meridianRx

2021 Payer Sheet
NCPDP Version D.0

For all MEDICARE serviced plans

Version 5.0 for 2021

Effective Date:
January 1, 2021

Contents

General Information

BIN Information

BIN Number	Effective Date	NCPDP Version
610241	January 1, 2021	D.0

MeridianRx Medicare PCN List for 2021

MeridianRx - Medicare				
PCN	**Plan/Group**	**Group ID**	**Line of Business**	**Description**
MHPILCOMP	MeridianComplete	N/A	Medicare/Medicaid	MeridianComplete (MMAI) for Illinois
MHPILCOMPB	MeridianComplete	N/A	Medicare/Medicaid B vs. D	**Please see Part B vs D Adjudication process below**
MHPMICOMP	MeridianComplete	N/A	Medicare/Medicaid	MeridianComplete (MMP) for Michigan
MHPMICOMPB	MeridianComplete	N/A	Medicare/Medicaid B vs. D	**Please see Part B vs D Adjudication process below**

RiverSpring - Medicare				
PCN	**Plan/Group**	**Group ID**	**Line of Business**	**Description**
RSNY	RiverSpring STAR	N/A	Medicare	Medicare Advantage Institutional Special Needs Plan for New York
RSNYB	RiverSpring STAR	N/A	Medicare	**Please see Part B vs D Adjudication process below**

*Part B vs. D Adjudication Process Claims for medications designated as B vs. D by Medicare that are submitted using a Part D PCN will return a rejection code 75 – Prior Authorization Required. The rejection will include a secondary message explaining that the medication is B vs. D and instructing the pharmacist to contact MeridianRx. If it is determined that the medication can be passed through the member's Part D benefit, MeridianRx will provide prior authorization for the claim to adjudicate.

As a convenience to pharmacies, for B vs. D medications that are determined to fall under the member's Part B (Medical) benefit, MeridianRx may establish prior authorization and instruct the pharmacy to re-submit the claim using the Part B PCN associated with the member's PCN (shown with asterisk in PCN list). This will allow the claim to adjudicate through the PBM without requiring the pharmacy to work through the member's Part B plan.

Important Exceptions:
- This Part B utility is not available for PDP benefit plans
- This Part B utility is ONLY for medications designated B vs. D by Medicare. Part B medications must be processed through the member's Part B benefit

Pharmacy Help Desk Information

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

MeridianHealth – Medicare			
Michigan	**Phone:**	**Fax:**	**E-Mail**
MeridianComplete	855-580-1693	855-580-1695	info@meridianrx.com
Indiana			
MeridianComplete	855-898-1480	855-898-1486	info@meridianrx.com

RiverSpring – Medicare			
New York	**Phone:**	**Fax:**	**E-Mail**
RiverSpring Health Plans	855-898-1482	855-898-1483	

MeridianRx 2021 Medicare Payer Sheet

Version Information

VER.	DATE	PAGE	FIELD	NOTES
5.0	01/01/2021			Medicare Payer Sheet Release for 2021

NCPDP VERSION D.0 Claim Billing

Request Claim Billing Payer Sheet

Start of Request Claim Billing (B1) Payer Sheet

General Information

Payer Name: **MeridianRx**	BIN: **610241**	Date: January 1, 2021
Plan Name/Group Name	**PCN**	
Michigan		
MeridianComplete (MI Health Link)	MHPMICOMP MHPMICOMPB (Medicare Part B) *	
Illinois		
MeridianComplete	MHPILCOMP MHPILCOMPB (Medicare Part	
New York		
RiverSpring STAR	RSNYB (Medicare Part B)*	
Effective: January 1, 2021	NCPDP Telecommunication Standard Version/Release Number: 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		

* To be used ONLY for billing Medicare Part B Medications through PBM.

