2020 Payer Sheet
NCPDP Version D.0

Version 6.0 for 2020

Effective Date:
January 1, 2020

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Note: For all MeridianRx **MEDICARE**-serviced plans, please refer to the Medicare payer sheet available on the Documents and Forms page of our website: **www.meridianrx.com**.

General Information

BIN Information

BIN Number	Effective	NCPDP Version
610241	January 1, 2020	D.0

PCN List for BIN 610241

MeridianRx		
PCN	Group ID	Line of Business
MHPILMCD	N/A	Medicaid

Pharmacy Help Desk Information

Inquiries to MeridianRx may be directed to our 24-hour Pharmacy Assistance Center. All calls are toll-free.

MeridianRx			
PCN	Phone	Fax	Email
MHPILMCD (Medicaid)	855-580-1688	855-580-1695	info@meridianrx.com

Version Information

Version	Date	Page	Field	Notes
1.0	1/1/2017			Payer Sheet for 2017
2.0	1/1/2018			Payer Sheet for 2018
3.0	1/1/2019			Payer Sheet for 2019
4.0	5/20/2019			Payer Sheet for 2019
5.0	6/18/2019			Payer Sheet for 2019
6.0	1/1/2020			Payer Sheet for 2020

NCPDP Version D.0 Claims Billing Template

Request Claim Billing Payer Sheet Template

Start of Request Claim Billing (B1) Payer Sheet

General Information

Payer Name: MeridianRx	BIN: 610241	Date: January 1, 2020
Plan Name/Group Name	**PCN**	
Refer to Member ID Card	MHPILMCD (Medicaid)	

- Effective: January 1, 2020
- NCPDP Telecommunication Standard Version/Release #: D.0
- NCPDP Data Dictionary Version Date: March 2010
- NCPDP External Code List Version Date: March 2010
- Contact/Information Source: MeridianRx, 1 Campus Martius, Suite 750, Detroit, MI 48226
- Provider Relations Help Desk Info: **866-984-6462**
- Other Versions Supported: None

Transactions Supported

Transaction Code	Transaction Name
B1	Claim Billing
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 (Group I," "Not required if y")	Yes

Claims Billing Transaction

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

Transaction Header Segment Questions		Check	Claim Billing *(if situational, Payer Situation)*	
This segment is always sent		X		
	Transaction Header Segment			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
101-A1	BIN NUMBER	610241	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	B1-Claim billing

				Note: Rebill (B3-Claim rebill) not supported
104-A4	PROCESSOR CONTROL NUMBER	Refer to PCN table on page 3	M	Use correct PCN for BIN/Group/Line of Business
109-A9	TRANSACTION COUNT	1	M	Only one transaction allowed in a single transmission
202-B2	SERVICE PROVIDER ID QUALIFIER	01, 07	M	01 = NPI 07 = NCPDP Provider ID
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	BLANKS	M	

Insurance Segment Questions		**Check**	**Claim Billing** *(if situational, Payer Situation)*	
This segment is always sent		X		
	Insurance Segment Segment Identification (111-AM) = “04”			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
301-C1	Group ID		R	As printed on the ID card, or as communicated
302-C2	CARDHOLDER ID		M	Member ID as issued to the Medicaid beneficiary
312-CC	CARDHOLDER FIRST NAME		RW	Required if needed for receiver inquiry validation and/or determination. Required if the patient is the cardholder and date of birth (304-C4) is not available. (Note: Cardholder ID (302-C2) is mandatory.) Required if necessary for state/federal/regulatory agency or Workers’ Compensation programs. Required if multiple people have the same cardholder ID
313-CD	CARDHOLDER LAST NAME		RW	Required if needed for receiver inquiry validation and/or determination. Required if the patient is the cardholder, and date of birth (304-C4) is not available.

