ILLINOIS MEDICAID NCPDP VERSION D.Ø PAYOR SHEET

MANAGED CARE ORGANIZATION (MCO) CLAIM BILLING/CLAIM REBILL

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: July 13, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP
Processor: Change Healthcare (CHC)		
Effective as of: April Ø6, 2Ø23	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: July 2ØØ7	NCPDP External Code List Version Date: July 2Ø13	
Contact/Information Source: 1-217-524-2503		
Certification Testing Window:		
Certification Contact Information: 1-877-782-5565		
Provider Relations Help Desk Info: 1-877-782-5565		
Other versions supported:		

OTHER TRANSACTIONS SUPPORTED

Transaction Code	Transaction Name
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

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

Fields that are not used in the MCO transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

MCO CLAIM BILLING/CLAIM REBILLTRANSACTION

The following lists the segments and fields in a MCO Claim Billing/Claim RebillTransaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

Transaction Header Segment Questions	Check	MCO 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	X	

	Transaction Header Segment			MCO Claim Billing/Claim Rebill

Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø178Ø4	M	
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	ILPOP	M	
	Transaction Header Segment			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø9-A9	TRANSACTION COUNT	1	M	1=One Occurrence
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI) .	M	Only the National Provider ID (NPI) is supported
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

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

	Insurance Segment **Segment Identification (111-AM) = "Ø4"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID		M	Member ID as issued to the Medicaid beneficiary *9 byte numeric HFS recipient number for all transactions.*

Patient Segment Questions	**Check**	**MCO 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"**			**MCO Claim Billing/Claim Rebill**
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE		R	
310-CA	PATIENT FIRST NAME		RW	*Imp Guide:* Required when the patient has a first name.
311-CB	PATIENT LAST NAME		R	

Claim Segment Questions	**Check**	**MCO 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"			**MCO 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	ØØ=Compound Ø1=UPC Ø2=HRI Ø3=NDC	M	Use ØØ only when submitting claims for compounded prescription claims, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7.
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 'Ø' or 'ØØØØØØØØØØØ' only when submitting claims for compounded prescription claims, in all other instances use the ID of the product being dispensed.
456-EN	ASSOCIATED PRESCRIPTION/ SERVICE REFERENCE NUMBER		RW	*Imp Guide:* Required if needed to associate multiple prescriptions/ services from the same sender to allow billing of the current prescription/service.
457-EP	ASSOCIATED PRESCRIPTION/ SERVICE DATE		RW	*Imp Guide:* Required if Associated Prescription/Service Reference Number (456-EN) is used. Required if needed to associate multiple prescriptions/ services from the same sender to allow billing of the current prescription/service.
442-E7	QUANTITY DISPENSED		R	
4Ø3-D3	FILL NUMBER	Ø=Original Dispensing 1 to 99=Refill Number	R	Must be Ø for original dispensing of Schedule II drugs; patients of nursing homes are exempt.
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1=Not a Compound 2=Compound	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE		R	

414-DE	DATE PRESCRIPTION WRITTEN		R	Date written must be within 6 months of Date of Service for controlled drugs. Per the Pharmacy Practice Act: a prescription for medication other than controlled substances shall be valid for up to 15 months from the date issued for the purpose of refills unless the prescription states otherwise.
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø=No Refills Authorized 1 through 99, with 99 being as needed, refills unlimited	RW	*Imp Guide:* Required if necessary, for plan benefit administration. *Payer Requirement:* Required when available on first fill.