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 ("Required if x", "Not required if y")	Yes

Claim 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	

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Transaction Header Segment			**Claim Billing**
101-A1	BIN NUMBER		M	610241
102-A2	VERSION/RELEASE NUMBER	D0	M	
103-A3	TRANSACTION CODE	B1	M	Note: Rebill (B3) not supported
104-A4	PROCESSOR CONTROL NUMBER	Refer to PCN table on page 3	M	Use correct PCN for Group/Line of Business
109-A9	TRANSACTION COUNT	1	M	Only one transaction allowed in a single
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	BLANKS	M	

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

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Insurance Segment Segment Identification (111-AM) = "04"			**Claim Billing**
301-C1	Group ID		RW	As printed on the ID card or as communicated
302-C2	CARDHOLDER ID		M	
312-CC	CARDHOLDER FIRST NAME		RW	Required for PCN CMEMCORX
313-CD	CARDHOLDER LAST NAME		RW	Required for PCN CMEMCORX
306-C6	PATIENT RELATIONSHIP CODE		RW	Required for PCN CMEMCORX
997-G2	CMS Part D Defined Qualified Facility	Y=Yes, N=No	RW	Required to request long term care Part D processing rules to be followed

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		R	
325-CP	PATIENT ZIP/POSTAL ZONE		R	
307-C7	PLACE OF SERVICE		RW	Required for home infusion and LTC patients
350-HN	PATIENT E-MAIL ADDRESS		RW	For informational purposes only
384-4X	PATIENT RESIDENCE		R	

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	*Imp Guide:* For transaction code of B1, in the claim segment, the prescription/service reference number qualifier (455-EM) is 1 (Rx Billing)
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	03	M	NDC number
407-D7	PRODUCT/SERVICE ID		M	MMMMM = Manufacturer assigned number DDDD = Drug ID PP = Package size Zero filled if product is a compound
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE	0, 1, 2	R	0 = Not specified 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	
415-DF	NUMBER OF REFILLS		R	

419-DJ	PRESCRIPTION ORIGIN CODE	1,2,3,4	R	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile
308-C8	OTHER COVERAGE CODE	0, 1, 2, 3, 4	R	0 = Not Specified 1 = No other coverage identified 2 = Other coverage exists – payment collected 3 = Other coverage exists – this claim not covered 4 = Other coverage exists – payment not collected
147-U7	PHARMACY SERVICE TYPE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT	Maximum count of 3	RW	Field is required when patient residence (384-4X) = 3 Field is required for 340B claim submissions
420-DK	SUBMISSION CLARIFICATION CODE	3, 4, 5, 7, 13, 16, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36	RW	Field is required when patient residence (384-4X) = 3 Value 20 Required for 340B Claim Submissions
460-ET	QUANTITY PRESCRIBED	Not required if value is equal to 1	RW	Required for controlled substance (CII)
461-ET	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

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		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)
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	R	01 = NPI
411-DB	PRESCRIBER ID		R	

Coordination of Benefits/Other Payments Segment	Check	Claim Billing If Situational, *Payer Situation*
This segment is situational	X	Required only for secondary, tertiary claims.

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Coordination of Benefits/Other Payments Segment **Segment Identification (111-AM) = "05"**			**Claim Billing** Scenario 1- Other Payer Amount Paid (OPAP) Repetitions and Benefit Stage Repetitions Only
337-4C	COORDINATION OF BENEFITS/OTHER	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 of 9	RW	Required when 431-DV is used
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	01, 02, 03, 04, 05, 06, 07, 09	RW	Required when 431-DV is used 01 – Delivery 02 – Shipping 03 – Postage 04 – Admin 05 – Incentive 06 – Cognitive 07 – Drug Benefit 09 – Compound Prep
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 coverage code (308-C8) = 3
472-6E	OTHER PAYER REJECT CODE	60, 61, 65, 66, 67, 68, 69, 70, 76, AA, M1, RN	RW	Required when other coverage code (308-C8) = 3

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 - 17	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