				(Note: Cardholder ID (302-C2) is mandatory.) Required if necessary for state/federal/regulatory agency or Workers' Compensation programs. Required if multiple people have the same cardholder ID
306-C6	PATIENT RELATIONSHIP CODE		RW	Required if needed for receiver inquiry validation and/or determination. Required if the patient is the cardholder, and date of birth (304-C4) is not available. (Note: Cardholder ID (302-C2) is mandatory.) Required if necessary for state/federal/regulatory agency or Workers' Compensation programs. Required if multiple people have the same cardholder ID

Patient Segment Questions		**Check**	**Claim Billing** *(if situational, Payer Situation)*	
This segment is always sent		X		
	Patient Segment Segment Identification (111-AM) = "01"			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
304-C4	DATE OF BIRTH		R	
305-C5	PATIENT GENDER CODE	1, 2	R	
310-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		R	
323-CN	PATIENT CITY ADDRESS		R	
324-CO	PATIENT STATE/PROVINCE ADDRESS		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
307-C7	PLACE OF SERVICE		RW	Required for home infusion and LTC patients
350-HN	PATIENT EMAIL ADDRESS		RW	For informational purposes only
384-4X	PATIENT RESIDENCE		RW	Required when necessary to clarify coverage

Pricing Segment Questions	**Check**	**Claim Billing** *(if situational, Payer Situation)*

	This segment is always sent	X		
	Pricing Segment Segment Identification (111-AM) = “11”			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
409-D9	INGREDIENT COST SUBMITTED		R	340B pharmacies – submit AAC Cost here with the basis of cost determination (423-DN) indicator of 08. Required for claim billing/encounter
412-DC	DISPENSING FEE SUBMITTED		R	
438-E3	INCENTIVE AMOUNT SUBMITTED		RW	Required when applicable
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
423-DN	BASIS OF COST DETERMINATION	08	RW	AAC cost basis of 08 for 340B claim billing. Use indicator for 340B claims, with the amount being submitted in the ingredient cost submitted (409-D9) field
430-DU	GROSS AMOUNT DUE		R	

Prescriber Segment Questions		Check	Claim Billing *(if situational, Payer Situation)*	
	This segment is always sent	X		
	Prescriber Segment Segment Identification (111-AM) = “03”			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
466-EZ	PRESCRIBER ID QUALIFIER	01, 12	R	01 = NPI 12 = DEA
411-DB	PRESCRIBER ID		R	
498-PM	PRESCRIBER PHONE NUMBER		RW	Required if needed to assist in identifying the prescriber or if needed for Prior Authorization process. Must be all numerical values (“0000000000”), no dashes or parenthesis will be accepted

Claim Segment Questions		Check	Claim Billing *(if situational, Payer Situation)*	
	This segment is always sent	X		
	Claim Segment Segment Identification (111-AM) = “07”			**Claim Billing**

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	00 = For compound submissions 01= Universal Product Code (UPC) 02= HRI 03= National Drug Code (NDC)	M	Use 00 only when submitting claims for compounded prescriptions. In all other instances, use the qualifier appropriate for the product ID in field 407-D7
407-D7	PRODUCT/SERVICE ID		M	Use 0 only when submitting claims for compounded prescriptions. In all other instances, use the ID of the product being dispensed MMMMM = Manufacturer assigned number DDDD = Drug ID PP = Package size
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS' SUPPLY	1 - 180	R	Days' supply cannot exceed 180 days
406-D6	COMPOUND CODE	1, 2	R	1 = Not a compound 2 = Compound
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	0 - 9	R	0 = No product selection indicated 1 = Prescriber DAW 2 = Patient selection 3 = Pharmacist selection 4 = No generic available at pharmacy 5 = Brand dispensed as generic 6 = Override 7 = Brand mandated by law 8 = No generic in marketplace 9 = Plan requested brand
414-DE	DATE PRESCRIPTION WRITTEN		R	Date written must be within 6 months of date of service for controlled

				drugs and 1 year (365 days) for non-controlled drugs
415-DF	NUMBER OF REFILLS AUTHORIZED	0 - 99	R	0 = No refills authorized 1 - 99 = authorized refill number with 99 being as needed or unlimited refills
418-DI	LEVEL OF SERVICE	0 - 7	R	0 = Not specified 1 = Patient consultation 2 = Home delivery 3 = Emergency 4 = 24-hour service 5 = Patient consultation 6 =In-home service 7 = Medical at home with special pharmacy services identical to long term care beneficiaries
429-DT	SPECIAL PACKING INDICATOR	0 - 5	R	0 = Not specified 1 = Not unit dose 2 = Manufacturer unit dose 3 =Pharmacy unit dose 4 = Pharmacy unit dose Patient compliance packaging 5 = Pharmacy multi-drug patient compliance packaging
461-EU	PRIOR AUTHORIZATION TYPE CODE	0 - 2	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility 0 = Not Specified 2 = Med Cert and requires a clarifying State-defined value in PA Number Submitted (462-EV)

