

## MAINE TOBACCO PROGRAM NCPDP VERSION D.Ø PAYER SHEET REQUEST CLAIM BILLING/CLAIM REBILL PAYER SHEET

\*\* Start of Request Claim Billing/Claim Rebill (B1/B3) Payer Sheet \*\*

### GENERAL INFORMATION

Payer Name: <b>Maine Tobacco Program</b>		Date: <b>March 3Ø, 2Ø21</b>
Plan Name/Group Name: <b>Tobacco</b>	BIN: <b>ØØ8316</b>	PCN: <b>Tobacco</b>
Processor: <b>Change Healthcare (CH)</b>		
Effective as of: <b>April 14, 2Ø21</b>	NCPDP Telecommunication Standard Version/Release #: <b>D.Ø</b>	
NCPDP Data Dictionary Version Date: <b>July 2ØØ7</b>	NCPDP External Code List Version Date: <b>March 2Ø1Ø</b>	
Contact/Information Source: <b>1-888-42Ø-9711</b>		
Certification Testing Window:		
Certification Contact Information: <b>1-877-553-8455 POS Tech Support</b>		
Provider Relations Help Desk Info: <b>1-888-42Ø-9711</b>		
Other versions supported: <b>NCPDP Telecommunication Standard v5.1 until 12/31/2Ø11</b>		

### OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal

### FIELD LEGEND FOR COLUMNS

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

Fields that are not used in the Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. 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 <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 <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Billing/Claim Rebill <i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	<b>ØØ8316</b>	M	BIN for TOBACCO
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1, B3	M	B1 – Claim billing B3 – Claim rebill
1Ø4-A4	PROCESSOR CONTROL NUMBER	<b>TOBACCO</b>	M	
1Ø9-A9	TRANSACTION COUNT	Ø1 – Ø4	M	Ø1=One Occurrence Ø2=Two Occurrences Ø3=Three Occurrences Ø4= Four Occurrences
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported

Transaction Header Segment			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
201-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

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

Insurance Segment Segment Identification (111-AM) = "04"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	CARDHOLDER ID		M	Member ID as issued to the TOBACCO beneficiary
306-C6	PATIENT RELATIONSHIP CODE		RW	Imp Guide: Required if needed to uniquely identify the relationship of the Patient to the Cardholder.  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) = "01"			Claim Billing/Claim Rebill	
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		RW	Imp Guide: Required when the patient has a first name.  Payer Requirement: Required to be sent.
311-CB	PATIENT LAST NAME		R	

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

Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	Claim Billing Imp Guide: For Transaction Code of "B1" or "B3", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing)
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	01 – Universal Product Code (UPC) 02 – Health Related Item (HRI) 03 – National Drug Code (NDC)	M	
407-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER	0=Original Dispensing 1 to 99=Refill Number	R	
405-D5	DAYS SUPPLY		R	

	Claim Segment Segment Identification (111-AM) = "07"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
406-D6	COMPOUND CODE	1=Not a Compound 2=Compound	R	
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø=No Refills Authorized 1 through 99, with 99 being as needed, refills unlimited	RW	<i>Imp Guide:</i> Required if necessary for plan benefit administration.  <i>Payer Requirement:</i> Required when available on first fill.
460-ET	QUANTITY PRESCRIBED		RW	<i>Imp Guide:</i> Schedule II Drugs Prescribed
429-DT	SPECIAL PACKAGING INDICATOR	All Values Accepted	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement:</i> Same as Imp Guide
461-EU	PRIOR AUTHORIZATION TYPE CODE	Ø=Not Specified 1=Prior Authorization	RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement:</i> 'Ø1'=Prior Auth requires a valid PA Number Submitted (462-EV);
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement:</i> Same as Imp Guide
995-E2	ROUTE OF ADMINISTRATION		RW	<i>Imp Guide:</i> Required if specified in trading partner agreement.  <i>Payer Requirement:</i> 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
409-D9	INGREDIENT COST SUBMITTED		R	
430-DU	GROSS AMOUNT DUE		R	
412-DC	DISPENSING FEE SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.  <i>Payer Requirement:</i> Same as Imp Guide.
433-DX	PATIENT PAID AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, or patient financial responsibility.  <i>Payer Requirement:</i> Same as Imp Guide.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	<i>Imp Guide:</i> Required if its value has an effect on the Gross Amount Due (430-DU) calculation.  <i>Payer Requirement:</i> Same as Imp Guide.
426-DQ	USUAL AND CUSTOMARY CHARGE		RW	<i>Imp Guide:</i> Required if needed per trading partner agreement.  <i>Payer Requirement:</i> Tobacco agreements require submission of Usual and Customary Charge.

