REQUEST CLAIM BILLING / CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: MO HealthNet	Date: Ø5/Ø6/2Ø25	
Plan Name/Group Name: MO HealthNet	BIN: ØØ4Ø47	PCN: 43-1754897 (Medicaid)
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Plan Name/Group Name:	BIN:	PCN:
Processor: Wipro Infocrossing		
Effective as of: Ø1/2Ø12	NCPDP Telecommunication Standard Version/Release #: D.Ø	
NCPDP Data Dictionary Version Date: Ø1/2Ø12	NCPDP External Code List Version Date: Ø1/2Ø12	
Contact/Information Source: Companion Guide		
Certification Testing Window: 8 am to 5 pm CT		
Certification Contact Information: Technical Help Desk email - help.desk@momed.com or call - 573-635-3559		
Provider Relations Help Desk Info: Pharmacy Administration 573-751-6963		
Other versions supported: N/A		

OTHER TRANSACTIONS SUPPORTED

Payer: *Please list each transaction supported with the segments, fields, and pertinent information on each transaction.*

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 Claim Billing/Claim Rebill transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from this document.

CLAIM BILLING/CLAIM REBILL TRANSACTION

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Rebill *If Situational, Payer Situation*
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Payer Issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Switch/VAN issued		
Source of certification IDs required in Software Vendor/Certification ID (11Ø-AK) is Not used	X	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø1-A1	BIN NUMBER	ØØ4Ø47	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 = Billing B3 = Rebill	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	43-1754897 (hyphen is required)	M	
1Ø9-A9	TRANSACTION COUNT	1=One Occurrence 2=Two Occurrences 3=Three Occurrences 4= Four Occurrences	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1= National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID	National Provider Identifier (NPI)	M	

	Transaction Header Segment			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø1-D1	DATE OF SERVICE	CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	SPACES	M	*Payer Requirement:* MO HealthNet does not require vendor certification; therefore, no specific value is required in this field. Since this field is part of a fixed-length record, the spaces must still be sent even though no specific value is required. However, the switching company may require certification and may have a specific value requirement for this field.

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

	Insurance Segment Segment Identification (111-AM) = "Ø4"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø2-C2	CARDHOLDER ID	8 digits MO HealthNet Participant ID	M	
312-CC	CARDHOLDER FIRST NAME	Cardholder first name	R	
313-CD	CARDHOLDER LAST NAME	Cardholder last name	R	

Patient Segment Questions	Check	Claim Billing/Claim Rebill *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	Long-term care pharmacy providers supplying covered drugs to participants in long-term care facilities

	Patient Segment Segment Identification (111-AM) = "Ø1"			Claim Billing/Claim Rebill
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
3Ø4-C4	DATE OF BIRTH	CCYYMMDD	R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Unknown 1 = Male 2 = Female	R	
311-CB	PATIENT LAST NAME	Patient Last name This field is validated to be no more than 15 bytes in length	R	
384-4X	PATIENT RESIDENCE	Ø2 – SKILLED NURSING FACILITY Ø3 – NURSING FACILITY	RW	*Payer Requirement:* MO HealthNet determines eligibility for the controlled-dose long-term care prescription fee differential on Patient Residence [384-4X], values Ø2 or Ø3, and Special Packaging Indicator [429-DT], values Ø3 orØ4.