462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	Submit the value "72" = 72 hour emergency supply for 461-EU value = "2"	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility Submit the appropriate value for the value entered in 461-EU
Claim Segment Questions		**Check**	**Claim Billing** *(if situational, Payer Situation)*	
This segment is always sent		X		
	Claim Segment **Segment Identification** **(111-AM) = "07"**			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
419-DJ	PRESCRIPTION ORIGIN CODE	1, 2, 3, 4	R	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile
308-C8	OTHER COVERAGE CODE	1, 2, 3, 4, 8	R	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 **For Co-pay Only Billing:** Use value 4 when payment was not collected due to previous payers' deductible Use value 3 when payment was not collected from previous payer+ Use value 8 when payment was collected from previous payer and the claim is billing for co-pay only

147-U7	PHARMACY SERVICE TYPE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		Q	Claim Rebill: Maximum count of 3. Required if Submission Clarification Code (420-DK) is used.
420-DK	SUBMISSION CLARIFICATION CODE	13 – Payer–Recognized Emergency/Disaster Assistance Request – The pharmacist is indicating that an override is needed based on an emergency/disaster situation recognized by the payer 55 – Prescriber Enrollment in State Medicaid Program has been validated	Q***R***	Claim Rebill: Required if clarification is needed and value submitted is greater than zero. Occurs the number of times identified in Submission Clarification Code Count (354-NX)
461-EU	PRIOR AUTHORIZATION TYPE CODE	0, 2	RW	Required if field could result in different coverage, pricing, or patient financial responsibility 0 = Not specified 2 = Med cert and requires clarifying state defined value in PA number submitted (462-EV)
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	72	RW	Required if field could result in different coverage, pricing, or patient financial responsibility 72 = 72-hour emergency supply
460-ET	Quantity Prescriber	Not required if value is equal to 1	RW	Required for controlled II substances

Coordination of Benefits/Other Payments Segment Questions	**Check**	**Claim Billing** *(if situational, Payer Situation)*
This segment is situational	X	Required if only for secondary, tertiary, claims

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			**Claim Billing** Scenario 2 – Other payer-patient responsibility amount repetitions and benefit stage 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	01 - 09	M	
339-6C	OTHER PAYER ID QUALIFIER	03	R	03 = BIN
340-7C	OTHER PAYER ID		R	
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	Required if other payer amount paid qualifier (342-HC) is used
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	01, 02, 03, 04, 05, 06, 07, 09, 10	RW	Required if other payer amount paid (431-DV) is used
431-DV	OTHER PAYER AMOUNT PAID		RW	Required when other payer payment is made
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	Required when other payer reject code (472-6E) is used
472-6E	OTHER PAYER REJECT CODE		RW	Required when other coverage code (308-C8) = 3
353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT	Maximum count of 25	RW	Required when other payer-patient responsibility amount qualifier (351-NP) is used
351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER	01, 02, 04, 05, 06, 07, 08, 09, 11	RW	Required when other payer-patient responsibility amount (352-NQ) is used
352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT		RW	Necessary for patient financial responsibility only billing

DUR/PPS Segment Questions		Check	Claim Billing *(if situational, Payer Situation)*	
This segment is situational		X	When necessary to provide information on potential drug interactions	
	DUR/PPS Segment **Segment Identification** **(111-AM) = "08"**			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
473-7E	DUR/PPS CODE COUNTER	Maximum of 9 occurrences	RW	

439-E4	REASON FOR SERVICE CODE	DD, TD, SX, ER, HD, MX, PA	RW	*DD = Drug – Drug* *TD = Duplicate Therapy* *SX = Drug – Gender* *ER = Overuse* *HD = High Dose* *MX = Excessive Duration* *PA = Drug – Age*
440-E5	PROFESSIONAL SERVICE CODE		RW	
441-E6	RESULT OF SERVICE CODE		RW	