Prescriber Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
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 ID	RW	<i>Imp Guide:</i> Required if Prescriber ID (411-DB) is used.  <i>Payer Requirement:</i> Same as Imp Guide.  <b>Submit prescriber Qualifier Ø1 for Pharmacy adjudication purposes</b>
411-DB	PRESCRIBER ID	Prescriber National Provider ID =NPI	RW	<i>Imp Guide:</i> Required if this field could result in different coverage or patient financial responsibility.  Required if necessary for state/federal/regulatory agency programs.  <i>Payer Requirement:</i> NPI of prescriber is required.  <b>Submit prescriber NPI for Pharmacy adjudication purposes</b>
427-DR	PRESCRIBER LAST NAME		RW	<i>Imp Guide:</i> Required when the Prescriber ID (411-DB) is not known.  Required if needed for Prescriber ID (411-DB) validation/clarification.  <i>Payer Requirement:</i> Same as Imp Guide

DUR/PPS Segment Questions	Check	Claim Billing/Claim Rebill If Situational, <i>Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Required if DUR information needs to be sent

	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	<i>Imp Guide:</i> Required if DUR/PPS Segment is used.  <i>Payer Requirement:</i> Same as Imp. Guide
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement:</i> Same as Imp. Guide
44Ø-E5	PROFESSIONAL SERVICE CODE		RW	<i>Imp Guide:</i> Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

	DUR/PPS Segment Segment Identification (111-AM) = "Ø8"			Claim Billing/Claim Rebill
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				Required if this field affects payment for or documentation of professional pharmacy service.  <i>Payer Requirement: Same as Imp. Guide</i>
441-E6	RESULT OF SERVICE CODE		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement: Same as Imp. Guide</i>
474-8E	DUR/PPS LEVEL OF EFFORT		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement: Same as Imp. Guide</i>
475-J9	DUR CO-AGENT ID QUALIFIER		RW	<i>Imp Guide:</i> Required if DUR Co-Agent ID (476-H6) is used.  <i>Payer Requirement: Same as Imp. Guide</i>
476-H6	DUR CO-AGENT ID		RW	<i>Imp Guide:</i> 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.  <i>Payer Requirement: Same as Imp. Guide</i>

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

**RESPONSE CLAIM BILLING/CLAIM REBILL PAYER SHEET**  
**CLAIM BILLING/CLAIM REBILL ACCEPTED/PAID (OR DUPLICATE OF PAID) RESPONSE**

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

**GENERAL INFORMATION**

Payer Name: <b>Maine Tobacco Program</b>	Date: <b>March 30, 2021</b>
Plan Name/Group Name: <b>Tobacco</b>	BIN: <b>008316</b> PCN: <b>TOBACCO</b>

**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.0*.

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

	<b>Response Transaction Header Segment</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>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

<b>Response Message Header Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)</b> <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	<i>Returned when needed for transmission-level messaging.</i>

	<b>Response Message Segment Segment Identification (111-AM) = "20"</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>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

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

	<b>Response Status Segment Segment Identification (111-AM) = "21"</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>
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction.  <i>Payer Requirement:</i> Will be returned

	<b>Response Status Segment Segment Identification (111-AM) = "21"</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>
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION	Free Text Information	RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same as Imp Guide
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.  <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.  <i>Payer Requirement:</i> Will be returned
550-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement:</i> Will be returned

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

	<b>Response Claim Segment Segment Identification (111-AM) = "22"</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>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

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

	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</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>
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  <i>Payer Requirement:</i> Same as Imp Guide

	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</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>
521-FL	INCENTIVE AMOUNT PAID		RW	<i>Imp Guide:</i> Required if this value is used to arrive at the final reimbursement.  Required if Incentive Amount Submitted (438-E3) is greater than zero (Ø).  <i>Payer Requirement:</i> Same as Imp Guide
5Ø9-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	<i>Imp Guide:</i> Required if Ingredient Cost Paid (5Ø6-F6) is greater than zero (Ø).  Required if Basis of Cost Determination (432-DN) is submitted on billing.  <i>Payer Requirement:</i> Same as Imp Guide

<b>Response DUR/PPS Segment Questions</b>	<b>Check</b>	<b>Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid) If Situational, <i>Payer Situation</i></b>
This Segment is always sent		
This Segment is situational	X	Required if DUR information needs to be sent

