3.0 Naloxone Billing Request Claim Billing/Claim Re-bill Template

Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

3.1 B1/B3 – Claim Billing/Claim Re-bill Request

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill 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	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	ØØ2286	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 Billing B2 Reversal B3 Re-bill E1 Eligibility Verification	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	**ØØØØ6822Ø1**	M	**NOTE:** Naloxone is not TrOOP **eligible** **ØØØØ1Ø2286 will be denied/rejected.**

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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 Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Health Services

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

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	Note: Can be blank
3Ø1-C1	GROUP ID	NALOXONE	R	
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	1 = Cardholder

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions.

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø4-C4	DATE OF BIRTH		R	

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified 1 = Male 2 = Female	R	
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required when the patient has a last name. *Payer Requirement:* Required for patient name validation.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		Partial fills are not supported for this program.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Payer Requirement:* For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	*Payer Requirement:* Compounds not allowed for this program.
4Ø7-D7	PRODUCT/SERVICE ID	NDC	M	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
460-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 9/21/2020. Refer to the *Version D.0 Editorial Document*).
4Ø3-D3	FILL NUMBER	Ø = Original dispensing Refill number – Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Compounds are not allowed for this program.
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	R	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
		Plan Requests Brand – Patient's Plan Requested Brand Product To Be Dispensed		
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1-99 = Authorized Refill number – with 99 being as needed, refills unlimited.	R	*Imp Guide*: Required if necessary for plan benefit administration.
419-DJ	PRESCRIPTION ORIGIN CODE	Ø = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	*Imp Guide*: Required if necessary for plan benefit administration.
3Ø8-C8	OTHER COVERAGE CODE	2 = Other coverage exists-payment collected	RW	*Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.* *Required for Coordination of Benefits.* *Payer Requirement: Same as Imp Guide.*

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide: Required if needed per trading partner agreement.* *Payer Requirement: Same as Imp Guide.*
43Ø-DU	GROSS AMOUNT DUE		R	

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
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:* Ø1 = National Provider Identifier (NPI)
411-DB	PRESCRIBER ID	National Provider Identifier (NPI)	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:* Providers must submit the NPI.
427-DR	PRESCRIBER LAST NAME		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	**NOTE: ONLY OCC = 2 CLAIMS WILL BE ACCEPTED FOR NALOXONE. ALL COB FIELDS RELATED TO OCC = 2 CLAIMS HAVE TO BE SUBMITTED.**

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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	Blank = Not Specified 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	
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Bank Information Number (BIN) Card Issuer ID	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide.*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* BIN # Enter other payer(s) BIN.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Other payer date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide.*
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9.	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Same as *Imp Guide.*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7 = Drug Benefit	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Same as *Imp Guide.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. *Payer Requirement:* This field must be populated when using Other Coverage Code of "2."
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as *Imp Guide.*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* This field must contain the primary plan's reject code.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as *Imp Guide.*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Blank = Not Specified Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement: Per NCPDP, the submission of Ø6 precludes the use of other qualifiers. Additional qualifiers sent with Ø6 will result in NCPDP Error "NP". If Ø6 is NOT used, multiple qualifiers are acceptable.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
		Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer. Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer. Ø5 = Amount of Copay (518-FI) as reported by previous payer. Ø6 = Patient Pay Amount (5Ø5-F5) as reported by previous payer. Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer. Ø8 = Amount Attributed to Product Selection/Non-Preferred Formulary Selection (135-UM) as reported by previous payer. Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer. 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 = Amount Attributed to Product Selection/Brand		

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
		Non-Preferred Formulary Selection (136-UN) as reported by previous payer. 12 = Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap. 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as *Imp Guide.* **Claims received with an OCC value of 2 must have this field populated.** **OCC 2 claims received with this field NOT populated will system default to a $0.00 value.**
392-MU	BENEFIT STAGE COUNT	Maximum count of 4.	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Compounds are not allowed for this program.

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

Facility Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		

Facility Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is situational	X	Segment is not required.

End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template

Naloxone Billing Request Claim Billing/Claim Re-bill Template

Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template

Refer to the General Information tables at the beginning of this document for contact and processing information.