Compound Segment Questions		**Check**	**Claim Billing** *(if situational, Payer Situation)*	
This segment is situational		X	For billing of compound medications	
	Compound Segment **Segment Identification** **(111-AM) = "10"**			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	01 – 07, 10 - 18	M	Blank = Not Specified 01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18= Enema
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1, 2, 3	M	1 = Each 2 = Grams 3 = Milliliters
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	2 - 25	M	Enter number of ingredients in the compound
488-RE	COMPOUND PRODUCT ID QUALIFIER		M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	Enter ingredient cost for each product in the compound
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		R	

Clinical Segment	**Check**	**Claim Billing**
This segment is always sent	X	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
491-VE	Diagnosis Code Count	Max of 5	RW	
492-WE	Diagnosis Code Qualifier	00-08	RW	
424-DO	Diagnosis Code		RW	Please submit diagnosis code provided on the prescription. Prescriptions for anticonvulsant medications may require submission of diagnosis codes for processing

End of Request Claim Billing (B1) Payer Sheet

Response Claim Billing Payer Sheet Template

Start of Response Claim Billing (B1) Payer Sheet

General Information

Payer Name: MeridianRx	BIN: 610241	Date: January 1, 2020
Plan Name/Group Name	PCN	
Refer to Member ID Card	MHPILMCD (Medicaid)	

- Effective: January 1, 2020
- NCPDP Telecommunication Standard Version/Release #: D.0
- NCPDP Data Dictionary Version Date: March 2010
- NCPDP External Code List Version Date: March 2010
- Contact/Information Source: MeridianRx, 1 Campus Martius, Suite 750, Detroit, MI 48226
- Provider Relations Help Desk Info: 866-984-6462
- Other Versions Supported: None

Claim Billing Accepted/Paid (or Duplicate of Paid) Response

The following lists the segments and fields in a Claim Billing Accepted/Paid (or Duplicate of Paid) Response Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*:

Response Transaction Header Segment Questions		Check	Claim Billing Accepted/Paid (Or Duplicate of Paid) (if situational, *Payer Situation*)	
This segment is always sent		X		
	Response Transaction Header Segment			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	Note: Rebill (B3) not supported
109-A9	TRANSACTION COUNT	1	M	Only one transaction per transmission
501-F1	HEADER RESPONSE STATUS	A = Accepted	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01, 07	M	01 = NPI 07 = NCPDP
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
Response Message Header Segment Questions		**Check**	**Claim Billing Accepted/Paid (Or Duplicate of Paid)** *(if situational, Payer Situation)*	
This segment is situational		X	When additional text is required for clarification or detail	
	Response Message Segment Segment Identification (111-AM) = "20"			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
504-F4	MESSAGE		R	

Response Insurance Header Segment Questions		Check	Claim Billing Accepted/Paid (Or Duplicate of Paid) *(if situational, Payer Situation)*	
This segment is situational		X	Returned with Cardholder ID differs from Cardholder ID submitted	
	Response Insurance Segment Segment Identification (111-AM) = "25"			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
302-C2	CARDHOLDER ID		R	

Response Status Segment Questions		Check	Claim Billing 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 – 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	
503-F3	AUTHORIZATION NUMBER		R	

Response Claim Segment Questions		Check	Claim Billing 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 – Accepted/Paid (or Duplicate of Paid)**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
461-EU	M/I PRIOR AUTHORIZATION TYPE CODE	0 - 2	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility
462-EV	M/I PRIOR AUTHORIZATION NUMBER SUBMITTED	Submit the value "72" = 72 hour emergency supply for 461-EU value = "2"	RW	Required if this field could result in different coverage, pricing, or patient financial responsibility

