



2021 Payer Sheet  
NCPDP Version D.0

**Version 5.0 for 2021**

**Effective Date:**  
January 1, 2021

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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](http://www.meridianrx.com).

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## General Information

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### BIN Information

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

### PCN List for BIN 610241

MeridianRx		
PCN	Group ID	Line of Business
HPMMCD	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
HPMMCD (Medicaid)	866-984-6462	877-355-8070	info@meridianrx.com

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## Version Information

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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	1/1/2020			Payer Sheet for 2020
5.0	1/1/2021			Payer Sheet for 2021

# NCPDP Version D.0 Claims Billing Template

## Request Claim Billing Payer Sheet Template

### Start of Request Claim Billing (B1) Payer Sheet

#### General Information

<b>Payer Name: MeridianRx</b>	<b>BIN: 610241</b>	<b>Date: January 1, 2021</b>
<b>Plan Name/Group Name</b>	<b>PCN</b>	
Refer to Member ID Card	HPMMCD (Medicaid)	

- Effective: January 1, 2021
- 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	<b>M</b>	The field is mandatory for the segment in the designated transaction	No
Required	<b>R</b>	The field has been designated with the situation of "Required" for the segment in the designated transaction	No
Qualified Requirement	<b>RW</b>	"Required when" the situations designated have qualifications for usage ("Required if x," "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		
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	Note: Rebill (B3) 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		
	<b>Insurance Segment Identification (111-AM) = "04"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
301-C1	Group ID		R	As printed on the ID card or as communicated
302-C2	CARDHOLDER ID		M	
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		
	<b>Patient Segment Segment Identification (111-AM) = "01"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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		
	<b>Pricing Segment Segment Identification (111-AM) = "11"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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		
	<b>Prescriber Segment Segment Identification (111-AM) = "03"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
466-EZ	PRESCRIBER ID QUALIFIER	01, 12	R	01 = NPI 12 = DEA
411-DB	PRESCRIBER ID		R	

Claim Segment Questions		Check	Claim Billing (if situational, Payer Situation)	
This segment is always sent		X		
	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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	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 AUTHORIZED	0-99	RW	0= No refills authorized 1-99= authorized refill numbers with 99 being as needed or unlimited refills
<b>Claim Segment Questions</b>				
This segment is always sent		X	<b>Claim Billing (if situational, Payer Situation)</b>	
	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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

				<p>2 = Other coverage exists – payment collected</p> <p>3 = Other coverage billed –claim not covered.</p> <p>4 = Other coverage exists – payment not collected</p> <p>8 = Claim is billing for patient financial responsibility only</p> <p><b>For Co-pay Only Billing:</b>  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</p>
147-U7	PHARMACY SERVICE TYPE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		Q	<p>Claim Rebill:  Maximum count of 3.  Required if Submission Clarification Code (420-DK) is used.</p>
420-DK	SUBMISSION CLARIFICATION CODE	<p>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</p> <p>55 – Prescriber Enrollment in State Medicaid Program has been validated</p>	Q***R***	<p>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).</p>

460-ET	Quantity Prescriber	Not required if value is equal to 1	RW	Required for controlled II substances
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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	
<b>Coordination of Benefits/Other Payments Segment Identification (111-AM) = "05"</b>				<b>Claim Billing Scenario 2- Other Payer-Patient responsibility amount repetitions and benefit stage repetitions only</b>
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 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	

	<b>DUR/PPS Segment Segment Identification (111-AM) = "08"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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	

<b>Compound Segment Questions</b>		<b>Check</b>	<b>Claim Billing (if situational, Payer Situation)</b>	
This segment is situational		X	For billing of compound medications	
	<b>Compound Segment Segment Identification (111-AM) = "10"</b>			<b>Claim Billing</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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	
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**End of Request Claim Billing (B1) Payer Sheet**

## Response Claim Billing Payer Sheet Template

### Start of Response Claim Billing (B1) Payer Sheet

#### General Information

<b>Payer Name: MeridianRx</b>	<b>BIN: 610241</b>	<b>Date: January 1, 2021</b>
<b>Plan Name/Group Name</b>	<b>PCN</b>	
Refer to Member ID Card	HPMMCD (Medicaid)	

- Effective: January 1, 2021
- 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		
	<b>Response Transaction Header Segment</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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	
	<b>Response Message Segment Identification (111-AM) = "20"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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	
	<b>Response Insurance Segment Identification (111-AM) = "25"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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		
	<b>Response Status Segment Identification (111-AM) = "21"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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		
	<b>Response Claim Segment Identification (111-AM) = "22"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
ET	M/I QUANTITY PRESCRIBERED		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 Pricing Segment Questions		Check	Claim Billing Accepted/Paid (Or Duplicate of Paid) (if situational, Payer Situation)	
This segment is always sent		X		
	<b>Response Pricing Segment Identification (111-AM) = "23"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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		
	<b>Response Pricing Segment Segment Identification (111-AM) = "23"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>



