inc.  | BIN: 610020          | PCN: UHMO<br>PCN: PNPS<br>PCN: PBD09<br>PCN: URX001<br>PCN: PDMI340B<br>PCN: BFMEE<br>PCN: PDMI<br>PCN: CARERX<br>PCN: <i>Not required</i> |

**FIELD LEGEND FOR COLUMNS**

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

| Question   | Answer   |
|--|----------|
| What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?) | 120 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<br><i>If Situational, Payer Situation</i> |
|--|-------|--|
| 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          | X     |  |

| Field # | Transaction Header Segment<br><i>NCPDP Field Name</i> | Value  | Payer Usage | Claim Reversal<br><i>Payer Situation</i> |
|---------|---|--|-------------|--|
| 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           |  |
| 1Ø3-A3  | TRANSACTION CODE                                      | B2   | M           |  |
| 1Ø4-A4  | PROCESSOR CONTROL NUMBER                              |  | M           |  |
| 1Ø9-A9  | TRANSACTION COUNT                                     | 1  | M           |  |
| 2Ø2-B2  | SERVICE PROVIDER ID QUALIFIER                         | 01   | M           |  |
| 2Ø1-B1  | SERVICE PROVIDER ID                                   | NPI  | M           |  |
| 4Ø1-D1  | DATE OF SERVICE                                       |  | M           |  |
| 11Ø-AK  | SOFTWARE VENDOR/CERTIFICATION ID                      |  | M           |  |

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



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

| Transaction COB/OTHER PAYMENT Segment | Check | Claim Billing/Claim Rebill<br>If Situational, Payer Situation |
|---------------------------------------|-------|---|
| This Segment is always sent           |       |   |
| This Segment is situational           | X     | Required for secondary, tertiary, etc claims.                 |

| Coordination of Benefits/Other Payments Segment<br>Segment Identification (111-AM)<br>= "Ø5" |   |                    | Claim Billing/Claim Rebill |  |
|--|---|--------------------|----------------------------|--|
| Field #  | NCPDP Field Name                              | Value              | Payer Usage                | Payer Situation  |
| 337-4C   | COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT | Maximum count of 5 | M                          | Scenario 2- Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only |
| 338-5C   | OTHER PAYER COVERAGE TYPE                     |                    | M                          |  |

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



**2.2 RESPONSE CLAIM REVERSAL PAYER SHEET TEMPLATE**  
**2.2.1 CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE**

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

**GENERAL INFORMATION**

|  |                      |   |
|--|----------------------|---|
| Payer Name: Pharmacy Data Management, Inc. | Date: September 2014 |   |
| Plan Name/Group Name:                      | BIN: 006012          | PCN: MEDDPDM<br>PCN: <i>Not required</i>  |
|  | BIN: 014955          | PCN: PDMI<br>PCN: <i>Not required</i>   |
| MarketPlace 2014                           | BIN: 610020          | PCN: MRKTPDM  |
| Spectrum Health Pharmacy                   | BIN: 610020          | PCN: CHOICEPLUS   |
| True Scripts                               | BIN: 017274          | PCN: PDMI   |
| Wisian LLC                                 | BIN: 610325          | PCN: WSN  |
| RxPreferred                                | BIN: 610020          | PCN: RXPREF   |
| Processor: Pharmacy Data Management, Inc.  | BIN: 610020          | PCN: UHMO<br>PCN: PNPS<br>PCN: PBD09<br>PCN: URX001<br>PCN: PDMI340B<br>PCN: BFME<br>PCN: PDMI<br>PCN: CARERX<br>PCN: <i>Not required</i> |

**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<br><i>If Situational, Payer Situation</i> |
|---|-------|--|
| 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 Header Segment Questions | Check | Claim Reversal – Accepted/Approved<br>If Situational, <i>Payer Situation</i> |
|---|-------|--|
| This Segment is always sent               | X     |  |
| This Segment is situational               |       |  |

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

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

|         | Response Status Segment<br>Segment Identification (111-AM)<br>= "21" |                     |                | Claim Reversal –<br>Accepted/Approved  |
|---------|--|---------------------|----------------|--|
| Field # | NCPDP Field Name   | Value               | Payer<br>Usage | Payer Situation  |
| 112-AN  | TRANSACTION RESPONSE STATUS  | A = Approved        | M              |  |
| 503-F3  | AUTHORIZATION NUMBER   |                     | RW             | <i>Imp Guide:</i> Required if needed to identify the transaction.  |
| 547-5F  | APPROVED MESSAGE CODE COUNT  | Maximum count of 5. | RW             | <i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used.  |
| 548-6F  | APPROVED MESSAGE CODE  |                     | RW             | <i>Imp Guide:</i> Required if Approved Message Code Count (547-5F) is used and the sender needs to communicate additional follow up for a potential opportunity. |
| 130-UF  | ADDITIONAL MESSAGE INFORMATION COUNT                                 | Maximum count of 5  | RW             | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.   |
| 132-UH  | ADDITIONAL MESSAGE INFORMATION QUALIFIER                             |                     | RW             | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.   |