Response Pricing Segment Questions	Check	Claim Billing Accepted/Paid (Or Duplicate of Paid) *(if situational, Payer Situation)*
This segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = “23”			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
505-F5	PATIENT PAY AMOUNT		R	
506-F6	INGREDIENT COST PAID		R	
507-F7	DISPENSING FEE PAID		R	
557-AV	TAX EXEMPT INDICATOR	04	R	04 = Neither payer/plan nor patient are liable for tax
521-FL	INCENTIVE AMOUNT PAID		RW	Required when professional service code = MA
566-J5	OTHER PAYER AMOUNT RECOGNIZED		RW	Required when other coverage code = 2, 3, 4
509-F9	TOTAL AMOUNT PAID		R	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION		RW	Required when ingredient cost paid (506-F6) is greater than zero
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE		RW	Returned when applicable
518-FI	AMOUNT OF CO-PAY		RW	Returned when applicable
572-4U	AMOUNT OF COINSURANCE		RW	Returned when applicable
392-MU	BENEFIT STAGE COUNT	Maximum count of 4	RW	Returned when applicable
393-MV	BENEFIT STAGE QUALIFIER		RW	Returned when applicable
394-MW	BENEFIT STAGE AMOUNT		RW	Returned when applicable
133-UJ	AMOUNT ATTRIBUTED TO PROVIDER NETWORK SELECTION		RW	Returned when applicable
134-UK	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND DRUG		RW	Returned when applicable
135-UM	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/NON-PREFERRED FORMULARY SELECTION		RW	Returned when applicable
136-UN	AMOUNT ATTRIBUTED TO PRODUCT SELECTION/BRAND NON-PREFERRED FORMULARY SELECTION		RW	Returned when applicable
137-UP	AMOUNT ATTRIBUTED TO COVERAGE GAP		RW	Returned when applicable

Response Pricing Segment Questions	Check	Claim Billing Accepted/Paid (Or Duplicate of Paid) *(if situational, Payer Situation)*
This segment is always sent	X	

	Response Pricing Segment Segment Identification (111-AM) = "23"			Claim Billing – Accepted/Paid (or Duplicate of Paid)
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
148-U8	INGREDIENT COST CONTRACTED/REIMBURSABLE AMOUNT		RW	Required when other coverage code (308-C8) = 2 or 8
149-U9	DISPENSING FEE CONTRACTED/REIMBURSABLE AMOUNT		RW	Required when other Coverage code (308-C8) = 2 or 8

Response DUR/PPS Segment Questions		Check	Claim Billing Accepted/Paid (Or Duplicate of Paid) *(if situational, Payer Situation)*	
This segment is situational		X	Required when DUR warning is indicated	
	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			Claim Billing – 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 supported	RW	Required when reason for service code (439-E4) is used
439-E4	REASON FOR SERVICE CODE		RW	Required when utilization conflict is detected
528-FS	CLINICAL SIGNIFICANCE CODE	Blank, 1, 2, 3, 9	RW	Required when necessary to provide additional information on utilization conflict
529-FT	OTHER PHARMACY INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
530-FU	PREVIOUS DATE OF FILL		RW	Required when necessary to provide additional information on utilization conflict
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required when necessary to provide additional information on utilization conflict
532-FW	DATABASE INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
544-FY	DUR FREE TEXT MESSAGE		RW	Required when necessary to provide additional

				information on utilization conflict
Response DUR/PPS Segment Questions		**Check**	**Claim Billing Accepted/Paid (Or Duplicate of Paid)** *(if situational, Payer Situation)*	
This segment is situational		X	Required when DUR warning is indicated	
	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
570-NS	DUR ADDITIONAL TEXT		RW	Required when necessary to provide additional information on utilization conflict

Response Coordination of Benefits/Other Payers Segment Questions		**Check**	**Claim Billing Accepted/Paid (Or Duplicate of Paid)** *(if situational, Payer Situation)*	
This segment is situational		X	For claims where other payer information is indicated	
	Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
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		M	
339-6C	OTHER PAYER ID QUALIFIER		RW	Required when secondary coverage is indicated for the member
340-7C	OTHER PAYER ID		RW	Required when secondary coverage is indicated for the member
991-MH	OTHER PAYER PROCESSOR CONTROL NUMBER		RW	Required when secondary coverage is indicated for the member
356-NU	OTHER PAYER CARDHOLDER ID		RW	Required when secondary coverage is indicated for the member
992-MJ	OTHER PAYER GROUP ID		RW	Required when secondary coverage is indicated for the member
142-UV	OTHER PAYER PERSON CODE		RW	Required when secondary coverage is indicated for the member
127-UB	OTHER PAYER HELP DESK PHONE NUMBER		RW	For informational purposes
143-UW	OTHER PAYER PATIENT RELATIONSHIP CODE		RW	For informational purposes
144-UX	OTHER PAYER BENEFIT EFFECTIVE DATE		RW	For informational purposes
145-UY	OTHER PAYER BENEFIT TERMINATION DATE		RW	For informational purposes