B1/B3 – Claim Billing/Claim Re-bill Request

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

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-bill 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	X	

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
1Ø1-A1	BIN NUMBER	ØØ2286	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1 Billing B2 Reversal B3 Re-bill E1 Eligibility Verification	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	**ØØØØ6822Ø1**	M	**NOTE:** Naloxone is not TrOOP eligible **ØØØØ1Ø2286 will be denied/rejected.**

Transaction Header Segment		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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 Identifier (NPI)	M	
2Ø1-B1	SERVICE PROVIDER ID	NPI	M	
4Ø1-D1	DATE OF SERVICE	Format = CCYYMMDD	M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	Assigned by Magellan Health Services

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

Insurance Segment Segment Identification (111-AM) = "Ø4"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø2-C2	CARDHOLDER ID		M	Note: Can be blank
3Ø1-C1	GROUP ID	NALOXONE	R	
3Ø6-C6	PATIENT RELATIONSHIP CODE		R	1 = Cardholder

Patient Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required for B1 and B3 transactions.

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5	PATIENT GENDER CODE	Ø = Not Specified 1 = Male 2 = Female	R	

Patient Segment Segment Identification (111-AM) = "Ø1"		Claim Billing/Claim Re-bill		
Field	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
31Ø-CA	PATIENT FIRST NAME		R	*Imp Guide:* Required when the patient has a first name. *Payer Requirement:* Required for patient name validation.
311-CB	PATIENT LAST NAME		R	*Imp Guide:* Required when the patient has a last name. *Payer Requirement:* Required for patient name validation.

Claim Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This payer supports partial fills		Partial fills are not supported for this program.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	*Payer Requirement:* For Transaction Code of "B1," in the Claim Segment, the Prescription/ Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	Ø3 = National Drug Code (NDC)	M	*Payer Requirement:* Compounds not allowed for this program.
4Ø7-D7	PRODUCT/SERVICE ID	NDC	M	

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
442-E7	QUANTITY DISPENSED	Metric Decimal Quantity	R	
46Ø-ET	QUANTITY PRESCRIBED		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
				1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*).
4Ø3-D3	FILL NUMBER	Ø = Original dispensing Refill number – Number of the replenishment	R	
4Ø5-D5	DAYS SUPPLY		R	
4Ø6-D6	COMPOUND CODE	1 = Not a Compound 2 = Compound	R	Compounds are not allowed for this program.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
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		R	
415-DF	NUMBER OF REFILLS AUTHORIZED	Ø = No refills authorized 1-99 = Authorized Refill number – with 99 being as needed, refills unlimited.	R	*Imp Guide*: Required if necessary for plan benefit administration.

Claim Segment Segment Identification (111-AM) = "Ø7"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
419-DJ	PRESCRIPTION ORIGIN CODE	Ø = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	*Imp Guide*: Required if necessary for plan benefit administration.
3Ø8-C8	OTHER COVERAGE CODE	2 = Other coverage exists-payment collected	RW	*Imp Guide: Required if needed by receiver, to communicate a summation of other coverage information that has been collected from other payers.* *Required for Coordination of Benefits.* *Payer Requirement: Same as Imp Guide.*

Pharmacy Provider Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

Pricing Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
426-DQ	USUAL AND CUSTOMARY CHARGE		R	*Imp Guide: Required if needed per trading partner agreement.* *Payer Requirement: Same as Imp Guide.*
43Ø-DU	GROSS AMOUNT DUE		R	

Prescriber Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent	X	
This Segment is situational		

Prescriber Segment Segment Identification (111-AM) = "Ø3"		Claim Billing/Claim Re-bill		
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:* Ø1 = National Provider Identifier (NPI)
411-DB	PRESCRIBER ID	National Provider Identifier (NPI)	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:* Providers must submit the NPI.
427-DR	PRESCRIBER LAST NAME		R	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Required only for secondary, tertiary, etc., claims.
Scenario 3 – Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)	X	**NOTE: Only OCC = 2 claims will be accepted for Naloxone. All COB fields related to OCC = 2 claims must be submitted.**