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
419-DJ	PRESCRIPTION ORIGIN CODE		R	*Imp Guide:* Required if necessary, for plan benefit administration. *Payer Requirement:* Required when known.
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	Ø2= Other Override: First dose of a two-dose vaccine Ø6=Starter Dose Ø7=Medically Necessary Ø8=Process Compound for Approved Ingredients 1Ø=Meets Plan Limitations 13=Payer-Recognized Emergency/Disaster Assistance Request 2Ø= 34ØB 42= Prescriber ID Submitted is valid and prescribing requirements have been validated. 47= Shortened Days Supply 58 = Nominal Price 59 = Federal Supply Schedule	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). Ø2= Used when authorized by the payer in business cases not currently addressed by other SCC values. Ø6= The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment. Ø7= The pharmacist is indicating that this medication has been determined by the physician to be medically necessary. 1Ø= The pharmacy certified that the transaction is in compliance with the program's policies and rules that are specific to the particular product being billed. 13= The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer 42= Must be submitted when using Pharmacist NPI to overrride Prescriber NPI requirement. 47= Used to request an override to plan limitations when a shortened days supply is being dispensed. *Payer Requirement:* Required when provider will accept payment on one or more, but not necessarily all, ingredients of a multi-ingredient compound and consider payment received as payment in full for the prescribed products. Use indicator (2Ø=34ØB) for 34ØB claims. Use Indicator (58 = Nominal Price or 59 = Federal Supply Schedule) when applicable for the claim.

	Claim Segment Segment Identification (111-AM) = "Ø7"			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

46Ø-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when the transmission is for a Schedule II drug as defined in 21 CFR 1308 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the Version D.0 Editorial Document). *Payer Requirement:* • *Effective 09/21/2020, field is required for Schedule II drugs*
3Ø8-C8	OTHER COVERAGE CODE	Ø=Not specified 1=No other coverage 2=Other Coverage Exists payment collected 3=Other coverage billed – claim not covered 4= Other Coverage Exists payment not collected 8=Claim is billing for patient financial responsibility only	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:* Accepting '*Ø*' when Other Coverage is not specified. Claims should be defaulted to this value if no other value is provided. Accepting 1 to override prior claim rejection caused by other insurance being applicable as primary insurer in State Medicaid eligibility data, but other insurance is not in effect. **This value should not be the default value.** Accepting 2 for reporting TPL payment information. Accepting 3 for Part D excluded drugs If a '3' is submitted, there should be a minimum of 1 Other Payer Reject Code (472-6E) submitted and no Other Payer-Patient Responsibility Qualifier field (351-NP) submitted. Accepting 4 for coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment has not been received. If 8 is submitted, Other Payer-Patient Resp. Amount (352-NQ) with applicable qualifiers must be submitted.
	Claim Segment Segment Identification (111-AM) = "Ø7"			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

461-EU	PRIOR AUTHORIZATION TYPE CODE	ØØ=Not Specified Ø2=Med Cert	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. Payer Requirement:'; '2' =Med Cert requires a defined value in PA Number Submitted (462-EV)
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	72 = 72-hour Emergency Supply	RW	*Imp Guide:* Required if this field could result in different coverage, pricing, or patient financial responsibility. *Payer Requirement:* For 72-hour emergency fill, use the value of "72" when "02" is used in Prior Authorization Type Code (461-EU).
343-HD	DISPENSING STATUS		RW	Used only in situations where inventory shortages do not allow the full quantity to be dispensed.
344-HF	QUANTITY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription.
357-NV	DELAY REASON CODE		RW	*Imp Guide:* Required when needed to specify the reason that submission of the transaction has been delayed.
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**	**MCO Claim Billing/Claim Rebill** If Situational, *Payer Situation*
This Segment is always sent	X	

	Pricing Segment **Segment Identification (111-AM) = "11"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED		R	
43Ø-DU	GROSS AMOUNT DUE		R	
412-DC	DISPENSING FEE SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as Imp Guide.
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* Same as Imp Guide.