Claim Billing/Rejected Response

The following lists the segments and fields in a Claim Billing/Rejected Response Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*:

Response Transaction Header Segment Questions		Check	Claim Billing Accepted/Rejected *(if situational, Payer Situation)*	
This segment is always sent		X		
	Response Transaction Header Segment			**Claim Billing – Accepted/Rejected**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	Note: Rebill (B3) not supported
109-A9	TRANSACTION COUNT	1	M	Only one transaction per transmission
501-F1	HEADER RESPONSE STATUS	R = Rejected	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	Same value as in request	M	
201-B1	SERVICE PROVIDER ID	Same value as in request	M	
401-D1	DATE OF SERVICE	Same value as in request	M	

Response Message Segment Questions		Check	Claim Billing Accepted/Rejected *(if situational, Payer Situation)*	
This segment is situational		X	When required to clarify response	
	Response Message Segment Segment Identification (111-AM) = "20"			**Claim Billing – Accepted/Rejected**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
504-F4	MESSAGE		R	

Response Claim Segment Questions		Check	Claim Billing Accepted/Rejected *(if situational, Payer Situation)*	
This segment is always sent		X		
	Response Claim Segment Segment Identification (111-AM) = "22"			**Claim Billing – 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 B1, in the response claim segment, the prescription/service reference number qualifier (455-EM) is 1 (Rx Billing)

402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

Response SUR/PPS Segment Questions		Check	Claim Billing Accepted/Rejected *(if situational, Payer Situation)*	
This segment is situational		X	When DUR warning is indicated	
	Response DUR/PPS Segment Segment Identification (111-AM) = "24"			**Claim Billing – Accepted/Rejected**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
567-J6	DUR/PPS RESPONSE CODE COUNTER	Maximum 9 occurrences supported	RW	Required when reason for service code (439-E4) is used
439-E4	REASON FOR SERVICE CODE		RW	Required when utilization conflict is detected
528-FS	CLINICAL SIGNIFICANCE CODE	Blank, 1, 2, 3, 9	RW	Required when necessary to provide additional information on utilization conflict
529-FT	OTHER PHARMACY INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
530-FU	PREVIOUS DATE OF FILL		RW	Required when necessary to provide additional information on utilization conflict
531-FV	QUANTITY OF PREVIOUS FILL		RW	Required when necessary to provide additional information on utilization conflict
532-FW	DATABASE INDICATOR	1 = First Databank 2 = Medispan	RW	Required when necessary to provide additional information on utilization conflict
533-FX	OTHER PRESCRIBER INDICATOR		RW	Required when necessary to provide additional information on utilization conflict
544-FY	DUR FREE TEXT MESSAGE		RW	Required when necessary to provide additional information on utilization conflict
570-NS	DUR ADDITIONAL TEXT		RW	Required when necessary to provide additional information on utilization conflict

Clinical Segment	Check	Claim Billing
This segment is always sent	X	

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
491-VE	Diagnosis Code Count	Max of 5	RW	
492-WE	Diagnosis Code Qualifier	00-08	RW	
424-DO	Diagnosis Code		RW	Please submit diagnosis code provided on the prescription. Prescriptions for anticonvulsant medications may require submission of diagnosis codes for processing

End of Response Claim Billing (B1) Payer Sheet

NCPDP Version D.0 Claim Reversal Template

Request Claim Reversal Payer Sheet Template

Start of Request Claim Reversal (B2) Payer Sheet Template

General Information

Payer Name: MeridianRx	BIN: 610241	Date: January 1, 2020
Plan Name/Group Name	**PCN**	
Refer to Member ID Card	MHPILMCD (Medicaid)	
Effective: January 1, 2020		

- NCPDP Telecommunication Standard Version/Release #: D.0
- NCPDP Data Dictionary Version Date: March 2010
- NCPDP External Code List Version Date: March 2010
- Contact/Information Source: MeridianRx, 1 Campus Martius, Suite 750, Detroit, MI 48226
- Provider Relations Help Desk Info: 866-984-6462
- Other Versions Supported: None