	<b>Response DUR/PPS Segment Segment Identification (111-AM) = "24"</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>
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported.	RW	<i>Imp Guide:</i> Required if Reason For Service Code (439-E4) is used.  <i>Payer Requirement:</i> Same as Imp Guide.
439-E4	REASON FOR SERVICE CODE		RW	<i>Imp Guide:</i> Required if utilization conflict is detected.  <i>Payer Requirement:</i> Same as Imp Guide.
528-FS	CLINICAL SIGNIFICANCE CODE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide.
529-FT	OTHER PHARMACY INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide.
53Ø-FU	PREVIOUS DATE OF FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  Required if Quantity of Previous Fill (531-FV) is used.  <i>Payer Requirement:</i> Same as Imp Guide.
531-FV	QUANTITY OF PREVIOUS FILL		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  Required if Previous Date Of Fill (53Ø-FU) is used.  <i>Payer Requirement:</i> Same as Imp Guide.
532-FW	DATABASE INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> 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
533-FX	OTHER PRESCRIBER INDICATOR		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> Same as Imp Guide.
544-FY	DUR FREE TEXT MESSAGE		RW	<i>Imp Guide:</i> Required if needed to supply additional information for the utilization conflict.  <i>Payer Requirement:</i> 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
102-A2	VERSION/RELEASE NUMBER	DØ	M	
103-A3	TRANSACTION CODE	B1, B3	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Rebill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Returned when needed for transmission-level messaging

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.  <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

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	

Response Status Segment Segment Identification (111-AM) = "21"				Claim Billing/Claim Rebill Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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.  <i>Payer Requirement:</i> Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same as Imp Guide
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.  <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	03=Processor/PBM Telephone Number	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.  <i>Payer Requirement:</i> Same as Imp Guide
550-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement:</i> 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 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

### 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
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1, B3	M	

	Response Transaction Header Segment			Claim Billing/Claim Rebill Rejected/Rejected
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
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	Returned when needed for transmission-level messaging

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

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	
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.  <i>Payer Requirement:</i> Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same as Imp Guide
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.  <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER		RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used.  <i>Payer Requirement:</i> Same as Imp Guide

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Billing/Claim Rebill Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement:</i> Same as Imp Guide

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

# MAINE TOBACCO PROGRAM NCPDP VERSION D CLAIM REVERSAL

## REQUEST CLAIM REVERSAL PAYER SHEET

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

### GENERAL INFORMATION

Payer Name: Maine Tobacco Program	Date: March 30, 2021	
Plan Name/Group Name: Tobacco	BIN: 008316	PCN: TOBACCO

### FIELD LEGEND FOR COLUMNS

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	TOBACCO will accept reversal/ Maine Tobacco will accept online reversal of a claim up to the last day of the calendar month the claim was submitted

### CLAIM REVERSAL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Reversal <i>If Situational, Payer Situation</i>
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Not used	X	

Field #	Transaction Header Segment <i>NCPDP Field Name</i>	Value	Payer Usage	Claim Reversal <i>Payer Situation</i>
101-A1	BIN NUMBER	008316	M	BIN for TOBACCO
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	Claim Reversal
104-A4	PROCESSOR CONTROL NUMBER	TOBACCO	M	
109-A9	TRANSACTION COUNT	01 - 04	M	01=One Occurrence 02=Two Occurrences 03=Three Occurrences 04= Four Occurrences
202-B2	SERVICE PROVIDER ID QUALIFIER	01=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported
201-B1	SERVICE PROVIDER ID	.	M	NPI of the submitting pharmacy
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Reversal
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Ø1 = Rx Billing	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	Ø1 – Universal Product Code (UPC) Ø2 – Health Related Item (HRI) Ø3 – National Drug Code (NDC)	M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER	Same value as original Claim Billing, if sent	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.  <i>Payer Requirement:</i> Same as Imp Guide

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

**RESPONSE CLAIM REVERSAL PAYER SHEET**  
**CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE**

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

**GENERAL INFORMATION**

Payer Name: <b>Maine Tobacco Program</b>	Date: <b>March 30, 2021</b>
Plan Name/Group Name: <b>Tobacco</b>	BIN: <b>008316</b> PCN: <b>TOBACCO</b>

**CLAIM REVERSAL ACCEPTED/APPROVED RESPONSE**

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

<b>Field #</b>	<b>Response Transaction Header Segment</b> <i>NCPDP Field Name</i>	<b>Value</b>	<b>Payer Usage</b>	<b>Claim Reversal – Accepted/Approved</b> <i>Payer Situation</i>
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	Same value as in request	M	
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