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

	<b>Response DUR/PPS Segment Segment Identification (111-AM) = "24"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
570-NS	DUR ADDITIONAL TEXT		RW	Required when necessary to provide additional information on utilization conflict

<b>Response Coordination of Benefits/Other Payers Segment Questions</b>		<b>Check</b>	<b>Claim Billing Accepted/Paid (Or Duplicate of Paid) (if situational, Payer Situation)</b>	
This segment is situational		X	For claims where other payer information is indicated	
	<b>Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"</b>			<b>Claim Billing – Accepted/Paid (or Duplicate of Paid)</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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 <i>(if situational, Payer Situation)</i>	
This segment is always sent		X		
	<b>Response Transaction Header Segment</b>			<b>Claim Billing – Accepted/Rejected</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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 <i>(if situational, Payer Situation)</i>	
This segment is situational		X	When required to clarify response	
	<b>Response Message Segment Identification (111-AM) = "20"</b>			<b>Claim Billing – Accepted/Rejected</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
504-F4	MESSAGE		R	

Response Claim Segment Questions		Check	Claim Billing Accepted/Rejected <i>(if situational, Payer Situation)</i>	
This segment is always sent		X		
	<b>Response Claim Segment Identification (111-AM) = "22"</b>			<b>Claim Billing – Accepted/Rejected</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = RxBilling	M	<i>Imp Guide:</i> 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	
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)
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Response SUR/PPS Segment Questions		Check	Claim Billing Accepted/Rejected <i>(if situational, Payer Situation)</i>	
This segment is situational		X	When DUR warning is indicated	
	<b>Response DUR/PPS Segment Segment Identification (111-AM) = "24"</b>			<b>Claim Billing – Accepted/Rejected</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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**

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**NCPDP Version D.0 Claim Reversal Template**

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**Request Claim Reversal Payer Sheet Template**

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

**General Information**

<b>Payer Name: MeridianRx</b>	<b>BIN: 610241</b>	<b>Date: January 1, 2021</b>
<b>Plan Name/Group Name</b>	<b>PCN</b>	
Refer to Member ID Card	HPMMCD (Medicaid)	

- Effective: January 1, 2021
- 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**

<b>Payer Usage Column</b>	<b>Value</b>	<b>Explanation</b>
Mandatory	<b>M</b>	The field is mandatory for the segment in the designated transaction
Required	<b>R</b>	The field has been designated with the situation of "Required" for the segment in the designated transaction
Qualified Requirement	<b>RW</b>	"Required when" the situations designated have qualifications for usage ("Required if x," "Not required if y")

<b>Question</b>	<b>Answer</b>
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		RW	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		
	<b>Claim Segment Segment Identification (111-AM) = "07"</b>			<b>Claim Reversal</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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 <i>or</i> 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 Template

### Start of Claim Reversal Response (B2) Payer Sheet

#### General Information

<b>Payer Name: MeridianRx</b>	<b>BIN: 610241</b>	<b>Date: January 1, 2021</b>
<b>Plan Name/Group Name</b>		<b>PCN</b>
Meridian Health Plan of Michigan		HPMMCD (Medicaid)

- Effective: January 1, 2021
- 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 <i>(if situational, Payer Situation)</i>	
This segment is always sent		X		
Field #	NCPDP Field Name	Value	Payer Usage	Claim Reversal – Accepted/Approved 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 <i>(if situational, Payer Situation)</i>	
This segment is situational		X	Required when necessary to clarify reversal	
Field #	Response Message Segment Identification (111-AM) = "20"	Value	Payer Usage	Claim Reversal – Accepted/Approved Payer Situation
504-F4	MESSAGE		M	



Response Status Segment Questions		Check	Claim Reversal – Accepted/Approved <i>(if situational, Payer Situation)</i>	
This segment is always sent		X		
	<b>Response Status Segment Segment Identification (111-AM) = “21”</b>			<b>Claim Reversal – Accepted/Approved</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
112-AN	TRANSACTION RESPONSE STATUS	A, R	M	A = Accepted R = Rejected

Response Claim Segment Questions		Check	Claim Reversal – Accepted/Approved <i>(if situational, Payer Situation)</i>	
This segment is always sent		X		
	<b>Response Claim Segment Segment Identification (111-AM) = “22”</b>			<b>Claim Reversal – Accepted/Approved</b>
<b>Field #</b>	<b>NCPDP Field Name</b>	<b>Value</b>	<b>Payer Usage</b>	<b>Payer Situation</b>
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**