	Pricing Segment **Segment Identification (111-AM) = "11"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	Maximum count of 3.	RW	*Imp Guide:* Required if Other Amount Claimed Submitted Qualifier (479-H8) is used. *Payer Requirement:* Same as Imp Guide.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	Ø4-Administrative Cost	R	*Imp Guide:* Required if Other Amount Claimed Submitted (48Ø-H9) is used. *Payer Requirement:* This segment must contain the Ø4 value in order for the MCO payment amount to be supplied in 48Ø-H9.
48Ø-H9	OTHER AMOUNT CLAIMED SUBMITTED	MCO payment amount	R	*Imp Guide:* Required if its value has an effect on the Gross Amount Due (43Ø-DU) calculation. *Payer Requirement:* This segment must contain the MCO payment amount.
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide:* Required if needed per trading partner agreement. *Payer Requirement:* **State** Medicaid agreements require submission of Usual and Customary Charge.
423-DN	BASIS OF COST DETERMINATION	15= Free product or no associated cost 16 = Nominal Price 17 = Federal Supply Schedule	RW	*Imp Guide:* Required if needed for receiver claim/encounter adjudication. *Payer Requirement:* Use the appropriate indicator for the claim, with the amount being submitted in the Ingredient Cost Submitted (4Ø9D9) field.

Prescriber Segment Questions	**Check**	**MCO 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"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	R	*Imp Guide:* Required if Prescriber ID (411-DB) is used. *Payer Requirement:* Field should always be sent

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
411-DB	PRESCRIBER ID	National Provider ID	R	*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:* NPI of prescriber is required.
427-DR	PRESCRIBER LAST NAME		R	*Imp Guide:* Required when the Prescriber ID (411-DB) is not known. Required if needed for Prescriber ID (411-DB) validation/clarification. *Payer Requirement:* Same as Imp Guide
498-PM	PRESCRIBER PHONE NUMBER		RW	*Imp Guide:* Required if needed for Workers' Compensation. Required if needed to assist in identifying the prescriber. Required if needed for Prior Authorization process. *Payer Requirement:* Same as Imp Guide.
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	01-NPI	RW	*Imp Guide:* Required if Primary Care Provider ID (421-DL) is used.
421-DL	PRIMARY CARE PROVIDER ID		RW	*Imp Guide:* Required if needed for receiver service billing determination, if known and available. Required if this field could result in different coverage or patient financial responsibility. Required if necessary for state/federal/regulatory agency programs.
470-4E	PRIMARY CARE PROVIDER LAST NAME		RW	*Imp Guide:* Required if this field is used as an alternative for Primary Care Provider ID (421-DL) when ID is not known. Required if needed for Primary Care Provider ID (421-DL) validation/clarification.

364-2J	PRESCRIBER FIRST NAME		RW	*Imp Guide:* Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

Coordination of Benefits/Other Payments Segment Questions	**Check**	**MCO** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc claims.

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**MCO 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:* Submit qualifier appropriate to the value submitted in Other Payer ID (34Ø-7C).
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* Submit National Payer ID (also referenced as "HPID") of the **primary** payer when available, otherwise the BIN used for claim submission to the other payer is required.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication. *Payer Requirement:* Payment or denial date of the claim submitted to the other payer.
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	Only Ø7= Drug Benefit	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	*Payer Requirement:* Required if other payer has returned a paid response. If OCC=2 (308-C8), value > Ø .
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.
	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**MCO Claim Billing/Claim Rebill** Scenario 1 – Other Payer Amount Paid Repetitions Only
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* Submit as many reject codes as were returned by the other payer, up to the maximum identified in Other Payer Reject Count (471-5E).

DUR/PPS Segment Questions	**Check**	**MCO** If Situational, *Payer Situation*
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"			**MCO 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	MA= Vaccine	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
	DUR/PPS Segment **Segment Identification (111-AM) = "Ø8"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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

Compound Segment Questions	**Check**	**MCO** If Situational, *Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required when the pharmacy is dispensing a compound of multiple ingredients and requesting payment for the prescribed compound from **State** Medicaid.

	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**MCO 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	01=UPC 02=HRI Ø3=NDC	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:* Required when the pharmacy is seeking compensation for the individual ingredient.
	Compound Segment **Segment Identification (111-AM) = "1Ø"**			**MCO Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	16 = Nominal Price 17 = Federal Supply Schedule	RW	*Payer Requirement:* Required when a value is submitted in Compound Ingredient Drug Cost (449-EE).