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

	Claim Segment Segment Identification (111-AM) = "Ø7"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 - Rx Billing	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	This field is validated to be no more than 12 bytes in length	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	'ØØ'-Not Specified 'Ø3'-National Drug Code.	M	*Payer Requirement:* If billing for a multi-ingredient prescription, Product/Service ID Qualifier (436-E1) is zero ("ØØ") otherwise ("Ø3").
4Ø7-D7	PRODUCT/SERVICE ID	National Drug Code (NDC)	M	*Imp Guide:* If billing for a multi-ingredient prescription, Product/Service ID (4Ø7-D7) is zero ("Ø").
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
4Ø3-D3	FILL NUMBER	Ø = Original dispensing - The first dispensing 1-99 = Refill number - Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY	This field is validated to be no more than numeric Ø3 bytes in length	R	
4Ø6-D6	COMPOUND CODE	1=Not a Compound 2=Compound	R	*Payer Requirement:* To bill MO HealthNet for a compound the following is required: • Compound code = 2, and • At least 2 ingredients for the Compound Ingredient Component Count (447-EC) field.
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	Ø = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 2 = Substitution Allowed-Patient Requested Product Dispensed 3 = Substitution Allowed-Pharmacist Selected Product Dispensed 4 = Substitution Allowed-Generic Drug Not in Stock 5 = Substitution Allowed-Brand Drug Dispensed as a Generic 6 = Override 7 = Substitution Not Allowed-Brand Drug Mandated by Law 8 = Substitution Allowed-Generic Drug Not Available in Marketplace 9 = Substitution Allowed By Prescriber but Plan Requests Brand - Patient's Plan Requested Brand Product To Be Dispensed	R	
414-DE	DATE PRESCRIPTION WRITTEN	CCYYMMDD	R	
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	Ø8 = Process Compound For Approved Ingredients 2Ø = 34ØB - Indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under Section 34ØB of the Public Health Act of 1992 including sub-ceiling purchases authorized by Section 34ØB (a)(1Ø) and those made through the Prime Vendor Program (Section 34ØB(a)(8)).	RW	*Imp Guide:* Required if clarification is needed and value submitted is greater than zero (Ø). Occurs the number of times identified in Submission Clarification Code Count (354-NX). *Payer Requirement:* A value of Ø8 is required to process the compound for approved ingredients. A value of 2Ø is required when the product being billed was purchased pursuant to rights available under Section 34ØB of the Public Health Act of 1992.

	Claim Segment **Segment Identification (111-AM) = "Ø7"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
46Ø-ET	QUANTITY PRESCRIBED	This field is validated to be no more than Ø7 bytes signed numeric and Ø3 digits decimal in length	RW	*Payer Requirement:* Required when Schedule II drug
3Ø8-C8	OTHER COVERAGE CODE	ØØ = Not specified by patient Ø1 = No other coverage Ø2 = Other coverage exists/billed-payment collected Ø3 = Other Coverage Billed - claim not covered Ø4 = Other coverage exists-payment not collected	RW	*Payer Requirement*: Required for Coordination of Benefits: MO HealthNet uses the Government Coordination of Benefits (COB) method to process Third-Party Liability (TPL).
429-DT	SPECIAL PACKAGING INDICATOR	Ø3 = Pharmacy Unit Dose Ø4 = Custom Packaging	RW	*Payer Requirement:* MO HealthNet determines eligibility for the controlled-dose long-term care dispensing fee differential based on Patient Residence [384-4X], values Ø2 or Ø3, and Special Packaging Indicator [429-DT], values Ø3 or Ø4

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

	Pricing Segment **Segment Identification (111-AM) = "11"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
4Ø9-D9	INGREDIENT COST SUBMITTED	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	R	
426-DQ	USUAL AND CUSTOMARY CHARGE	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	R	
43Ø-DU	GROSS AMOUNT DUE	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	RW	*Payer Requirement:* MO HealthNet uses the Gross Amount Due field (43Ø-DU) in conjunction with the Usual and Customary field (426-DH) to determine the total submitted charge. In cases where the Gross Amount is provided and is lower than the Usual and Customary amount, the Total Charge Amount will be set to the Gross Amount. The Total Charge Code will be designated as Gross Amount. Essentially, the charge is interpreted as the lesser of the two fields.

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

	Prescriber Segment **Segment Identification (111-AM) = "Ø3"**			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
466-EZ	PRESCRIBER ID QUALIFIER	Ø1=National Provider ID	R	
411-DB	PRESCRIBER ID	NPI of the Provider	R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Rebill *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc. claims.
This Segment is not supported		
Scenario 1 - Other Payer Amount Paid Repetitions Only		
Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	