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

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

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

## 2.2.2 CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE



**CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE**

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

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

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

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

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

|         | Response Status 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           |  |
| 503-F3  | AUTHORIZATION NUMBER                                   |                     | R           |  |
| 510-FA  | REJECT COUNT   | Maximum count of 5. | R           |  |
| 511-FB  | REJECT CODE  |                     | R           |  |
| 546-4F  | REJECT FIELD OCCURRENCE INDICATOR                      |                     | RW          | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence. |





|                | <b>Response Status Segment<br/>Segment Identification (111-AM)<br/>= "21"</b> |                     |                        | <b>Claim Reversal –<br/>Accepted/Rejected</b>   |
|----------------|---|---------------------|------------------------|---|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>        | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>  |
| 130-UF         | ADDITIONAL MESSAGE<br>INFORMATION COUNT                                       | Maximum count of 5. | RW                     | <i>Imp Guide:</i> Required if Additional<br>Message Information (526-FQ) is<br>used.  |
| 132-UH         | ADDITIONAL MESSAGE<br>INFORMATION QUALIFIER                                   |                     | RW                     | <i>Imp Guide:</i> Required if Additional<br>Message Information (526-FQ) is<br>used.  |
| 526-FQ         | ADDITIONAL MESSAGE<br>INFORMATION   |                     | RW                     | <i>Imp Guide:</i> Required when<br>additional text is needed for<br>clarification or detail.  |
| 131-UG         | ADDITIONAL MESSAGE<br>INFORMATION CONTINUITY                                  |                     | RW                     | <i>Imp Guide:</i> Required if and only if<br>current repetition of Additional<br>Message Information (526-FQ) is<br>used, another populated repetition<br>of Additional Message Information<br>(526-FQ) follows it, and the text of<br>the following message is a<br>continuation of the current. |
| 549-7F         | HELP DESK PHONE NUMBER<br>QUALIFIER   |                     | RW                     | <i>Imp Guide:</i> Required if Help Desk<br>Phone Number (550-8F) is used.   |
| 550-8F         | HELP DESK PHONE NUMBER  |                     | RW                     | <i>Imp Guide:</i> Required if needed to<br>provide a support telephone<br>number to the receiver.   |

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



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

### 2.2.3 CLAIM REVERSAL REJECTED/REJECTED RESPONSE

#### CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

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

| <b>Response Message Segment Questions</b> | <b>Check</b> | <b>Claim Reversal – Rejected/Rejected<br/>If Situational, <i>Payer Situation</i></b> |
|---|--------------|--|
| This Segment is always sent               |              |  |
| This Segment is situational               | X            |  |

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

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



|                | <b>Response Status Segment<br/>Segment Identification (111-AM)<br/>= "21"</b> |                      |                        | <b>Claim Reversal –<br/>Rejected/Rejected</b>  |
|----------------|---|----------------------|------------------------|--|
| <i>Field #</i> | <i>NCPDP Field Name</i>   | <i>Value</i>         | <i>Payer<br/>Usage</i> | <i>Payer Situation</i>   |
| 112-AN         | TRANSACTION RESPONSE STATUS   | R = Reject           | M                      |  |
| 503-F3         | AUTHORIZATION NUMBER  |                      | R                      |  |
| 510-FA         | REJECT COUNT  | Maximum count of 5.  | R                      |  |
| 511-FB         | REJECT CODE   |                      | R                      |  |
| 546-4F         | REJECT FIELD OCCURRENCE INDICATOR   |                      | RW                     | <i>Imp Guide:</i> Required if a repeating field is in error, to identify repeating field occurrence.   |
| 130-UF         | ADDITIONAL MESSAGE INFORMATION COUNT  | Maximum count of 25. | RW                     | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.   |
| 132-UH         | ADDITIONAL MESSAGE INFORMATION QUALIFIER                                      |                      | RW                     | <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.   |
| 526-FQ         | ADDITIONAL MESSAGE INFORMATION  |                      | RW                     | <i>Imp Guide:</i> Required when additional text is needed for clarification or detail.   |
| 131-UG         | ADDITIONAL MESSAGE INFORMATION CONTINUITY                                     |                      | RW                     | <i>Imp Guide:</i> Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. |
| 549-7F         | HELP DESK PHONE NUMBER QUALIFIER  |                      | RW                     | <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.   |
| 550-8F         | HELP DESK PHONE NUMBER  |                      | RW                     | <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  |

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



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## **APPENDIX A. HISTORY OF IMPLEMENTATION GUIDE CHANGES**

### ***1.1 VERSION 1.0***

Added in New PCN for Market Place plans for 1/1/2014.

Added in New PCN for Spectrum Health Pharmacy for 1/1/2014.

### ***1.2 VERSION 1.0***

Added in New BIN for True Scripts for 2/10/2014.

### ***1.3 VERSION 1.0***

Added in New BIN and PCN for Wisian LLC for 4/01/2014.

### ***1.4 VERSION 1.0***

Added in New PCN for RxPreferred for 8/01/2014.