Narrative Segment Questions	**Check**	**MCO** If Situational, *Payer Situation*
This Segment is always sent	X	Required on paid claims
This Segment is situational		

	Narrative Segment **Segment Identification (111-AM) = "16"**			**MCO**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
39Ø-BM	NARRATIVE MESSAGE	YYYYMMDD*YYYYMMDD	*R*	*Payer Requirement:* This segment must contain the MCO Claim Received Date and the MCO Claim Paid Date.

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

RESPONSE MCO CLAIM BILLING/CLAIM REBILL PAYER SHEET MCO

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

**** Start of Response MCO Payer Sheet ****

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: July 13, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP

MCO RESPONSE

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

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

	Response Transaction Header Segment			**MCO-Accepted/Approved**
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 Message Header Segment Questions	**Check**	**MCO Claim Billing/Claim Rebill Accepted/Paid (or Duplicate of Paid)** 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) = "2Ø"			**Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Will be returned when text information needs to be sent.

Response Status Segment Questions	**Check**	**MCO 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"			**MCO – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	P = Paid D = Duplicate	M	
	Response Status Segment Segment Identification (111-AM) = "21"			**MCO – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø3-F3	AUTHORIZATION NUMBER		R	
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.* Note: For the timely filing edit– "System Date – DOS" will be displayed. *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	Ø3=Processor/PBM	RW	*Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.* *Payer Requirement: Will be returned*
55Ø-8F	HELP DESK PHONE NUMBER	217-524-2503 / 877-782-5565	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	MCO 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"			MCO – Accepted/Approved
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 Response Claim Segment, the Prescription/Service Reference Number Qualifier (455EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response Pricing Segment Questions	Check	MCO 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"			MCO – Accepted/Approved
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø5-F5	PATIENT PAY AMOUNT		R	Reflects the Medicaid Copay amount
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
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). *Payer Requirement*: Required if Basis of Cost Determination (423-DN) is submitted on billing.
	Response Pricing Segment Segment Identification (111-AM) = "23"			**MCO – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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
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).
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).

MCO ACCEPTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			MCO-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 Message Header Segment Questions	Check	MCO-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) = "2Ø"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Will be returned when text information needs to be sent.

Response Status Segment Questions	Check	MCO-Accepted/Rejected If Situational, *Payer Situation*
This Segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) = "21"			MCO-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
	Response Status Segment **Segment Identification (111-AM) = "21"**			**MCO-Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide:* Required when additional text is needed for clarification or detail. *Payer Requirement:* Same as Imp Guide
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide:* Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current. *Payer Requirement:* Same as Imp Guide
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	217-524-2503/ 877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Same as Imp Guide
987-MA	URL	www.HFS.illinois.gov/pharmacy	R	*Imp Guide:* Required for informational purposes only to relay health care communications via the Internet.

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

	Response Claim Segment Segment Identification (111-AM) = "22"			MCO-Accepted/Rejected
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 "B2", in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

MCO REJECTED/REJECTED RESPONSE

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

	Response Transaction Header Segment			MCO- 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	
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	MCO- 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) = "2Ø"			Claim Billing/Claim Rebill – Accepted/Paid (or Duplicate of Paid)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE		RW	*Imp Guide:* Required if text is needed for clarification or detail. *Payer Requirement:* Will be returned when text information needs to be sent.

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

	Response Status Segment Segment Identification (111-AM) = "21"			MCO- Rejected/Rejected
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	

546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as Imp Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
	Response Status Segment Segment Identification (111-AM) = "21"			**MCO- Rejected/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	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	217-524-2503/877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver. *Payer Requirement:* Will be returned
987-MA	URL	www.HFS.illinois.gov/pharmacy	R	*Imp Guide:* Required for informational purposes only to relay health care communications via the Internet.