	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "Ø5"**			**Claim Billing/Claim Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Ø1 = Primary – First Ø2 = Secondary – Second Ø3 = Tertiary – Third Ø4 = Quaternary – Fourth Ø5 = Quinary – Fifth Ø6 = Senary – Sixth Ø7 = Septenary - Seventh Ø8 = Octonary – Eighth Ø9 = Nonary – Ninth	M	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	R	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7 = Drug Benefit	R	*Payer Requirement:* Only the value Ø7 is used to determine the TPL amount considered for payment. This qualifier indicates the dollar amount the other payer paid as part of the drug benefit
431-DV	OTHER PAYER AMOUNT PAID	This field is validated to be no more than Ø6 bytes numeric and Ø2 digits decimal in length	R	*Payer Requirement:* The Government COB method requires providers to submit this field even when the amount is zero ($0.00). When billing for copay (Other Coverage Code (3Ø8-C8) = Ø2), the amount paid by the primary payer is required. When billing for deductible (Other Coverage Code (3Ø8-C8) = Ø4), any amount paid by the primary payer must be reported even if the amount is zero ($0.00).
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.
472-6E	OTHER PAYER REJECT CODE	This field is validated to be no more than Ø3 bytes in length	RW	*Imp Guide:* Required when the other payer has denied the payment for the billing (Other Coverage Code = 3). *Payer Requirement:* Same as Imp Guide..
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	R	
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Ø6=Patient Pay Amount	R	
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	This field is validated to be no more than Ø8 bytes numeric and Ø2 digits decimal in length	R	*Payer Requirement:* The Government COB method requires providers to submit this field, even if the amount is zero ($0.00).

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"			**Claim Billing/Claim Rebill** Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
				MO HealthNet requires this field when the Other Coverage Code (308-C8) is submitted with a Ø2 or Ø4.

Compound Segment Questions	**Check**	**Claim Billing/Claim Rebill** *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	Required when submitting compound ingredients.

	Compound Segment Segment Identification (111-AM) = "1Ø"			**Claim Billing/Claim Rebill**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	SPACES – Not Specified 'Ø1' – Capsule 'Ø2' – Ointment 'Ø3' – Cream 'Ø4' – Suppository 'Ø5' – Powder 'Ø6' – Emulsion 'Ø7' – Liquid '10' – Tablet '11' – Solution '12' – Suspension '13' – Lotion '14' – Shampoo '15' – Elixir '16' – Syrup '17' – Lozenge '18' – Enema	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1 – Each 2 – Grams 3 - Milliliters	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	*Payer Requirement:* MO HealthNet supports Multi-Ingredient Compound functionality with the following constraints: • Claims submitted in a real-time environment with more than 4 ingredients are captured for processing in a batch environment. The response contains a captured status. Those with 4 or less ingredients are adjudicated in real-time. • Claims submitted as compounds with more than one ingredient are split into multiple claims but will have a single combined response for all the ingredients that are part of the compound.
488-RE	COMPOUND PRODUCT ID QUALIFIER	'Ø3'-National Drug Code	M	
489-TE	COMPOUND PRODUCT ID	National Drug Code (NDC)	M	
448-ED	COMPOUND INGREDIENT QUANTITY	This field is validated to be no more than Ø7 bytes numeric and Ø3 digits decimal in length	M	
449-EE	COMPOUND INGREDIENT DRUG COST	This field is validated to be no more than Ø6 bytes numeric and Ø2 digits decimal in length	R	

Clinical Segment Questions	Check	Claim Billing/Claim Rebill *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	A diagnosis should be submitted when a clinical edit or preferred drug list edit requires it.

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing/Claim Rebill
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5.	R	
492-WE	DIAGNOSIS CODE QUALIFIER	Ø2 = ICD-1Ø	R	
424-DO	DIAGNOSIS CODE	The first Ø7 characters represent the diagnosis code.	R	*Payer Requirement:* The diagnosis should be obtained from the prescriber or authorized representative. Claims will be denied if the diagnosis is not coded to the highest level of specificity. The diagnosis code should not contain a period.