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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	Blank = Not Specified 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	
339-6C	OTHER PAYER ID QUALIFIER	Ø3 = Bank Information Number (BIN) Card Issuer ID	RW	*Imp Guide:* Required if Other Payer ID (34Ø-7C) is used. *Payer Requirement:* Same as *Imp Guide.*
34Ø-7C	OTHER PAYER ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication. *Payer Requirement:* BIN # Enter other payer(s) BIN.
443-E8	OTHER PAYER DATE		RW	*Imp Guide:* Other payer date is necessary for claim/encounter adjudication. *Payer Requirement:* Same as *Imp Guide.*
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	*Imp Guide:* Required if Other Payer Amount Paid Qualifier (342-HC) is used. *Payer Requirement:* Same as *Imp Guide.*
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	Ø7 = Drug Benefit	RW	*Imp Guide:* Required if Other Payer Amount Paid (431-DV) is used. *Payer Requirement:* Same as *Imp Guide.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
431-DV	OTHER PAYER AMOUNT PAID		RW	*Imp Guide:* Required if other payer has approved payment for some/all of the billing. *Payer Requirement:* This field must be populated when using Other Coverage Code of "2."
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used. *Payer Requirement:* Same as *Imp Guide.*
472-6E	OTHER PAYER REJECT CODE		RW	*Imp Guide:* Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (3Ø8-C8) = 3 (Other Coverage Billed – claim not covered). *Payer Requirement:* This field must contain the primary plan's reject code.
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. *Payer Requirement:* Same as *Imp Guide.*
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	Blank = Not Specified Ø1 = Amount Applied to Periodic Deductible (517-FH) as reported by previous payer. Ø2 = Amount Attributed to Product Selection/Brand Drug (134-UK) as reported by previous payer.	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. *Payer Requirement: Per NCPDP, the submission of Ø6 precludes the use of other qualifiers. Additional qualifiers sent with Ø6 will result in NCPDP Error "NP." If Ø6 is NOT used, multiple qualifiers are acceptable.*

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
		Ø3 = Amount Attributed to Sales Tax (523-FN) as reported by previous payer. Ø4 = Amount Exceeding Periodic Benefit Maximum (52Ø-FK) as reported by previous payer. Ø5 = Amount of Copay (518-FI) as reported by previous payer. Ø6 = Patient Pay Amount (5Ø5-F5) as reported by previous payer. Ø7 = Amount of Coinsurance (572-4U) as reported by previous payer. Ø8 = Amount Attributed to Product Selection/ Non-Preferred Formulary Selection (135-UM) as reported by previous payer. Ø9 = Amount Attributed to Health Plan Assistance Amount (129-UD) as reported by previous payer. 1Ø = Amount Attributed to Provider Network Selection (133-UJ) as reported by previous payer. 11 = Amount Attributed to Product Selection/Brand Non-Preferred Formulary Selection (136-UN) as reported by previous payer.		

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
		12 = Amount Attributed to Coverage Gap (137-UP) that was collected from the patient due to a coverage gap. 13 = Amount Attributed to Processor Fee (571-NZ) as reported by previous payer.		
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing. Required if necessary for state/federal/regulatory agency programs. Not used for non-governmental agency programs if Other Payer Amount Paid (431-DV) is submitted. *Payer Requirement:* Same as *Imp Guide.* **Claims received with an OCC value of 2 must have this field populated.** **OCC 2 claims received with this field NOT populated will system default to a $0.00 value.**
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.
393-MV	BENEFIT STAGE QUALIFIER		RW	*Imp Guide:* Required if Benefit Stage Amount (394-MW) is used. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "Ø5"		Claim Billing/Claim Re-bill 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**
394-MW	BENEFIT STAGE AMOUNT		RW	*Imp Guide:* Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages. This field is required when the plan is a participant in a Medicare Part D program that requires reporting of benefit stage specific financial amounts. Required if necessary for state/federal/regulatory agency programs. *Payer Requirement:* Same as *Imp Guide.* Required when known.

Compound Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Compounds are not allowed for this program.

Clinical Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

Facility Segment Questions	Check	Claim Billing/Claim Re-bill If Situational, Payer Situation
This Segment is always sent		
This Segment is situational	X	Segment is not required.

****End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet Template****