**** End of Response MCO Payer Sheet ****

ILLINOIS MEDICAID NCPDP VERSION D.Ø CLAIM REVERSAL

MANAGED CARE ORGANIZATION (MCO) REQUEST CLAIM REVERSAL

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprise	Date: July 13, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP

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

Question	Answer
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	**State** Medicaid will accept reversal/ resubmission within a 2 year time period from date of service on the claim

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	X	

	Transaction Header Segment			Claim Reversal
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	Ø178Ø4	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	Claim Reversal
1Ø4-A4	PROCESSOR CONTROL NUMBER		M	
1Ø9-A9	TRANSACTION COUNT	1	M	1=One Occurrence
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1=National Provider Identifier (NPI)	M	Only the National Provider ID (NPI) is supported
2Ø1-B1	SERVICE PROVIDER ID		M	NPI of the submitting pharmacy
4Ø1-D1	DATE OF SERVICE		M	

11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	No other values required

Insurance Segment Questions	**Check**	**Claim Reversal** 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		M	Member ID as issued to the Medicaid beneficiary *9 byte numeric HFS recipient number for all transactions.*

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	*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	ØØ=Compound Ø1=UPC Ø2=HRI Ø3=NDC	M	Use ØØ only when submitting claims for compounded prescription claims, in all other instances use the qualifier appropriate for the product ID in field 4Ø7-D7
4Ø7-D7	PRODUCT/SERVICE ID		M	Use 'Ø' only when submitting claims for compounded prescriptions, in all other instances use the ID of the product being dispensed

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

RESPONSE CLAIM REVERSAL PAYER SHEET MCO

REVERSAL ACCEPTED/APPROVED RESPONSE

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

GENERAL INFORMATION

Payer Name: Illinois Medicaid Enterprises	Date: July 13, 2Ø23	
Plan Name/Group Name: Illinois Medicaid	BIN: Ø178Ø4	PCN: ILPOP

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		
This Segment is situational	X	Returned when needed for transmission level messaging

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

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

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

112-AN	TRANSACTION RESPONSE STATUS	A = Approved	M	
5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as Imp. Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide: Required if Additional Message Information (526-FQ) is used.* *Payer Requirement: Same as Imp Guide*
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Approved**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide: Required if Additional Message Information (526-FQ) is used.* *Payer Requirement: Same as Imp Guide*
526-FQ	ADDITIONAL MESSAGE INFORMATION		RW	*Imp Guide: Required when additional text is needed for clarification or detail.* *Payer Requirement: Same as Imp Guide*
131-UG	ADDITIONAL MESSAGE INFORMATION CONTINUITY		RW	*Imp Guide: Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.* *Payer Requirement: Same as Imp Guide*
549-7F	HELP DESK PHONE NUMBER QUALIFIER	Ø3=Processor/PBM	RW	*Imp Guide: Required if Help Desk Phone Number (55Ø-8F) is used.* *Payer Requirement: Will be returned*
55Ø-8F	HELP DESK PHONE NUMBER	217-524-2503 / 877-782-5565	RW	*Imp Guide: Required if needed to provide a support telephone number to the receiver.* *Payer Requirement: Same as Imp Guide*

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

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

MCO 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		
This Segment is situational	X	Returned when needed for transmission-level messaging

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

5Ø3-F3	AUTHORIZATION NUMBER		RW	*Imp Guide:* Required if needed to identify the transaction. *Payer Requirement:* Same as Imp. Guide
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as Imp Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	Ø3=Processor/ PBM	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	217-524-2503 / 877-782-5565	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 = Rx Billing	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	

MCO **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	R=Rejected	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		
This Segment is situational	X	Returned when needed for transmission-level messaging

	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:* Will be returned when text information needs to be sent.

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R = Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER		R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE		R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR		RW	*Imp Guide:* Required if a repeating field is in error, to identify repeating field occurrence. *Payer Requirement:* Same as Imp Guide
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER		RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Same as Imp Guide
	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Reversal – Rejected/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
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	Ø3=Processor/ PBM	RW	*Imp Guide:* Required if Help Desk Phone Number (55Ø-8F) is used. *Payer Requirement:* Will be returned
55Ø-8F	HELP DESK PHONE NUMBER	217-524-2503 / 877-782-5565	RW	*Imp Guide:* Required if needed to provide a support telephone number to the receiver.

				Payer Requirement: Will be returned

**** End of MCO Reversal (B2) Response Payer Sheet ****