RESPONSE CLAIM BILLING / CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: MO HealthNet	Date: Ø5/Ø6/2Ø25	
Plan Name/Group Name: MO HealthNet	BIN: ØØ4Ø47	PCN: 43-1754897 (Medicaid)

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

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

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

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

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing / Claim Rebill – Accepted/Paid (or Duplicate of Paid).**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	AUTHORIZATION NUMBER	13 bytes ICN (Internal Control Number)	R	

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

	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Billing / Claim Rebill – Accepted/Paid (or Duplicate of Paid).**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Same value as in request	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request	M	

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

	Response Pricing Segment Segment Identification (111-AM) = "23"			**Claim Billing / Claim Rebill – Accepted/Paid (or Duplicate of Paid). .**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*

5Ø5-F5	PATIENT PAY AMOUNT	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	R	
5Ø6-F6	INGREDIENT COST PAID	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	R	
5Ø7-F7	DISPENSING FEE PAID	This field is validated to be no more than Ø3 bytes signed numeric and Ø2 digits decimal in length	R	
557-AV	TAX EXEMPT INDICATOR	4 - Payer/Plan and Patient are Tax Exempt	R	
566-J5	OTHER PAYER AMOUNT RECOGNIZED	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	RW	*Payer Requirement:* Required if the request includes an Other Payer Amount Paid (431-DV) greater than zero (Ø) and the Coordination of Benefits/Other Payments Segment is present
5Ø9-F9	TOTAL AMOUNT PAID	This field is validated to be no more than Ø6 bytes signed numeric and Ø2 digits decimal in length	R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	Ø2 - Ingredient Cost Reduced to AWP Pricing Ø3 - Ingredient Cost Reduced to AWP Less X% Pricing - Ø4 - Usual & Customary Paid as Submitted Ø7 - MAC Pricing Ingredient Cost Reduced to MAC Ø8 - Contract Pricing 12 - 34ØB /Disproportionate Share Pricing/Public Health Service 13 - WAC (Wholesale Acquisition Cost) 14 - Other Payer-Patient Responsibility Amount - 2Ø - National Average Drug Acquisition Cost (NADAC)	R	

Response DUR/PPS Segment Questions	**Check**	Claim Billing / Claim Rebill - Accepted / Paid (or Duplicate of Paid) *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	Communicate Drug Utilization Review (DUR) and Professional Pharmacy Services (PPS) information, ensuring proper medication management and safety

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing / Claim Rebill – Accepted/Paid (or Duplicate of Paid).**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used.

439-E4	REASON FOR SERVICE CODE	DC = Drug-Disease Inferred DD = Drug-Drug Interaction ER = Overuse GN = Drug Not Covered HD = High Dose LA = Prior Authorization Required LD = Low Dose LR = Underuse MC = Drug-Disease MN = Insufficient Duration MX = Excessive Duration PE = Plan Exclusion PR = Prior Adverse Reaction SE = Side Effect	RW	*Payer Requirement:* Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE	Blank 1 - Major 2 - Moderate 3 - Minor 9 - Undetermined	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR	Ø - Not Specified 1 - Your Pharmacy 2 - Other Pharmacy in Same Chain 3 - Other Pharmacy	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL	Blank CCYYMMDD	RW	*Imp Guide:* Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
531-FV	QUANTITY OF PREVIOUS FILL	This field is validated to be no more than Ø7 bytes numeric and Ø3 digits decimal in length	RW	*Imp Guide:* Required if Previous Date of Fill (53Ø-FU) is used. *Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
532-FW	DATABASE INDICATOR	Blank = Not Specified 1 - First DataBank 2 - Medi-Span Product Line 3 – Red Book 4 - Processor Developed 5 - Other	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
533-FX	OTHER PRESCRIBER INDICATOR	Ø - Not Specified 1 - Same Prescriber 2 - Other Prescriber	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE	This field is validated to be no more than 3Ø bytes in length	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.

RESPONSE CLAIM BILLING / CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: MO HealthNet	Date: Ø5/Ø6/2Ø25	
Plan Name/Group Name: MO HealthNet	BIN: ØØ4Ø47	PCN: 43-1754897 (Medicaid)

CLAIM BILLING / CLAIM REBILL ACCEPTED / REJECTED RESPONSE

The following lists the segments and fields in a Claim Billing / Claim Rebill response Accepted / Rejected Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø.*

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

	Response Transaction Header Segment			**Claim Billing / Claim Rebill – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	.
1Ø3-A3	TRANSACTION CODE	B1,B3	M	
1Ø9-A9	TRANSACTION COUNT	Same value as in request	M	
5Ø1-F1	HEADER RESPONSE STATUS	A = Accepted	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
2Ø1-B1	SERVICE PROVIDER ID	Same value as in request	M	
4Ø1-D1	DATE OF SERVICE	Same value as in request	M	