Field Legend for Columns

Payer Usage Column	Value	Explanation
Mandatory	**M**	The field is mandatory for the segment in the designated transaction
Required	**R**	The field has been designated with the situation of "Required" for the segment in the designated transaction

Qualified Requirement	**RW**	"Required when" the situations designated have qualifications for usage ("Required if x," "Not required if y")

Question	Answer
What is your reversal window? (If transaction is billed today, what is the timeframe for reversal to be submitted?)	60 days from the date of service

Request Claim Reversal Transaction

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

Transaction Header Segment Questions		Check	Claim Reversal *(if situational, Payer Situation)*	
This segment is always sent		X		
	Transaction Header Segment			**Claim Reversal**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
101-A1	BIN NUMBER	610241	M	
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
301-C1	GROUP ID		R	As printed on the ID card or as communicated
104-A4	PROCESSOR CONTROL NUMBER	Refer to PCN table on page 3	M	Use correct PCN for BIN/Group/Line of Business
109-A9	TRANSACTION COUNT	1	M	
202-B2	SERVICE PROVIDER ID QUALIFIER	01, 07	M	01 = NPI 07 = NCPDP
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blanks	M	

Insurance Segment Questions		Check	Claim Reversal *(if situational, Payer Situation)*	
This segment is always sent		X		
	Insurance Segment Segment Identification (111-AM) = “04”			**Claim Reversal**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
302-C2	CARDHOLDER ID		M	

Claim Segment Questions		Check	Claim Reversal *(if situational, Payer Situation)*	
This segment is always sent		X		
	Claim Segment Segment Identification (111-AM) = "07"			**Claim Reversal**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	01 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03 – National Drug Code 00 – Multi-Ingredient Compound	M	
407-D7	PRODUCT/SERVICE ID	Valid NDC ***or*** 0 if original claim was for a multi-ingredient compound	M	Must contain product/service ID from original prescription billing

Clinical Segment		Check	Claim Billing	
This segment is always sent		X		
	Clinical Segment Segment Identification (111-AM) = "13"			**Claim Billing**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
491-VE	Diagnosis Code Count	Max of 5	RW	
492-WE	Diagnosis Code Qualifier	00 - 08	RW	
424-DO	Diagnosis Code		RW	Please submit diagnosis code provided on the prescription. Prescriptions for anticonvulsant medications may require submission of diagnosis codes for processing

End of Request Claim Reversal (B2) Payer Sheet

Response Claim Reversal Payer Sheet Template

Start of Claim Reversal Response (B2) Payer Sheet

General Information

Payer Name: MeridianRx	BIN: 610241	Date: January 1, 2020
Plan Name/Group Name	**PCN**	
MeridianHealth of Illinois	MHPILMCD (Medicaid)	

- Effective: January 1, 2020
- NCPDP Telecommunication Standard Version/Release #: D.0
- NCPDP Data Dictionary Version Date: March 2010
- NCPDP External Code List Version Date: March 2010
- Contact/Information Source: MeridianRx, 1 Campus Martius, Suite 750, Detroit, MI 48226
- Provider Relations Help Desk Info: 866-984-6462
- Other Versions Supported: None

Claim Reversal Accepted/Rejected Response

The following lists the segments and fields in a Claim Reversal (Accepted/Rejected) Response Transaction for the NCPDP *Telecommunication Standard Implementation Guide Version D.0*:

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***
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B2	M	
109-A9	TRANSACTION COUNT	1	M	
501-F1	HEADER RESPONSE STATUS	A, R	M	A = Accepted R = Rejected
202-B2	SERVICE PROVIDER ID QUALIFIER	01, 07	M	01 = NPI 07 = NCPDP
201-B1	SERVICE PROVIDER ID		M	
401-D1	DATE OF SERVICE		M	

Response Message Header Segment Questions		Check	Claim Reversal – Accepted/Approved *(if situational, Payer Situation)*	
This segment is situational		X	Required when necessary to clarify reversal	
	Response Message Segment Segment Identification (111-AM) = "20"			**Claim Reversal – Accepted/Approved**
Field #	***NCPDP Field Name***	***Value***	***Payer Usage***	***Payer Situation***
504-F4	MESSAGE		M	

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, R	M	A = Accepted R = Rejected

	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	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	

End of Claim Reversal Response (B2) Payer Sheet