<b>Response Message Segment Questions</b>	<b>Check</b>	<b>Claim Reversal – Accepted/Approved</b> <i>If Situational, Payer Situation</i>
This Segment is always sent		
This Segment is situational	X	Returned when needed for transmission-level messaging

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

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

<b>Field #</b>	<b>Response Status Segment</b> <b>Segment Identification (111-AM) = "21"</b> <i>NCPDP Field Name</i>	<b>Value</b>	<b>Payer Usage</b>	<b>Claim Reversal – Accepted/Approved</b> <i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
503-F3	AUTHORIZATION NUMBER		RW	<i>Imp Guide:</i> Required if needed to identify the transaction.  <i>Payer Requirement:</i> Same as Imp. Guide
547-5F	APPROVED MESSAGE CODE COUNT	Maximum count of 5.	RW	<i>Imp Guide:</i> Required if Approved Message Code (548-6F) is used.  <i>Payer Requirement:</i> Same as Imp Guide
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.  <i>Payer Requirement:</i> Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide

Response Status Segment Segment Identification (111-AM) = "21"				Claim Reversal – Accepted/Approved
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same as Imp Guide
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.  <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.  <i>Payer Requirement:</i> Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement:</i> Same as Imp Guide

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved <i>If Situational, Payer Situation</i>
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 = Rx Billing	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 REFERENCE NUMBER		M	

### CLAIM REVERSAL ACCEPTED/REJECTED RESPONSE

Response Transaction Header Segment Questions	Check	Claim Reversal - Accepted/Rejected <i>If Situational, 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
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			
This Segment is situational		X	Returned when needed for transmission-level messaging

Response Message Segment Segment Identification (111-AM) = "20"			Claim Reversal - Accepted/Rejected
Field #	NCPDP Field Name	Value	Payer Usage Payer Situation
504-F4	MESSAGE		RW <i>Imp Guide:</i> Required if text is needed for clarification or detail. <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

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
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. <i>Payer Requirement:</i> Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW <i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used. <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW <i>Imp Guide:</i> Required when additional text is needed for clarification or detail. <i>Payer Requirement:</i> Same as Imp Guide
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. <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	03=Processor/ PBM	RW <i>Imp Guide:</i> Required if Help Desk Phone Number (550-8F) is used. <i>Payer Requirement:</i> Same as Imp Guide
550-8F	HELP DESK PHONE NUMBER		RW <i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver. <i>Payer Requirement:</i> Same as Imp Guide

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

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

### CLAIM REVERSAL REJECTED/REJECTED RESPONSE

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

	<b>Response Transaction Header Segment</b>			<b>Claim Reversal – Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer 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	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	

<b>Response Message Segment Questions</b>	<b>Check</b>	<b>Claim Reversal – Rejected/Rejected If Situational, Payer Situation</b>
This Segment is always sent		
This Segment is situational	X	Returned when needed for transmission-level messaging

	<b>Response Message Segment Segment Identification (111-AM) = "20"</b>			<b>Claim Reversal – Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
504-F4	MESSAGE		RW	<i>Imp Guide:</i> Required if text is needed for clarification or detail.  <i>Payer Requirement:</i> Will be returned when text information needs to be sent.

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

	<b>Response Status Segment Segment Identification (111-AM) = "21"</b>			<b>Claim Reversal – Rejected/Rejected</b>
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
112-AN	TRANSACTION RESPONSE STATUS	R = 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.  <i>Payer Requirement:</i> Same as Imp Guide
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide

Response Status Segment Segment Identification (111-AM) = "21"			Claim Reversal – Rejected/Rejected	
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	<i>Imp Guide:</i> Required if Additional Message Information (526-FQ) is used.  <i>Payer Requirement:</i> Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	<i>Imp Guide:</i> Required when additional text is needed for clarification or detail.  <i>Payer Requirement:</i> Same as Imp Guide
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.  <i>Payer Requirement:</i> Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/ PBM	RW	<i>Imp Guide:</i> Required if Help Desk Phone Number (55Ø-8F) is used.  <i>Payer Requirement:</i> Same as Imp Guide
55Ø-8F	HELP DESK PHONE NUMBER		RW	<i>Imp Guide:</i> Required if needed to provide a support telephone number to the receiver.  <i>Payer Requirement:</i> Same as Imp Guide

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