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing / Claim Rebill – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	R=Reject	M	
5Ø3-F3	AUTHORIZATION NUMBER	13 bytes ICN (Internal Control Number).	R	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	NCPDP Reject code	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR	This filed is Ø2 bytes in length	RW	*Payer Requirement:* This field is required when a claim contains multiple entries or 'instances' of compound drug information, to identify the specific occurrence of a repeating field if an error occurs
13Ø-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of Ø9.	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Ø1 to Ø9 = Used for the first through ninth lines of free-form text without a predefined structure	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Only the specified qualifier values will be returned
526-FQ	ADDITIONAL MESSAGE INFORMATION	Transaction Text Message up to 4Ø bytes	RW	*Payer Requirement:* This field is particularly used in scenarios where additional text is needed for clarification or detail.

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	Same value as in request	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request	M	

Response DUR/PPS Segment Questions	**Check**	Claim Billing / Claim Rebill - Accepted / Rejected *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	Communicate Drug Utilization Review (DUR) and Professional Pharmacy Services (PPS) information, ensuring proper medication management and safety

	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing / Claim Rebill – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences	RW	*Imp Guide:* Required if Reason For Service Code (439-E4) is used.
439-E4	REASON FOR SERVICE CODE	DC = Drug-Disease Inferred DD = Drug-Drug Interaction ER = Overuse GN = Drug Not Covered HD = High Dose LA = Prior Authorization Required LD = Low Dose LR = Underuse MC = Drug-Disease MN = Insufficient Duration MX = Excessive Duration PE = Plan Exclusion PR = Prior Adverse Reaction SE = Side Effect	RW	*Payer Requirement:* Required if utilization conflict is detected.
528-FS	CLINICAL SIGNIFICANCE CODE	Blank 1 - Major 2 - Moderate 3 - Minor 9 - Undetermined	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
529-FT	OTHER PHARMACY INDICATOR	Ø - Not Specified 1 - Your Pharmacy 2 - Other Pharmacy in Same Chain 3 - Other Pharmacy	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
53Ø-FU	PREVIOUS DATE OF FILL	Blank CCYYMMDD	RW	*Imp Guide:* Required if Quantity of Previous Fill (531-FV) is used. *Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
531-FV	QUANTITY OF PREVIOUS FILL	This field is validated to be no more than Ø7 bytes numeric and Ø3 digits decimal in length	RW	*Imp Guide:* Required if Previous Date of Fill (53Ø-FU) is used. *Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
532-FW	DATABASE INDICATOR	Blank = Not Specified 1 - First DataBank 2 - Medi-Span Product Line 3 – Red Book 4 - Processor Developed 5 - Other	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.

533-FX	OTHER PRESCRIBER INDICATOR	Ø - Not Specified 1 - Same Prescriber 2 - Other Prescriber	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.
544-FY	DUR FREE TEXT MESSAGE	This field is validated to be no more than 3Ø bytes in length	RW	*Payer Requirement:* Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	**Check**	Claim Billing / Claim Rebill - Accepted / Rejected *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	When multiple payers cover the medication, but the other payer's coverage isn't included in the claim.

	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing / Claim Rebill – Accepted/Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
355-NT	OTHER PAYER ID COUNT	Maximum count of 3.	M	
338-5C	OTHER PAYER COVERAGE TYPE	Space	M	
339-6C	OTHER PAYER ID QUALIFIER	99	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as Imp Guide.
34Ø-7C	OTHER PAYER ID	This field is validated to be no more than 1Ø bytes alphanumeric in length	RW	*Payer Requirement:* Required when a drug response error happens to indicate that the claim must be coordinated with another payer, but the necessary information is missing or incorrect, then it fills with the other payer ID.
356-NU	OTHER PAYER CARDHOLDER ID	Cardholder ID used by the payer's which is no longer than 20 bytes in length.	RW	*Payer Requirement:* When there is an error, the Cardholder ID helps determine which payer should be billed first and how the benefits should be applied.
992-MJ	OTHER PAYER GROUP ID	Group ID used by the payer's which is no longer than 15 bytes in length.	RW	*Payer Requirement:* When there is an error, The Other Payer Group ID helps identify the specific group or plan associated with the other payer.
127-UB	OTHER PAYER HELP DESK PHONE NUMBER	The field is no longer than 1Ø bytes in length.	RW	*Payer Requirement:* Required when a claim is rejected due to an error in the Coordination of Benefits (COB) information, the pharmacy can contact the Other Payer Help Desk to get assistance in correcting the information and resubmitting the claim.
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE	The field is no longer than Ø1 bytes in length.	RW	*Payer Requirement:* Required when a claim is rejected because there was an error in the Coordination of Benefits (COB) information, it is necessary to provide additional details to clarify the patient's relationship to the cardholder ID, as assigned by the other insurance payer.