451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	1, 2, 3	M	1 = Each 2 = Grams 3 = Milliliters
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
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 Questions	Check	Claim Billing If Situational, *Payer Situation*
This segment is situational	X	Required for all Medicare transactions

	Clinical Segment Segment Identification (111-AM) = "13"			Claim Billing
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
491-VE	DIAGNOSIS CODE COUNT	Maximum count of 5	R	
492-WE	DIAGNOSIS CODE QUALIFIER		R	
424-DO	DIAGNOSIS CODE		R	

End of Request Claim Billing (B1) Payer Sheet

Response Claim Billing Payer Sheet

Start of Response Claim Billing (B1) Payer Sheet

General Information

Payer Name: **MeridianRx**	BIN: **610241**	Date: January 1, 2021
Plan Name/Group Name	**PCN**	
Michigan		
MeridianComplete (MI Health Link)	MHPMICOMP MHPMICOMP (Medicare Part B)	
Illinois		
MeridianComplete	MHPILCOMP MHPILCOMPB (Medicare Part B)	
New York		
RiverSpring STAR	RSNYB (Medicare Part B)	
Effective: January 1, 2021	NCPDP Telecommunication Standard Version/Release Number: 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**		

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 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	

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Response Insurance Header Segment Questions	Check	Claim Billing Accepted/Paid (or Duplicate of Paid) If Situational, *Payer Situation*
This segment is situational	X	Returned when cardholder ID differs from cardholder ID submitted

	Response Insurance Segment Segment Identification (111-AM) =			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)
This segment is always sent	X	

	Response Status Segment Segment Identification (111-AM) =			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	

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

MeridianRx 2021 Medicare Payer Sheet

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

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

Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
	Response DUR/PPS Segment **Segment Identification (111-AM) = "24"**			**Claim Billing – Accepted/Paid (or Duplicate of Paid)**
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
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

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Response Message 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	

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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	
ET	M/I QUANTITY PRESCRIBED		M	Recommend use for when Quantity prescribed value is not submitted for a schedule II controlled substance or if the quantity prescribed value submitted is not in the specific format

Response DUR/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

End of Response Claim Billing (B1) Payer Sheet

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

Start of Request Claim Reversal (B2) Payer Sheet

General Information

Payer Name: **MeridianRx**	BIN: **610241**	Date: January 1, 2021
Plan Name/Group Name	**PCN**	
Michigan		
MeridianComplete	MHPMICOMP MHPMICOMPB (Medicare Part B)	
Illinois		
MeridianComplete	MHPILCOMP MHPILCOMPB (Medicare Part)	
New York		
RiverSpring STAR	RSNYB (Medicare Part B)	
Effective: January 1, 2021	NCPDP Telecommunication Standard Version/Release Number: 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		

* To be used ONLY for billing Medicare Part B Medications through PBM.

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

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	
104-A4	PROCESSOR CONTROL NUMBER	Refer to PCN table on page 3	M	Use correct PCN for 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	

	Transaction Header Segment			Claim Reversal
Field	*NCPDP Field Name*	*Value*	*Payer Usage*	*Payer Situation*
110-AK	SOFTWARE VENDOR/CERTIFICATION	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) =			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

End of Request Claim Reversal (B2) Payer Sheet

Response Claim Reversal Payer Sheet

Start of Claim Reversal Response (B2) Payer Sheet

General Information

Payer Name: **MeridianRx**	BIN: **610241**	Date: January 1, 2021
Plan Name/Group Name	**PCN**	
Michigan		
MeridianComplete	MHPMICOMP MHPMICOMPB (Medicare Part B)	
Illinois		
MeridianComplete	MHPILCOMP MHPILCOMPB (Medicare Part B)	
New York		
RiverSpring STAR	RSNY (Medicare Part B)	
Effective: January 1, 2021	NCPDP Telecommunication Standard Version/Release Number: 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		

* To be used ONLY for billing Medicare Part B Medications through PBM.

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			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