RESPONSE CLAIM BILLING / CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: MO HealthNet	Date: Ø5/Ø6/2Ø25	
Plan Name/Group Name: MO HealthNet	BIN: ØØ4Ø47	PCN: 43-1754897 (Medicaid)

CLAIM BILLING / CLAIM REBILL PAID ACCEPTED / CAPTURED RESPONSE

The following lists the segments and fields in a Claim Billing / Claim Rebill response Accepted / Captured Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

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

	Response Transaction Header Segment			**Claim Billing / Claim Rebill – Accepted/Captured**
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 Segment Questions	**Check**	Claim Billing / Claim Rebill - Accepted / Captured *If Situational, Payer Situation*
This Segment is always sent		
This Segment is situational	X	Compound with more than four ingredients

	Response Message Segment Segment Identification (111-AM) = "2Ø"			**Claim Billing / Claim Rebill – Accepted/Captured**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE	Text Message The field is no longer than 2ØØ bytes in length	R	

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

	Response Status Segment Segment Identification (111-AM) = "21"			**Claim Billing / Claim Rebill – Accepted/Captured**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
112-AN	TRANSACTION RESPONSE STATUS	C = Capture	M	
5Ø3-F3	AUTHORIZATION NUMBER	13 bytes ICN (Internal Control Number)	R	
130-UF	ADDITIONAL MESSAGE INFORMATION COUNT	Maximum count of Ø9	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used.
132-UH	ADDITIONAL MESSAGE INFORMATION QUALIFIER	Ø1 to Ø9 = Used for the first through ninth lines of free-form text without a predefined structure	RW	*Imp Guide:* Required if Additional Message Information (526-FQ) is used. *Payer Requirement:* Only the specified qualifier values will be returned
526-FQ	ADDITIONAL MESSAGE INFORMATION	Transaction Text Message up to 4Ø bytes	RW	*Payer Requirement:* When additional text is needed for clarification or detail.

Response Claim Segment Questions		**Check**	Claim Billing / Claim Rebill - Accepted / Captured *If Situational, Payer Situation*
This Segment is always sent		X	
	Response Claim Segment **Segment Identification (111-AM) = "22"**		**Claim Billing / Claim Rebill – Accepted/Captured**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	Same value as in request	M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	Same value as in request	M	

RESPONSE CLAIM BILLING / CLAIM REBILL PAYER SHEET

GENERAL INFORMATION

Payer Name: MO HealthNet	Date: Ø5/Ø6/2Ø25	
Plan Name/Group Name: MO HealthNet	BIN: ØØ4Ø47	PCN: 43-1754897 (Medicaid)

CLAIM BILLING / CLAIM REBILL REJECTED / REJECTED RESPONSE

The following lists the segments and fields in a Claim Billing / Claim Rebill Response Rejected / Rejected Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.Ø*.

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

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

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

	Response Message Segment Segment Identification (111-AM) = "2Ø"			**Claim Billing / Claim Rebill – Rejected / Rejected**
Field #	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
5Ø4-F4	MESSAGE	Text Message The field is no longer than 2ØØ bytes in length	R	*Payer Requirement: W*hen additional text is needed for clarification or detail.

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

	Response Status Segment 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	
51Ø-FA	REJECT COUNT	Maximum count of 5.	R	
511-FB	REJECT CODE	This filed is Ø3 bytes in length	R	
546-4F	REJECT FIELD OCCURRENCE INDICATOR	This filed is Ø2 bytes in length	RW	*Payer Requirement:* Required when a claim contains multiple entries or 'instances' of drug information, to pinpoint the exact occurrence of a repeating field if an error arises.